Nottinghamshire Safeguarding Adults Board
Stop abuse and neglect

Nottinghamshire Safeguarding Adults at Risk Guidance

Index for guidance documents following a referral

Achieving Best Evidence in Criminal Proceedings

Version number: 1.0	
Approved with effect from: 01/05/2014	Previous Version:
Amendments: Full update and reformatting	

Contents;

1 Achieving Best Evidence in Criminal Proceedings

Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing Victims and Witnesses and guidance on using Special Measures (March 2011) describes good practice in interviewing vulnerable and intimidated witnesses, both adults and children, to enable them to give best evidence in Criminal proceedings. It implements the Speaking Up For Justice Report.

The Youth Justice & Criminal Evidence Act, 1999 recognises 5 categories of vulnerable witnesses:

- Witnesses under the age of 17;
- Learning disabled witnesses;
- Physically disabled witnesses;
- Witnesses with mental disorder/illness;
- Witnesses suffering from fear and distress (intimidated witnesses).

1.1 The Guidance

- Considers preparing and planning for interviews with vulnerable and intimidated witnesses, decisions about whether or not to conduct an interview and decisions about whether the interviews should be video-recorded or whether it would be more appropriate for a written statement to be taken;
- Covers the interviewing of such witnesses both for the purpose of making a video-recorded statement and also for taking a written statement, their preparation for Court and any subsequent Court appearance;
- Applies to both prosecution and defence witnesses and is intended for all persons involved in the investigations, including the Police, Social Workers and members of the legal profession;
- Replaces the 1992 Memorandum of Good Practice on Video Recorded Interviews for Child Witnesses for Criminal Proceedings. The guidance is advisory and does not constitute a legally enforceable code of conduct; however, practitioners should bear in mind that departures from the guidance may have to be justified in the Courts.

1.2 Special measures available with the Agreement of the Court

Not all adults with disabilities will necessarily be vulnerable as witnesses and would not wish to be treated as such. However, those adults who are eligible for Special Measures fall into two groups. Firstly those who have a disability or illness that the Court considers is likely to affect the quality of their evidence, and secondly, those who because of age, personal circumstance and the nature of the alleged offence, satisfy the Court that their evidence is likely to be diminished by reason of their fear or distress. In reaching a decision on whether the Special Measures should be invoked, the Courts must take account of the wishes of the individual witness.

Special Measures available are:

- Screens to shield the witness from the defendant;
- The *live link* to enable the witness to give evidence during the trial from outside the courtroom;
- Evidence given *in private* – exclusion from the Court of members of the public and the press;
- Removal of *wigs and gowns* by judges and barristers;

- A *video/DVD recorded interview* with the vulnerable witness before the trial may be admitted by the Court as the witness' evidence in chief (This evidence is not currently available in the magistrates court);
- E*xamination of the witness through an* ***intermediary*** who may be appointed by the Court to assist the witness to give the evidence (The pilots for this measure are complete however timescales for the implementation in Nottinghamshire have not yet been published);
- *Aids to communication* will be permitted to enable the witness to give best evidence through a communication aid or technique provided that the communication can be independently verified and understood by the Court.

The Police, in consultation with the relevant agencies (via the safeguarding manager), makes the Crown Prosecution Service (CPS) aware of the need for any Special Measures. The CPS will then apply to the Court, who will decide whether to grant permission or not for the Special Measures to be available.

1.3 Mandatory measures available are

- *Mandatory protection of witnesses from cross-examination by the accused in person.* In other types of offences, the Court has the discretion to prohibit an unrepresented defendant from cross-examining vulnerable children and adult victims in certain classes of cases involving sexual offences;
- *Discretionary protection of the witness from cross-examination by the accused person.* In other types of offences, the Court has the discretion to prohibit an unrepresented defendant from cross-examining the victim in person;
- *Restrictions on evidence and questions about complainant's sexual behaviour.* The Act restricts the circumstances in which the defence can bring evidence about the sexual behaviour of a complainant in cases of rape and other sexual offences;
- *Reporting restrictions,* The Act provides for restrictions on the reporting by the media of information likely to lead to the identification of certain adult witnesses in criminal proceedings.

1.4 Implications for Safeguarding Adults Practice

Access services and duty points may get referrals from the Police or the Crown Prosecution Service asking for assistance and/or support relating to Achieving Best Evidence. Such requests should be dealt with in line with the following protocol, which has been agreed with those agencies.

1.5 Protocol for Responding to requests from Police/Crown Prosecution Service, relating to 'Speaking Up for Justice'. The Scope of the Policy, Procedures and Guidance.

The Police or Crown Prosecution Service will request support from Services for the following reasons:

- To help make the judgement about a witness' vulnerability;
- To advise the Police on how to undertake the interview;
- To be present as a support during the interview process (this is assuming no one else is available who is known to the witness).

Request for input from Health Personnel (in particular Speech and Language Therapists) may include:

- Acting as an enabler to facilitate the Police taking a statement from a person with a communication disorder;
- Acting as an enabler to assist the Police to question a person with a communication disorder;

- Provider a professional opinion of the ability of the person to understand what is required of them in relation to a Police Interview (i.e. competence as a witness);
- In due course, acting as an intermediary when this is implemented.

In all of the above situations, in the first instance the Police must identify if someone is known to the Statutory Agencies. It may not be clear which service they may be known to, however, the following categories are used: Learning Disability, Deaf, Mental Health, Visual Impairment, Assessment and Care Management (essentially Older People) and Physical Disability.

It is the responsibility of the service to check whether the person is already known and to provide the Police with the name/number to contact directly to give advice/support as appropriate.

There will be a different response from Nottinghamshire Adult Social Care Departments and the Healthcare Trust depending on whether the adult at risk is a victim of adult abuse or another crime, or a witness to adult abuse or another crime.

Where the adult at risk is a Victim of an Adult Abuse Crime (Physical, Sexual, Neglect, Psychological, Financial or Discriminatory) then the Safeguarding Adults at Risk Procedures must be followed.

If the adult at risk is a Victim or Witness to a crime other than one of adult abuse, the Police would need to seek their consent before making a referral to, or seeking information or support from, Nottingham/Nottinghamshire Social Care/Health Trusts. If the adult at risk is known to services, but refuses to give consent, the police will have to make a judgement on their own about whether to proceed with their enquiries.

The level of support available to the Police in such situations will be dependent on whether the adult at risk is known to the services, and has given their consent to contact being made, resource priorities at the time.

All information given to the Police can be disclosed during the criminal proceedings.

Where the alleged abuse has occurred in a residential or care setting particular consideration must be given at the strategy meeting, not only to the investigation required as part of the assessment but also to the following possibilities:

- Those initially presenting as witnesses to the alleged incidents, may later be discovered to be victims;
- Those initially presenting as witnesses to the alleged incident, may later be discovered to be implicated;
- Those initially seen as a source of support to the victim may later turn out to be implicated i.e. when members of staff are involved in the alleged abuse.

Any combination of victim/witness/implicated person/perpetrator may apply to an individual during such Safeguarding Adults Investigation.

1.5 Complex Investigations

"Adult abuse involving one or more abusers and a number of victims. The abusers concerned may act in concert or in isolation, or may use an institutional framework or position of authority to target victims" (DoH 1999).

Complexity will increase by virtue of the number of people and places involved and the period when the alleged abuse occurred. Proper investigation will be time consuming, resource demanding and will requires specialist skills from both Police and Social Services/Health Care Trust staff.

The complex abuse guidance covers:

- Managing and conducting of an investigation;
- Records: Safeguarding/Preservation: Access/Information Sharing;
- Support to Victims and Witnesses;
- Handling the media;
- De-brief and closure.

Complex abuse investigations of a criminal nature should be undertaken as a joint operation involving the Police and Adult Social Care with a specialist lawyer from Crown Prosecution Service being involved at an early stage as appropriate.

The investigation team should have visible support from the senior management in Police and Adult Social Care (and other agencies) throughout the enquiry (See Guidance for Complex Abuse)

1.6 Witness/Victim Support

The statutory agencies will work together with the Witness Support Scheme to create an individual plan to facilitate preparation for Court (see Roles and Responsibilities below).

1.7 After Court Appearance

Best practice should extend to after the court appearance and there should be at least one debrief interview. Vulnerable witnesses need to be reassured that it is not their fault if there is not a guilty verdict. If there is a finding of guilt, witnesses may have concerns about harassment if they return to their communities and they can be given advice relating to this. At this stage they should also be given information about the Criminal Investigations Compensation Agency.

1.8 Roles and Responsibilities

The role of Supporters, Intermediaries and Interpreters is to:

- Assist adults at risk to give their best evidence;
- Enable others who are perhaps not so familiar with aspects of disability, or mental illness to consider ways and means of being responsive to the special needs and receptive to the abilities of each vulnerable witness.

They should never:

- Coach or rehearse the adult at risk with their evidence, put words into their mouths, prompt them;
- Be people who are likely to be called as witnesses;
- Undertake all roles;
- Have knowledge of the evidence.

There are different types of support that can be offered, and these will depend on what the adult at risk needs and wants. Vulnerable witnesses should always be given the opportunity to discuss possible support and decide what they feel will be most helpful.

They can be used at various stages; the Police interview, during the Investigation, Pre-Trial preparation, at Court.

1.9 The supporter

The supporter may have several roles to play:

- To offer emotional support, advice to the Police, particularly on communication needs, ensuring comfort, need for breaks etc. Supporters could therefore be chosen from family, friends, as well as professional health or Social Service staff;
- The Witness Service can co-work with Care Workers to prepare the witness for what to expect in Court, how to behave, to ask for help etc.;
- The CPS and Counsel can apply for special arrangements for the witness, including the presence of a supporter in the TV link room or court, providing that they are made aware of specific needs.

1.10 Intermediary

To assist the witness in understanding the interviewer, and the interviewer to understand the witness. These must be approved by Court.

1.11 Early Special Measures Meeting (ESMM)

An early special measures meeting is similar to a strategy meeting, set up to discuss how evidence will be obtained, how it will be presented to the court and any specific needs of the witness to enable them to give their best evidence.

Useful information regarding an ESMM:

- They may be convened by Crown Prosecution Service doing the Criminal Investigation;
- The Police, Crown Prosecution Service, the Safeguarding Manager, the Adult at Risk and/or their supporter can request a meeting;
- Persons present at the meeting should include; counsel, medical practitioner if appropriate or a Social Worker and the Police;
- It may not always be necessary to have a meeting;
- It should be remembered that each Vulnerable Witness is an individual, and that for Adult Witnesses, terminology such as 'mental age' is generally unhelpful;
- The views of the witness must be obtained by the ESMM to prevent presumptions being made.

It would usually be considered helpful to hold a **meeting with the witness.** During this meeting, things such as procedures, roles of court officials, special measures and particular needs of the witness should be explained. This meeting could take place before or after the ESMM or there may be more than one meeting.

1.12 Terms of reference

These meetings are to get the best evidence possible:

- It is not about discussing the evidence;
- It is not about discussing matters regarding their personal, social or health histories, unless material to the issue of giving best evidence.

Agency Information Sharing Guidance

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Amendments: Full update and reformatting	

Contents:

1. Bassetlaw CCG

Bassetlaw Clinical Commissioning Group

When to contact us:
When there is any safeguarding concern or issue that relates to a patient/resident of Bassetlaw that requires a health input.

NHS Bassetlaw CCG

www.bassetlawccg.nhs.uk

Bassetlaw CCG is a member organisation consisting of 9 GP practices across the Bassetlaw area (north Nottinghamshire).

Bassetlaw Clinical Commissioning Group contact details:

Points of contact are as follows:

Email Address - BASCCG.communicationoffice@nhs.net
Nicola Ryan - Chief Nurse Tel 01777 590043
Cathy Burke - Deputy Chief Nurse Tel 01777 590054
Rachel Bussey - Head of Adult Nursing Tel 01777 590025

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- Details of the concern raised;
- Details of the referrer

Feedback loop:
This would be the officer involved in the case.

2. Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

When to contact us:

When a referral highlights concerns about the Trust, or individual within the Trust;

When information is required from a patient's Health Care records;

When medical/clinical advice is required to inform an investigation.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (Retford and Bassetlaw Hospitals)

www.dbth.nhs.uk

DBTH provides hospital services to the population of South Yorkshire, North Nottinghamshire, and the surrounding areas from the following hospitals:

- Doncaster Royal Infirmary – includes:
  - Emergency Department
  - Trauma Unit
  - Specialist Services
  - Inpatient, Day Case and Outpatient Services
- Bassetlaw Hospital (Worksop) – includes:
  - Emergency Department
  - Full range of hospital services
  - Inpatient, Day Case and Outpatient Services
- Montagu Hospital (Mexborough) – a small non-acute hospital and includes:
  - Services for people who need further rehabilitation before they can be discharged
  - Nurse-led Minor Injuries Unit
  - Day Surgery Unit
  - Outpatient Clinics

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Points of contact are as follows:
Email : dbth.safeguardingadultsreferral@nhs.net

Contact number: 01302 642434 /642435

Information we require from you:

Name of the service user/patient;

Address of the service user/patient;

Date of birth of the service user/patient;

NHS number if known;

Details of the referrer;

Initial Fact Finding information;

Details of any protection plan already in place;

Any other agencies informed

Feedback loop:

This would be the single point of contact above. If feedback is required elsewhere within the Trust, the Safeguarding Professionals will undertake this.

3. Nottingham University Hospitals NHS Trust (NUH)

When to contact us:

If information is required from Nottingham University Hospital NHS Trust in relation to a safeguarding adults enquiry.
If a safeguarding referral has been received about care at Nottingham University Hospital NHS Trust;
If a clinical opinion is required in relation to a safeguarding enquiry.

www.nuh.nhs.uk

NUH provides hospital services to 2.5 million residents of Nottingham and its surrounding communities, plus specialist services for a further 3-4 million people from across the region from the following hospitals:

- Queen's Medical Centre (QMC) – includes:
  - Emergency Department
  - Major Trauma Centre
  - Nottingham Treatment Centre
  - Maternity Services
  - Nottingham Children's Hospital
  - University of Nottingham's School of Nursing and Medical School
- Nottingham City Hospital – includes:
  - Planned Care Site
  - Cancer Centre
  - Heart Centre
  - Stroke Services
  - Maternity Services
- Ropewalk House:
  - Range of Outpatient Services

Points of Contact:

Safeguarding Adults Team - Telephone 0115 9249924 Ext 81627 – or Mobile Number 07812 268216

Email Address - safeguardingadults@nuh.nhs.uk

If you need to get in contact with the Safeguarding Adults Team and you need to include patient names/sensitive content, please email all three of us on the following email addresses:

- Maggie.westbury@nhs.net
- Emily.stringer2@nhs.net and
- Katie.evans37@nhs.net

The Safeguarding Adults Team consists of:

- Safeguarding Adults Lead
- Safeguarding Adults Specialists x 1.8 FTE
- Named doctor for Safeguarding Adults

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- What information is required from NUH;

Feedback loop:

If you need to get in contact with the Safeguarding Adults Team and you need to include patient names/sensitive content, please email all three of us on the following email addresses:

- Maggie.westbury@nhs.net
- Emily.stringer2@nhs.net and
- Katie.evans37@nhs.net

4. Nottinghamshire County Council Community Safety

When to contact us:

Contact the relevant community Safety Partnership when an adult at risk is subject to anti-social behaviour.

Nottinghamshire County Council Community Safety contact details:

Points of contact are as follows:

a. Newark & Sherwood District Council – Community Safety Partnership - Telephone; 01636 655698

b. Bassetlaw District Council – Community Safety Partnership - Telephone; 01909 533253

c. Mansfield District Council – Community Safety Partnership - Telephone; 01623 463463

d. Ashfield District Council – Community Safety Partnership - Telephone; 01623 450000 ashfieldccp@ashfield.gov.uk

e. Broxtowe Borough Council – Community Safety Partnership - Telephone; 0115 917 3492 or 3412

f. Gedling Borough Council – Community Safety Partnership - Telephone; 0115 901 3805 or david.jayne@gedling.gov.uk

g. Rushcliffe Borough Council – Community Safety Partnership - Telephone; 0115 9148486

Each of Community Safety Partnerships hold Local Multi Agency Problem Solving Group meetings looking at vulnerable adults

When to contact us:

Contact the relevant community Safety Partnership when an adult at risk is subject to anti-social behaviour.

Information we require from you:

- Name;
- Date of Birth;
- Address;
- Any police incident or crime number;
- Outline of the problem;

Feedback loop:

This would be with the officer involved in the case.

5. Nottinghamshire County Council Trading Standards

When to contact us:
When there is an adult at risk who requires advice and support regarding:

- Doorstep crime involving rogue trader
    - Typically involve, but not limited to: mobility aids, gardening, driveways, roofing & guttering;
    - May involve: high pressure sales, unnecessary work, high costs, aggressive behaviour, poor quality work and / or failure to finish work.
- Scams
- Goods or services that have been purchased and they are unable to contact Citizens Advice Consumer Service themselves.

Where there is intelligence about:

- Doorstep crime involving rogue traders;
- Sale of age-related goods to children, i.e. alcohol, tobacco, knives, fireworks;
- Sale of counterfeit / duty evaded alcohol & tobacco;
- Animal welfare – concerns regarding farmed animals, including an inability to care for the animals . NB domestic pets would be a matter for the RSPCA

Points of contact are as follows:
For partner agencies: Duty officer – Tel 0115 804 1147 Email – trading.standards@nottscc.gov.uk
Monday to Friday 9am to 4.30pm (answer phone for out of hours)

Web Address – www.nottinghamshire.gov.uk/tradingstandards

Other Useful contacts:

- www.nottinghamshire.gov.uk/scams Nottinghamshire County Council scams page
- www.friendsagainstscams.org.uk This website contains a scams awareness package that anyone can complete to raise their awareness of scams. There is also a link to the Scam Marshals scheme. Once registered, anyone can send their unwanted post to the National Trading Standards team where it is used as intelligence to prevent other similar post from entering the postal system.
- www.thinkjessica.com Useful information about scam mail and associated problems
- www.nottinghamshirealert.co.uk Anyone can register to receive emails from the police, trading standards and neighbourhood watch to keep up to date with local issues.
- www.stoploansharks.co.uk 0300 555 2222 (24 hours) Help and support to report a loan shark.

Contact details for service users:
Service users who require consumer advice or wish to refer a matter to trading standards need to contact Citizens Advice Consumer Service on 0808 223 1133. Lines are open Monday to Friday 9am to 5pm. This service will provide the initial advice and the relevant local authorities are automatically informed of the matter.

Information we require from you:

- We require the following information when you contact us:
    - Name / Address of the Service User
    - Has any necessary consent been gained to share details with trading standards, if applicable
    - Mosaic ID number (if known)
    - Police incident / crime number, (if applicable);
    - Details of the incident

All information regardless of how trivial it may seem, is considered important intelligence.

Feedback loop:

This would be the officer involved in the case or via trading.standards@nottscc.gov.uk.
If a reference number has been given, may start with a C or E, please include this in all correspondence.

6. Nottinghamshire Fire and Rescue Service

When to contact us:

When there is an adult at risk you believe is at risk from a fire. The general question we are asked is whether the Fire Service had any involvement at the service user's address, from attending a fire to fitting smoke alarms.

Nottinghamshire Fire & Rescue Service contact details:

Points of contact are as follows:

Senior Manager Responsible: Deputy Chief Fire Officer – DCFO Craig Parkin: craig.parkin@notts-fire.gov.uk

Safeguarding Strategic Lead: GM Andy Macey: andy.macey@notts-fire.gov.uk

Safeguarding Adults: Sally Savage: sally.savage@notts-fire.gov.uk

'Deputy': Peter Brown: peter.brown1@notts-fire.gov.uk

Safeguarding Children's: Jag Hayer: Jag.Hayer1@notts-fire.gov.uk

'Deputy': Peter Brown: peter.brown1@notts-fire.gov.uk

FireSetters: Peter Brown: peter.brown1@notts-fire.gov.uk

Safeguarding Team: safeguarding@notts-fire.gov.uk

District Prevention North: communitysafetynorth@notts-fire.gov.uk

District Prevention City/South: communitysafetycitysouth@notts-fire.gov.uk

Persons at Risk Team: personsatrisk@notts-fire.gov.uk

Out of hours – Duty Group Manager

When to contact us:

When there is an adult at risk you believe is at risk from a fire. The general question we are asked is whether the Fire Service had any involvement at the service user's address, from attending a fire to fitting smoke alarms.

Information we require from you:

- Name of service user;
- Address of the service user;
- Date of birth of the service user;
- Details of the concern raised

Feedback loop:

This would be the officer involved in the case, with the Adult and Children's safeguarding officer name (as above) copied in.

Nottinghamshire Fire and Rescue Service now use an online referral process for Safe and Well visit requests from our professional partners for residents of Nottinghamshire who are, or maybe, at an increased risk of fire. The Service website now has a separate area for 'professionals only referrals' that incorporates our fatal fire CHARLIE matrix: it

can be accessed under the staying safe heading on our website. Please be sure to access the website every time you make a new referral.

You will need the following credentials to make the referral:-

Agency Code: agency

Password: CharliePMx1

An e-learning package has been developed to support the completion of the CHARLIER matrix that can be accessed on the same professional page on our website. We would suggest that you participate in the package to familiarise yourself with ready for making a referral.

This will give further information about risk identification and scoring the matrix.

If you require any further assistance please get in touch with us at:-

- enquiries@notts-fire.gov.uk or call us on
- Telephone: 0115 967 0880
- Text: 07766 299 999 (hearing impairment)

7. Nottinghamshire Police MASH Police

When to contact us:

When a safeguarding investigation has identified that a non-urgent crime has been committed against an adult at risk, that needs to be investigated, you should contact the police via the MASH.

Nottinghamshire Police

Nottinghamshire Police contact details:

Points of contact are as follows:

For Safeguarding referrals and enquiries

- Telephone - 0300 500 80 90 (Professionals only)

-Email – mashpolice@nottinghamshire.pnn.police.uk

Nottinghamshire Police Control Room – Telephone 101

In cases of emergency call 999.

Information we require from you:

- Name;
- Address;
- Date of birth;
- Any known risks;
- Contact details of the person dealing with the matter if it not the referrer

Feedback loop:

This would be the officer involved in the case.

8. Nottingham and Nottinghamshire CCG

NHS Nottingham and Nottinghamshire CCG (not including Bassetlaw)

When to contact us:

- To negotiate support with safeguarding investigations in Care Homes if there is a predominant health issue
- Any Section 42 referrals relating to Care Homes

www.nottsccg.nhs.uk

Formed on 1st April 2020. Prior to that date, there were six CCGs covering the Nottingham City and Nottinghamshire areas.

Nottingham and Nottinghamshire Clinical Commissioning Group

Safeguarding Team

Points of contact are as follows:

nccg.nottsccpsafeguarding@nhs.net

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- Details of the concern raised
- Actions taken

Feedback loop:
This would be the officer involved in the case.

Nursing Home and Home Care Quality Assurance Team

Points of contact are as follows:

nnccg.chhcqualityteam@nhs.net

When to contact us:

- Where there is a concern about care homes within Nottingham and Nottinghamshire;
- If there is a concern/referral relating to the Clinical Commissioning Groups functions.

Information we require from you:

- Name of the provider and service
- Details of the concerns
- Immediate actions taken

Feedback loop:

This would be the officer involved in the case.

9. Nottinghamshire Healthcare NHS Foundation Trust

When to contact us:
When there is a safeguarding concern relating to a service user who is known to one of our services

Nottinghamshire Healthcare NHS Foundation Trust

www.nottinghamshirehealthcare.nhs.uk

Provides integrated healthcare services, including mental health, intellectual disability and physical health services in a variety of settings ranging from the community, acute wards and secure settings:

- High Secure Settings:
  - Rampton Hospital (near Retford)
- Medium Secure Units:
  - Arnold Lodge in Leicester
  - Wathwood Hospital in Rotherham
- Healthcare in Prisons across the East Midlands
- Millbrook Mental Health Unit
  - Provides inpatient and community services to adults and older adults requiring specialist mental health services
- Lings Bar Hospital
  - Inpatient Services, including rehabilitation, recovery or ongoing assessment to older adults following an inpatient stay within an acute hospital
  - Parkside Day Services, offering a range of group and individual therapies for older adults diagnosed with a mental health condition
- District Nursing

Organisation:
Nottinghamshire Healthcare Foundation Trust

Points of Contact:
Single Point of Contact – Tel: 0115 955 5363
Email: safeguardingadvice@nottshc.nhs.uk

When to contact us:
When there is a safeguarding concern relating to a service user who is known to one of our services

Information we require from you:
- Name of the service user/patient;
- Address of the service user/patient
- Date of birth of the service user/patient
- Details of the concern
- Details of the referrer
- Reason for the request for information

Feedback Loop:

To the member of Trust staff involved in the service user's care

10. National Probation Service (NPS)

When to contact us:

Where there is a safeguarding concern relating to an offender subject to Probation supervision;

Where a Probation Officer has made a safeguarding referral.

National Probation Service contact details:

Points of contact are as follows:

City South/North -Tamsin Marley – Telephone 0115 9082900

and Natalie Rouse (City MASH) – Telephone 0115 9082900

County- South Notts – Mark Beeby – Telephone 0115 9082900

County Mansfield and Worksop - Emma Spencer – Telephone 01623 460800

Nottinghamshire Safeguarding Children and Adults Board- Saika Jabeen (Head)/Lisa Adkins-Young (Dep Head)– Telephone 0115 8406500

Information we require from you:

- Name of the referrer;
- Organisation name;
- Contact details;
- Name of the service user/address/date of birth;
- What information is required from Probation;
- Details of the concern raised

Feedback loop:

The named Offender Manager / Senior Probation Officer involved in the case.

11. East Midlands Ambulance Service

When to contact us:
Any safeguarding concerns for patients attended by EMAS

East Midlands Ambulance Service (EMAS)

www.emas.nhs.uk

EMAS provides emergency 999 care and telephone clinical assessment services for the population of the East Midlands

Organisation:
East Midlands Ambulance Service

Points of Contact:
Lucy Gascoigne (Head of Safeguarding) and Emma Wilson (Adult Safeguarding Lead) via secure email which is reviewed daily ecasnt.EMASSafeguardingManagementTeam@nhs.net

Information we require from you:

- contact name
- organisation.
- Patient name
- date of birth
- address
- details of concern

Feedback Loop:

via secure email ecasnt.EMASSafeguardingManagementTeam@nhs.net

12. Sherwood Forest Hospital Trust

When to contact us:
When a referral highlights concerns about the Trust, or individual within the Trust;
When information is required from a patient's Health Care records;
When medical/clinical advice is required to inform an investigation.

Sherwood Forest Hospitals NHS Foundation Trust (SFHT)

www.sfh-tr.nhs.uk

SFHT provides hospital services to the population of Mansfield, Ashfield, Newark, Sherwood and parts of Derbyshire and Lincolnshire from the following hospitals:

- King's Mill – includes:
  - Emergency Department
  - Maternity Services
  - Inpatient Facilities
  - Clinics
  - Therapy Services
- Newark – includes:
  - Urgent Care Centre (currently operating between 9am and 10pm due to Covid)
  - Outpatient Clinics
  - Therapy Services
  - Surgical and Medical Day Case Procedures
  - Inpatient Services
  - Rehab
- Mansfield Community Hospital:
  - Sherwood Rehabilitation Unity, a specialist multi-disciplinary rehabilitation team

Organisation: Sherwood Forest Hospital Trust
Points of Contact: Safeguarding Team 01623 622515 ex 3357

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- NHS number if known;
- Details of the referrer;
- Initial Fact Finding information;
- Details of any protection plan already in place;
- Any other agencies informed

Feedback Loop:

Discussion with the relevant team member on the number above

Complex Abuse

Version number: 1.0	
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Contents

1. Complex Abuse Cases

1.1 The definition of Complex Abuse

"Adult Abuse involving one or more abusers and a number (two or more) of adults at risk. The abusers concerned may act in concert or in isolation, or may use an institutional framework or position to target victims" (DoH 1999 Complex Abuse Investigations).

Complexity will increase by virtue of the number of people and places involved and the period over which the alleged abuse occurred.

Section 42 enquiries relating to a complex abuse situation will be time consuming, resource demanding and will require specialist skills and detailed coordination from Police, Social Care and NHS Staff.

The complex abuse guidance document covers:

- Managing and conducting an investigation as part of a safeguarding enquiries;
- Records: Safeguarding/preservation, Access/Information sharing;
- Support to victims and witnesses;
- Handling the media;
- De-brief and closure.

1.2 Points to consider

The following points should be considered along with the full guidance when you are conducting a safeguarding enquiries relating to complex abuse, as when a number of adults are at risk, whether in an establishment or through involvement with a particular alleged perpetrator or group of alleged perpetrators, special care, thought and planning is required:

- Such safeguarding enquiries will frequently involve a number of agencies and often the police and registering authority or authorities. Therefore, it is vitally important to ensure that all aspects of the investigation are carefully planned and that the agencies and individual professionals involved are aware of their respective roles and responsibilities;
- A key first step is to recognise when a larger scale enquiries is required. Responsible managers and agencies receiving safeguarding adults at risk referrals and enquiries need to be aware of the possibility that a number of adults at risk may be at risk. In some cases, for instance where individual adults across a wide area, or over a period of time, are being abused by a serial abuser or group of abusers, the overall picture may not be so clear;
- It is also important that the Multi Agency Safeguarding Hub are aware that more than one adult at risk may be at risk and a key consideration throughout any enquiries is this possibility;
- Information search activity (e.g. database checks, consultation with other agencies etc.) should always be undertaken;
- If such a possibility is obvious from the state of a particular investigation as part of the safeguarding enquiry, or is suggested as more information becomes available, then the safeguarding manager should be informed immediately. When a larger scale enquiry situation is identified the first task should be to identify a manager to coordinate the overall enquiries. This manager will then be responsible for the overall conduct of the safeguarding enquiries and ensuring that the relevant agencies are informed and involved. The manager will also need to inform senior agency managers of complex enquiries.

1.3 Recording complex abuse

It is important to note that recording should be against all those individuals at risk of abuse. This is to ensure that consideration is still given to each adult desired outcomes which, by their very nature, will be specific to the individual.

1.4 Considerations prior to starting a Safeguarding Assessment

This section aims to provide a checklist or 'aide memoire' that should be considered prior to the commencement of such safeguarding enquiries and a periodic reviews while it is being conducted. The list is not exhaustive, nor will every issue be relevant to every enquiry, but each item should be properly considered, not least to ensure that in planning for the 'unexpected' adequate attention is given to the 'obvious'.

1.5 Planning the Enquiries

This is a complex task and consideration needs to be given to the following:

- Joint response and decision making;
- Ascertain exactly what is to be investigated;
- Ascertain what in NOT to be investigated;
- Maintain a file of all policy decisions affecting or concerned with the enquiry;
- Consider the time of the investigative actions;
- What background enquiries are needed;
- Obtain details of those people (staff and adults) affected by the enquiry;
- If an establishment or other unit is involved, obtain details of the normal regime;
- Maps of the area;
- Plans of building accommodation.

1.6 Management Issues

Effective joint working is essential to ensure that the following take place:

- Identify key managers from all appropriate agencies;
- Jointly agree staffing and the location for the enquiry;
- Ensure that staff involved with the enquiry are relieved of other responsibilities;
- Identify funding and resourcing for the enquiry;
- Prepare for medical examinations – staff available and location;
- Clarify legal advice arrangements – Criminal Prosecution and Service and Solicitors;
- Prepare joint press release/liaise with press officers;
- Consider other local and central government agencies, not normally involved;
- Thought is given to the need for staff counselling/welfare arrangements and general health and safety issues.

1.7 Professional Issues

Early consideration of the following issues will facilitate the enquiries process:

- Identify differing agency priorities and goals;
- Team building;
- Regular briefings: daily for very large scale enquiries;
- Early contact with non-abusing carers;
- Support to referrers;
- Legal position and opportunities;
- Care arrangement for the adult at risk;

- Implication of any ethnic/religious differences;
- Language and communications considerations;
- Therapeutic services;
- Help-line facility;
- Debriefing at conclusion of the enquiries;
- Handling of the press.

1.8 Post Assessment

At this stage it is important that the lessons learnt from larger scale enquiries are available to a range of agencies and staff involved in the protection of adults at risk.

Making Safeguarding Personal

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1. *Making Safeguarding Personal*

This guidance should be read in conjunction with Planning a Visit or Interview with an Adult at Risk guidance.

1.1 What is making safeguarding personal?

The development of the 'Making Safeguarding Personal' agenda was 'drawn up in response to feedback from people using safeguarding services, stakeholders and practitioners that the focus of safeguarding work was on process and procedure. People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control' (Making Safeguarding Personal, Sector Led Improvement, LGA ADASS, April 2013).

Although it is a broad term to mean all work throughout the process, in Nottinghamshire there is a focus on ensuring that we get the views of the adult at risk at the beginning of the process and working towards the outcomes they want becomes the main focus of the section 42 enquiries. To help put this into context, these procedures ask you to work with the adult at risk towards their 'desired outcomes'.

1.2 Desired Outcomes

The full title of 'Desired outcomes' is 'the desired outcomes of the adult at risk in relation to managing the risk of future abuse'.

Outcomes should be person centred and be achievable. For example, a desired outcome might be:

- 'Mr A. no longer wishes to receive his care from care worker B'.

A desired outcome could not be:

- 'Mr A. would like care worker B to be sent to prison'.

This second example is an outcome against someone else, which Mr A. cannot influence or determine, although this might be the end result.

There may be times when you are unable to get the views of the adult at risk because:

- They are unable to communicate;
- They lack the mental capacity to understand what has happened or what they would like to happen;
- Discussing this with them would put them at increased risk or cause greater distress.

Therefore, the views might be those gained through consultation with people that know the adult at risk and be outcomes which are deemed to be in their best interests. This should be fully recorded.

1.3 Negotiation

When meeting with an adult at risk or the person representing them or their best interests, to understand their desired outcomes, it is necessary to understand what the person wants and negotiate what can be done to work towards this.

Taking the example above, if Mr A. states that they want care worker B to be sent to prison, we need to understand what they mean by this to make it personal to them and achievable:

- Does it mean they no longer want to have to see the person?
- Does it mean that they would like support to report the abuse against them as a crime?

These would then become the desired outcomes of the adult at risk.

1.4 Mental Capacity Act and Making Safeguarding Personal

If you are of the opinion that the adult at risk does not have the mental capacity to give their views about the desired outcomes they would like, you are required, by law, to act in accordance with the provisions set out in the Mental Capacity Act (2005).

As a result of following the Mental Capacity Act (2005), you may need to consider instructing an Independent Mental Capacity Advocate (IMCA). The following guidance is taken from the Social Care Institute for Excellence website (http://www.scie.org.uk/publications/guides/guide32/whetherinstruct.asp 24th March 2014)

1.5 Deciding whether an IMCA should be instructed

Under the Mental Capacity Act 2005, responsible bodies are required to consider whether instructing an IMCA for adults at risk would be of 'particular benefit' to the individual.

If the person at risk lacks capacity to consent to one or more of the protective measures being considered (or interim measures put in place), this guidance recommends that an IMCA should be instructed if one of the following applies:

Where there is a serious exposure to risk:

- Risk of death;
- Risk of serious physical injury or illness;
- Risk of serious deterioration in physical or mental health;
- Risk of serious emotional distress.

2. Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart;

3. Where there is a conflict of views between the decision-makers regarding the best interests of the person;

4. Where there is a risk of financial abuse which could have a serious impact on the adult at risk's welfare. For example, where the loss of money would mean that they would be unable to afford to live in their current accommodation, or to pay for valued opportunities.

1.6 Independent Advocate

Where an adult has substantial difficulty in engaging with the safeguarding process, consideration should be given to instructing an Independent Advocate. For more information on when this should take place and how to instruct an advocate, please see the separate staff guidance relating to Independent Advocates under the Care Act.

At times where you are unable to secure the services of an independent advocate in a timely manner due to resource implications it is acknowledged that it may make it more difficult to reach a timely resolution to concerns. However, you should ensure that the adult is safe and assess the risks to them and others. This will be monitored and reviewed regularly to ensure that the relevant resources are in place.

1.7 Working towards Desired Outcomes

The very nature of making safeguarding personal means that the approach needed to work towards desired outcomes is wide and varied. The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) have produced a 'toolkit of responses' which demonstrates some possible ways of working towards desired outcomes. See www.local.gov.uk for more information.

It is worth bearing in mind that some outcomes can be reached more easily than others and the response should be proportionate to both the concern and the views of the adult at risk.

2. Working with Service Users who have the capacity to remain in an abusive situation and choose to do so

Introduction

If you are of the opinion that an adult at risk has the mental capacity to make a decision about what they want to happen, they wish to remain in the abusive situation they are and all of the following are true statements, intervention is limited:

- No one else it at risk (including children),
- The allegation does not involve a staff member or volunteer;
- There cannot be a prosecution by the police without a complainant.

Where the allegation concerns a member of staff or volunteer the relevant disciplinary investigation should take place along with the safeguarding assessment.

However, the following checklist explains what actions should be taken to minimise risk to the adult at risk:

- Documentation - in full (see guidance for Record Keeping);
- Ensure the service user has someone to listen to them talk about the abuse they are experiencing;
- Increase the person's self-esteem/belief that they do not deserve to be treated badly;
- Enable the person to explore options of different ways of living with, decreasing or stopping the abuse;
- Ensure that the service user has access to information about different options for protecting themselves;
- Complete a risk assessment and safeguarding plan to cover situations they experienced/are worried about;
- Assist in enabling the individual to gain protection skills, for example: assertiveness course, assistance with money management;

- Consider with the individual other sources of support, e.g. domestic violence organisations, local or national charities;

- Revisit at regular intervals- An initial rejections of help should not be taken at face value and risks may change over time;

- Consider the domestic violence policy & procedure;

- Subject to the consent of the alleged victim and relevant risk assessments, consider the appropriateness of challenging the alleged perpetrator about their behaviour (possibly in partnership with the police).

3. Person Centred Thinking Tools

Person Centred Thinking tools can be used as a way of engaging the adult in a conversation. This can be useful at the beginning of a meeting or visit to the adult when building 'rapport' or to help understand what outcomes the adult wants. Tools include:

- sorting important to and for
- working not working
- relationship maps
- communication charts
- learning logs
- 4 plus 1 questions
- the doughnut

This guidance does not provide further information on how to use these tools as a prerequisite of using them is that you should have attended either a Nottinghamshire County Council person centred thinking training course or the Making Safeguarding Personal training to access pro formas and materials.

If you have attended the training above, you can access tools at www.thinkandplan.com. You will need to register however, this is free if you have accessed the relevant training above.

4. Planning visits and interviews

Things to consider when planning a visit or interviews

The following is a list of things that you may find useful to consider as part of planning a visit to the adult at risk, or where a more formal interview is required as part of a section 42 enquiry:

- Consider any communication needs (e.g. interpreters, intermediaries, advocates) (see below);
- Consider/Identify and take into account any equality issues;
- Arrange a time and place to meet;
- Decide whether a video interview will be undertaken, and if so by whom, or who should be present;
- Consider the need to obtain legal advice;
- Follow the Mental Capacity Act (2005) where you are of the opinion that the adult at risk lacks capacity to make specific decisions;
- Consider using the 'Root Cause Analysis' tool (for more information see below)
- Repeated interviewing may cause distress and should be avoided if possible;
- Repeated interviewing may also be regarded as 'coaching' as this may give the impression to the adult at risk that they are not believed or are under pressure to embellish;
- The interview process may need to include breaks where this is in the interest of the adult at risk;
- Ensure discussions are recorded.

5. Communication

Introduction

When communicating with an adult at risk, special consideration should always be given to any communication factors. Below is a guide to assist you when meeting or conducting interviews with adults at risk:

Being unable to speak is not the same as having nothing to say. Equally, having verbal fluency does not always represent the individual's ability to understand spoken or written language.

You should always consider if there is any special communication factors that should be taken into account when communicating with an adult at risk;

- The adult at risk should be communicated to in the language in which he or she is most fluent and most able to both comprehend and express themselves. In the case of bilingual individuals this would normally be his or her first language and should preferably be used directly by the safeguarding officer. Where this is not possible appropriately trained interpreters should be involved;

- If the adult at risk requires access to any aids to ensure maximum communication (including spectacles, hearing aids or other specialised communication equipment) this should always be available;

- If the adult at risk has any disability, attention should be given to the effect of this on communication. Being unable to speak is not the same as not having anything to say. Equally, having verbal fluency does not always represent the individual's ability to understand spoken or written language. Expert assessment and advice from a relevant professional such as a Speech and Language Therapist should be sought where appropriate;

- The adult at risk should be given the opportunity to make a choice regarding the preferred mode of communication for both expression and reception of information. Where the nature of their communication difficulty makes this difficult to ascertain, a best interest judgment should be made via the involvement of key people familiar with the individual;

- Where appropriate, users should be made aware of augmentative or alternative means of communication. Such methods could include drawing, writing, signing, a range of pictorial or symbol materials, or voice output communication aids. Careful consideration of the communication tools used by the person in their everyday life should be taken into account in selecting materials for use during the interview. Advice should be sought from a Speech and Language Therapist or a person who knows this individual as well as needed;

- Profoundly deaf adults should be communicated with by social workers who have specialist knowledge of deaf people and skilled in the relevant sign language such as British Sign Language or Sign Supported English. If no such social workers are available, then sign language interpreters should be employed;

- People with learning disabilities who use signing as a means of communication are likely to use a key word sign supported system including signs taken from an agreed vocabulary for Nottingham (shire). This will include signs taken from Makaton and other collections of signs. As their use of sign is likely to be very individualised and also reflect other aspects of their underlying communication difficulties, it is important to be aware of their individual style of communicating before conducting an interview. A person familiar with their signing may be needed to validate the interpretation of their signed interview;

- Any interpreters used, whether for sign language or other languages, should be appropriately qualified and objective. It may be necessary to use a communication facilitator who is known to the adult at risk. Care should be taken to ensure this third party understands the implications of the role and can accept adequate briefing;

- There may be circumstances where the adult at risk's need for support and encouragement to say what they have to say is of paramount importance. Advocates can have a vital role to play here;

- When an evidential statement is being taken in a form for which "special measures" under the Youth Justice and Criminal Evidence Act (1999) will be applied for, the police should consult with the Crown Prosecution Service according to policy guidance (see guidance for Achieving Best Evidence in Criminal Proceedings).

Sources of Speech and Language Therapy support

Learning Disabilities;

Nottingham City Health & Care Point, Speech and Language Therapy Department, New Brook House, 385 Alfreton Road, Nottingham, NG7 5LR. Telephone 0115 8834707 Fax 0115 8834755;

Newark and Sherwood, Mansfield, Ashfield, Bassetlaw – Professional Lead, Speech and Language Therapy, Team Byron House 01636 685990.

6. Planning to interview someone with a learning disability

The advocate's gateway website provides useful toolkits which you may wish to consider when planning to interview someone with a learning disability, although these may be useful to consider when interviewing anyone. They are available at http://www.theadvocatesgateway.org/toolkits

7. Supporting the Alleged Perpetrator

A decision needs to be made about who will interview the alleged perpetrator and/or give them information about the allegations (and when this should happen). This should be agreed either as part of the initial discussion or strategy meeting.

The primary concern must be the safety of the adult at risk, but the alleged perpetrator has a right to have information about any accusations and the process that will be followed. Decisions about notifying the alleged perpetrator need to be made at the strategy meeting, weighing up potential repercussions of further risk of abuse.

If the alleged perpetrator is also an adult at risk, a decision must be made about how their needs are to be met during the safeguarding assessment, e.g. if they lack capacity, they will also need someone who can represent them, possibly an IMCA.

8. Carrying out a visit or formal interview

Visits and interviews should begin with building a 'rapport' to help all involved relax and feel as comfortable as possible with the situation. This may include talking about something totally unrelated to the allegation of abuse. You may find it useful to consider one of the person centred thinking tools (see above), for example using the 'important to/important for' tool can act as an good way of both getting to know about someone while at the same time helping them to feel relaxed and comfortable.

In addition to this you should make the adult at risk aware of who is present and why, ensuring that they are comfortable with this and also how the interview will be recorded.

Ensure that the adult at risk being interviewed understands that it's okay to say 'I don't know' if they don't know the answer to a question.

A 'free narrative' stage can then encourage the adult at risk to freely recall in their own words the events that they have experienced before moving onto specific questions or clarification if required.

Question Types

The following, about the different types of questions, may help you when you are conducting interviews as part of a safeguarding investigation:

Open-ended questions

Open-ended questions are ones that are worded in such a way as to enable the witness to provide an unrestricted response. These also allow the witness to control the flow of information. This type of questioning minimise the risk that interviewers will impose their view of what happened. Such questions usually specify a general topic which allows the witness considerable freedom in determining what to reply.

An example of an open-ended question is; "You live at Dewhurst House. What happens there?"

Specific Questions

Specific questions can be asked in a non-suggestive way for extension and/or clarification of information previously provided by the adult at risk. For example; for an adult at risk who has already provided information that a young man in the High Street was wearing a jacket, a specific yet non-suggestive question could be "what colour was the man's jacket?".

Although some people may not be able to provide information in a free narrative phase or be able to respond to open questions, they may be able to respond to specific questions. However, interviewers must be aware that specific questions should not unduly suggest answers to the adult at risk. An example of a specific, yet non-leading, question for an adult at risk who has, as yet, provided no relevant information could be "what happens at bath time?"

Leading Questions

A leading question is one which implies the answer or assumes facts which are likely to be in dispute. Of course, whether a question is leading depends not only on the nature of the question but also on what the adult at risk has already communicated in the interview. An example of a leading question could be "so, the man's jacket was yellow wasn't it?"

Closed Questions

Closed questions are ones that provide the interviewee with a limited number of alternative responses. For example, "was the man's jacket black, another colour, or can't you remember?" As long as the question provides a number of sensible and equally likely alternatives it would not be deemed suggestive. Some adults at risk may find closed questions particularly helpful. However, at the beginning of the use of closed questions interviewers should try to avoid using ones that contain only two alternatives (especially yes/no questions) unless these two alternatives contain all possibilities (e.g. "was it day time or night time?"). If questions containing only two alternatives are used, these should be phrased so that they sometimes result in the first alternative being chosen and sometimes in the second alternative.

Some adults at risk may only be able to respond to closed questions which contain two alternatives. Even in such circumstances it should still be possible for interviewers to avoid an investigative interview being made up largely of leading questions. However, such interviews are likely to require special expertise and extensive planning especially regarding the questions to be asked.

Multiple choice questions

Many adults at risk will have difficulty with questions unless they are simple, containing only one point per question and do not contain abstract words, double negatives, lack suggestion or jargon.

The emphasis should be on ensuring the adult at risk understands what is being asked of them. The ground rules about 'understanding' and 'don't know' should be re-iterated to ensure this is the case.

Police Interviews

The police will undertake investigative interviews for use in criminal proceedings, in line with Achieving Best Evidence in Criminal Proceedings.

Out of Area Arrangements

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Out of Area Arrangements

ADASS Out-of-Area Safeguarding Adults Arrangements June 2016

1. Out of Area Safeguarding Adults Arrangements

In Nottinghamshire, the multi-agency procedures will follow the ADASS Policy Network guidance for Out-of-Area Safeguarding Adults Arrangements.

ADASS members recognise the increased risk to adults at risk, of harm from abuse or neglect, whose care arrangements are complicated by cross boundary considerations. These may arise, where funding/commissioning responsibility for an individual lies with an authority in one area and where concerns about potential abuse and/or exploitation subsequently arise in another area.

The following terms are used throughout this guidance:

- **Host Authority** – The Local Authority in the area where the alleged abuse occurred, and which therefore has the S42 duty to make enquiries or cause them to be made (whether or not the host authority is commissioning care and support services for the adult).
- **Placing Authority** – The Local Authority or NHS Body that is responsible for commissioning care and support services for an individual involved in a safeguarding adults enquiry

The guidance from ADASS aims to clarify both strategic and operational responsibilities and actions to be taken by host authorities and placing authorities with respect to people who live in one area, but for whom commissioning responsibility remains with the area from which they originated.

When a safeguarding adults concern involves a number of adults and a number of placing authorities, the task of coordinating the enquiry becomes much more complex. Whilst the roles and responsibilities described in the guidance are principally unchanged when there is such an enquiry, it is essential that all authorities have a clear understanding of their respective roles and responsibilities, regardless of distance from the service where the alleged concerns arose.

In particular, all placing authorities must actively support the host authority to ensure no further risk is posed to any adult affected by the issues under investigation.

Host authority

It is the host authority's responsibility to ensure that the Section 42 enquiry is conducted in accordance with the local decision-making processes contained within the adult safeguarding procedures. This may involve arranging a planning discussion or meeting and ensuring all appropriate placing authorities and other relevant local agencies are invited to contribute. The named lead coordinator should liaise with all placing authorities regarding the planning arrangements to facilitate maximum contribution. A multi-agency planning discussion may require involvement from the relevant NHS body, the Police and the Care Quality Commission (CQC).

See also Care Quality Commission Statement on CQC's roles and responsibilities for safeguarding children and adults June 2015.

The named lead coordinator will endeavour to ensure that all agencies are working together effectively, taking account of MSP principles, and may chair planning discussions or meetings where required. They will invite the placing authority to participate in the planning arrangements, with the expectation that placing authorities of service users affected by the allegations will contribute, either in person, or through the use of technology. The placing authority should provide all relevant information to the planning process, including written reports.

The planning process will agree roles and responsibilities for undertaking the enquiry, with overall responsibility for coordination of the enquiry remaining with the host authority. Within the planning discussion it may be necessary to assign tasks to the placing authority. If the placing authority is not present then the named lead coordinator is responsible for confirming agreement with the placing authority on the tasks to be assigned.

It will also set out a clear communication and engagement strategy which will include communication with all those affected by the safeguarding adult concern:- service users, families, carers and advocacy services, including Independent Mental Capacity Advocate (IMCA) services where appropriate and Care Act advocacy services where substantial difficulties are identified. This strategy should be reviewed regularly. The host authority will share the minutes with all invitees, including CQC in respect of a regulated service.

The planning process will also agree whether, and if so, how, other placing authorities will be informed of the concerns raised and why, and who will do this.

The named lead coordinator will ensure that all decisions and agreed actions are fed back to a placing authority in the event that they are absent from the planning discussion, and will liaise with the placing authority throughout the enquiry. This is to ensure that:

- The outcomes sought by the adult are clarified and jointly agreed by the adult, the host and placing authorities
- Evidence or other information from any work undertaken by the placing authority is fed into the enquiry.
- The placing authority is kept up-to-date on progress with the enquiry

Placing authority

The placing authority should liaise with the host authority's named lead coordinator regarding the conduct of the Section 42 enquiry. The placing authority should provide a representative with appropriate authority for decision making to attend and participate in any planning meetings which may be convened by the host authority.

The placing authority should provide all relevant information to the enquiry via the host authority's named lead coordinator. In planning the enquiry, it may be necessary to assign tasks to the placing authority. It is expected that the placing authority has an established relationship with the adult at risk. They may therefore be the most appropriate organisation to ascertain the person's views and wishes and to undertake initial enquiries with them.

If a mental capacity assessment and/or an independent advocate are needed as part of the safeguarding enquiry, the placing authority should confirm with the host authority how this will be provided or commissioned, as part of the planning discussions.

Service provider

The host authority may discuss the concern with the provider, decide whether any further actions are required, and may cause the provider to make enquiries. Care and support statutory guidance is clear that the provider has duties as both a service provider and as an employer. These duties include:

- Dealing with employment/disciplinary issues
- Protecting the adult at risk
- Incident investigation
- Assuring commissioners and regulators
- Preventing reoccurrence and risk to others
- Reporting concerns

The statutory guidance is clear that the provider should look into the concerns unless there is a compelling reason why it is inappropriate or unsafe to do this. Compelling reasons would include:

- Serious conflict of interest on the part of the employer, for example a family-run business where institutional abuse is alleged, or where the manager or owner of the service is implicated.
- Concerns having been raised about non-effective past enquiries or serious, multiple concerns
- A matter that requires investigation by the police

Where the provider is making the enquiry, they should be mindful of the requirement to fully involve the adult, and in particular to ask them (or their representative or advocate) what they want as an outcome following the raising of the safeguarding concern. This should be recorded and reported to the host local authority, as part of the enquiry.

Providers should supply the contact details of placing authorities responsible for the adults involved in the enquiry, so that the host authority can liaise with them. They should also provide information on any adults at risk who are self-funders. If the information is not provided, the host authority may refer to the local Safeguarding Adults Board procedure on S45 of the Care Act, which places a duty on individuals and organisations to supply relevant information required to safeguard individuals.

Providers should work together with the host local authority in discussing what the enquiry should cover, and also with relevant placing authorities to ensure they are fully informed when reassessing needs. This may involve participation in safeguarding meetings in line with local multi-agency procedures.

Following completion of the safeguarding enquiry the host authority will share the enquiry report(s) with the placing authority in order to discuss the content of the report and any required safeguarding arrangements.

The purpose of this discussion is:

- To share the outcome of the enquiry
- To agree recommendations regarding the outcome of the enquiry, including the extent to which it has been able to achieve the outcomes for the adult at risk, or what more they would like to happen.
- To identify any different views and the potential opportunities to resolve them
- To agree how communication with the person, their family, carers or advocate regarding the outcome of the enquiry and content of the report(s) will take place ensuring the person remains at the centre of the work.
- To agree how the attendance of the adult, their family, carers or advocate may be facilitated and/or their views reflected in the outcome
- To discuss the recommended content of the safeguarding plan where appropriate
- To agree arrangements for ongoing review of the safeguarding plan.

For full details: ADASS Out-of-Area Safeguarding Adults Arrangements June 2016

1.1 Inter District Arrangements

If there is an adult at risk who is funded by one district in Nottinghamshire (including Nottingham City) but who is resident in another district, the 'host authority' will be responsible for coordinating the safeguarding adults enquiry following the same process as described above.

Example:

An adult at risk was funded by Gedling but was allegedly abused while residing in Rushcliffe. Rushcliffe (as Host Authority) would be responsible for coordinating the safeguarding adults enquiry.

However, if the abuse is alleged to have happened to an adult at risk in a district where they don't normally reside, this would initially be sent to the relevant district where the person normally resides. This should lead to early discussion prior to the safeguarding enquiry to agree which district is best placed to act as named lead coordinator.

Example:

An adult at risk, normally resident in Newark was allegedly abused while having respite care in Mansfield. The initial referral would go to the relevant Adult Social Care team in Newark. This would be followed by early discussion between the relevant Adult Social Care team in Newark and the relevant Adult Social Care team in Mansfield to consider who would be best placed to undertake the role of lead coordinator.

Consideration should still be given to the involvement of both Adult Social Care teams regardless of who is undertaking the role of lead coordinator.

1.2 Concerns raised in Hospital Settings

Where concerns are raised in a hospital setting, the same process as 1.1 above should be followed i.e. early discussion should take place between the team where the person normally resides and the hospital Adult

Social Care team to agree who will undertake the role of safeguarding manager. This should be done prior to the safeguarding enquiry initial discussion. Consideration should also be given to the involvement of both district and hospital Adult Social Care teams regardless of who is undertaking the role of safeguarding manager.

1.3 Urgent Response

It may be necessary for a host authority to take urgent action to safeguard an individual. During the course of an enquiry, host and placing authorities may agree that local services may be best placed to meet needs arising from the enquiry. Placing authorities and the host authority may need to negotiate flexible arrangements, to enable the most appropriate response to ensure the wellbeing of the adult.

In the case of an urgent response being required, the wellbeing of the person being safeguarded remains paramount and a host authority may have to take action on behalf of the placing authority. In such cases, the host authority should ensure the placing authority is informed and involved in discussions about the response as early as possible.

The Role of the Police

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Amendments: Full update and reformatting	

1. The Role of the Police

The role of the Police with relation to Safeguarding Adults is to:

- Make enquiries where relevant, to determine if criminal activity has occurred;
- Keep the safeguarding manager fully informed of the progress of any enquiries relating to criminal activity under the Nottinghamshire Safeguarding Adults Procedures, at all stages;
- The role of the Police **DOES NOT** include acting in the role of safeguarding manager;
- Where criminal activity is identified, the Police will carry out criminal investigations where this is appropriate to do so;
- The Police will always take report of allegations of crimes. They will prioritise their investigative effort where the crime is of a serious nature or where it has a disproportionate impact upon an individual, or the confidence of the community as a whole;
- In the case of adults at risk, they will seek to investigate crimes in a manner which is sensitive to the needs of the victim and, to this end, will seek to provide support to victims and witnesses as laid out in Part II of the Youth Justice and Criminal Evidence Act 1999. (see guidance for Achieving Best Evidence in Criminal Proceedings);
- In addition, the Police will seek to provide appropriate advice and support in relation to other matters which may not necessarily present themselves as a crime, especially in relation to safeguarding adults or where abuse of an adult at risk is suspected. They are committed to working with other agencies to solve problems which affect the quality of life of people in Nottingham (shire), in pursuit of their overall aim of achieving 'A Safer Nottinghamshire for All'.

2. Accessing Police help

In an emergency, the Police should be contacted by using the 999 system. Any none emergency referrals are to be made via MASH, where they will be passed to the relevant Detective Inspector or Detective Sergeant.

The use of the 999 system should be preserved for those most serious cases where the immediate attention of the Police is necessary. This should include circumstances where it is life threatening, a crime is in progress, an offender is still present or vital evidence will be lost.

In those cases where a response is required as soon as possible, but it is not an emergency, dial 101. An appointment will be made for the Managed Incident Car staff or a response officer to take initial details of the report. The officer will then either continue with the investigation or will refer it to the most appropriate department for further enquiries.

When making contact with the Police, remember to indicate your call relates to the **Safeguarding Adults procedures** and that, in addition to any other action taken, it should be brought to the attention of the **Detective Inspector**.

3. The Police investigation

The overall aim of Nottinghamshire Police is to ensure that we have "A Safer Nottinghamshire for all" Their priority is to tackle crime effectively, in a way that reflects and caters for the needs of victims and witnesses.

The Police will investigate all crimes reported by or on behalf of adults at risk in a sensitive and thorough manner.

The Police Officer initially deployed to the scene will be responsible for the initial investigation, including securing and preserving evidence, witness care, scene assessment and initial lines of enquiry. This will include requesting forensic examination if appropriate. See:

- See guidance for Preserving Evidence; and
- See 8.4.2 in the procedures for Medical Examinations;
- Any further investigations will depend upon individual circumstances. The investigatory resources applied will depend upon the seriousness of the offence and will be at the direction of the Detective Chief Inspector.

Any decisions about arrest will be based on the evidence available and will be made by the officer responsible for the investigation. Decisions about the charging of suspects and initial bail will be made by the custody officer, or the Crown Prosecution Service. If the suspect is bailed pre charge any bail conditions are managed by the custody officer. Post charge conditions are imposed at the point of charge and any further decisions about bail will be at the discretion of the court. The decision to prosecute or otherwise rests with the Crown Prosecution Service based on the evidence provided by the Police.

Early discussion and investigative planning should include an indication of timescales to inform the Safeguarding Manager with regard to the progress of the case. However, projected timescales in relation to an investigation are sometimes unavoidably extended for a variety of reasons and changing circumstances. Any changes should be relayed to the safeguarding manager at the earliest opportunity, to help ensure a good inter-agency working relationship.

Once sufficient evidence has been gathered, the case will be presented to the Crown Prosecution Service for a decision as to whether the case will proceed to Court. In minor cases, the Police can elect to caution an offender without reference to the Crown Prosecution Service.

In those cases that have insufficient evidence to present to the Crown Prosecution Service, the case will remain recorded as undetected.

Good communication between the investigating agencies is essential and will enable all parties to remain informed. It is the responsibility of the Police to keep the Safeguarding Manager fully informed of the progress of the criminal investigation.

If there is an allegation that a criminal offence has taken place, the officer responsible for investigating must attend the Strategy Meeting. In the rare circumstance that they are not able to attend they must inform the Safeguarding Manager where a report or a representative may be required.

4. Adults at risk as alleged offenders

Effective liaison between service providers, police, and courts should be maintained in order to ensure satisfactory support to alleged offenders who may be (or have been in the past) identified as an adult at risk. Quick and appropriate advice for such people should be determined at the earliest possible stage in their contact with the Criminal Justice System and an 'appropriate adult' should be considered.

Police Officers will be aware of how and when to refer victims of alleged sexual assault to the Sexual Assault Referral Centre (SARC).

Safeguarding Investigations & Root Cause Analysis

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1. Safeguarding Investigations and Root Cause Analysis

1.1 What is a safeguarding investigation?

A safeguarding investigation is an investigation, normally undertaken by the safeguarding officer, to determine if abuse has occurred when no other investigation is identified but there is a need to know if abuse has occurred to enable a personal safeguarding plan to be completed.

Alternatively, a safeguarding investigation may be undertaken as part of a joint approach with another agency, including an employer, where it would add independence or transparency to any findings.

Any decision to undertake a safeguarding investigation should only be made at a strategy meeting, as part of a multi-agency response.

1.2 Interviewing

The safeguarding officer may be responsible for carrying out the interviews with the alleged victim, alleged perpetrator and any possible witnesses where a safeguarding investigation is identified.

Interviews should be done in conjunction with the planning a visit or interview guidance.

1.3 Recording

Once the safeguarding officer has completed all the necessary information gathering and interviews they should complete a Safeguarding Officers Report. This report should be used as part of the case conference.

1.4 What is root cause analysis?

There are times where an investigation is not required to determine if abuse has occurred or not but there is benefit in understanding *why* abuse has occurred. Alternatively, an investigation (either safeguarding or other), might lead to a decision to understand *why* abuse might have occurred. In these instances, it may be useful to undertake a root cause analysis.

The following root cause analysis tool has been developed with thanks to Southampton City Council.

Nottinghamshire

Safeguarding Adults at Risk

Root Cause Analysis Tool

Root Cause Analysis (RCA) Tool.

This tool is based on the Root Cause Analysis process which is an investigative tool used to clarify why an adverse incident has occurred and to analyse the contributory and causal factors leading to the incident e.g. the root causes and to identify the corrective measures needed to reduce the likelihood of the problem reoccurring. The focus is placed on understanding the root cause of a problem and not just at the 'symptom' of the problem (e.g. the unwanted incident or outcome). When things go wrong, the knee jerk reaction is to look to apportion individual blame and fault. However, RCA can help an organisation develop an open culture where staff can feel supported to report mistakes and problems in the knowledge this will lead to positive change, not blame.

Principles of Root Cause Analysis

Its basic tenet is that problems are best solved by attempting to correct or eliminate root causes;

It must be performed systematically, with conclusions and causes backed up by evidence;

There is usually more than one potential root cause for a problem and all relevant root causes of an incident, not just the most obvious;

It can transform an old culture that reacts to problems with a new culture that looks to understand and learn from problems;

It can lead to a culture that is open and seeks to identify & solve problems before they escalate.

Purpose of this RCA Tool

This tool has been specifically adapted for the social care environment and can be used when a care provider is asked to investigate an incident as part of a safeguarding investigation or a contractual obligation or through direction from the Care Quality Commission. This tool provides a robust methodology for such investigations, and it could be used in a number of circumstances, such as:

- A service user has an accident, fall or other avoidable injury;
- Medication is wrongly or inappropriately given;
- Service user has an avoidable pressure sore;
- Appropriate care is not given in a timely way to service user(s);
- To investigate why an incident of abuse or neglect has occurred;
- To investigate a health and safety related incident or accident;

- Any other type of incident or complaint.

How to complete this document

The guidance below outlines type of and information and issues to consider when completing the RCA. It is important to positively enter information. For example, in section 5, even if policies were followed and were in date, state this – otherwise there is no evidence that you have considered the possibility.

The examples given in the guidance notes are not exhaustive but are provided as examples. Consider whether anything similar might be relevant to the particular incident you are investigating.

Following completion of the form, review any areas in which 'yes' has been ticked. For each section with a 'yes' consideration should be given to an action to prevent or minimise the problem from recurring. In developing the actions analyse the problem by way of the following hierarchy of controls in the order given:

- ***Eliminate -*** can the problem be eliminated? e.g. stop using an agency that sends unreliable, poorly trained locum staff;
- ***Substitute -*** can the problem be substituted with something less harmful or risky? e.g. using a different moving & handling technique?
- ***Isolate & distance -*** can the problem be isolated or distanced from people?
- ***Safe systems of work*** -can safe working procedures be created, or improved upon, to minimise or eliminate the problem?
- ***Training, Knowledge and supervision -*** can additional training or staff supervision be provided to minimise or eliminate the problem?
- ***Protective equipment -*** can protective equipment be provided to minimise harm, e.g. sharps boxes, pressure mats, sensors etc.
- ***Actions should be S.M.A.R.T:***

    - Specific - Be very clear about exactly what action is going to be taken and who is responsible for each action;
    - Measurable - Clearly quantify or demonstrate that the improvement has occurred;
    - Achievable - Ensure actions are attainable;
    - Realistic - Make sure that the action planned is the most practical way to achieve the improvement identified;
    - Time Bound - Specify the time period in which each action will be accomplished.

Below is:

Appendix A; RCA Tool guidance form;

Appendix B; RCA Tool for completion, this is available electronically.

Root Cause Analysis Tool		**Date RCA Tool Started;** *give details of when this form was started*	**Lead Investigator;**	**Case number;**
Questions		**Findings**		
1	Give a background history and description of this incident.	*Guidance notes;* *Outline who was involved, what happened, who witnessed it, how it was reported, and what the subsequent outcomes were and how key parties feel about it.*		
2	Give day, date, time incident occurred, and was reported.	*Give details of when and where the incident occurred, (and how this is known), and details of when/how/who reported it.*		
3	What are the key issues to be analysed?	*Outline the purpose and parameters of the Root Cause Analysis. What key issues will be examined and what aspects of the incident need to be analysed, e.g. why was the adult at risk given the wrong medication at the wrong time? What caused staff member to hit the adult at risk?*		
4	What evidence has been gathered to inform this analysis?	*Outline the sources of evidence that have informed the analysis, e.g.* *Care plans, risk assessment, medication records, daily care records;* *Staff supervision, training & appraisal records;* *Internal and external policies and procedures;* *Interview, statements or other written records, etc.*		

5	Did existing systems or processes, or a deviations of current systems or processes, contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Internal/external policies or procedures (or the lack of them);* *Are these up to date, available at appropriate locations and widely known?* *Are these accurate, understandable, clear, and available in a range of languages and formats?* *Did staff follow these appropriately?* *Do members of staff agree with the policy, procedure or process and is there ownership?*
6	Did service-user factors contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Medical conditions or care needs e.g. complexity of clinical care or need, general health, pre- existing or new illnesses/disabilities, poor sleep pattern, malnourishment/dehydration;* *Language or communication needs;* *Social factors e.g. culture/religious beliefs; lifestyle choices – alcohol/drugs/smoking/diet, living conditions (dilapidated/unsafe), support networks;* *Mental or psychological factors e.g. motivation, stress – family pressures/financial pressures;* *Emotional trauma, existing or new mental health needs;* *Interpersonal relationships – service-user to staff, service-user to service-user, family relations.*

7	Did circumstances relating to the alleged perpetrator contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Issues relating to carer responsibilities and support which may have resulted in additional stress to the carer* *The ability of the alleged perpetrator to understand their actions, or to know that they have caused abuse (where the alleged perpetrator is also an adult at risk)*
8	Did staff behaviour contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Physical & mental health e.g. fatigue, disability, stress, depression, impairment due to illness;* *Substance misuse e.g. drugs, alcohol, etc.;* *Staff motivation e.g. boredom, low job satisfaction, overload, distraction, pre-occupation;* *Personality issues e.g. low/over self-confidence, risk averse/risk taker, shy/timid or outspoken;* *Staff member domestic or lifestyle issues;* *Interpersonal relationships with service-users, colleagues, managers.*
9	Did communication factors contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Did poor or inadequate communication affect the incident?*

			Were verbal commands/directions clear and unambiguous, made to the right person, use of language correct for the situation, was style of delivery appropriate & effective, were established communication channels used and were they effective? *Written communications – as above, plus were records easy to read and available in the right location when required? Are records complete or are records missing or been tampered with?* *Any non-verbal communication issues e.g. aggressive or intimidating behaviour, body language e.g. closed, open, relaxed, stern faced, etc.* *Did communication systems (or lack of these) influence the incident/event e.g. handover, communications book, etc.?*
10	Did staff training/skill contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Level of staff knowledge, skills, length & quality of experience, familiarity with tasks;* *Availability of an up to date job description;* *Regularity of testing or assessment of relevant staff knowledge & skills;* *The quality and content of local induction training or other relevant training;* *Regularity and quality of staff supervision, appraisal and/or mentoring;* *Access to refresher training and opportunities to maintain CPD.*
11	Did staff resources or work conditions contribute directly to the incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Skill mix, use of agency/bank staff, workload/dependency assessment. Staff turnover/retention;* *Workload & hours of work e.g. shift related fatigue, staff to service-user ratio;* *Breaks during work hours, extraneous tasks, social relaxation, rest & recuperation;*

			Time pressure, delays caused by process design or failure of systems or processes; *Recruitment practice.*
12	Did an absence or malfunction of equipment contribute to the adverse incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Was the equipment subject to an up to date maintenance programme, correctly stored, labelled, relevant instructions in place & legible, new or familiar to the user(s), fit for purpose?* *Was the equipment familiar to those using it and if so were they competent to use it?* *Did a safety mechanism fail?*
13	Did management or leadership affect this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Were the relevant roles in staff team known, understood & followed?* *Were lines of reporting and accountability clear?* *Were professional boundaries & codes of practice known and followed?* *Was there effective leadership & management?* *Did the manager/leader 'walk the floor' and/or carry out spot checks?*
14	Did culture or organisational factors affect this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Type of culture and ethos in the service;* *Organisational issues e.g. value driven practice or hierarchical/inflexible structures and routines, closed culture, not conductive to information or problem sharing/discussion, lack of safety culture or over focus on safety;* *Organisational priorities e.g. safety driven, financially focussed, performance driven, risk averse;*

			Staff morale, motivation; *Style of conflict management.*
15	Did controllable environment factors directly affect the outcome?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Design of physical environment e.g. cramped, temperature, panic buttons, lighting, noise levels?* *Environment issues e.g. water on the floor, a door that was locked preventing entry/exit?* *Has the relevant environment/task been subject to a risk assessment? If answering yes, provide a copy. If answering no, state why.*
16	Are there any uncontrollable external factors truly beyond the organisation's control? Give reasons why.	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Examples might include an internal or external agency staff strike, adverse weather conditions, national pandemic, a failure of telephone systems, etc.*
17	Are there any other factors that have directly influenced this outcome?	Yes ☐ No ☐	*Please give details.*
18	Summary of conclusions	*Guidance notes;* *Use this section to list the findings from the investigation and analysis, and summarise the conclusions reached.*	

Root Cause Analysis Tool		**Date RCA Tool Started;** *give details of when this form was started*	**Lead Investigator;**	**Case number;**
Questions		**Findings**		
1	Give a background history and description of this incident.			
2	Give day, date, time incident occurred, and was reported.			
3	What are the key issues to be analysed?			
4	What evidence has been gathered to inform this analysis?			
5	Did existing systems or processes, or a deviations of current systems or processes, contribute to this incident?	Yes ☐ No ☐		

6	Did service-user factors contribute to the incident?	Yes ☐ No ☐	
7	Did circumstances relating to the alleged perpetrator contribute to this incident?	Yes ☐ No ☐	
8	Did staff behaviour contribute to this incident?	Yes ☐ No ☐	
9	Did communication factors contribute to this incident?	Yes ☐ No ☐	
10	Did staff training/skill contribute to this incident?	Yes ☐ No ☐	

11	Did staff resources or work conditions contribute directly to the incident?	Yes ☐ No ☐	
12	Did an absence or malfunction of equipment contribute to the adverse incident?	Yes ☐ No ☐	
13	Did management or leadership affect this incident?	Yes ☐ No ☐	
14	Did culture or organisational factors affect this incident?	Yes ☐ No ☐	
15	Did controllable environment factors directly affect the outcome?	Yes ☐ No ☐	
16	Are there any uncontrollable external factors truly beyond the organisation's control? Give reasons why.	Yes ☐ No ☐	

17	Are there any other factors that have directly influenced this outcome?	Yes ☐ No ☐	
18	Summary of conclusions		

Lead Investigator Name: Signature:

Role: Organisation:

Date RCA investigation completed:

This RCA investigation has been overseen and quality assured by (e.g. by a senior manager):

Name: Signature:

Role: Organisation:

Staff as Alleged Perpetrators

Version number: 1.0	
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1. Staff as Alleged Perpetrators

1.1 Staff as Alleged Perpetrators

When members of staff are alleged to have perpetrated abuse against an adult at risk there will always be a need for a 'Referral to the Local Authority' in line with the Thresholds and Pathways Guidance. 'Staff' includes care workers, both paid and voluntary, those employed under the adult placement scheme as well as professionals such as doctors and social care staff.

ACTION TAKEN UNDER DISCIPLINARY PROCEDURE SHOULD NOT DELAY THE IMMEDIATE SAFEGUARDING OF AN ADULT AT RISK.

1.2 Professional Bodies

With regard to abuse, neglect and misconduct in a professional relationship, many staff will be governed by codes of professional conduct and / or an employment contract which will determine the action that can be taken against them. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation. Consideration must also be given to the involvement of the police and / or regulatory bodies.

Investigations into allegations against the Police will be carried out under the regulation imposed by the Police and Criminal Evidence (P.A.C.E) Act 1984.

1.3 Care Act Statutory Guidance

The Care Act Statutory Guidance provides information on suspected abuse in regulated settings and should be the starting point for dealing with such concerns. It states:

> "14.56. It is important that all partners are clear where responsibility lies where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital, or college. The first responsibility to act must be with the employing organisation as provider of the service. However, social workers or counsellors may need to be involved in order to support the adult to recover.
>
> 14.57. When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner. Where a local authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom. The local authority may well be reassured by the employer's response so that no further action is required. However, a local authority would have to satisfy itself that an employer's response has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators).
>
> 14.58. The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. For example, this could be a serious conflict of interest on the part of the employer, concerns having been raised about non-effective past enquiries or serious, multiple concerns, or a matter that requires investigation by the police.

14.59. An example of a conflict of interest where it is better for an external person to be appointed to investigate may be the case of a family-run business where institutional abuse is alleged, or where the manager or owner of the service is implicated. The circumstances where an external person would be required should be set out in the local multi-agency procedures. All those carrying out such enquiries should have received appropriate training.

14.60. There should be a clear understanding between partners at a local level when other agencies such as the local authority, CQC or CCG need to be notified or involved and what role they have. ADASS, CQC, LGA, ACPO and NHS England have jointly produced a high level guide on these roles and responsibilities. The focus should be on promoting the wellbeing of those adults at risk. It may be that additional training or supervision will be the appropriate response, but the impact of this needs to be assessed. Commissioners of care or other professionals should only use safeguarding procedures in a way that reflects the principles above not as a means of intimidating providers or families. Transparency, open mindedness and timeliness are important features of fair and effective safeguarding enquiries. CQC and commissioners have alternative means of raising standards of service, including support for staff training, contract compliance and, in the case of CQC, enforcement powers.

14.61. Commissioners should encourage an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult. A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service.

14.62. If someone is removed by being either dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service.[190] If an agency or personnel supplier has provided the person, then the legal duty sits with that agency.[191] In circumstances where these actions are not undertaken then the local authority can make such a referral."

(Care and Support Act Statutory Guidance, issues under the Care Act 2014, *Chapter 14. Safeguarding,* Department of Health October 2014).

1.3 Disciplinary Investigation

Where there is a disciplinary investigation, this will normally be carried out by the employing agency whose aim is to establish whether the staff member has been guilty of misconduct in the course of their duties. This approach may pose a different question to whether abuse occurred or not. Therefore, it is important to distinguish between these different facets as part of the strategy meeting, and determine who is best placed to undertake this work where it is required.

There may also be times where a joint investigation would add independence or transparency to an investigation. This should also be agreed as part of the strategy meeting.

As part of any disciplinary proceedings, it should be made clear to the employer that the outcomes and any relevant documentation will be shared as part of the safeguarding assessment.

1.4 Suspension from Duties

The employee would normally be suspended from duty pending the outcome of the employer's investigation. Decisions not to suspend an employee following an allegation of abuse must be fully documented and endorsed separately by an independent senior officer from within the employing agency in consultation with the safeguarding manager. This information must also be made available to the safeguarding manager, the registering authority or authorities and the police where relevant.

None of the above affects the adult's rights to approach the police directly or to instigate civil action against the staff member or agency involved.

1. Disclosure and Barring

1.1 Introduction

In December 2012 The Disclosure and Barring Service (DBS) replaced the Criminal Records Bureau and the Independent Safeguarding Authority. The DBS provide a joined-up service to combine criminal records and barring functions.

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including adults and children.

It is against the law for employers to employ someone or allow them to volunteer for this kind of work if they know they are on one of the barred lists.

The DBS is responsible for:

- Processing requests for criminal records checks;
- Deciding whether it is appropriate for a person to be placed on or removed from a barred list;
- Placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland.

Employers Responsibilities

Employers must refer someone to the DBS if:

- They have been dismissed the because they harmed a child or adult;
- They have dismissed them or removed them from working in regulated activity because they might have harmed a child or adult otherwise;
- They were planning to dismiss them for either of these reasons, but the person resigned first.

Referrals are made to the DBS when an employer or organisation, for example a regulatory body, has concerns that a person has caused harm, or poses a future risk of harm to a vulnerable group, including children.

For more information in relation to your responsibilities and for the latest information follow this link; https://www.gov.uk/ **following the disclosure and barring service.**

In case of death of an adult at risk in Nottinghamshire

In case of death of an adult at risk in Nottinghamshire

Making the decision to refer of a Safeguarding Concern

One of the criteria for undertaking a statutory enquiry under the Care Act s42 duty is that the adult is "experiencing, or is at risk of, abuse or neglect". Therefore, the duty to make an enquiry under the Care Act relates to abuse or neglect, or a risk of abuse or neglect, that is current.

a) Concerns relating to historic abuse or neglect where the person is no longer at risk will not be the subject of statutory enquiry under these procedures, but further action under different processes may be needed.

   All such historic concerns will be considered to determine whether they demonstrate a potential current risk of harm to other adults and also whether they require criminal or other enquiry through parallel processes (e.g. complaints, inquests, regulatory, commissioning, health and safety investigations).

b) Where an adult safeguarding concern is received for an adult who has died the same considerations will apply and the referral of a Safeguarding Concern will only be made where there is a belief that other adults are experiencing, or are at risk of, abuse or neglect.

   In cases where an adult has died or suffered serious abuse or neglect, and where there is concern that agencies should have worked more effectively to safeguard the adult, there is a statutory requirement for the Safeguarding Adults Board to undertake a Safeguarding Adults Review under section 44 of the Care Act.

Undertaking a Safeguarding Enquiry

In the event of the death of the adult at risk whilst a Safeguarding Adults Section 42 Enquiry is still ongoing:

a) If the cause of death was unrelated to the abuse or neglect being considered as part of the ongoing Section 42 Enquiry; then Safeguarding managers should follow their usual processes in closing down the Safeguarding Enquiry. *If there is a criminal element to the abuse or neglect being considered, the Police will consider their own procedures in pursuing enquiries as part of their criminal investigation*

b) If the cause of death was related to the abuse or neglect being considered as part of the ongoing Section 42 Enquiry, the existing enquiry must be completed and closed.

   Potential outcomes may include:

   a. - Referral to Coroners
   b. - Referral to Internal Serious Incident Reporting/ Safeguarding Adults Review
   c. - Referral to external partner process

In all cases, due consideration must be given to the six principles of safeguarding as defined in the Care Act 2014, and Care Act Statutory Guidance, LGA Guidance: Understanding Safeguarding Concerns, and Nottinghamshire Safeguarding Adults Board's Multi-Agency procedures, guidance, and pathways

Strategy Meetings

11 Strategy Meeting

11.1 What is a strategy meeting and its purpose?

11.1.1 A strategy meeting is a meeting or discussion between the relevant individuals and agencies. The purpose of the strategy meeting is to agree what further enquiries or actions such as investigation(s) is/are required to determine if abuse has occurred or not, and/or to determine if the person alleged to have abused has or not.

11.1.2 Where actions are required to investigate the allegations, you should:

- Consider the views of the adult at risk about their desired outcomes and how these may impact on any investigative work;
- Consider the views of the adult at risk about what has happened in relation to the alleged abuse as a result of the initial visit (with the aim of reducing the need of a further interview);
- Discuss any relevant information or findings from the MASH Enquiry and/or as a result of initial actions undertaken;
- Agree which form of investigation(s) or other actions is/are most appropriate, for example disciplinary or criminal investigations or root cause analysis, (see 11.6.4 - Types of Investigation below);
- Agree timescales for the completion of agreed investigations;
- If a supporter as described in 'Achieving Best Evidence in Criminal Proceedings' is required when the police are undertaking a criminal investigation as part of the section 42 enquiry;
- Agree who will act as the link person between the safeguarding manager and the person or organisation responsible for carrying out the enquiries (this will normally be the safeguarding officer);
- Consider if there are any support needs for the person alleged to have caused abuse and how these will be addressed (particularly if they are also an adult at risk);
- Consider if other adult at risks or children (under the age of 18) are affected or at risk of abuse and if any actions are required to mitigate this;
- Agree a communication strategy including feedback to the referrer and distribution of strategy meeting minutes (This should be done in conjunction with the Nottinghamshire Information Sharing Protocol).

11.2 Discussion or meeting?

11.2.1 The term 'strategy meeting' is used to minimise confusion with the 'initial discussion'. However, it could be a discussion by telephone, conference call, video call or via email if holding a meeting would involve a delay and place the person at greater risk, or where few organisations are involved and a meeting is not necessary. If a discussion is held, it may still be necessary to hold a follow-up meeting and more than one meeting or discussion may be required.

11.3 Who should attend?

11.3.1 The safeguarding manager should ensure that all the relevant people are included within the strategy meeting.

11.3.2 Consideration should be given to the most appropriate time to instruct an Independent Mental Capacity Advocate, an Independent Advocate or to include the adult at risk or the person representing them or their best interests in safeguarding adults work. Including the adult and/or representative should be done as early as possible in the process and they should be included throughout wherever this is possible. It is acknowledged though that there may, at times, need to be discussions about the risk to others where it would not be appropriate to include the adult or their representative. The reasons for not including the adult and/or their representative should always be fully documented.

11.3.3 To help support the attendance and effective participation of the adult at risk where this is relevant, it may be useful or necessary to hold two or even several separate meetings and may result in meeting at the adult

at risk's own home, for example, to formulate and agree the actions required to work towards the adult at risk's desired outcomes where this is being done as part of the strategy meeting.

11.3.4 Any organisation requested to attend a strategy meeting should regard the request as a priority. If no one from the organisation is able to attend, they should provide information as requested and make sure it is available at the meeting.

11.3.5 Attendance at the strategy meeting should be limited to those who 'need to know' and who can contribute to the decision making process. Staff should be of sufficient seniority to make decisions within the meeting concerning their organisation, including any resources agreed as part of enquiries or investigation work.

11.3.6 In addition to the safeguarding officer, consideration should be given to inviting contribution from:

- Health Professionals;
- Police;
- Care Quality Commission;
- Placing Authority;
- Service Provider;
- Legal Services;
- Commissioning Organisation's contract and compliance department;
- Department for Work and Pensions.
- Independent Mental Capacity Advocate or adult at risk or the person representing them or their best interests (see below).

11.3.7 Where other organisations are required to attend a strategy meeting, you should contact them using the single points of contacts identified within the Information Sharing guidance.

Case Conferences

1. 12 Case Conference

12.1 What is a case conference and its purpose?

12.1.1 A 'case conference' is a meeting between relevant individuals. A case conference is normally held where there are a number of agencies undertaking enquiries and it would be useful to get a wider understanding of findings from the enquiries.

12.1.2 The purpose of the case conference is to:

- Assess the reports from the various enquiries which have taken place;
- Gather the views of professionals about enquiry findings;
- Gather the views of the adult at risk or the person representing them or their best interests;
- Determine whether the risk of future abuse and/or neglect remains to the adult at risk and/or others;
- Where risk does remain to others, agree actions to support the management of this;
- Agree a communication plan including feedback to those who raised a concern or referred the abuse;
- Consider if there are any lessons learned, which can be shared to influence practice through workforce development or process redesign;
- Agree relevant outputs to fulfil statutory requirements.

12.1.3 The case conference may also:

- Create a protection plan, or agree how this will be done, by whom and when (see section 9 - Creating a Protection Plan).

12.2 Discussion or meeting?

12.2.1 It is anticipated that a case conference will normally be a meeting. However, it could be a discussion by telephone, conference call, video call or via email where few organisations are involved and a meeting is not necessary. If a discussion is held, it may still be necessary to hold a follow-up meeting and more than one meeting or discussion may be required.

12.3 Timescales for holding a case conference

12.3.1 As highlighted above at 11.6.5, section 42 enquiries, including the case conference, should aim to be completed within four weeks from the date the assessment is received by the relevant team (i.e. 28 days or 20 working days). It is recognised though, that this may not always be possible, particularly where complex abuse investigations are required.

12.4 Who should attend?

12.4.1 The safeguarding manager is responsible for organising the case conference and ensuring that the relevant people are invited.

12.4.2 The adult at risk, or the person representing them or their best interests, should always be invited and supported to participate where possible. This is mandatory when creating a personal safeguarding plan as part of the case conference. To help support the attendance and effective participation of the adult at risk, it may be useful or necessary to hold two or even several separate meetings and may result in meeting at the adult at risk's own home, for example, to formulate and agree the personal safeguarding plan.

12.4.3 There may be times where it is not appropriate to invite the adult at risk, or the person representing them or their best interests, to some or all of the case conference. This may be where confidential information about another individual (e.g. the alleged perpetrator or complex abuse where there are a number of adult at risks

involved) is being discussed. This should be considered by the safeguarding manager as part of planning the case conference.

12.4.4 Attendance at the case conference should be limited to those who 'need to know' and who can contribute to the decision making process. Staff should be of sufficient seniority to make decisions concerning their organisation within the meeting. If it is not possible for an organisation to send an appropriate individual, they may be requested to complete a report prior to the meeting.

12.4.5 The following people or organisations should normally attend the case conference:

- Adult at Risk and/or their representative such as family/carer/advocate;
- Safeguarding manager;
- Safeguarding officer;
- Agency who has contributed to investigations or enquiries.

12.4.6 In addition to this, the following may be required to attend the case conference:

- Legal services;
- Police;
- Health professionals;
- Care Quality commission;
- Service Provider;
- Market Development;
- Commissioners of service;
- Department for Work and Pensions.

12.5 How should a case conference be conducted?

12.5.1 The following general principles should be followed when organising, attending, chairing, taking minutes or having any other involvement with a case conference:

- Invitations to participants should state the purpose of the case conference and all information should be presented in a format which participants can understand;
- As a general rule, it is expected that the adult at risk and any preferred supporter (or independent advocate) will attend the case conference unless there are good documented reasons for not doing so;
- Participants should be advised that the proceedings are being conducted in line with confidentiality procedures;
- Contributors should be reminded of the importance of distinguishing between fact and opinion;
- Language used should be non-discriminatory in nature having regard to the age, gender, sexuality, race, disability, class and role of all persons involved;
- Participants should treat each other with respect;
- Any decision to override the views of adult at risks will always be taken in consultation with others and the reasons recorded;
- The contents of the minutes of the case conference should not be discussed with any third party without the consent of the Chair.

12.5.2 The safeguarding manager is responsible for ensuring that the case conference is organised and managed (the safeguarding manager may delegate some of these responsibilities where this is relevant). This includes:

- Ensuring, where possible, that the case conference is held within four weeks of the date the assessment was received by the team;
- Ensuring a suitable time and place for the adult at risk is agreed;
- Inviting attendees - attendance at the case conference should be limited to those who 'need to know' and who can contribute to the plan;

- Arranging minute taking;
- Holding a pre-meeting with the minute taker to give an overview of the case;
- Ensuring the agenda template is completed (this can be amended);
- Ensure the minute taker uses the minute template (this can be amended);
- Sending out templates prior to the meeting, for completion by the non-attendees;
- Ensuring reports are collated prior to the case conference;
- Arranging the distribution of documents.

12.6 What should be recorded as part of the case conference?

12.6.1 Where a meeting takes place, there should be formal minutes of the case conference which should record the details of any discussions. Minutes should also include:

- Organisational actions;
- Case conclusion;
- Lessons learned;
- Communication plan.

12.6.2 Where the case conference is a series of discussions, you should record this in the running record of the adult at risk.

12.7 What are the possible outcomes following the case conference?

12.7.1 There are a number of possible outcomes following a case conference.

12.7.2 There are times when the section 42 enquiry will need to remain open following a case conference. This is when:

- There are outstanding actions to be undertaken by an agency (including the local authority) to work towards the adult's desired outcomes, **OR**;
- No protection plan has yet been created but is required, **OR**;
- The case conference has identified further enquiries are required before the adults enquiries can be achieved.

12.7.3 If all of the work related to the adult at risk's desired outcomes, any required protection plan and any required investigations has been completed, you should close the section 42 enquiry and set a date to review the personal safeguarding plan if necessary.

For more guidance on closing the section 42 enquiry, see section 13 - Closing the Section 42 enquiry.

Safeguarding Adults Reviews Guidance

Version number: 1.0	
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Amendments: new section	

WHAT IS A SAFEGUARDING ADULTS REVIEW (SAR)?

A Safeguarding Adults Review (SAR) is a multi-agency process which takes place when an adult with care and support needs (whether or not they were in receipt of care or support) dies or is seriously injured, and abuse and / or neglect is known or suspected.

A SAR will not re-investigate what happened or apportion blame. Its purpose is to establish if there are lessons to be learnt which can prevent such an event happening again.

WHAT ARE THE CRITERIA FOR A SAR?

A Safeguarding Adult Board (SAB) must undertake a SAR in specific circumstances, as set out by the Care Act 2014:

(a) There is reasonable cause for concern about how the SAB, SAB members or other persons with relevant functions worked together to safeguarding the adult, and

(b) Condition 1 or 2 is met:

- Condition 1 is met if the adult has died and the SAB knows or suspects that the death resulted from abuse or neglect
- Condition 2 is met if the adult is still alive and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

A SAB may also arrange for a review of any other case involving an adult with care and support needs (whether or not they were in receipt of care or support) where appropriate.

WHAT TO DO IF YOU NEED TO MAKE A REFERRAL

A referral to the Safeguarding Adults Review Sub-Group can be made by any partner agency. However, it should be made on the SAR Referral Form with the agreement and sign-off from the Nottinghamshire Safeguarding Adults Board representative for the agency. If the agency does not have a Board member, the referral should be agreed by the Safeguarding Adults Lead within that agency.

If further guidance is needed in relation to making a referral, please contact the Safeguarding Adults Strategic Team at safeguarding1.adults@nottscc.gov.uk

On receipt of a referral, a request for a summary of agency information will be sent out to all agencies known to have had involvement in the case. On receipt of the information, the SAR Sub-Group will consider whether the case meets the criteria for a SAR to be commissioned.

WHAT TO DO IF A REQUEST FOR A SUMMARY OF AGENCY INFORMATION IS RECEIVED

A request for a summary of agency information will be sent to the agency's Board representative for completion by the agency. The form will set out a summary of the case and will specify the date on which it should be returned by.

The form should be completed with a brief summary of the nature of the agency's involvement in the case, including the timeframe of that involvement and any partnership working. If the form is not being completed by the Board member or Safeguarding Adults Lead, it should be returned to them for approval and sign-off before being returned to the Safeguarding Adults Strategic Team at safeguarding1.adults@nottscc.gov.uk

Nottinghamshire Safeguarding Adults Board Escalation Procedure

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1. Introduction

The Care Act 2014 and Chapter 14 of the Care and Support Statutory Guidance 2016 includes six key principles that underpin Safeguarding Adults Practice. **Accountability** and **Partnership** are two of these. All partner agencies and their staff are accountable for delivering their part of the adult safeguarding process to a high standard.

The process outlined in this document relates to cases where there are safeguarding concerns that meet the statutory threshold under section 42 of the Care Act 2014. The threshold for triggering a local authority's duty to carry out an enquiry, or cause others to do so is when the local authority has reasonable belief that an adult in its area has:

- care and support needs, **and**
- is experiencing, or is at risk of abuse or neglect, including some aspects of self-neglect, **and**
- as a result of care and support needs, it appears that he or she is unable to protect themselves from the risk of, or experience of, abuse or neglect.

There may also be occasions when the local authority uses its powers to make proportionate, non-S42 enquiries

> *e.g.: Abuse of a carer, where the carer does not fulfil the 3 statutory criteria above. This would potentially involve some enquiries, in order to further support the carer and the adult they care for, but as the carer did not have care and support needs, these would be non-S42 enquiries.*

Effective working together depends on an open approach and honest relationships between agencies. Problem solving, and resolution is an integral part of professional co-operation and joint working to safeguard adults at risk.

Transparency, openness and a willingness to understand and respect individual and agency views are a core aspect of multi-agency / inter-agency working. However, there may be occasions where individuals / agencies disagree on how best to keep adults at risk safe and promote their welfare.

Disagreements can arise in a number of areas, but are most likely to arise around:

- Perceived levels of risk
- Levels of need and whether a concern is eligible for a service or intervention
- Roles and responsibilities
- Level or quality of communication/ information sharing
- Provision of services
- Action or lack of action progressing plans
- Cases being / not being stepped up or down and / or closed

The Nottinghamshire Safeguarding Adults Board (NSAB) is clear that there must be respectful challenge whenever a professional or agency has a concern about the action or inaction of another. The aim must be to resolve a professional disagreement at the earliest possible stage, always keeping in mind that the adult at risk's safety and welfare is paramount.

If an adult is thought to be at immediate risk of harm, all should respond as required by the NSAB safeguarding adults policy and procedures

Any worker who feels that a decision is not safe, or is inappropriate, should initially consult their supervisor / manager to clarify their thinking, if required. They should be able to evidence the nature and source of the concerns and should keep a record of all discussions.

Concerns relating to decisions, suspected wrongdoing or dangers at work within an agency, should be raised in line with each agency's policies for dealing with such matters, including, but not limited to, those setting out the arrangements for 'whistleblowing'.

2. Key Principles

- The adult at risk's safety , welfare and wishes should be the key focus at all times and any dispute between individuals / agencies should *never* leave an adult at risk unprotected
- It is the responsibility of all professionals to be assertive and to present a respectful challenge to the actions and decisions of other agencies where they believe there is evidence to suggest that the adult at risk's safety or development may be compromised
- A culture of professional challenge can be developed and facilitated through consistent communication and information sharing between agencies and within clear plans for adults at risk. Professionals should know who in the multi-agency network is involved with the adult
- Individuals /agencies should not be defensive when challenged and must always be prepared to review decisions and plans with an open mind and revise decisions in light of the new information
- Differences of opinion should be resolved at the earliest stage and within the shortest timescale possible to ensure that the adult is protected

NOTE: If an adult is thought to be at imminent risk of harm, the matter should be referred immediately to the Police/MASH to decide what action to take to establish how the adult's wishes to be safeguarded can be actioned whilst the dispute is being resolved.

3. Resolving Differences of Opinion; Stages of Resolution

Stage One: Discussion between workers

The people who disagree should have a discussion to try to resolve the problem. This discussion must take place as soon as possible and could be a telephone conversation or a face to face meeting. It should be recognised that differences in status and /or experience may affect the confidence of some workers to pursue this unsupported.

Stage Two: Discussion between Line Managers

If the problem is not resolved and concerns remain, the worker should contact their supervisor / line manager / safeguarding lead within their own agency to consider the issue raised, what outcome they would like to achieve and how differences can be addressed.

The line manager should contact their respective counterpart to try to negotiate an agreed way forward. This could involve a professionals meeting if deemed appropriate.

Stage Three: Discussion between Operational/Senior Managers

If the issue is not resolved at stage two, the supervisor/ line manager reports to their manager or named/ lead safeguarding representative. These two senior managers of both individuals/organisations must liaise and attempt to resolve the professional differences through discussion.

If there remains disagreement, escalation continues through the appropriate tiers of management in each organisation until the matter is resolved.

Stage Four: Resolution by the Independent Chair for Nottinghamshire Safeguarding Adults Board

In the unlikely event that there is no resolution, and having exhausted all other routes, the matter should be escalated to the Chair of the Nottinghamshire Safeguarding Adults Board. The escalation to the NSAB should be made via the NSAB member (for each individual/agency) to the Safeguarding Board.

The Chair may either seek to resolve the issue directly with the relevant senior managers or convene a Resolution Panel.

The Resolution Panel must consist of a senior officer from three agencies who are members of the Nottinghamshire Safeguarding Adults Board. The senior officers must include the agencies concerned in the professional differences. Where this involves health agencies the Resolution Panel members should include the Designated Doctor/ Nurse for Safeguarding.

The Panel will receive representations from those involved in the dispute and will collectively resolve the professional differences concerned.

Additional Note:

At each stage professionals ***must*** ensure that appropriate records are made in the adult at risk's case records. This should include the concern, action taken to resolve, agreed actions from resolution process, timescales and the outcome. This should be clear, evidenced and factual.

Escalation Procedure Flowchart