

Norfolk Multi-Agency Safeguarding Adults Procedures

September 2016

Title	Norfolk Multi-Agency Safeguarding Adults Procedures
Description of procedures	This document sets out the multi-agency procedures for safeguarding adults.
Scope	All statutory agencies plus all signatories to this policy.
Prepared by	The Learning, Improvement & Policy Sub Group
Impact Assessment (Equalities and Environmental)	Impact Assessment Completed Impact assessment outcome: Positive impact
Other relevant approved documents	Norfolk Multi-Agency Safeguarding Adults Policy Norfolk Safeguarding Board Legislative Guidance
Evidence base / Legislation	Level of Evidence: The procedures are based on national research-based evidence and legislation and are considered best practice
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1. Introduction

Purpose of the safeguarding adults procedures

These procedures describe how to refer concerns about actual or potential harm to an adult in need of care and support. The procedures set out how agencies will work together with the person at the centre of the process, to assess and reduce the risk of harm and wherever possible to achieve the outcome the person wishes to achieve. This is known as Making Safeguarding Personal.

These procedures should be read in conjunction with Norfolk Safeguarding Adults Board's (NSAB) Safeguarding Adults Policy – ([NSAB Policy](#)), which contains details of the principles of adult safeguarding.

The flowcharts at Appendix C will help referrers and multi-agency staff who are involved in the safeguarding process.

1.1 Application of these procedures

These procedures apply to an adult over the age of 18 who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect

The Care Act (2014) s42 (1a-c)

For the purpose of this document the adult experiencing or at risk of abuse will be hereafter referred to as the adult.

These procedures are underpinned by the Making Safeguarding Personal agenda ([NSAB Policy pg8](#)) and the principles of adult safeguarding ([NSAB Policy pg10](#)).

Safeguarding interventions **must** always consider the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, as well as the requirement to consider the need to appoint an advocate for a person who has substantial difficulty being involved in the safeguarding process. These requirements apply whether care is given in a person's own home or other care setting, and must underpin all safeguarding interventions.

1.2 Recognising concerns

See flow chart (Appendix C in blue).

All staff and volunteers working with adults at risk of abuse **must** know how to recognise abuse or neglect, and know who in their organisation they must report concerns to.

The Norfolk Safeguarding Adults Board (NSAB) Safeguarding Adults Policy clarifies the definitions and indicators of abuse see ([NSAB Policy pg23](#)).

Safeguarding adults is everybody's responsibility. If you recognise abuse or neglect, you

must discuss it with your manager or your organisation's safeguarding lead immediately.

In an emergency situation do not delay. If you are unable to contact your safeguarding lead, ring **999** for assistance.

1.3 Recording concerns and preserving evidence

You **must** ensure that any concerns about the welfare or safety of an adult at risk of abuse or neglect are recorded and that any evidence of abuse or harm is preserved.

Ensure that all written records are dated, signed and stored confidentially and securely. Written records should state the facts - what you have seen and heard. Opinions and assumptions must be avoided. The individual's own comments should be written in their own words and not paraphrased or interpreted by the person recording the conversation. If the individual has stated what support they feel they need to be safe, or what outcomes they wish to achieve, these must also be recorded.

In cases of physical or sexual assault, try to persuade the individual not to wash, bathe or shower until the Police or doctor has seen them. Do not attempt to tidy or clean the immediate environment - leave things as you find them and await instructions from the investigation team.

Gather as much information as you can, as outlined in the referrer's checklist (Appendix A). Do not delay in making a referral, even if you do not have all of the information available.

1.4 What to do if it isn't safeguarding

There are occasions when the concerns raised do not require safeguarding intervention but may need signposting on appropriately for the person to receive help and or advice. Your organisation's Safeguarding Lead or MASH can help with this. It is important to discuss your concerns if you are not sure of next steps. *To do nothing is never an option.*

1.5 Consent

Wherever possible you should seek the consent of the adult to make a safeguarding referral. People who have mental capacity to make decisions for themselves should be consulted before a referral is made and their consent sought. If the person does not have capacity and has been harmed or is likely to be, then you **must** make a safeguarding referral.

If the alleged abuser has contacts with other adults at risk of harm, a referral **must** be made so that these adults can be safeguarded. If the alleged abuser is a formal or informal carer for another person, then a referral **must** be made in the public interest, as other adults may be at risk of harm from them. In these circumstances, a referral should be made regardless of whether the person has given consent.

2. How to make a safeguarding referral

Telephone **0344 800 8020** (Social Care Centre of Expertise - 24 hour service).
Safeguarding referrals will be put through to the Multi Agency Safeguarding Hub (MASH).

See Appendix A for a checklist of information to include when making a referral.

2.1 Information gathering

See flowchart (Appendix C in orange).

Within the MASH, information from a range of agencies will be collated and analysed to decide what action to take. As a result, the agencies will be able to act in a co-ordinated and consistent way, ensuring that adults at risk of harm are kept safe in a timely and proportionate manner.

Staff in MASH will use a risk assessment tool called the BRAG (Appendix B) to determine if a referral requires further action and to assist in prioritising allocation and responsibility. Norfolk County Council (NCC) has the lead role in making enquiries, unless there is evidence of criminal activity in which case intervention will be led by the police.

Referrers should be notified of the outcome of the referral by MASH.

For detailed guidance on information sharing and confidentiality see the policy ([NSAB Policy pg 12-14](#)).

3. Safeguarding intervention process

3.1 Strategy discussion

If a safeguarding intervention is required, a strategy discussion will be convened within three working days of the referral being received. A referrer may be asked to participate in the discussion to share information. The purpose of the strategy discussion is to share and analyse information across agencies; assess the level of risk; agree what tasks are needed to safeguard the person from harm, who will undertake them and when by. The discussion **must** include a Police Officer of Detective Constable level or above and a Team Manager or Practice Consultant from Adult Social Care.

If there are reasonable grounds to suspect that the adult is being abused, or is at risk of being abused or neglected, NCC must make enquiries or cause others to do so under s42 of the Care Act 2014 (sometimes referred to as a section 42 enquiry). The Police may decide to initiate a criminal investigation.

If the individual at risk of abuse is likely to have substantial difficulty being involved in the process, an independent advocate **must** be appointed. NCC is responsible for the appointment of an advocate.

3.2 Employees

If a safeguarding referral includes an allegation of abuse by a person or persons employed by the organisation providing services or care to the person who is the subject of the referral, consideration must be given to 'suspension without prejudice'. The decision will be the responsibility of the employer, following an internal risk assessment and according to the organisation's disciplinary policy.

Suspension may be used when necessary, such as where the employee's presence may hinder an investigation.

3.3 Strategy meeting

If the attendance of professionals outside of the MASH is required to discuss and contribute to the discussion, or the case is complex, a strategy meeting must be held within 5 working days of the decision that one is required.

The strategy meeting will include:

- Action to be taken to ensure that known risks to and the future safety of the adult(s) at risk of abuse or neglect are recorded, including actions regarding the alleged perpetrator
- Details of who is taking responsibility for which task
- Exact nature of each task
- Agreed completion dates for each task
- Each participant's contact details (i.e. phone, mobile and email address)
- Analysis of the level of risk, including consideration of the principles of the Mental Capacity Act 2005
- How ongoing and potential risks will be managed, including the consideration of referrals to the Multi-agency Risk Assessment Committee (MARAC) and Multi-Agency Public Protection Agency (MAPPA)
- Agreement that the level of identified risk is acceptable
- Identify monitoring and review details
- Identify who will share the outcomes of the strategy meeting with the adult at risk of abuse or neglect, if appropriate
- Identify who will share the outcomes of the strategy meeting with the referring agency or individual
- Chair to determine the scope of information sharing with internal and external agencies in regard to commissioned services
- Consideration of a referral to the Disclosure & Barring Service regarding the alleged abuser and that the Chair of the meeting advises the Adult Safeguarding Team Manager of the details as appropriate

Strategy meetings will be minuted and the minutes shared with the attendees at the meeting. The minutes are confidential to the meeting and can only be shared with the permission of the chair.

3.4 Safeguarding adults enquiries

A safeguarding enquiry may range from a conversation with the adult at risk of abuse, or a representative or advocate if they lack capacity or have substantial difficulty, through to a formal multi-agency plan of action.

Norfolk County Council (NCC) is the lead agency for safeguarding enquiries.

The purpose of the enquiry is to decide whether or not NCC or others should do something to help and protect the adult. If NCC believes that another organisation should make the enquiry, for example a care provider or health organisation, then NCC will instruct the other organisation to do so. NCC should be clear about timescales, the outcome of the enquiry, who needs to act, and who needs to know as well as what will follow if the required actions are not undertaken. If NCC has asked another organisation to carry out the enquiry, NCC has the power to challenge the organisation making the enquiry if it considers the process or outcome unsatisfactory.

Appendix D provides guidance for health organisations undertaking safeguarding adults enquiries.

Whatever the result of the enquiry, the outcome should reflect the adult's wishes wherever possible as stated by them, or their advocate or representative. If they lack capacity it should be in their best interests and be proportionate to the level of concern.

3.5 Objectives of the enquiry

The objectives of an enquiry into abuse or neglect are to:

- Establish facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how this might be met
- Protect from abuse and neglect in accordance with the wishes of the adult
- Make decisions as to what follow-up actions should be taken in regard to the person or organisation responsible for abuse or neglect
- Enable the adult to achieve resolution and recovery

The first priority should always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive and in line with the principles of Making Safeguarding Personal. Practitioners should wherever possible seek the consent of the adult before taking action. There may be circumstances where consent cannot be sought because the adult lacks capacity to give it but it is in their best interests to undertake an enquiry. Action may be taken regardless of consent, if others are at risk or it is in the public interest to undertake an enquiry because a criminal offence has occurred.

3.6 Outcome of enquiries

If the outcome of the safeguarding enquiry is that no further safeguarding intervention is required, consideration must be given to what other advice or action the person needs to promote their welfare.

If the outcome of the enquiry is that further safeguarding intervention is required, a number of actions may be taken. This may include disciplinary, complaint or criminal investigations regarding individuals, or improving care standards by contracts managers and Care Quality Commission (CQC) regarding organisations.

Social workers **must** be able to set out both the civil and criminal justice approaches as well approaches to promote well-being, such as therapeutic or family work, mediation and conflict resolution, peer or circles of support or a full needs assessment as outlined by the Care Act (2014). Discussions should take place with the adult to enable them to

understand the options and how their wishes may be best realised.

3.7 Safeguarding plans

See flowchart Appendix C – multi agency intervention.

The Local Authority **must** determine what further action is necessary and make a safeguarding plan. If the adult has capacity to make decisions about arrangements and declines assistance, this **must** be respected and the focus should be on harm reduction. If the person is thought to be refusing intervention on the grounds of duress, then action **must** be taken. The care plan will be the responsibility of the relevant agencies to implement. A care plan should set out:

- Steps necessary to assure future safety
- The provision of any support, treatment or therapy, including ongoing advocacy
- Any modifications needed in the way of services provided (e.g. same sex care or placement, appointment of an Office of the Public Guardian Deputy)
- How best to support the adult through any action they take to seek justice or redress
- Any ongoing risk management strategy as appropriate
- Any action taken in relation to the person or organisation that has caused the concern

3.8 Timescales

Actions agreed at the strategy meeting and in the safeguarding plans **must** be undertaken within three months.

If, due to the complexity of actions/investigations, it is clear from the outset that more time is required, this **must** be agreed at the strategy meeting by all relevant organisations and a record made of the decision. Timescales will be determined by the level of risk, complexity of the referral and protection planning. There should also be agreement on how updates will be shared across all organisations and a provisional date for a review meeting scheduled.

3.9 No further action

The Safeguarding Adult procedures can be closed when:

- All actions have been completed: risks are eradicated or are safely managed within care planning or risk management procedures
- The adult has capacity and is declining interventions which would promote their wellbeing and safety, and no other person is at risk

3.10 Case conferences

A case conference follows the same format as a strategy meeting, but includes the service user and/or family members or their representative.

The meeting should agree the initial strategy and ensure that the safeguarding plan details are all clear regarding who will undertake each task and the relevant timescales involved.

3.11 Review meetings

The purpose of a review meeting is to:

- Consider feedback from actions / investigations and the safeguarding plan
- Consider the evidence and, if substantiated, plan what action is required
- Plan further action if the allegation is not substantiated
- Plan further action if the investigation is inconclusive; consider what legal or statutory action or redress is indicated
- Make a decision about the levels of current risks and a judgement about any likely future risks
- Agree how the actions/protection plan will be reviewed and monitored

3.12 Further strategy meetings/case conference

Further strategy meetings will be called if there are further risks to any adult at risk of abuse or if neglect is identified (this could mean that further referrals are generated)

- To access any support available
- To make more friends
- Something else...

4. Out-of-area safeguarding adults arrangements

Norfolk County Council has adopted the principles set out by the Association of Directors of Adult Social Services (ADASS) in their [guidance dated June 2016](#).

Safeguarding referrals generated within Norfolk for a service user placed from another authority will follow the same robust procedure as other safeguarding referrals, with the addition of the principles set out below.

The following principles are within the document above and all references to 'host authority' within the Multi-Agency Procedures is taken to be Norfolk Adult Social Services.

The host authority will have overall responsibility for co-ordinating the safeguarding adults investigation and for ensuring clear communication with all placing authorities and other stakeholders, especially with regards to the scheduling of meetings and the planning of the investigation.

The placing authority will have a continuing duty of care to the adult at risk of abuse or neglect that they have placed.

The placing authority will contribute to the investigation as required, and maintain overall responsibility for the adult they have placed.

The placing authority should ensure, through contracting arrangements and in service specifications, that the provider has arrangements in place for protecting adults at risk of abuse or neglect and for managing concerns, which in turn link with local (host authority) multi-agency safeguarding adults policy and procedures.

This includes the requirement to inform the host authority of both adults and placing authorities affected by the safeguarding concerns.

Authorities may negotiate flexible arrangements, for example relating to another authority undertaking assessments, reviews, investigative activities or other supportive activities on behalf of a placing authority. In such cases, the placing authority would maintain overall responsibility for the person they have placed, and reimbursement would be required and agreed as part of such negotiations.

Providers of care and support services have rights and responsibilities, and may be required to undertake their own investigations. The host authority must ensure effective and timely communication with the provider of care throughout the investigation.

5. Whistleblowing

Where concerns are raised about an adult at risk of abuse or neglect due to malpractice or misconduct in the workplace or due to the direct actions of an employee, those concerns should in most circumstances be raised with the organisation concerned.

This provides staff with the greatest degree of protection and the employer with a chance to address the concerns.

However, there may be circumstances where the person with concerns feels at risk of being victimised, dismissed or perceived as a troublemaker by their employer. They may believe that their employer will not be interested or prepared to take the appropriate action, i.e. having previously raised concerns with the employer which were disregarded or ignored.

The provisions of the Public Interest Disclosure Act 1998 may protect the alerter in raising concerns outside the workplace, providing:

- The disclosure is made in good faith
- The disclosure is substantially true
- The disclosure is not made for personal gain
- There is good reason to believe that they would be victimised, that a cover-up would occur, or that, although others are aware of the matter, no action has been taken

Support is available via the Whistleblowing Advice Line for NHS Social Care: Tel **08000 724725**. This is not a disclosure route, but support and advice on whom and how to contact the most relevant parties will be given.

END.

APPENDIX A – REFERRER’S CHECKLIST

Tel: **0344 800 8020**

This checklist will help you make sure you take down all the information you can, and record information to make a referral. Referrals will be considered regardless of the whether the referral has been able to gather all of this information.

	Essential	Desirable
Name of referrer (You can remain anonymous)		✓
Contact details of referrer		✓
Relationship to Victim		✓
Organisation of referrer		✓
Name of Adult at risk of abuse or neglect	✓	
Address of Adult at risk of abuse or neglect	✓	
Address, if different, of place of alleged abuse	✓	
Contact details of Adult at risk of abuse or neglect	✓	
Details of Category of Vulnerability (Older, frail, Mental Health, Learning Disabilities etc.)	✓	
Date of Birth or Age		✓
Gender		✓
Ethnicity		✓
Religion		✓
Capacity and understanding		✓
Communication needs (sensory loss, Language, other)		✓
Name of Alleged Perpetrator		✓
Address of Alleged Perpetrator		✓
Date of Birth of Alleged Perpetrator		✓
Details of Referral - <i>You need to consider the following so that the person taking the referral can gain adequate information</i>		
Nature of abuse/incident	✓	
When did it happen?	✓	
Where did it happen?	✓	
Was anyone else involved?		✓
Was the incident witnessed?		✓
Have you had previous concerns regarding this person? If so what?		✓
Does the adult at risk of abuse or neglect know you are making this referral?	✓	
What does the person want to happen?		✓
Have you done anything to assist the adult at risk of abuse or neglect at this time? (What actions have been taken?)	✓	
How do you want to be contacted in the future?	✓	

APPENDIX A1 - DECISION SUPPORT TOOL

This Tool is used by Norfolk County Council staff in the MASH to determine if a safeguarding referral requires further actions and to assist in prioritising allocation and responsibility.

* Any two of these 'YES' answers indicates need to raise and progress investigation

All decisions to be recorded on the Safeguarding referral in Management Overview observation		
Date & Time decision tool applied.		
	YES	NO
Eligible for Community Services: in need or receipt of any community service including health provision		
Unable to protect themselves from significant harm: evidence of inability to recognise or respond to identified risks / harm		
*Identifiable category / categories of abuse; a crime has been perpetrated		
*Evidence of serious risk of harm: actual identifiable harm to the adult has occurred or believed to be very likely		
*Abusive action has occurred more than once: e.g. low level of harm on one occasion versus low level on several occasions / widespread poor practice from a provider.		
*Intensity of Abuse: e.g. observed / reported impact on the individual or other adults / children at risk of abuse or neglect is significant		
*Abuse occurred in Norfolk (If not refer to appropriate authority)		
Perpetrator : Consider potential risk if provider is alleged perpetrator as wider risks are likely		
Access to victim: does alleged perpetrator continue to come into contact with the adult		
*Potential access to other adults / children at risk of abuse or neglect: wider risks must be considered		
Capacity and understanding of victim (Apply MCA guidance): is the person believed to have an impairment to their capacity		
Are other Agencies already involved?		
Decision recorded on referral - If further safeguarding required, consider B/RAG rating:		
RED = Immediate response from Locality		
AMBER = Next working day response from Locality		
GREEN = May be managed by locality or remotely within 3 working days		
Other Outcomes:		
Standard Community Care Assessment		
BLUE = NFA for Safeguarding – see below		

Practice Issues...	Possible abuse...
Medicines management – one episode of missed or maladministration for one individual.	...versus one or several for multiple users
Missed care calls – one incidence for one adult with no adverse effect, other protective factors in place e.g. family checks	...several calls missed for one or more service users, indication of adverse effect on individuals
Service user to service user events – one-off with no injury, provider response appropriate – consider if perpetrator requires a separate review of care needs	... one-off with injury incurred; repeat events which indicate provider is not protecting from or managing identified risk
Concern around care worker / provider / other professional – one-off / described as out of character, no evidence of harm caused to an individual	...incident results in abuse or neglect to one or more adults at risk of abuse or neglect; practice appears recurrent or widespread indicating cultural issue

Referrals relating to practice issues may not go forward to an assessment but can still be recorded on the referral form and highlighted to Quality Assurance etc., plus discussion with care provider / information shared.

Where an adult has capacity to make decisions about further action and declines safeguarding intervention, this can again be recorded to evidence that decision. This does, however, depend on no other adults or children at risk of abuse or neglect being at risk, e.g. if the concern involves a care worker or provider – investigation and action may still be required and must go forward.

Where information has been received by a third party we need to consider consent but should also consider where a visit may be the most appropriate way of identifying an adult's wishes / capacity, e.g. where there is a possibility that alleged abuser is exerting undue control / influence.

APPENDIX B – Multi Agency Safeguarding Hub (MASH) BRAG Risk assessment

HIGH RISK – RED

- Child, young person or adult appears to be at immediate risk of abuse or neglect
- MASH process / package to be completed within four hours
- Police and social care assessment teams notified immediately

MEDIUM RISK – AMBER

- Child, young person or adult at risk of abuse or neglect but no immediate action required to safeguard
- MASH process / package to be completed within one working day

STANDARD RISK – GREEN

- Concerns raised about a child, young person or adult but no indication of abuse or neglect; further information or signposting may be required
- MASH process / package to be completed within three working days

NO FURTHER ACTION – BLUE

- Information received does not indicate a need for any further investigation or assessment
- Information recorded but no further action taken

Examples:

High Risk:

- Domestic abuse – DASH outcome is high
- Child or adult at risk of abuse or neglect has experienced, or is at risk of, physical assault; or at further risk if returned to the suspected perpetrator if main carer
- Evidence of child being sexually exploited (see CSE tool)
- Sexual assault of an adult at risk of abuse or neglect

Medium Risk:

- Domestic abuse – DASH outcome is Medium
- Child - non organic failure to thrive
- Adults at risk of abuse or neglect – evidence of minor injuries e.g. bruising without clear explanation

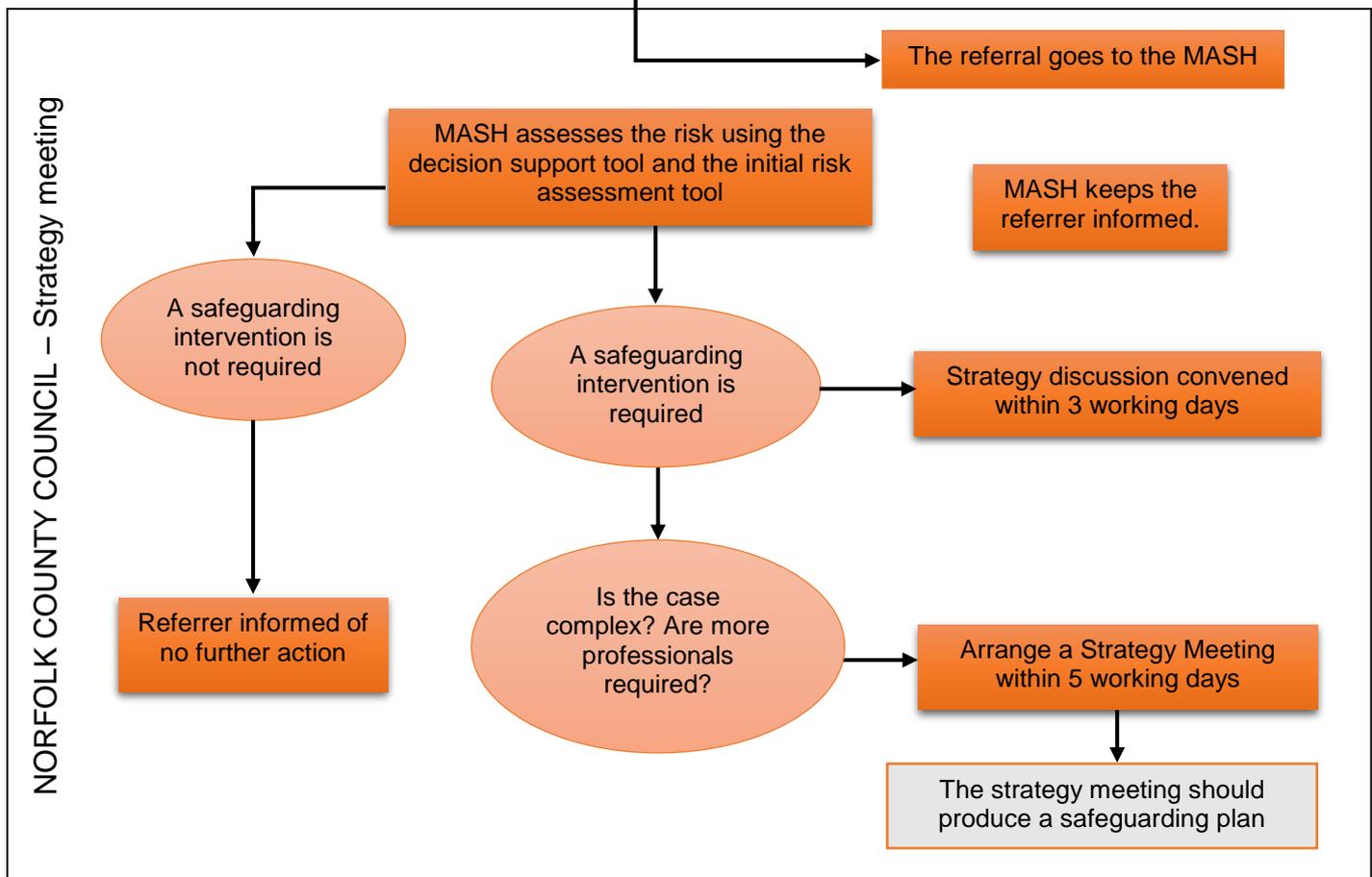
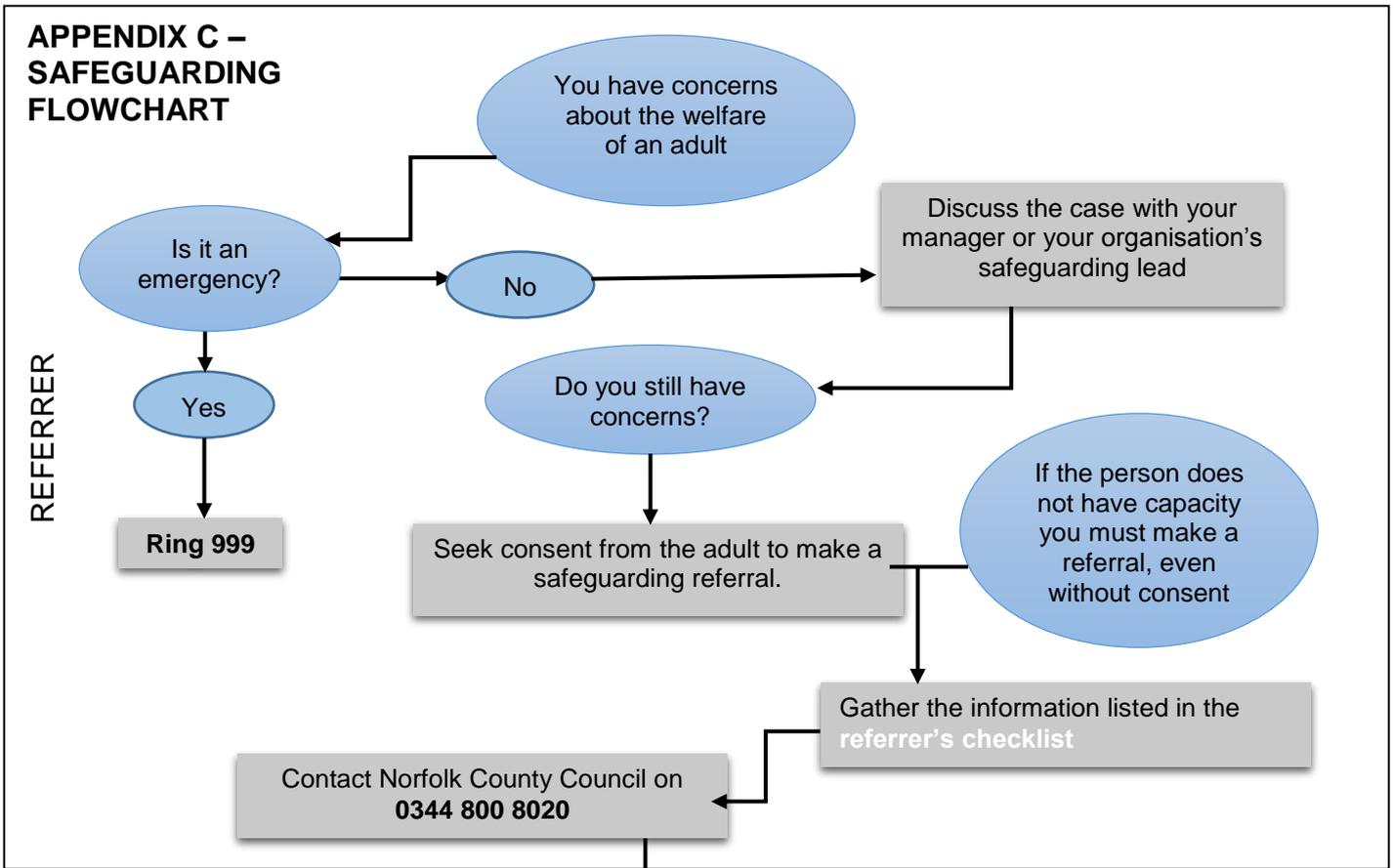
Standard Risk:

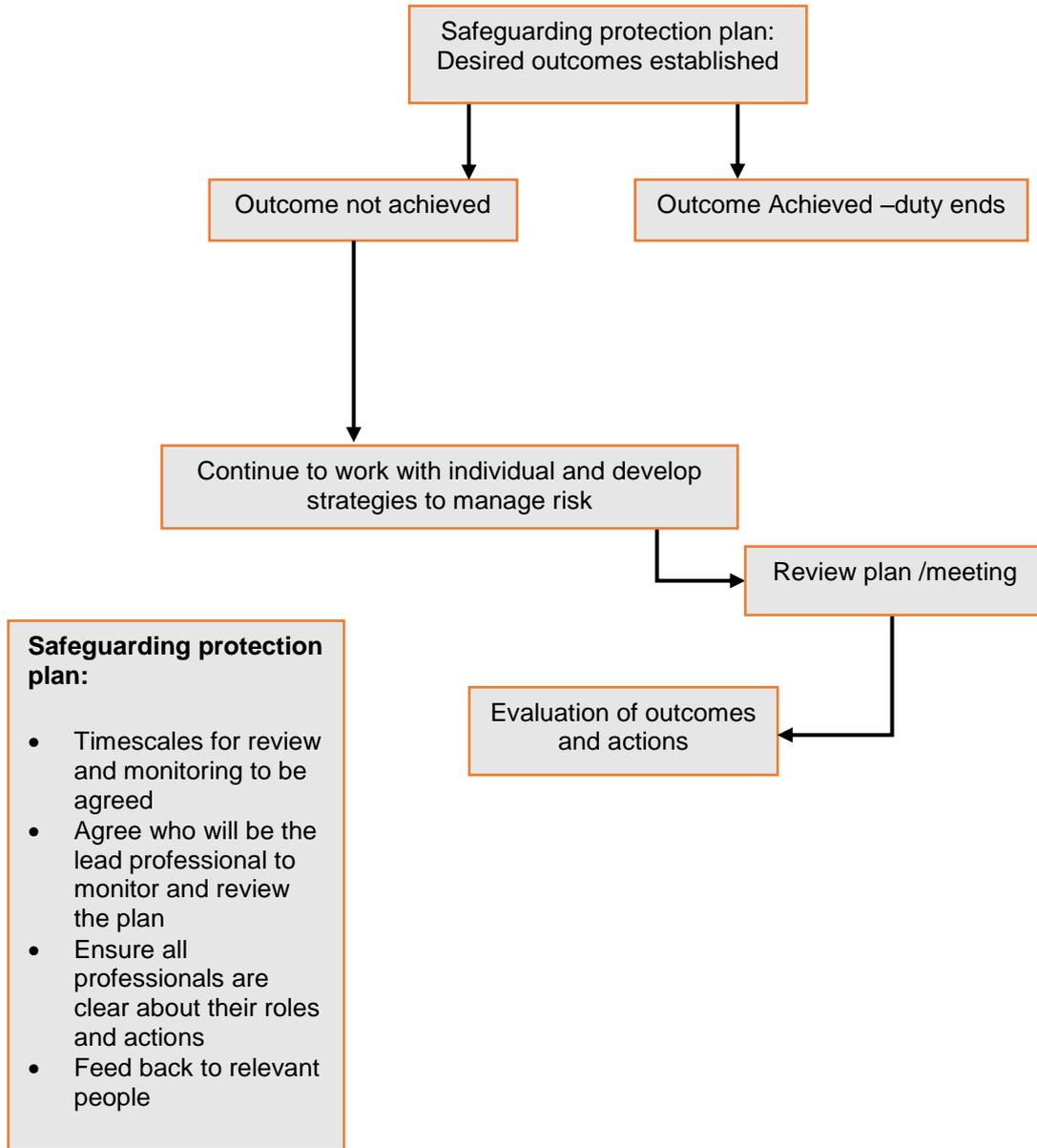
- Domestic abuse – DASH outcome is Standard
- Concern about a child or adult at risk of abuse or neglect's wellbeing, requiring further assessment, although not necessarily under safeguarding

No Further Action:

- Information received does not indicate any concerns which would require further intervention from Child / Adult / Police

**APPENDIX C –
SAFEGUARDING
FLOWCHART**





The local authority retains accountability and oversight of the enquiry and outcomes

This is a high level chart outlining basic steps. The safeguarding process is complex. Please refer to Adult Social Services literature for **more detailed information**

**Guidance Document
Section 42 Enquiry
NHS Providers
Internal Investigations
December 2015**

Introduction

Section 42 of the Care Act states:

“The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom”

This guidance has been produced by the Norfolk Health Executive Safeguarding Adults Alliance, in collaboration with Norfolk County Council and Norfolk Police colleagues based in the Multi Agency Safeguarding Hub (MASH).

NHS Providers

The intention of this document is to assist those involved in the safeguarding adults pathway, where safeguarding investigations are undertaken relating to incidents under the care of:

- Norfolk and Suffolk Foundation Trust (NSFT)
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- East Of England Ambulance Service NHS Trust (EEAST)
- Norfolk Community Health and Care NHS Trust (NCH&C)
- East Coast Community Healthcare (ECCH)
- Norfolk and Norwich University Hospital (NNUH)
- Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH)
- James Paget University Hospitals NHS Foundation Trust (JPUH)
- Integrated Care 24 Ltd (IC24)

In addition, it is understood that this guide may be usefully applied in other care settings, in discussion with Norfolk County Council as lead agency for Adult Safeguarding.

Process

The flow chart on the following page, lays out a process by which NHS providers may investigate allegations of abuse or neglect, where their organisation or staff members are the alleged perpetrators of abuse.

Guidance Document - Section 42 Enquiry – NHS Providers – Internal Investigations

Section 42 of the Care Act states:

“The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom”

The following lays out a process by which NHS providers may investigate allegations of abuse or neglect, where their organisation or staff members are the alleged perpetrators of abuse.

Provider Safeguarding Lead notified of referral by the allocated Social Worker/Practice Consultant who is overseeing the Section 42 Enquiry. This will include discussion, between relevant agencies, regarding any interim measures that need to be put in place to maintain patient safety

The allocated Social Worker/Practice Consultant will liaise with Police colleagues and other statutory agencies, to exclude any external action, prior to the NHS Provider commencing its internal investigation.

Where an investigation cannot be commenced, due to on-going Police investigation, please refer to “Note 1”

The allocated Social Worker/Practice Consultant will confirm to the Provider Safeguarding Lead the outcome of any external agencies review and the requirement for the internal investigation to commence. In discussion, the following will be agreed:

- **Scope of investigation, including any specific points to be answered**
- **How the service user will be involved (Making Safeguarding Personal/Duty of Candour)**
- **A timeframe for the internal investigation to be completed**
- **Format of response**
- **What other internal processes may link with the investigation (e.g. SI process)**

On completion of the investigation, the NHS Provider will be required to feedback to the allocated Social Worker/Practice Consultant. This feedback will include:

- **Any findings of the investigation**
- **Internal actions to be taken, including details of how this will be evidenced/monitored**
- **Outlines of any internal disciplinary action to be taken against staff members**

Prior to the case being closed, the NHS Provider Safeguarding Lead and the allocated Social Worker/Practice Consultant will agree the following:

- **The ‘outcome’ of the investigation – Substantiated, Un-substantiated, Partially Substantiated, Not Determined**
- **Whether the findings of the investigation require re referral to police for criminal investigation**
- **Whether any individuals require referral to their professional body**
- **Whether any individual require referral to the disclosure and barring service**

Note 1 – Ongoing police investigation

Where a Police investigation takes precedence over a Section 42 enquiry, the following should be agreed between the relevant agencies:

- A communication/liaison strategy, to ensure that the provider receives timely and appropriate updates. (in cases where a Major Investigation is on-going, this will be in line with national multi-agency policy)
- What aspects, if any, the provider can investigate, with the purpose of gathering information and taking relevant agency, to ensure on-going patient safety.

Note 2 – Quality/patient safety/non safeguarding enquiries

In situations where further investigation via the Safeguarding Adults Pathway is not required, either when a Section 42 enquiry is not required or where one has been completed, it may be necessary for the provider to undertake its own internal review of factors influencing quality/patient safety.

Where this is the case, the quality/patient safety concern will be raised with the organisation's Safeguarding Adult Lead, after which the provider's internal process should be adhered to.

APPENDIX E BODY MAP

