

Safeguarding Adults Board (SAB)
Annual Report 2018



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Kevin McAleese CBE
Independent Chair, City
of York Safeguarding
Adults Board

It has been my privilege to Chair the City of York Safeguarding Adults Board since March 2013. The Board itself has been in place since 2009. The implementation of the Care Act in 2015

made all Boards across the country statutory bodies, which means that their powers and responsibilities come directly from Parliament.

As a Board we have three statutory duties:

- To publish our strategic plan.
- To publish an Annual Report detailing what the SAB has done to achieve its objectives and implement its plans.
- To conduct any Safeguarding Adults Reviews (SARs) in accordance with Section 44 of the Care Act.

Membership of the Board is drawn not just from the statutory partners of the City Council, North Yorkshire Police and the Vale of York Clinical Commissioning Group, who fund the SAB between them, but also from a range of other partners committed to adult safeguarding.

This is because there are at any time up to 40,000 people who are at any time potentially vulnerable citizens of York, a city of some 200,000. They are made vulnerable by having a long term mental and/or physical health problem, by having a learning and/or moderate or serious physical disability, by living alone and/or by age or by any combination of those conditions.

The responsibility we have as a Board is to ensure that all of those potentially vulnerable people in York's population should be kept as safe as possible from abuse or neglect, wherever they are a hospital patient, a care home resident or are living in their own home.

As a Board we meet four times a year and have three Board sub-groups with a similar pattern. These cover Quality & Performance, Staff Development & Training and Lessons Learned & SARs.

I am hugely grateful to all our partners for their continuing work and commitment to keeping people safe from abuse or neglect here in this beautiful city.

I hope you find this report helpful and reassuring.

Kevin McAleese CBE

Our role and vision

York Safeguarding Adults Board is a statutory body which oversees and leads adult safeguarding across the city, in order to ensure that all partner agencies contribute effectively to the prevention of abuse or neglect of vulnerable people. The SAB has always had a strong focus on partnership working, with 12 different member organisations:

- City of York Council
- North Yorkshire Police
- NHS organisations including the Vale of York Clinical Commissioning Group; York Teaching
- Hospital NHS Foundation Trust; The Retreat and York House which both take NHS patients;
- NHS England
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Stockton Hall
- Independent Care Group
- Healthwatch York
- York CVS

Our Vision, stated in our Strategic Plan, is that we will do our best to ensure that agencies supporting adults who are at risk or in vulnerable situations, and the wider community, can by successfully working together:

- Ensure that Safeguarding is Everybody's Business
- Develop a culture that does not and will not tolerate abuse
- Raise awareness about abuse
- Prevent abuse from happening wherever possible

Where abuse does unfortunately happen, the SAB and its partners will support and safeguard the rights of people who are harmed to: stop the abuse happening, access services they need, including advocacy and post-abuse support, have improved access to justice and have the outcome which is right for them and their particular circumstances.



Safeguarding Adults Board



Our year in figures



1,056

Completed safeguarding cases

365

Completed S42 enquiries

Ratio of concerns received

Female 57%	Male 43%
18-64 32%	18-64 49%
65-84 32%	65-84 33%
85+ 36%	85+ 18%



Location of abuse

- 32% in own home
- 21% in hospital*
- 12% in nursing home
- 19% in residential home
- 6% in community setting
- 7% other settings
- 1% in services in the community

* Mental health **13%** Acute **4%**
Community **4%**

Source of abuse

- 58% Service provider
- 37% Known to individual
- 5% Unknown to individual



Gender

Female 64%
(18-64 **34%**; 65-84 **35%**; 85+ **31%**)
Male 36%
(18-64 **41%**; 65-84 **43%**; 85+ **16%**)

Type of abuse

26% Neglect	5% Sexual abuse
25% Physical abuse	2% Sexual exploitation
18% Psychological / emotional	1% Discriminatory
9% Organisational	1% Domestic abuse
12% Financial	1% Modern slavery
	1% Self-neglect

Making Safeguarding Personal

61%

of those who were asked expressed an opinion

Of those: **63%** outcomes fully achieved
33% outcomes partially achieved
4% outcomes not achieved



Making Safeguarding Personal (MSP)

We have been encouraging the development of this approach across the city, and the matter has been reviewed at Board Development Days, too. There has undoubtedly been progress on the matter, which you will see in our partners success stories in this report.

MSP is challenging work, not least because not all vulnerable people have the capacity to decide what is in their best interests and may need

assistance to do so. Also, many safeguarding situations are complex, often involving the actions of friends or relatives, and the problems created are seldom easy to resolve.

The two real life MSP case studies below, of people with capacity who were able to make their own decisions, were managed this year, illustrating how we have kept the patient's wishes at the centre of any actions taken.

Case Study 1: John

John has been at a medium secure hospital for 2½ years at the time that a safeguarding concern was raised. He has two previous convictions for serious criminal offences. He has been diagnosed with a number of problems, including personality disorder and autism. His willingness to engage with the clinical team was considered to be improved.

John began to receive an increasing number of telephone calls and letters from outside the hospital which he did not want to discuss with the clinical team. He was reported as becoming more secretive and was withdrawing money from his hospital account which he sent to various individuals and companies in the community. John has had a long standing interest in buying and renovating cars and motor bikes which in the past he has stored at his grandmother's property, effectively preventing her from using large areas of her house due to hoarding. It was estimated that John had withdrawn in excess of £3,000 for this purpose. He refused to provide any further information, saying that it "was a private matter".

A mental capacity assessment indicated that John had capacity to manage his financial affairs, even though he may have made unwise choices. John said that it was his right to pursue his own interests and to spend his money on hobbies that were not harming anyone. A comprehensive mental capacity assessment was undertaken and a Safeguarding Plan were agreed in a meeting which John attended. Despite him being unhappy that a safeguarding concern had been raised, he disclosed a comprehensive account of his financial arrangements and agreed to consult the clinical team about all further "investments" that he was considering. He admitted to experiencing increased stress due to demands from creditors and the need to sell items to third parties.

A subsequent meeting between John, the Social Worker and his grandmother focused on the secrecy surrounding his buying and selling of items, which had been problematic for his mental health. There were also potential risks associated to the public with regard to the buying and selling of vehicles that may have been un-roadworthy. John's feedback was that he was able to express his views and feelings throughout the safeguarding process and that he had access to all relevant documentation. John's grandmother's house is no longer being used for his business which has significantly enhanced the quality of her life and her relationship with her grandson.

Case Study 2: Joyce

Joyce died at home following a period of self-neglect. A safeguarding concern was raised following her death in relation to the response and care she had received from services when her situation became known. Joyce had been dependent on alcohol for many years, she also had chronic pulmonary disease and severe leg ulceration. She had two adult children who were working full-time.

After many years together, latterly with her husband as her carer, Joyce's husband moved out of the family home. Joyce mostly remained downstairs sleeping in a chair. She lost weight in the couple of months since her husband had left. Joyce's son made an online referral for a social care assessment for his mum. This generated a telephone contact to Joyce where she said that she was OK and didn't want any help and that she would tell her son the same.

The GP visited her and Joyce agreed to have referral to the community rehabilitation team. The following day she was seen by the nurse practitioner and it was agreed she would have twice daily supportive visits. The nurse was also able to meet Joyce's son and daughter. The nurse was concerned about Joyce's condition and questioned whether she should be admitted to hospital. Joyce did not want to go to hospital, she wanted to stay at home. The nurse asked the GP to review the decision. It was agreed that this could wait until the following day when the GP who had originally seen Joyce and knew her best was back on duty.

The following morning a carer from the community team arrived at Joyce's house to support her with personal care. Joyce was found unresponsive in her chair and had died during the night. Appropriate services were called and as the nurse arrived at the house, so did Joyce's son and daughter.

A multi-agency review meeting was subsequently held which Joyce's son and daughter were invited to. They didn't want to attend but were happy that their mum's care was being reviewed and wanted to receive feedback after the meeting. They felt that social care should have contacted them about Joyce instead of taking Joyce's word that she was ok and didn't need help.

At the meeting the timeline of events was pulled together and each episode of contact was discussed. It was agreed that staff and family had responded appropriately to Joyce needs. As a result of the family concerns the online form was changed to enable a referrer in future to request feedback if they were making a referral on behalf of someone else.

Joyce's views had been respected in keeping her at home and the nursing team were beginning the process of getting to know her. Joyce's death was from an acute episode which could not have been predicted. All agreed that Joyce had capacity to make her own decisions. The nurse had arrived at the house in time to provide some support for the family and dignity in death for Joyce. The family were contacted after the meeting and information was provided to them regarding bereavement support. They were satisfied with the outcome.

57
courses attracting
599
delegates

Themes for courses were wide ranging and included:

- Safeguarding General Awareness
- Working Together to safeguard Adults (Level 3)
- Introduction to the Mental Capacity Act
- Mental Capacity Act Complex Decision Making
- Mental Capacity Assessment and Best Interest Decision Making for Practitioners
- Working with the Mental Capacity Act
- Working with the Mental Capacity Act (Building Good Practice)
- Deprivation of Liberty In the Community
- Deprivation of Liberty Safeguards (Care Homes and Hospitals)
- Managing the Safeguarding Adults Process
- Safeguarding General Awareness Train the Trainer
- Train the Trainer Introduction to the Mental Capacity
- In-house Mental Capacity Act – LD Team

Developments

- The Safeguarding Training programme has been extended to include courses covering both the Mental Capacity Act and Deprivation of Liberty Standards. (DoLS).
- The general Safeguarding training programme was revised in 2017 to embed the principles of Making Safeguarding Personal.
- The Workforce Development Unit has provided support to Public Health by facilitating two training programme to address suicide prevention, Assist and Safe Talk. Both courses have been well received, with 123 delegates attending Assist training and 75 attending Safe talk. Over 30 organizations were represented.
- During 2017/18 City of York Council has also trained over 40 Best Interest Assessors (BIA), together with additional Independent Best Interest Assessors.
- The Board's Training and Development Subgroup continues to meet regularly and links with the 'Lessons Learned/SAR' sub-group are developing.



Partnership working on safeguarding cases

SABs never hear safeguarding cases themselves because their role is **assurance** rather than executive action. That assurance role includes ensuring the effective operation of three sub-groups of the SAB, each dealing with safeguarding details which require them to meet at least once between SAB meetings or more often if circumstances require it. Sub-group membership is drawn from the partner organisations which are members of the main SAB.

One sub-group is responsible for monitoring the most serious safeguarding cases which are referred to it. In any year there will be some 1,100 or so safeguarding concerns raised with City of York Council from a population of some 200,000 citizens. Of those 1,100 cases, up to a third of them will result in an investigation known as a Section 42 Enquiry, carried out by the Council's safeguarding team. A very small number of cases, usually less than 10 a year, will be referred to the Board's Lessons Learned/SAR sub-group for further consideration. The action plan from a Lessons Learned case must be approved by the SAB, but it will have no further involvement in the matter.

Very exceptionally the sub-group might decide that the death or serious injury of an adult as the result of abuse or neglect needs a formal **Safeguarding Adults Review (SAR)**, as specified under the 2014 Care Act. This would be put in writing to the Chair of the SAB, who must establish an SAR or put their reasons in writing if they do not accept the recommendation. An SAR involves the recruitment of an independent author to write a detailed report for the SAB and other affected parties after a detailed investigation of all the evidence available. SARs take several months to complete. It is a requirement of the Care Act 2014 that the details of any Safeguarding Adults Reviews (SARs) conducted during the year must be in the Annual Report for that year.

There were no SARs recommended to the SAB Chair to be conducted in 2017/18, though a number of cases were considered to see if they met the threshold.

There are currently two cases which are in the early stages of the lessons learned process:

Case 1 – involves the death of an individual who had complex health problems and was receiving care services. The individual died following a physical assault.

Case 2 – involves the death of an individual with drug and alcohol problems. The individual had health problems, a long history of mental health problems and also a mild learning disability.

These cases will be reported fully in next year's Annual Report.



Contributions from partners

The impact of parental mental ill-health on children is well researched, and **City of York Safeguarding Children Board** has become even more aware of this in 2017/18. Multi-agency case file audits, and a look at research into adverse childhood experiences, resulted in CYSCB being interested in how well equipped mental health workers are to recognise this impact on children when working with adults. Colleagues from Tees and Esk Wear Valley Trust shared the PAMIC ('Potentiality for the Adult's Mental Ill-health to Impact on the Child') tool with CYSCB members. They confirmed that this is used by mental health staff when the adult has any children in their care. This was recognised in the CQC safeguarding inspection last year as good practice. On CYSCB recommendation, the tool was subsequently shared with members of SAB as a reminder about the connections between adult and child wellbeing. Parental mental ill-health is an issue that CYSCB looks forward to picking up again with SAB during 2018/19.

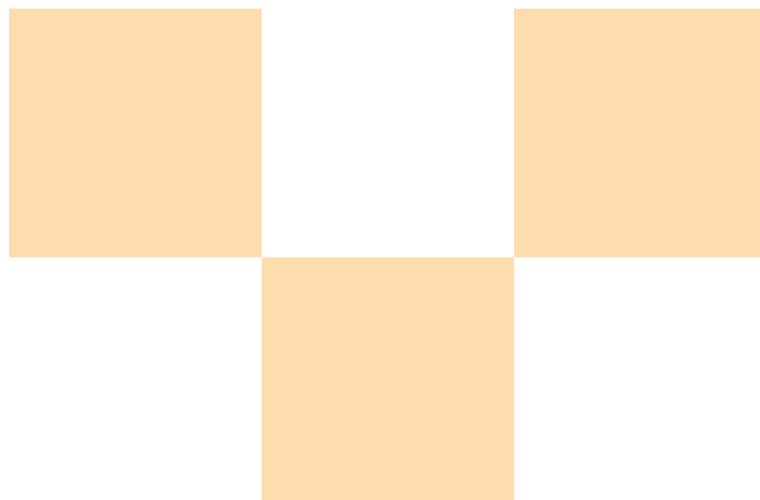


Garrow House ensure that all clinical staff are fully aware of how to raise a safeguard concern and the principles of 'Making safeguarding Personal'. Safeguarding at Garrow House is everyone's business and not held with one department. The safeguarding and involvement lead ensure this process is implemented and monitored.

During the reporting period when services users have felt at risk from each other safety/preventative measures have been implemented resulting in safeguarding incidents not occurring.



The inaugural meeting of the North East and Yorkshire Safeguarding Adults Cluster Group was at **Stockton Hall Hospital** in September 2017. The quarterly meetings involve the safeguarding leads from the Priory Group secure units within the region, with the terms of reference including safeguarding supervision, lessons learned from Safeguarding Adult Reviews/Section 42 Enquiries/Investigations, a focus on person centred approaches and the co-ordination of training requirements. Supervision is integral to the meetings with issues discussed including safeguarding for service users with dementia who lack capacity and the management of agency staff. A confidential forum has been established in which complex ethical, legal and best practice issues can be raised and options for resolution considered. An informal network is also available for consultation on some of the challenges faced by professionals within the jurisdiction of Safeguarding Adult Boards with differing priorities and policies.



In the last year, **North Yorkshire Police** have delivered internal training to police officers and staff to increase people's awareness of adult safeguarding and the referral route to share concerns about an individual's vulnerability. As a result of this training the Vulnerability Assessment Team have identified that the quality of referrals being submitted has increased. This improvement has allowed for a more informed and timely discussion with partners to identify the issues that need to be resolved and the support necessary to reduce or remove the vulnerability.

In addition to this, and to reduce the financial exploitation of adults, which has been a developing national trend, officers from the Forces Economic Crime Unit are now involved with the referral process. The officers review the referral details to that financial exploitation can be identified and where necessary proactively investigated to prevent this continuing.



Think Family approach **Tees, Esk and Wear Valleys NHS Foundation Trust** have adopted a Think Family approach into the way safeguarding is addressed within every day clinical practice. Everyone has a responsibility to take a Think Family approach. Think Family is an approach that requires all agencies to consider the needs of the whole family, from working with individual members of it, making sure that support provided by adults, childrens and family services is coordinated and takes account of how individual problems effect the whole family. The Trusts safeguarding adult and childrens teams work closely alongside each other to achieve this through training and multi-agency working and will continue to embed this in practice in the forthcoming year.

York House has recently joined the York Safeguarding Adults Board; previously communication and representation has been informally through the Retreat, our partnering organisation.



York House as an independent hospital and specialised service is now in a position to have involvement and input in to significant issues in regards to safeguarding across the city. We are also able to raise the profile and difficulties being faced by, what we feel is an under represented group within society- adults with an acquired brain injury and complex behaviours that challenge. As a hospital we are looking forward to development as a Trust and as a service with plans in 2018 onwards to expand and develop.



York CVS

'It Lasts a Lifetime...'

For National Safeguarding Week in 2017 we delivered a session to voluntary and community sector organisations to help them understand the reality of child sexual exploitation (CSE), grooming and trafficking, and the impact into adulthood. The session was titled 'It Lasts a Lifetime...'

This was delivered by sharing a real life story. This approach enabled professionals to understand more about the lasting effects, to explore how services can work more effectively together, and to share examples of good practice. This session was very positively received.

Participants said;

'I loved the training - I found it very useful and very real'

'I have already used skills I have gained in a professional and personal level'

'... she showed such strength in articulating her history and the conversation that followed was great. It was such a clever way to consider how we think about safeguarding.'

yorkcvs

NHS Vale of York Clinical Commissioning Group



Chief Nurse Michelle Carrington is Executive Lead for Adult Safeguarding for NHS Vale of York Clinical Commissioning Group (CCG). In 2017 following the realignment of services previously managed by the Partnership Commissioning Unit, Scarborough & Ryedale CCG hosts adult safeguarding on behalf of the four North Yorkshire CCGs. The new model has established two Designated Professionals and two Safeguarding Officers alongside the already embedded roles of Nurse Consultant for Safeguarding in Primary Care and Named GPs for the CCGs.

Aside from developing the new model of service one key achievement for the safeguarding team has been to develop new links with MAPPAs (Multi-Agency Public Protection Arrangements) agencies. A pathway for sharing relevant and proportionate information relating to risk and vulnerability about individuals managed under MAPPAs processes has been established with primary care and other relevant health providers.

The new pathway has been put in place following learning from a national serious case review.

York Teaching Hospital NHS Foundation Trust

York Teaching Hospital NHS Foundation Trust

We recognise, strategically, the Safeguarding Adults Profile continues to rise and in doing so has assurance required from health providers. Greater emphasis is placed on Making Safeguarding Personal which has its challenges in acute Trust settings. The Trust Safeguarding Adults Team are therefore focused in supporting staff to provide inclusive and individualised safeguarding.

Priority is also being given to Mental Capacity Act adherence and Deprivation of Liberty safeguards. The 2018 Work Programme evidences where actions planning is in place and an intensive ward based training programme is already indicating improvement.

A revision of the governance structure of safeguarding Adults Agenda has also been completed which will provide both greater strategic and operational scrutiny and monitoring.



Management plan actions

Year 2 of the 2016-2019 Strategic Plan

Priority Area 1 **Empowerment**: People know what abuse and neglect is and what they can do to keep safe and seek help

Action 1	Action 2	Audit Result
The Safeguarding Adults Board will produce an information leaflet about Adult Safeguarding. This will contain information about keeping safe, advice that explains types of abuse and neglect, and contact information to be used by anyone with a safeguarding concern.	All Board partners will be required to assure the Safeguarding Adults Board that their organisation is using the Making Safeguarding Personal approach, when undertaking enquiries into safeguarding concerns.	All items successfully completed.

Priority Area 2 **Prevention**: We will demonstrate how we are working to prevent adults experiencing, or being at risk of experiencing avoidable abuse and neglect

Action 1	Action 2	Audit Result
The Safeguarding Adults Board partners will be required to explain the actions they are taking locally to prevent people experiencing abuse or neglect.	The Safeguarding Adults Board will update and maintain the public section of its website using the accessible information standards, with a section on staying safe.	All items successfully completed except for creation of a forum for safeguarding users and carers. Item carried forward to 2018/19 Plan.

Priority Area 3: **Proportionality**: People are asked what they want to happen as a result of a safeguarding concern being raised and their views directly inform what action follows

Action 1	Audit Result
The Safeguarding Adults Board will ensure that when partners undertake an enquiry into safeguarding concerns, any actions taken are based on an assessment of the level of risk and are informed by the expressed wishes and feelings of the person.	All items successfully completed.

Priority Area 4: **Protection**: We will support people to manage the risks they experience as a result of abuse, or neglect and the help they receive makes their situation better

Action 1	Action 2	Audit Result
The Safeguarding Adults Board will expect all partners to ensure that there is an up to date assessment of mental capacity and any best interest decision on file, and will ensure the person is supported by an advocate and, or independent mental capacity advocate.	The Safeguarding Adults Board partners will ensure that when abuse or neglect has occurred, safeguarding adult's plans are developed in a way which shows a balance between quality of life and concerns about peoples' safety.	All items successfully completed.

Priority area 5: **Partnership**: We will work together to ensure adults receive help and support from the people best placed to help them feel safer.

Action 1	Action 2	Audit Result
Each Safeguarding Adults Board partner will ensure their organisation upholds their individual and collective responsibilities to safeguard adults in accordance with the requirements of the Care Act 2014 .	The Safeguarding Adults Board will work with the Children's Safeguarding Board and other local partners to host an annual Safeguarding week across the City of York.	All items successfully completed.

Priority area 6: **Accountability**: The roles and responsibilities of individuals and organisations who have a responsibility for safeguarding adults is clearly understood and people know what action they can take if individuals or organisations do not fulfil their responsibilities

Action 1	Audit Result
The Safeguarding Adults Board will agree, maintain and develop safeguarding adults' policies and procedures for all partners to use.	All items successfully completed.

Full details of the Management Plan for 2017/18 are available on the Safeguarding Adults Board's website at: www.safeguardingadultsyork.org.uk

What are we going to be doing in the 2018/19 year?

On the SAB's website at www.safeguardingadultsyork.org.uk under "Board" is a copy of the SAB's Strategic Plan for 2016/19. It is a legal requirement for this to be published. The Plan follows the six guiding principles of the Care Act 2014: **Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability**. (The definition of each of these terms is on pages 16 and 17 with the Management Plan Actions for 2017/18.)

The SAB has a Management Plan for each year, setting out what changes the SAB is planning to make in order to progress the three-year Strategic Plan. For 2018/19, the SAB plans to:

- Monitor usage of the SAB website and report it to every SAB meeting.
- Widely circulate the Keep Safe Guide, including to GP surgeries, York Hospital Emergency Department and other public outlets.
- Establish a forum for safeguarding service users with the assistance of York CVS.
- Regularly consider evidence from partners on their implementation of Making Safeguarding Personal within their own organisations
- Ensure that all partners provide an annual report to their own governing bodies summarising their safeguarding activities.
- Actively engage the safeguarding team with preventative initiatives across the city.
- Receive an updated Risk Register at every SAB meeting.
- Monitor and report on the use of Advocates and also monitor waiting times for Deprivation of Liberty (DoL) assessments.

- Be kept informed of case file audits to ensure that decisions taken continue to be in peoples' "best interests" and with the least restrictive interventions.
- Work with SABs across the region in a designated Safeguarding Week in 2019 to raise the profile of how to make people safer.
- Continue to work with the West, North and York Safeguarding Consortium to implement the revised multi-agency policies and procedures from April 2018.
- Present the Annual Report to the Council's Health & Wellbeing Board, to community forums organised by York CVS and to any other community groups which request a presentation.

Progress on these plans will be audited and presented in the 2018/19 Annual Report.



Closing comments

The 2017/18 year has been a busy and eventful one for the City of York SAB. Hopefully this Annual Report gives you a sense of what we have been continuing to do to help ensure the safety of the citizens of York from abuse and neglect, by finding solutions to problems which, above all, put the person being safeguarded at the centre of actions agreed and also ensuring that any actions taken are no more intrusive than they need to be. We call this **Making Safeguarding Personal**, or MSP. Pages 8 and 9 of this Report provide two case studies of actions taken which hopefully illustrate this for readers.

The statistics set out on pages 6 and 7 confirmed that there were 1,056 completed safeguarding cases during 2017/18, a decrease on 2016/17 when there were 1,215 concerns raised with the Council. Also, the figures this year showed that 63% of those who expressed an opinion had their desired outcomes fully achieved whilst 33% were partially achieved. Whilst this may seem disappointing, it reflects the complexity of resolving a safeguarding case, often because the alleged abuser is known to the victim and is most often a family member. We will also continue to work so that future yearly reports show an increase in the number of victims who expressed an opinion from its present level of 61%. Our ambition is to move much closer to 100%, despite the challenges of working with people without capacity or with mental or physical illnesses which may make communication difficult.

The SAB always has an annual Development Day for its members. This year's was on 19 February 2018, when we spent the day looking at "A Different Dimension of York". This included Organised Crime, Action by Trading Standards against scamming, Harm Reduction measures and finally, the implications when they become adults for childhood victims of sexual abuse. It was a sobering day and out of it have come a number of immediate actions, including increasing SAB membership with a member of the Trading Standards Team and ensuring that Safeguarding Week activities include sessions on how to avoid being scammed by a stranger at home, on the phone or on the computer.

The previous page shows you the actions we intend to take during 2018/19 to ensure that our three-year Strategic Plan is fully implemented. I hope you agree that we did make significant progress during 2017/18.

Thank you to all of the member organisations of the SAB for their support, the efforts of individual members of the SAB and to you for taking the trouble to read this report. We hope you are reassured by its contents.

Kevin McAleese CBE



York Teaching Hospital
NHS Foundation Trust



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This information can be provided in your own language.

Informacje te mogą być przekazywane w języku ojczystym.
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Bu bilgi kendi dilinizde almanız mümkündür.
Turkish

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Chinese (Simplified)

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Chinese (Traditional)

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