

Safeguarding POLICY	
Approval Committee	Clinical Governance Committee
Issued date	June 2025

1. POLICY STATEMENT

St Michaels Hospice Hastings and Rother and St Michael's Hospice Lottery Ltd (hereinafter referred to as 'St Michael's Hospice' or 'The Hospice') is committed to safeguarding all people from harm. This includes employees, volunteers and all those who use or come into contact with The Hospice's services. It is recognised that everyone has the right to protection from all types of harm or abuse, regardless of race, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex, sexual orientation, religion, or belief. The Hospice works closely with partner organisations to ensure that safeguarding best practice is followed.

The Hospice has a comprehensive safeguarding policy, the implementation of which is the responsibility of the Chief Executive Officer. There is a designated trustee safeguarding lead, a head of safeguarding and named safeguarding leads.

The Hospice has robust processes in place to ensure that the people who join the organisation through employment or volunteering, are suitable for their roles.

Additionally, there is a Standards of Conduct and Behaviour policy for all employees and volunteers.

The Hospice is committed to ensuring full compliance with legal and regulatory safeguarding requirements in the development of this policy. The Hospice recognises the need for effective joint working between charities, statutory agencies and professionals with different roles and expertise.

Safeguarding is everyone's responsibility.

The Hospice takes the safety and wellbeing of employees and volunteers seriously. As such there are systems and processes in place to identify and assess potential areas of risk across all activities; and remedial plans are put in place to manage these risks. Everyone is encouraged to raise concerns through 'speak up champions' in different areas of the charity. This approach is detailed in our Freedom to Speak Up and Raising Concerns (Whistleblowing) Policy and Procedure.

All employees, volunteers and trustees are trained to recognise signs which could indicate that a child or adult at risk may be being abused or neglected. This training also includes wider Charity Commission requirements to recognise and report incidents involving employees and volunteers. The Hospice encourages employees, volunteers and those who use or come into contact with services, to speak up about things which they think could cause harm to people. Prompt action is taken when concerns have been raised. Behaviours or practices which could lead to anyone being abused and/or exploited will not be tolerated.

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

We highly value the contribution of employees and volunteers and offer a range of support to help manage the sometimes challenging nature of work. The Hospice is committed to creating not just a safe place to work, but also a supportive and rewarding one.

2. AIM AND SCOPE

Scope

This policy applies to all St Michael's employees, volunteers and others who use the services/come into contact with the organisation

Aim of this Policy

This policy applies to all employees and volunteers across St Michael's hospice. The aims of this Safeguarding Policy are to assist in the prevention of harm or abuse by:

- Defining and clarifying responsibilities for safeguarding across The Hospice
- Specifying assurance arrangements to monitor safety and compliance with legal and regulatory requirements.
- Explaining safeguarding children, adults at risk and mental capacity (related to safeguarding).

3. RELATED HOSPICE POLICIES

Adverse Event Reporting and Management
Complaints and Concerns
Consent for Care and Treatment
Data Protection
Deprivation of Liberty Safeguards and Restraint
Disclosure and Barring Service (DBS)
Duty of Candour
Falls Prevention and Management
Health Records Management
Information Governance and Data Quality
Information Technology and Communication
Management of Medicines
Media and Advertising (Child Safeguarding Photography Statement)
Mental Capacity Act
Pressure Ulcer
Recruitment and Selection
Raising Concerns (Whistleblowing)
Social Media

4. RESPONSIBILITIES

EMPLOYEES AND VOLUNTEERS are responsible for:

- Being part of a positive safeguarding culture at the Hospice where safeguarding is everyone's responsibility
- Being familiar with the Hospice's Safeguarding Policy and Procedure and understand how this relates to their role

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

- Knowing the common presenting features of abuse, harm and neglect
- Being alert to potential indicators of abuse or neglect and proactively identify safeguarding concerns and incidents
- Knowing what to do about a safeguarding concern or incident, where to report this and who to get advice from about safeguarding concerns/incidents within the Hospice
- Responding immediately to allegations of abuse, neglect and or substandard practice that may place a person at risk and escalate in accordance with the Hospice Safeguarding Procedure Flowchart (Appendix 1)
- Ensuring documentation of safeguarding concerns on Vantage-Sentinel and the electronic patient record in line with best practice standards
- Participating in an introduction to safeguarding session within the Hospice induction
- Undertaking and ensuring compliance with the required training for safeguarding relevant to role in accordance with the framework laid out in The Education Section of this policy
- Complete core competencies in safeguarding as relevant to role as outlined in Intercollegiate documents for safeguarding (See Education Section of this policy for further details)
- Engaging in relevant learning opportunities, including case studies, debriefs and updates on Hospice policy and procedure, related to safeguarding
- Understanding and work within the requirements of the Mental Capacity Act 2005
- Understanding the principles of confidentiality and information sharing in line with local and government guidance
- Making a referral directly to Social Care in the unlikely situation that none of the Safeguarding Leads agree that a referral needs to be made but the employee, volunteer or trustee remains concerned.

LINE MANAGERS are responsible for:

- Promoting a culture that takes safeguarding seriously, so everyone knows the Hospice will act on concerns about people at risk
- Ensuring all employees and volunteers complete the required safeguarding training (See Education Section of this policy for further details)
- Making sure employees and volunteers understand their responsibilities regarding safeguarding and know what to do if they suspect harm (see Hospice Safeguarding Procedure Flowchart)
- Encouraging employees and volunteers to identify and support them to report safeguarding concerns
- Ensuring safeguarding concerns raised by employees or volunteers are handled quickly and appropriately, following Hospice policies
- If concerns are raised to you, discuss them with the Safeguarding Lead or clinical on all if out of hours, to decide on the next steps
- Making sure employees and volunteers have the necessary resources and support for safeguarding training relevant to their role (See Education Section of this policy for further details)

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

- Ensuring employees and volunteers understand and apply the skills and knowledge needed for safeguarding based on the Intercollegiate Safeguarding Competencies
- Actively ensuring the team completes required safeguarding training and include safeguarding in annual performance reviews
- If managing clinical employees ensuring safeguarding is raised in 1:1's
- Ensuring new employees and volunteers receive safeguarding training during induction
- Ensuring employees with specific safeguarding responsibilities have protected time to carry out their roles
- Taking all allegations about employees or volunteers seriously and escalate concerns.

SAFEGUARDING LEADS are Social worker, Senior Social Worker and Associate Director for Clinical Services, and Clinical On-call for out of hours.

They are responsible for:

- Promoting Safeguarding Culture: Ensure everyone understands the Hospice's commitment to safeguarding
- Training & Expertise: Complete safeguarding training and provide expert advice at the level expected from Level 4 Intercollegiate documents for safeguarding children and adults
- Policy Development: Providing guidance and leadership on safeguarding policies, procedures, and practices
- Support & Advise: Helping employees and volunteers manage safeguarding concerns
- Co-ordinate Responses: Oversee referrals, investigations, and partnerships for safeguarding incidents
- Investigate Allegations Involving Hospice Employees: Work with Extended Leadership Team to investigate concerns about employees or volunteers
- Lead Investigations for Local Authorities: Conduct investigations on behalf of Adult Social Care if needed
- Share Learnings: Distribute findings and implement immediate actions as needed
- Safeguarding Education: Work with HR and Education Teams to provide safeguarding education for all employees and volunteers
- Monitor Trends: Track safeguarding data and take action on emerging issues.
- Participate in Safeguarding Meetings: Attend relevant safeguarding meetings and networks.

CLINICAL ON CALL:

Clinical On-Call has lead safeguarding responsibility out of hours.

It is their responsibility if a situation requires immediate and urgent safeguarding action, to make a safeguarding referral out of hours. If a decision can be delayed until the next working morning, a discussion should be had with the Safeguarding Lead.

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

HEAD OF SAFEGUARDING is the Associate Director of Clinical Services. They are responsible for:

- Providing robust leadership, taking accountability for the organisational safeguarding portfolio
- They are responsible and accountable for developing, implementing, and evaluating the delivery of safeguarding governance, assurance and that regulatory standards are maintained to the agreed level throughout the organisation
- In doing so they will ensure the organisation is compliant and meets the requirements identified in legislation, not limited to the Care Act 2014, Domestic Abuse Act 2021, Social Services and Well-being (Wales) Act 2014, Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, Human Rights Act 1998 and Serious Crime Act 2015, Counter Terrorism Act 2015 and Health and Care Act 2022 and Prevent duty.

CHIEF EXECUTIVE AND Extended LEADERSHIP TEAM are responsible for:

- Promoting a positive culture of safeguarding at the Hospice ensuring there are appropriate policies and procedures for safeguarding (including regular updating)
- Ensuring that employees, volunteers, trustees, patients and families are aware that the Hospice takes safeguarding seriously and will respond to concern about the welfare and wellbeing of any person at risk
- Ensuring that the Hospice services are resourced to support/respond to the demands of safeguarding effectively
- Hold managers accountable for ensuring their employees and volunteers undertake safeguarding training as required.

BOARD OF TRUSTEES are responsible for;

- Protecting people and safeguarding responsibilities is a governance priority for all charities. Trustee's must take reasonable steps to protect people who come into contact with St Michael's Hospice from harm. This includes:
 - people who benefit from The Hospice's work
 - employees
 - volunteers
 - anyone else who comes into contact with The Hospice through its work.
- Understanding the statutory role of the Board in safeguarding including partnership arrangements, policies, risks and performance indicators; employee's roles and responsibilities in safeguarding; and the expectations of regulatory bodies in safeguarding
- Being accountable for ensuring people at risk at the Hospice receive high quality, evidence based care and personalised safeguarding
- Being accountable for ensuring that the Hospice has a robust framework in place to support safeguarding procedures
- Monitoring and scrutinising the effectiveness of this framework through regular feedback via the annual report to the Board and updates from the Clinical Governance Committee

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

- Complete Level 1 core competencies in safeguarding as outlined in Education Section of this policy.

5. DEFINITIONS

Children

All children under 18 visiting the Hospice should be supervised by parent/guardian.

In the case of students of young volunteers under 18, they will be supervised by an employee.

The Hospice may meet children when providing our services to their families, in shops, or while fundraising. We could also hear or see information suggesting a child is at risk, such as disclosures of domestic abuse in homes with children.

Domestic Abuse

If employees/volunteers suspect a child or adult at risk to be involved in domestic abuse (whether as a victim, bystander, or perpetrator) they must discuss this in line with the Safeguarding flowchart on the same working day as concerns arise.

If there is an immediate threat, the police should be contacted.

A child who is in a household where there is domestic abuse may be considered a child in need, therefore a referral to the local authority must be made. This may also be true of a person under the age of 18 who is perpetrating abuse.

Section 3 of the Domestic Abuse Act 2021 specifically provides that a child (under 18 years) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or suspect is also to be regarded as a victim.

Adults

Adults who have care or support needs and may be at risk of abuse or neglect are considered "adults at risk." If you suspect someone is at risk, follow the St Michael's Hospice safeguarding flowchart.

Please see references for links on categories of abuse.

Under the Care Act 2014 an adult at risk is someone:

- Aged 18 or over with care and support needs (whether or not those needs are being met by the Local Authority or others)
- Experiencing or at risk of abuse/neglect
- Unable to protect themselves because of their care and support needs.

Safeguarding Adults Thresholds; Guidance for Professionals

Pan Sussex Safeguarding adults Board

<https://www.bhsab.org.uk/wp-content/uploads/sites/2/2023/10/Sussex-Safeguarding-Adults-Thresholds-Guidance-Version3.pdf> (accessed 20/03/2025)

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

Adults at risk might also be encountered in the services, shops, or fundraising activities, or we may be working or volunteering alongside an adult who we come to know/believe is at risk.

We may learn of adults who could be at risk of harm from information shared by others. Some employees may need extra safeguarding training based on their roles, especially if they work in clinical settings. These training needs are reflected in our safeguarding training matrix. Employees who are registered professionals should check their professional body's safeguarding requirements.

Carers

The Care Act 2014 recognises that carers, in their role of supporting individuals, may be at risk of abuse, neglect, or other safeguarding concerns. It is essential that carers are included in safeguarding processes and receive appropriate support to ensure their well-being. Local authorities and safeguarding bodies must consider the needs of carers during assessments and interventions, ensuring they are protected from harm and supported in their care giving role.

Mental Capacity and Consent

All patients must be involved in decisions about their care, according to the Mental Capacity Act (2005).

If a patient agrees to a procedure, it must be noted in their healthcare record. If they refuse, that decision should also be recorded.

If a patient cannot give consent, decisions will be made for their best interests, with input from the multidisciplinary team and clear documentation. If necessary, an Independent Mental Capacity Advocate (IMCA) will be appointed.

Deprivation of Liberty Safeguards (DoLS)

Restricting a person's freedom, like constant supervision or not letting them leave, can be a deprivation of liberty.

These safeguards protect people who may lack the capacity to consent to care or treatment. If someone is deprived of their liberty to protect them from harm, it must be recorded, and the steps must be legal.

The Hospice has a MCA and DOLS Policy.

Prevent (Counter-Terrorism Strategy)

Prevent aims to stop people from being drawn into terrorism. If you suspect someone is being radicalised, report it following the St Michael's Hospice safeguarding flowchart.

Prevent duty guidance; for England and Wales HM Government

<https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible> (accessed 20/03.2025)

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

Making Safeguarding Personal

Making safeguarding personal is a person led and outcome focused approach. Safeguarding should empower the person at risk to make their own choices. The goal is to improve their safety and well-being, with a personalized approach rather than a “one-size-fits-all” solution.

See references for further information on Making safeguarding personal:
Making Safeguarding Personal Practice Toolkit Handbook Local Government Association & ADASS

<https://www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbook%20-%20FINAL%20December%202019%20v1.1.pdf> (accessed 20/03/2025)

Reporting Pressure Ulcers:

Any pressure ulcers that are serious (category 3 or above) will be reported to the CQC (Care Quality Commission).

Please refer to the Pressure Ulcer Prevention and Management Policy.

Ensuring Suitable People Join The Hospice:

To make sure the right people for the job:

- Clear job descriptions that reflect what the role requires
- Create person specifications that outline the values, behaviours, and skills
- Carefully check references
- Ensure all employees and volunteers undergo the required background checks for their role, as identified by HR and keep these up to date, following the recommended renewal intervals from the DBS (Disclosure and Barring Service), in line with the Safeguarding Vulnerable Groups Act (2006).
- It is expected all employees and volunteers to reflect organizational values in their behaviour and actions
- There is a Standard of Conduct and Behaviour policy for employees and volunteers
- If employees don't follow the code of conduct, they may face disciplinary action.

For volunteers, decisions may include:

- Offer more training, supervision, or support
- Move them to another role
- Decide if they can continue volunteering with The Hospice
- If employees are found to breach a professional body's code of conduct (e.g., NMC), The hospice will refer the issue to that body
- The Hospice will also refer safeguarding allegations to the appropriate bodies e.g., DBS
- In England any concern that someone working with children may have harmed or committed a criminal offense against a child will be reported to the Local Authority Designated Officer (LADO) by the Safeguarding Lead following local policy.

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

Person in Position of Trust (PiPoT)

The Care Act (2014) defines people in positions of trust (PiPoT) as ‘people who work in paid or unpaid capacity, including celebrities and people undertaking charitable duties with adults with care and support needs.’ (Department of Health, 2014, 14.120 to 14.132)

People can be in a position of trust:

- Where they are likely to have contact with adults at risk of abuse and harm (Care Act 2014) as part of their employment or voluntary work
- Where the role carries an expectation of trust
- Where the person in trust can exercise authority, power or control over an adult(s) at risk (as perceived by the adult at risk)
- If the concerns relate to employees, volunteer or trustees the safeguarding lead will share information with HR Team.

Encouraging Employees and Volunteers to Speak Up

If employees or volunteers have concerns about practices within the organisation, they are encouraged to speak up. If the issue can't be resolved internally, they can use the “Raising Concerns (Whistleblowing) Policy.”

Reporting Concerns:

Employees and volunteers should be aware of signs that someone may be at risk of harm, and report these following the St Michael's Hospice safeguarding flowchart. Please see references for links on categories of abuse.

Types of abuse (CHILDREN) NSPCC

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/> (accessed 20/03/2025)

Types and indicators of abuse (ADULTS)

SCIE <https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse/> (accessed 20/03/2025)

Referrals to Police or Local Authority

Adults have the right to make their own decisions, even if they seem risky. If an adult lacks the mental capacity to make a decision, actions can be taken on their behalf, following the Mental Capacity Act. However information about someone in relation to safeguarding can be made without their consent, but every effort will be made to advise them prior, unless unsafe to do so. In this case, the rationale for sharing information with the police or local authority will be documented and include the efforts made to involve the person.

6. POLICY AND FLOWCHART PROCESS

SEE APPENDIX 1

Raising a Concern

Everyone at St Michael's Hospice (employees, volunteers, trustees) must report any safeguarding concerns to the relevant person and follow the Safeguarding Procedure Flowchart.

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

If it's outside of working hours and the person is at immediate risk, contact the clinical on-call team. Otherwise, contact the Safeguarding Lead the next working day.

Immediate Action for Safeguarding Concerns

Ensure Safety: First, make sure you and the person at risk are safe. Call for medical help or the police if needed.

Preserve Evidence: If a crime has happened, avoid touching anything in the area to keep evidence intact. Follow the Sussex Adult Safeguarding Policy for further steps.

Responding to a Disclosure of Abuse or Neglect

Listen Carefully: If someone tells you about abuse or neglect, listen and take them seriously. Don't investigate—only ask necessary questions like:

- When did the incident happen?
- Who is the person thought to be the cause of risk?
- What is their relationship with the person at risk?
- What do they want to happen?
- Confidentiality: Don't promise confidentiality. Let them know you must report it to keep everyone safe.

Concerns Involving Hospice Employees, Volunteers, or Trustees

If the concern involves someone at the Hospice, report it to the Safeguarding Lead immediately. They will investigate further.

Capacity and Consent

You must seek the adult's consent before sharing personal information. If they refuse, explain the information will still be shared because The Hospice has a legal duty to share safeguarding concerns.

Consider whether the person is under pressure or duress when deciding whether they consent.

Adults are assumed to have the capacity to make decisions unless proven otherwise. If the adult lacks capacity, action should be taken in their best interest, especially if others may be at risk.

Involvement of the child's parents or other adults with parental responsibility should be considered in partnership with the Safeguarding team. Concerns should be discussed with the child's parents or other adults with parental responsibility, if appropriate and agreement sought for a referral to Children's Social Care unless this may:

- Place the child at further risk of significant harm
- Lead to an unreasonable delay
- Place others at risk (for example violence or aggression towards employees)
- Lead to the risk of losing forensic evidence.

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

A decision not to seek parental consent before making a referral to Children's Social Care must be recorded with clear reasons on the Electronic Patient Record by Safeguarding Lead.

Deciding Whether to Make a Safeguarding Alert

The Safeguarding Leads are responsible for deciding whether to make a safeguarding alert to The Local Authority. If unsure always raise an alert
Safeguarding Alerts for Adverse Events.

Notifiable Events: Serious events, such as major pressure ulcers or falls should trigger a referral to the Local Authority.

If something goes wrong and harms the person, consider raising a safeguarding concern in line with the Duty of Candour policy.

Notifying and Recording Safeguarding Concerns

Reporting: Safeguarding concerns should be reported quickly, within 24 hours if possible.

Record Keeping: Record all discussions around safeguarding concerns in the patient's Electronic Patient Record, even if they aren't referred to the Local Authority.

For Non-Hospice Patients

For people not under Hospice care, hold a meeting to decide how to proceed, including the Safeguarding Lead.

7. EDUCATION AND SUPPORT

All employees, volunteers and trustees are trained to recognise signs of abuse or neglect in children and adults at risk. This training also covers requirements for recognising and reporting issues involving our employees and volunteers. Safeguarding training will follow UK Core Skills Training Framework, local Safeguarding Board guidelines, and The Hospice's requirements, in line with current laws and best practices.

All Hospice employees and volunteers must complete mandatory training, including safeguarding awareness, at the appropriate level and frequency for their role. During induction, all employees and volunteers must read the Safeguarding policy and know how to access and use this Safeguarding flowchart.

All employees and volunteers will be encouraged to attend Supervision Reflections, organised and chaired by Safeguarding Leads every 6 weeks. These sessions will also count towards people's training hours, with clinical employees needing more hours training than non-clinical.

Competency Framework

This framework aims to reflect best practice in adult safeguarding, and sets out minimum training and education requirements for employees working at all levels with adults at risk of abuse:

- Level 1: All employees working in health care settings

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

- Level 2: All employees working in health care who have regular contact with patients, their families or carers, or the public
- Level 3: All employees working in health care who are working with adults who are engaged in assessing, planning, delivering care and/or evaluating the needs of adults where there are safeguarding concerns (as appropriate to role). This includes commissioners
- Level 4: Specialist roles – named professionals, safeguarding leads (and equivalent roles directly advising employees on safeguarding).
- Level 5: designated professionals from health boards
- Board level: Chief executive officers, trust and health board executive and non-executive directors/members, commissioning body directors. This includes boards of private, independent, and charitable health care and voluntary sector as well as statutory providers.

See the following for the competency framework for training and education from the Adult safeguarding Roles and Competencies for Health Care Employees (referred to as Intercollegiate)

<https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256>

Safeguarding Children and Young People; Roles and competencies for Healthcare Staff

<https://www.rcn.org.uk/Professional-Development/publications/pub-007366>

8. REFERENCES

Pan Sussex Child Protection and Safeguarding Procedures Manual

<https://sussexchildprotection.procedures.org.uk/> (accessed 20/03/2025)

Working Together to Safeguard Children. A Guide to Inter- agency working to safeguard and promote the welfare of children. Updated February 2024. HM Government <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> (accessed 20/03/2025)

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 Intercollegiate Document <https://fflm.ac.uk/wp-content/uploads/2020/12/007-366.pdf> (accessed 20/03/2025)

Safeguarding and protecting people for charities and trustees HM Government <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees#contents> (accessed 20/03/2025)

Types and indicators of abuse (ADULTS)

SCIE <https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse/> (accessed 20/03/2025)

Types of abuse (CHILDREN) NSPCC

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/> (accessed 20/03/2025)

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

Safeguarding Adults Thresholds; Guidance for Professionals
Pan Sussex Safeguarding adults Board

<https://www.bhsab.org.uk/wp-content/uploads/sites/2/2023/10/Sussex-Safeguarding-Adults-Thresholds-Guidance-Version3.pdf> (accessed 20/03/2025)

Making Safeguarding Personal Practice Toolkit Handbook Local Government
Association & ADASS

<https://www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbook%20-%20FINAL%20December%202019%20v1.1.pdf> (accessed 20/03/2025)

Prevent duty guidance; for England and Wales HM Government


<https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible> (accessed 20/03.2025)

9. APPENDICES

Appendix 1 – Have you seen something that you're concerned might be a safeguarding risk?

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026

Appendix 1


st michael's
hospice

Have you seen something that you're concerned might be a safeguarding risk?

Here's what to do:

If the person is in immediate danger, call the emergency services on 999

Speak to the Safeguarding Lead, or if it's out of hours, contact Clinical Oncall to share your concerns.

Safeguarding Lead - 3CX ext 831
Clinical Oncall - 01424 533236 (please only use this number out of hours)
Share everything with the Safeguarding Lead or Clinical Oncall, so they can make informed decisions.

After speaking to the Safeguarding Lead or Clinical Oncall, you may need to make a referral to Local Authority Adult, or Child safeguarding teams

A decision will be made by the safeguarding lead.
If it is out of hours and urgent, Clinical Oncall will decide.

Child safeguarding Refer to East Sussex Children's Social Care: In Hours 01323 464222 Out of Hours 01273 335905/335906 Telephone referrals must be followed up in writing to: webspoo@eastsussex.gov.uk within 24 hours, using NHS email address: 0-19.SPOA@eastsussex.gov.uk	Adult safeguarding Make the referral to East Sussex Adult Social Care via Health and Social Care Connect (HSCC): Telephone: 0345 6080191 Telephone referrals must be followed up in writing email to HSCC@eastsussex.gov.uk and sent via nhs.net within 24 hours. You can make an online referral using the East Sussex County Council online portal www.eastsussex.gov.uk/social-care/worried/report
---	--

Make sure everything is documented either on:

- SystemOne
- Vantage, if you don't have access to SystemOne or the person(s) involved isn't known to the Hospice
- Speak to the Safeguarding Lead or Clinical Oncall to find out where to document your concern.

Date of preparation: 04/25

Policy name: Safeguarding Policy	Version control: V5
Policy no: P043-V5	Issued date: June.2025
Author: Senior Social Worker	Next review due: June 2026