

NHS Lothian

Adult Support & Protection Procedures

July 2024



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Table of Contents

1. Introduction and Context.....	4
2. Aim of the Procedures	4
3. Scope	5
4. Definition of Harm?	5
5. Duties and Responsibilities.....	6
5.1 Information Sharing - Examination of health records as part of an adult.....	6
protection investigation	6
5.2 Duty to Report and Refer	7
5.3 Consent / Non-Consent from Adult at Risk.....	8
5.4 Duty to Co-operate	9
5.5 Duty to Inquire	9
5.6 Inter-Agency Referral Discussion (IRD)	9
5.7 Adult Protection Case Conference	10
5.8 Advocacy.....	10
5.9 Decision Making Capacity of the Adult.....	11
5.10 What to do in an Emergency.....	12
5.11 Support for Health Professionals	12
5.12 Public Protection Directorate – Adult Protection Advisors.....	12
5.13 Record Keeping and Storage of Documentation.....	13
5.14 Health Professional Statements to Police Scotland	15
6. Significant Adverse Events Reviews.....	15
7. Large Scale Investigations (LSI).....	16
8. Communications and Media Enquiries	18

9. The 4Rs – Recognise, Report, Record, Refer	18
10. Key Contacts	19
11. References, Legislation, Policy, Guidance	20

Recognise

Report

Record

Refer

1. Introduction and Context

Under the 'Adult Support and Protection (Scotland) Act 2007' NHS Lothian has a Duty to Co-operate with any inquiries about adults at risk of harm. The 2007 Act sets out duties and powers to safeguard adults who may be at risk of harm. Adults covered by the Act are defined as any person over 16 years old who:

- Are unable to safeguard their own well-being, property, rights or other interests.
- Are at risk of harm; and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

The above points are referred to as the **“Three Point Criteria”**.

Local Authorities are the lead agencies for cases involving adults at risk of harm (unless a crime is known, or suspected to have occurred, in which case it is Police Scotland).

The Act states that, where required, the NHS will provide a nominated health professional to undertake any health assessments required. Staff should consult with the relevant manager in each department for direction.

NHS Lothian is duty bound to report any situations where harm is known or is suspected to have occurred to the relevant Local Authority and has a legal Duty to Co-operate with any investigation of suspected or actual harm.

As part of the application of the NHS Lothian procedures, staff that know or believe an adult is at risk of harm will use these procedures to take the appropriate action. The NHS Lothian procedures identify the key actions staff members must undertake and provide a consistent approach to communication with other agencies and to support the adult at risk of harm.

2. Aim of the Procedures

The aims of the procedures are to:

- Inform NHS Lothian Staff how to support and protect adults at risk of harm.

- Inform all staff who in the course of their work have contact with adults who may be at risk of harm, to follow these procedures to ensure that they are acting in accordance with their roles and responsibilities.
- Specify the responsibilities of staff members to take consistent and appropriate action in line with their professional guidelines, or to agree with their line manager on the appropriate course of action.
- Provide guidance on who should assist with inquiries and attend case conferences.
- Support identification on who may be best placed to undertake any agreed health assessments.
- Provide a consistent approach to communicating and escalating concerns where NHS staff are involved in investigations and inquiries.

3. Scope

These Procedures apply to any staff member, including NHS volunteers who witness or suspect an adult may be at risk of harm.

All NHS staff should undertake the mandatory Public Protection eLearning module and/or Adult Support and Protection training relevant to their roles and responsibilities. Please refer to the Learning & Development Strategy found on NHS Lothian public protection intranet page.

4. Definition of Harm?

Section 53 of the Act states that “harm” includes all harmful conduct and gives the following examples:

- conduct which causes physical harm.
- conduct which causes psychological harm (e.g. by causing fear, alarm or distress).
- unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement or extortion).
- conduct which causes self-harm.

Regardless of whether you consider the adult is aware of and understands the risk to themselves, you must report your concern. There are persons that may engage in dangerous/potentially harmful behaviours that may need support.

5. Duties and Responsibilities

The protection of adults at risk of harm is everyone's responsibility. This cuts across all aspects of private life and professional business. We all have a responsibility and duty individually and collectively, to protect adults at risk in our communities.

Confidentiality is important but it is not an absolute right. Where information sharing is necessary for the protection of adults or where there is concern about an adult at risk, this should be done with confidence and without delay.

Existing legislation, including the [UK General Data Protection Regulation \(UK GDPR\)](#) and the [Data Protection Act 2018](#), **does not prevent sharing** and/or exchanging relevant and proportionate information where there is belief or concern about the protection of adults at risk. This extends to all practitioners working with adults who may be at risk of harm.

The overarching principle underlying Part 1 of the Act is that any intervention in an individual's affairs should provide **benefit** to the individual and should be the **least restrictive** option of those that are available which will meet the purpose of the intervention.

5.1 • Information Sharing - Examination of health records as part of an adult protection investigation

Section 10 of the Act provides that a council officer may require any person holding health, financial or other records relating to an adult known or believed to be at risk, to give the records, or copies of them, to the officer, if this is required to establish whether further action is required to protect that adult from harm. This therefore applies to any adult from the point at which an inquiry has been initiated until such times as it has been determined that they are not an adult at risk of harm. In the case of health records, nothing in the Act authorises someone who is not a health professional to inspect health record.

Section 10 (7) defines health records as records relating to an individual's physical or mental health which have been made by, or on behalf of a health professional in connection with the care of the individual. In the case of health records, the Council Officer is empowered by the Act to identify, take or copy medical records held by a service but having obtained them must ensure they are interpreted by a health professional.

In some cases, it will be sufficient for a health practitioner to provide a summary of their involvement with the adult and of the adult's physical or mental health, along with any relevant documents or reports. It should be noted however that Section 10 refers to existing records held by a professional or organisation rather than information created specifically to meet a request.

If you are asked for health records as part of a duty to inquire or an investigation, you must seek advice from your line manager, information governance and/or the public protection team regarding a recommendation for proportionate disclosure. This should be based on an informed clinical decision about what is relevant to the case. Any request for copies of a health record should be made formally, and a record of the disclosure recorded in the patient health record.

[Adult Support and Protection \(Scotland\) Act 2007: code of practice \(www.gov.scot\)](http://www.gov.scot)

5.2 Duty to Report and Refer

While councils have the lead role in adult protection, effective intervention will only come about as a result of productive co-operation and communication between a range of agencies and professionals. What one person or public body knows may only be part of a wider picture. The multi-agency nature of adult support and protection work is crucial to the work of protecting adults from harm.

Section 5 (3) of the Act places a duty on public bodies or office holders who know or believe that a person is an adult at risk of harm and that action needs to be taken to protect them from harm, to make a referral by reporting the facts and circumstances of the case to the council for the area in which the person is considered to be located. Public bodies should

ensure that their staff are aware of the duty to refer and co-operate, and to encourage vigilance in relation to adults who may be at risk of harm.

If you witness or receive information about actual or suspected harm of an adult. Discuss this with your line manager/supervisor; if they are not available, discuss the concerns with a suitable alternative manager or the NHS Lothian public protection team.

If an Adult Support and Protection referral is required, agree who will make the referral by contacting the relevant local social work service. This can be done 24 hours a day (see Key Contacts page 18).

Information provided to social work services should include the name of the adult, their address, date of birth and details of any concerns including the risk and type of harm and source (if known). You will also be asked to provide your own details and designation.

Any additional key information regarding the adult that could impact on communication such as the need for an interpreter, cognitive impairment, concerns around the adult's capacity, or any other health or social circumstances that need to be taken into consideration by those providing support. Also details of any others that may be at risk.

Record the event via Datix, the NHS Lothian Adverse Event Reporting Form

5.3 Consent / Non-Consent from Adult at Risk

It is always good practice to gain consent and seek the adults' views where it is possible and appropriate to do so. You should discuss any risks with the adult and explain your duty to report these.

Where it is not possible to gain consent or consent has been refused, you are still duty bound to report your concerns. Do not seek consent if you believe that you will increase the risk to the adult, or if doing so may put yourself at risk.

Where appropriate, ensure communication is ongoing, informing the adult of any actions to be taken to ensure their support and protection.

5.4 Duty to Co-operate

The Act requires **all** public bodies to co-operate with local councils and with each other, where harm is known or suspected. Examples of co-operation might be conducting an assessment, medical examination or interpretation of health records. The public bodies must advise the relevant council if they know or believe that a person is an adult at risk and that action needs to be taken to protect that person from harm.

5.5 Duty to Inquire

Section 4 of the Act places a duty on councils to make inquiries about a person's wellbeing, property or financial affairs where the council knows or believes intervention may be necessary to protect the adult. A council may be assisted in its duty to inquire through various sources, for example, independent and third sector providers and statutory bodies. If information is requested by the council from health services, agree which health practitioner(s) are most appropriate to inform the inquiry. This may require discussion with your line manager.

5.6 Inter-Agency Referral Discussion (IRD)

An IRD may take place between social work, police and an NHS practitioner in relation to the adult at risk. The NHS representative is a senior member of staff who has undergone specific training and has access to the IRD recording system (eIRD). Where necessary any other agency providing a service to the adult or with an interest in the adult's welfare may contribute.

Social Work, Police and Health are responsible for recording an Inter-agency Referral Discussion (IRD); it may be initiated by any of the statutory agencies in line with the local Adult Support and Protection Procedures. When an IRD takes place out with office hours, the emergency social work service will undertake the IRD.

The purpose of the IRD is to:

- Agree what protective measures may be required immediately to protect the individual at risk.
- To gather and share information about the adult involved to be able to assess risk, take protective actions and formulate a safety plan.

- To ensure a multi-agency approach to risk management and decision making
- To establish whether there is a need to use legislative measures.
- To determine whether a criminal investigation may be required.
- To establish the need for an Adult Support and Protection Case Conference.
- To decide what non-ASP support and protective measures are required.
- Decide whether a large-scale investigation is needed because more than one adult is at risk of harm.

The IRD provides a shared record of discussion and decisions reached including an interim safety plan. The IRD will also consider the possible need to use the Appropriate Adult Scheme for supporting interviews with victims, witnesses or suspects of crime /suspected crime.

5.7 Adult Protection Case Conference

Where the need for an Adult Protection Case Conference (APCC) has been established at IRD, NHS staff may be required to participate in the APCC. Health professional representation at APCC's should be prioritised and should be discussed with your line manager as to who is the most appropriate staff member is to attend.

Professional participants must provide a report and a chronology. The report should include assessment and analysis which will support the discussion and decisions in safety planning and risk management. The health representative may have responsibility for agreed actions in the plan and should consider if they need to share aspects of the plan with other involved health professionals.

The adult should be encouraged to participate in the development of the Adult Protection Support Plan.

5.8 Advocacy

At all stages throughout the process, the adult must always be offered advocacy support to promote the adults' rights and involvement in any meetings. Where appropriate, they must also be consulted on any decisions affecting them, which will include supporting the adult to participate in the development of the Adult and Support and Protection Plan.

This will include consideration of what other support services may be required to support and protect them, as well as involve and take into consideration the views of significant others in the adult's life.

5.9 Decision Making Capacity of the Adult

When communicating with an adult (aged 16 and over) at risk or/and in need of support, the adult's capacity should be considered. Capacity is the ability to understand information relevant to a decision or action and to be able to appreciate the foreseeable consequences of taking or not taking that action or decision.

If required, a decision will need to be taken as to which clinical practitioner(s) should undertake an assessment of capacity. This could be a joint multi-disciplinary assessment involving relevant health & social care staff. When undertaking an assessment of capacity, consideration should be given to:

- The ability of the adult to understand information relevant to the decision.
- The ability to retain the information long enough to use it to make an effective decision.
- The ability to use or weigh information as part of the process of making a decision.
- The ability to communicate the decision and ability to act upon the decision.
- Whether the adult has a mental disorder which is affecting the adult's capacity, or their inability to communicate because of a physical condition.

Medical practitioners can be involved in both the early stage of a multidisciplinary assessment process and/or where a formal assessment of capacity is required because an intervention under the Act is being proposed.

Doctors have principal responsibility for the formal assessment of capacity in relation to money management under Part 3 (Access to Funds) and financial and/or personal welfare decision-making under Part 6 (intervention orders and guardianship). However, the importance of multi-disciplinary assessment is stressed in the Adult Support and Protection Code of Practice. This does not cover the assessment of capacity in relation to medical

treatment decisions or consent to medical research. [Adults with Incapacity \(Scotland\) Act 2000](#)

Recognise

Regardless of whether an adult has capacity or not, they should still be referred using adult support and protection legislation, should they meet the 3-point criteria and are an adult at risk of harm, as defined in the Adult Support and Protection (Scotland) Act 2007.

5.10 What to do in an Emergency

If the person is in immediate danger, contact the appropriate emergency service and call 999. In hospital and/or clinical settings – follow emergency procedures.

Staff members must not put themselves at risk and should have due regard to appropriate policies e.g., Violence and Aggression, Lone Working. The circumstances of the situation and any risks should be assessed. Consider action required to reduce the risk to the adult and any others that may also be at risk, including seeking help and support.

5.11 Support for Health Professionals

All staff should have access to advice and support which they may seek from their line manager or supervisor. The debrief discussion should consider any emotional support that may be required for the staff member's wellbeing as well as offer practical help, advice and appropriate guidance in relation to following NHS processes and procedures including recording.

If required, any member of staff and/or their line manager can also seek further advice and support from the NHS Lothian Public Protection Team.

5.12 Public Protection Directorate – Adult Protection Advisors

Adult Support and Protection Advisors are embedded in the Public Protection Directorate and available Monday to Friday. A significant component of their role includes being available to offer advice and support to all staff and managers throughout NHS Lothian.

Should you have a query regarding an adult at risk of harm and wish further advice, please contact the Adult Support and Protection Advisor for further guidance and support.

The role of the Adult Support and Protection Advisor includes:

- Advice and support around any Adult Support and Protection concerns
- Advice around different types of harm
- Emotional support
- Advice on relevant and proportionate information sharing
- Advice on record keeping.
- Raising awareness of Adult Support and Protection
- Delivering training in Adult Support and Protection throughout the organisation

5.13 Record Keeping and Storage of Documentation.

If you have raised an adult support and protection (ASP) concern or you have been contacted and have shared information in relation to an adult you are working with, in connection with an ASP concern, you must record the detail in their health record.

- 1) Record details of referrals you have made to police / social work in your progress notes on Trak.
- 2) If you have been contacted by another professional e.g. a council officer undertaking a Duty to Inquire, record their name and role and contact details.
- 3) Detail any information you have shared in the record (summary of salient points)
- 4) Include the suspected/known type of harm from which the adult is at risk.
- 5) Include details of any safety measures/plans put in place to protect the adult (e.g. the adult has access to a phone to call for help, carers are aware of risk and any actions to take). Include timelines for review/follow up.
- 6) If you are referring to an alleged perpetrator or any other person involved and you name or indicate who this person is, this entry can be inserted as a 3rd party entry on Trak. You can also anonymise them in the record by using terms such as their relationship to individual e.g. grandson, current/previous partner, friend and use initials.
- 7) When you have raised a concern, consider whether you need to report the event via Datix, using Public Protection as the Main Category and Adult Protection as the Subcategory.

If you are attending an Adult Protection Case Conference (APCC) and/or any APCC review meetings; the documentation from the meeting should be recorded/stored in the patient records:

- 1) In progress notes on TRAK, document that you attended the meeting, specify what type and who was present. Record the risks and action/safety plan. Indicate what actions you have responsibility for and the timeline for this to be reviewed.
- 2) Upload your health report, chronology and the APCC minute to SCI Store using the 3rd party entry. If there is more than one health practitioner attending the APCC, you should agree who will upload the APCC minute, to avoid duplicates.
- 3) In progress notes on Trak you can document/cross reference to where the Trak user can locate the APCC minute and or any reports / chronologies you have compiled.
- 4) You do not have to upload any partner agency reports / restricted information.

To upload to SCI Store in TRAK, you click on EPR. On the left hand drop down near the bottom of the list, you will see the tab for SCI Doc Upload. Click here. You would complete the form, however for all 3rd party documents which include sensitive information including information related to 3rd parties and minutes from APCC you would click on “Document Category” and change to 3rd party documents. You would then click on “Document Subcategory” and change to All 3rd party documents.

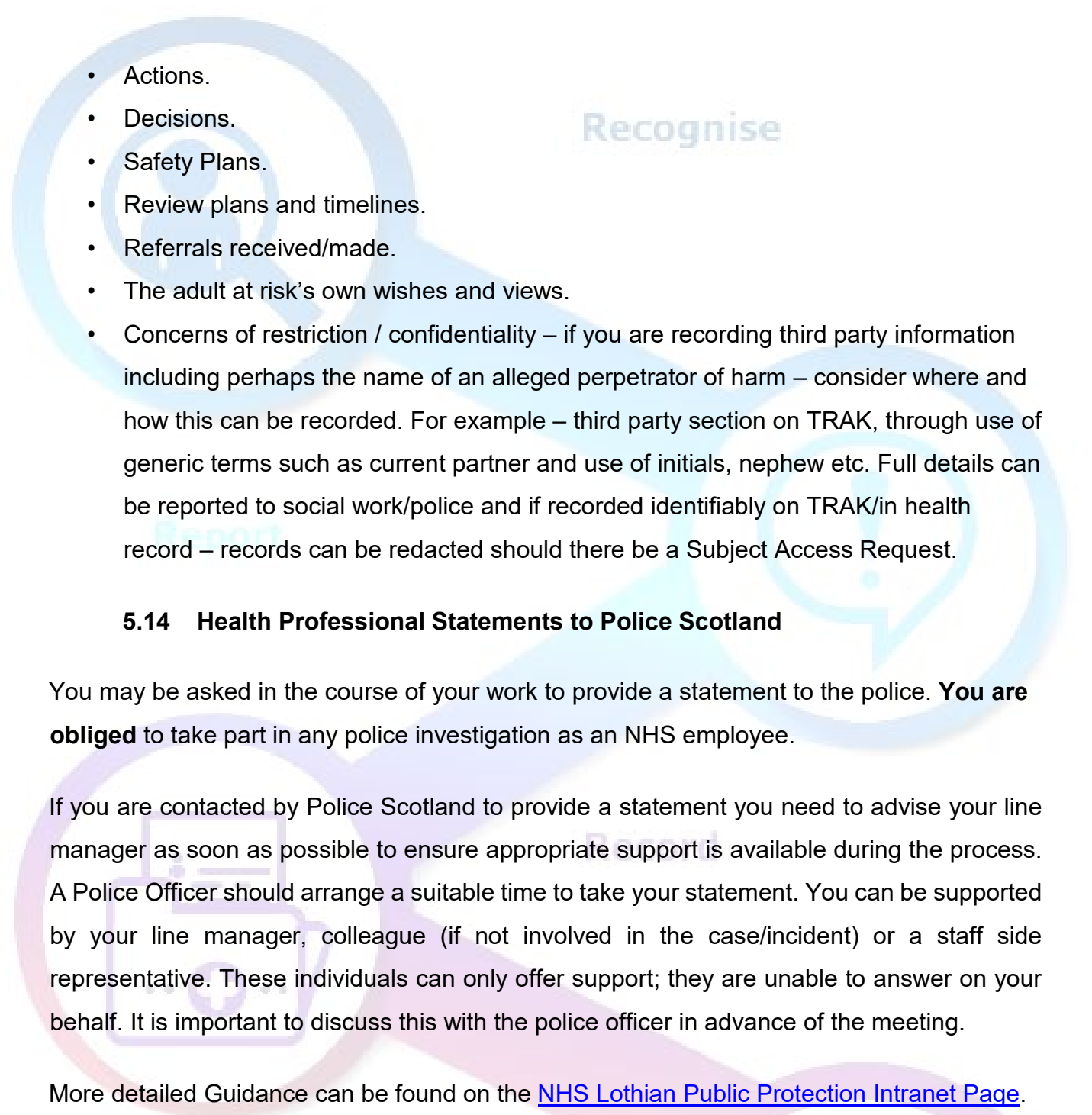
All staff involved in any Adult Support and Protection incident must record all details in the patient record. Record keeping should be completed as soon as practicable after an event.

Remember that the records should be:

- Factual. Be explicit about the difference between facts with evidence and professional judgement.
- Compliant with relevant professional standards.
- Record the event via Datix, the NHS Lothian Adverse Event Reporting Form

Records may include:

- The risk / nature of the concern – information known and source.
- Record of discussions - people involved and their relationships, roles, include contact details of professionals.

- 
- Actions.
 - Decisions.
 - Safety Plans.
 - Review plans and timelines.
 - Referrals received/made.
 - The adult at risk's own wishes and views.
 - Concerns of restriction / confidentiality – if you are recording third party information including perhaps the name of an alleged perpetrator of harm – consider where and how this can be recorded. For example – third party section on TRAK, through use of generic terms such as current partner and use of initials, nephew etc. Full details can be reported to social work/police and if recorded identifiably on TRAK/in health record – records can be redacted should there be a Subject Access Request.

5.14 Health Professional Statements to Police Scotland

You may be asked in the course of your work to provide a statement to the police. **You are obliged** to take part in any police investigation as an NHS employee.

If you are contacted by Police Scotland to provide a statement you need to advise your line manager as soon as possible to ensure appropriate support is available during the process. A Police Officer should arrange a suitable time to take your statement. You can be supported by your line manager, colleague (if not involved in the case/incident) or a staff side representative. These individuals can only offer support; they are unable to answer on your behalf. It is important to discuss this with the police officer in advance of the meeting.

More detailed Guidance can be found on the [NHS Lothian Public Protection Intranet Page](#).

6. Significant Adverse Events Reviews

Sometimes unwelcome and unexpected events (adverse events) happen to people who are receiving care and treatment from NHS Lothian.

When this happens, we will carry out a review to find out as much as we can about what happened and why. The review may tell us that we need to change the way we do things in

future. Alternatively, the review may tell us that good and appropriate care was given and that what happened could not have been avoided.

Where there are actual or potential concerns that a patient is vulnerable and may meet the three-point criteria (See Section 1), the Public Protection Directorate should be included in the Significant and Adverse Event Review.

Please contact the Public Protection Directorate on 0131 536 5090 to discuss any Significant and Adverse Event Review related to concerns for a vulnerable patient.

7. Large Scale Investigations (LSI)

The Adult Support and Protection (Scotland) Act 2007 places a duty on councils to make inquiries where it is known or believed that an adult may be at risk of harm and where protective action may be required. The Act gives the Council the lead role in adult protection investigations and makes no distinction between NHS premises and other care settings.

When any part of the Council or Health and Social Care Partnership is made aware of concerns about a care service rather than in relation to individual users of that service, a decision as to the requirement to initiate a Large-Scale Investigation will be made by the local authority. Occasionally, concerns are raised that require further information to assist the decision to progress to an LSI. This can lead to a discussion or meeting between relevant multi agency senior managers.

The care setting may be a care home; supported accommodation; an NHS hospital ward or other health facility, or where adults are in receipt of services at home.

Any actions that are required to safeguard adults at immediate risk should be taken straight away and should not wait for further stages in the procedure.

The Council has the lead role in co-ordinating the Large-Scale Investigation. The relevant locality or service manager will chair and have overall responsibility for arranging and conducting the meeting. The Chair will identify the key agencies required to attend. Those attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary.

The following agencies are likely to be invited:

- Representative(s) from the relevant locality team(s).
- NHS Lothian Public Protection Representative
- HSCP/NHS Lothian Chief Nurse or delegate
- Police Scotland representative (PPU).
- Care Inspectorate manager (if a registered care setting / provider).
- Representative(s) from any other local authorities who are funding placements for a service user(s) within the care setting concerned.
- Council Contracts Manager
- Council Communications Manager

The request for NHS Lothian representation should go through the Chief Nurse/Associate Nurse Director or NHS Director of Public Protection and the medical clinical lead for the area. If senior managers are invited, they may bring or delegate attendance to relevant managers involved in the inquiry. However, the principle stated in point remains – all attendees should have sufficient seniority to allow effective decision making.

When the statutory partners (Local authority/NHS/Police) determine that an investigation is required due to suspected or known risk of harm, communication with health will be required to assess the health and wellbeing of those adults where harm is suspected.

There may be a potential impact on resources if admissions are suspended which in turn may trigger an agency's business continuity plans. For example, if a ward area or care home is no longer accepting admissions or adults must be accommodated elsewhere, NHS Lothian has a responsibility for the healthcare of service users and will work collaboratively with the HSCP to seek alternative accommodation.

Under the Adult Support and Protection (Scotland) Act 2007, NHS Lothian has a Duty to Co-operate with other NHS Boards, the Local Authority, Police Scotland, the Care Inspectorate, the Office of the Public Guardian and the Mental Welfare Commission in any inquiries about adults at risk of harm.

Where one area of the health service may be subject to investigation under the Act, the Associate Nurse Director/Chief Nurse, in discussion with the Director of Public Protection will

provide a Lead Manager for health (from another area) to participate in the investigation process.

Recognise

If there is a Large-Scale Investigation within an NHS Lothian ward, HSCP managed Care Home and Care at Home services, or Community Hospital under the leadership of the HSCP, an NHS Lothian Senior Manager will be identified following discussion between the Associate Nurse Director and the Director of Public Protection (Please refer to Pan Lothian LSI Procedure).

8. Communications and Media Enquiries

The NHS Lothian Communications Team needs to be informed when a significant incident takes place that is likely to attract media interest, so that they can prepare appropriate communications. The communication manager and the appropriate Executive Director will agree a response which will be co-ordinated and released via the Chief Executive or HSCP Chief Officer, Head of Communications and/or another designated Senior Manager.

Staff should not engage in any discussion with the media and instead refer enquiries to the Communications Manager.

9. The 4Rs – Recognise, Report, Record, Refer

Record

The 4Rs are widely used in Public Protection and are a helpful way for staff to remember the actions they need to take if they know or believe that an adult may be at risk of harm.

RECOGNISE	<ul style="list-style-type: none">• Is the patient unable to safeguard their own well-being, rights or other interests?• Are they at risk of harm? and• Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected?
REPORT	<ul style="list-style-type: none">• Discuss suspected or actual harm with your line manager or supervisor as soon as possible• If they are not available, discuss with a suitable alternative as soon as possible.

	<ul style="list-style-type: none"> • If a crime has been committed, contact Police on 101.
RECORD	<ul style="list-style-type: none"> • All staff involved in any Adult Support and Protection • incident must record all discussions and actions taken in the patient record. • Complete a DATIX for the incident.
REFER	<ul style="list-style-type: none"> • Contact Social Work. NHS Lothian is duty-bound to report any situations where harm is known, or is suspected to have occurred to the relevant Local Authority and has a legal Duty to Co-operate with any investigation of suspected or actual harm. • If the person is in immediate physical danger contact the appropriate emergency service. Telephone 999.

The NHS Lothian Public Protection Team have created a 4R's poster. You will find this on the last page of these procedures and is also available for download as PDF from the Public Protection / Adult Support and Protection, NHS Intranet page.

These can be printed off and put up in staff areas, to provide helpful reminders for staff in what to do and includes the contact email address for our ASP Advisors, should staff need support.

10. Key Contacts

Staff can access the Adult Support and Protection Advisors by emailing:

loth.adultprotectionmappa@nhslothian.scot.nhs.uk

This mailbox is monitored 08.30 – 16.30, Monday to Friday, and we will respond to any emails as soon as possible.

NHS Lothian Public Protection Team / Key Contacts can be found on the Key NHS Lothian Contacts Intranet Page, including contact information for individual Adult Protection Advisors. Link to intranet page below: [Key NHS Lothian Contacts \(scot.nhs.uk\)](#)

In an Emergency contact the appropriate emergency service - If the person is in immediate danger telephone 999. In a non-emergency, contact Police Scotland on 101/ NHS24 on 111

Scotland's Domestic Abuse and Forced Marriage Helpline

0800 027 1234

Recognise

Social Work Services telephone numbers

- West Lothian 01506 284848
- WL out of hours 01506 281028 / 281024
- Edinburgh (Social Care Direct) 0131 200 2324
- Midlothian 0131 271 3900
- East Lothian 01875 824 090
- Out of hours for CEC, ML & EL Councils 0800 731 6969

Scottish Fire and Rescue Headquarters 0131 344 5200

Staff must not put themselves at risk and should consider appropriate NHS Lothian policies e.g. Lone Working.

11. References, Legislation, Policy, Guidance

Whilst not specifically included in the scope of this policy, staff will wish to be aware of the following legislation, information and guidance when applying these Procedures.

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Adults with Incapacity \(Scotland\) Act 2000](#)

[Adult Support and Protection \(Scotland\) Act 2007: code of practice - gov.scot](#)
[\(www.gov.scot\)](#)

[Communicating and Assessing Capacity: A guide for social work and health care staff Scottish Government 2008](#)

[Data Protection Act 2018](#)

[Equality Act \(2010\)](#)

[Equally Safe: Scotland's strategy to eradicate violence against women](#)

[Forced Marriage in Scotland](#)

[Forensic Medical Services \(Victims of Sexual Offences\) \(Scotland\) Act 2021](#)

[Guide to the General Data Protection Regulation \(GDPR\)](#)

[Health Professionals Statements for Police Scotland](#)

[Human Trafficking and Exploitation \(Scotland\) Act 2015](#)

[Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

[Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#)

[Sexual Offences \(Scotland\) Act 2009](#)

[Vulnerable Witnesses \(Scotland\) Act 2004](#)

Report

Record

Refer



Recognise

- Is the patient unable to safeguard their own well-being, rights or other interests?
- Are they at risk of harm? and;
 - Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are they more vulnerable to being harmed than adults who are not so affected?

Report

Discuss suspected or actual harm with your line manager/supervisor as soon as possible.

If they are not available, discuss with a suitable alternative as soon as possible.

If a crime has been committed, contact Police on 101.



Record

All staff involved in any Adult Support and Protection incident must record all discussions and actions taken in the patient record.

Complete a DATIX for the incident.



Refer

Contact Social Work. NHS Lothian is duty-bound to report any situations where harm is known, or is suspected to have occurred to the relevant Local Authority and has a legal Duty to Co-operate with any investigation of suspected or actual harm.

If the person is in immediate physical danger contact the appropriate emergency service.

Telephone 999.



For further advice and support you can contact an NHS Lothian Adult Support and Protection Advisor:
Email: loth.adultprotectionmappa@nhslothian.scot.nhs.uk

Further information about the NHS Lothian Public Protection Team can be found on our intranet page:
<http://intranet.lothian.scot.nhs.uk/Directory/PublicProtection/ASAP/Pages/Default.aspx>