

# Part D

## REVIEW (STRICTLY CONFIDENTIAL)

To be completed **only** if a decision is taken at the conclusion of the Safeguarding Adults assessment/investigation, that a Review is necessary.

To be completed following the Review and forwarded to the Safeguarding Adults Team no later than 6 months following the conclusion of the Assessment or Investigation.

**Part D needs to be completed each time a Review takes place.**

Part D completed by: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency (please be specific): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone no: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Name of alleged victim/adult at risk: \_\_\_\_\_

Address of alleged victim/adult at risk: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date case closed (Conclusion of the Assessment/Investigation) Part C completed: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Name of agency/organisation/service co-ordinating the Review: \_\_\_\_\_

\_\_\_\_\_

## 1 FORMAT OF REVIEW

**Please indicate the format in which the Review took place:**

**Review Meeting convened.** (A meeting must be convened if a Safeguarding Plan was produced at conclusion of Assessment/Investigation).   
Please go to Section 2 - Review Meeting

**Review Outcomes.** Gathering of information to update/review outcomes of Assessment/Investigation. Please go to Section 3 - Review Outcomes

## 2 REVIEW MEETING

Name of Chairperson of Review Meeting and job title: \_\_\_\_\_

### Agencies attending Review Meeting (please tick as many as apply)

Adult Services <input type="checkbox"/>	Commission for Social Care Inspection <input type="checkbox"/>	Independent Care Home <input type="checkbox"/>	Legal Services <input type="checkbox"/>
Sunderland Teaching Primary Care Trust <input type="checkbox"/>	Police <input type="checkbox"/>	Independent Day Service <input type="checkbox"/>	Northumberland Tyne & Wear NHS Trust <input type="checkbox"/>
Sunderland Royal Hospital <input type="checkbox"/>	Voluntary Agency <input type="checkbox"/>	Independent Home Care Agency <input type="checkbox"/>	Education/ community services <input type="checkbox"/>
Alleged victim/ adult at risk <input type="checkbox"/>	Family member(s) /relatives/carer of alleged victim/ adult at risk <input type="checkbox"/>	Independent advocate for alleged victim /adult at risk <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged victim/adult at risk <input type="checkbox"/>
Alleged perpetrator <input type="checkbox"/>	Family member(s) /relatives/carer of alleged perpetrator <input type="checkbox"/>	Independent advocate for alleged perpetrator <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged perpetrator <input type="checkbox"/>
Housing association/ Housing Strategy/ Sheltered Housing Scheme <input type="checkbox"/>	Safeguarding Adults Team <input type="checkbox"/>	Financial representative including Welfare Rights, Receivership Administrative Team or bank/ building society <input type="checkbox"/>	Representative from Domestic Violence services <input type="checkbox"/>
Community Mental Health Partnership <input type="checkbox"/>	Learning Disabilities Partnership <input type="checkbox"/>	Sunderland City Council <input type="checkbox"/>	Other Local Authority <input type="checkbox"/>
Childrens Services <input type="checkbox"/>	Other (Please Specify): <input type="checkbox"/> _____		

### Outcome of Review Meeting:

**In relation to the Safeguarding Plan:**

**In relation to updating outcomes from the Safeguarding Adults Assessment or Investigation:**

(If applicable)

Minutes of the Review Meeting

Attached

To follow:  by (date) \_\_\_\_\_

Revised Safeguarding Plan (if applicable)

Attached

To follow:  by (date) \_\_\_\_\_

### 3 REVIEW OUTCOMES

Agencies/Individuals contacted to review/update/confirm outcomes:

Updated outcomes:

## 4 CONCLUSION OF THE REVIEW

### Decision:

\*No need for further reviews – Safeguarding Process concludes or;

Basis for Decision:

Please identify any other action(s) to be taken, if appropriate:

Date Safeguarding Process Concludes:

\*\*To set another review date – Safeguarding Process continues or;

Basis for Decision:

Date of Next Review:

To re-institute the Safeguarding Adults Procedures by making a new Notification

Basis for Decision:

Date Part A Completed:

\*Please attach any additional information as evidence to support decision taken and/or to provide evidence of any other action(s) taken, if appropriate.

\*\* If another Review is to be arranged, then Part D will need to be completed again, at the conclusion of that Review.

Signature of Safeguarding Manager: \_\_\_\_\_

Date Part D completed: \_\_\_\_\_

Please complete and return Part D of the Form, immediately upon completion to:

**The Safeguarding Adults Co-ordinator**  
**Safeguarding Adults Team**  
**Leechmere Training Centre**  
**Carrmere Road**  
**Sunderland**  
**SR2 9TQ**

Please remember to attach any additional information to be sent in with the Part D, as necessary. Additional Information Attached:

Yes  No