Referral Form of Serious Incidents for Consideration by

OSAB Safeguarding Adults Review Subgroup

Each agency should ensure that serious incidents which may meet the criteria for a Safeguarding Adult Review are brought to the attention of the Oxfordshire Adult Safeguarding Board using this form. Please ensure that a robust assessment of the criteria is included and if it does not meet the threshold for a SAR what alternative review or audit could yield useful learning.

**Please complete the form and send to:** Steven Turner, Safeguarding Adults Board Manager. Email: [steven.turner@oxfordshire.gov.uk](mailto:steven.turner@oxfordshire.gov.uk)

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| --- | --- |
| **REFERRER DETAILS** | |
| **Name & Job Title** |  |
| **Agency/Organisation** |  |
| **Contact Details –** Address, telephone number and e-mail address |  |
| **Date of Referral** |  |

**IT IS IMPORTANT TO HAVE AN INITIAL DISCUSSION WITH YOUR LINE MANAGER AND YOUR OSAB BOARD REPRESENTATIVE BEFORE COMPLETION OF THIS REFERRAL FORM.**

Where it is easily identifiable that the case meets the criteria for a Safeguarding Adult Review **this form should be completed and sent to the Safeguarding Adult Board Manager within 48 hours**.

Where the case is more complex and it is not easily identifiable that it meets the criteria the form should be completed and returned to the Safeguarding Adult Board Manager **within 10 working days**.

**Reason for the Referral**

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| --- | --- |
| **Criteria**  **(tick all that apply – referrals will be returned if these are not completed)** | **Response (yes/no)** |
| The adult has or is suspected to have care and support needs |  |
| The adult is homeless |  |
| The adult has died |  |
| The adult has not died but has been significantly harmed |  |
| *In the context of SARs, something can be considered significant harm where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects)* | |
| The death or significant harm is known or suspected to be the result of abuse or neglect |  |
| There are concerns that organisations could have worked more effectively to protect the adult. |  |
| The review will help promote effective learning and improvement action to prevent future deaths or serious harm occurring again |  |
| The review will be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases. |  |
| **Please briefly explain why you believe the case should be considered for a SAR** | |
|  | |

**Information about the person being referred**

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| --- | --- |
| Name of Adult(s) |  |
| Date of Birth |  |
| Date of Death or Serious Incident |  |
| Home address |  |
| Nationality, Ethnic Origin & First Language |  |
| Faith/Religion |  |
| Disability |  |
| Address of location of incident |  |
| Carer/provider at time of incident |  |
| Was the adult subject to an open safeguarding investigation at the time of death/serious injury? |  |
| Do your records indicate the adult has been subject to a safeguarding investigation previously?  (If so when, for what and for how long?) |  |
| Is this case known to be the subject of a criminal investigation? (If so who is the lead investigator?) |  |
| Is this case known to be the subject of a Coroner’s Inquiry? (If so who is the key contact?) |  |

**Details of family members/recorded next of kin or emergency contacts**

*This information is requested so they can be informed and involved in the review, where appropriate. Please add rows as necessary*

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| --- | --- | --- | --- | --- | --- |
| Name | Relationship to adult/older person | Date of Birth | Legal status – if appropriate | Ethnic Origin | Please confirm how long you have been involved with this person |
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**Other agencies known to be involved**

*Scoping forms are only circulated to OSAB Board Members who are signed up to the information sharing protocol. Other agencies will only be contacted if indicated in the table below.*

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| --- | --- | --- |
| Agency | Contact Details –Address, Telephone and E-mail | Reason for involvement |
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**Brief synopsis of case**

***Please outline the events and circumstances that triggered this referral.*** *The information you provide will be used to help establish whether the case meets the criteria for a Safeguarding Adult Review or other learning review.*

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**Chronology of involvement**

***Please use the chronology table below to outline any events around the time of the incident or that are pertinent to the referral.***

*PLEASE NOTE: This should only include key events and DOES NOT need to be a detailed chronology at this stage.*

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| --- | --- |
| Date and Time | Event |
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