**Sussex Safeguarding Adults Review Referral Form**

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| Review date | June 2024 |

**SAR Referral Form Official Sensitive**

**Section 1: Referrer Guidance**

***Before submitting your referral please consider the information below in conjunction with the Safeguarding Adults Review (SAR) Referrals Briefing Note.***

All SAR referrals will be considered by the SAR subgroup in accordance with the Sussex SAR Protocol and the [Sussex Safeguarding Adults Policy and Procedures](http://sussexsafeguardingadults.procedures.org.uk/).

The purpose of a SAR is not to apportion blame. It is to identify recommendations to promote effective learning and improvement. This is in order to minimise the risk of future deaths or serious harm occurring again. It is important that any information shared with families, or those personally involved with the adult, about your referral makes this explicitly clear.

On the receipt of a SAR referral, if the criteria for a SAR is met, the relevant Safeguarding Adults Board (SAB) will consider what type of ‘review’ process could promote effective **multi-agency learning** and improvement action to minimise risk of future deaths or serious harm occurring to **adults with care and support needs**.

In completing your referral please provide as much information as possible and ensure the following has been considered:

1. Contact the relevant SAB to discuss whether a potential referral is appropriate;
2. In line with the SAR criteria, check the following:
* If the person is alive, has there been **serious abuse/neglect**?
* Did or does the person have **eligible** **care and support needs within the meaning of the** [**Care Act 2014**](https://www.legislation.gov.uk/ukpga/2014/23/contents)?
* Has there been a **concluded enquiry/investigation** by an agency (e.g. Adult Social Care, Police, Health)?
* Is there an indication for **multi-agency** learning?
1. Has the person or family been informed that a SAR referral is being made and that this is for multi-agency learning rather than any additional investigation to find accountability? If contact with the person / family is not deemed to be appropriate, please outline the reasons why.

**Section 2: Referral Information**

Referrers should complete Section 2 only, before submitting the entire form to the relevant SAB:

* Brighton & Hove SAB – SafeguardingReviews@brighton-hove.gov.uk
* East Sussex SAB – SafeguardingReviews@eastsussex.gov.uk
* West Sussex – safeguardingadultsboard@westsussex.gov.uk

As the referrals will contain confidential information, they should be sent by secure email or be password-protected, with the password emailed separately.

**Your information**

|  |  |
| --- | --- |
| Your name |  |
| Your agency |  |
| Your position |  |
| Your email address |  |
| Your contact address |  |
| Your contact number |  |
| If you are referring from an agency, please confirm that this referral has had senior oversight, and please provide their name and role. |  |

**Details of the person being referred**

|  |  |
| --- | --- |
| Their name |  |
| Their date of birth |  |
| Their next of kin |  |
| Date of death, incident or issues |  |
| Is the person deceased or alive? |  |
| If the person is deceased, is the cause of death known? |  |
| Do you know if the death has been reported to the coroner? |  |
| Has the person or family member been informed of the purpose of a SAR, and that a referral is being made? |  |
| Where it is felt not appropriate to inform the person or family, please explain why. |  |

**Agency involvement**

Please provide the details of any agency working with the person, if known. If you run out of space to record agency involvement, please either add additional rows into this table, or provide the information on a separate sheet.

| Agency | Key contact name | Contact details | Agency informed of SAR referral? |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**Reason for referral**

Please explain how the criteria for a SAR has been met.

|  |
| --- |
| Describe the safeguarding incident preceding the person dying or the incident resulting in serious abuse/neglect |
|  |
| Document enquiries, investigations or complaints that have taken place, by who, and what the outcome of these have been – please send copies if possible |
|  |
| What are/were the person’s care and support needs? |
|  |
| Explain why you think the SAR eligibility criteria has been met and where there is a case for multi-agency learning |
|  |
| Any other information you want to share |
|  |

**Submission**

|  |  |
| --- | --- |
| Completed by |  |
| Signed |  |
| Date |  |

Please provide any supplementary documentation which could support your referral, such as:

* Section 42 report;
* Serious Incident Review;
* Root Causes Analysis;
* Provider internal investigation report;
* Domestic Homicide Review;
* Local Safeguarding Children Partnership Serious Case Review;
* Learning Disabilities Mortality Review (LeDeR);
* Chronology.

**OFFICE USE ONLY FROM HERE ONWARDS**

**Section 3: Triage by the Board Support Team**

This section should be completed by the Board Support Team, and used to evidence contact made with, and information received from, agencies. This triage information should include the view of agencies with regards to whether a SAR would be appropriate.

**Triage information from the referrer**

|  |  |
| --- | --- |
| Date referral received |  |
| Date of contact made with the referrer |  |
| Summary of discussion with the referrer |  |

**Triage information from supporting agencies**

|  |  |
| --- | --- |
| Agency |  |
| Key contact |  |
| Contact information |  |
| Date of contact made with the agency |  |
| Summary of discussion with the agency |  |
| Agency view of referral |  |

|  |  |
| --- | --- |
| Agency |  |
| Key contact |  |
| Contact information |  |
| Date of contact made with the agency |  |
| Summary of discussion with the agency |  |
| Agency view of referral |  |

|  |  |
| --- | --- |
| Agency |  |
| Key contact |  |
| Contact information |  |
| Date of contact made with the agency |  |
| Summary of discussion with the agency |  |
| Agency view of referral |  |

|  |  |
| --- | --- |
| Agency |  |
| Key contact |  |
| Contact information |  |
| Date of contact made with the agency |  |
| Summary of discussion with the agency |  |
| Agency view of referral |  |

|  |  |
| --- | --- |
| Agency |  |
| Key contact |  |
| Contact information |  |
| Date of contact made with the agency |  |
| Summary of discussion with the agency |  |
| Agency view of referral |  |

**Links or similarities with local/national reviews**

|  |  |
| --- | --- |
| Please note any local or national reviews containing similar incident or themes |  |

**Triage decision**

|  |  |
| --- | --- |
| Does it appear that the criteria for a SAR have been met? |  |
| Summary for SAR Subgroup Consideration |  |
| Name and role |  |
| Date |  |

**Section 4: SAR Subgroup Consideration**

This section should be completed once the SAR Panel has considered the referral and the triage information.

**Subgroup decision**

|  |  |
| --- | --- |
| Date of consideration |  |
| Recommendation and rationale for decision (this will usually be taken from the minutes of the SAR subgroup meeting) |  |
| Next steps, including:* *feedback to the referrer*
* *accessing a SAR reviewer*
* *proposed methodology*
* *initiation of an alternative review type, such as a single agency review*
* *more information required, such as IMRs or SOIs*
 |  |

**Section 5: Independent Chair Sign-Off**

This section should be completed once the Independent Chair has considered the view of the SAR subgroup.

|  |  |
| --- | --- |
| Date of consideration |  |
| Comments from Independent Chair |  |
| Chair’s name |  |
| Chair’s signature |  |