

Notification of Potential Safeguarding Adults Review

The purpose of a Safeguarding Adults Review is to ‘promote effective learning and improvement action to prevent future deaths or serious harm occurring again’. The aim is for lessons to be learned so that they can be applied to prevent harm or deaths occurring in the future.

Under the Care Act 2014, Safeguarding Adults Boards have legal duties to undertake Safeguarding Adults Reviews in certain circumstances as set out in [Section 44](https://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted) of the Act. This notification form is based upon the legal criteria. Please consider each question carefully as it will be the basis on which the board will decide whether the criteria are potentially met.

It is important to highlight that it is not the purpose of a Safeguarding Adults Review to hold any person or organisation to account. Other processes exist for that purpose, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation run by the Care Quality Commission (CQC) or professional bodies. Its purpose is focused on learning and the prevention of future abuse, neglect and self-neglect.

Any person (member of the public or professional) can notify the Board of a case that they feel meets the criteria for a Safeguarding Adults Review. However, if your organisation is a member of the Leeds Safeguarding Adults Board, please ensure you have discussed the notification with your Board member first.

If you should have any questions in completing this form, please do not hesitate to contact the Leeds Safeguarding Adults Board Strategy Unit at: [LSAB.SAR@Leeds.gov.uk](mailto:LSAB.SAR@Leeds.gov.uk)

1. **Your details**

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| --- | --- |
| Name: |  |
| Job title: |  |
| Organisation (if applicable): |  |
| Address: |  |
| Email address: |  |
| Telephone number: |  |
| Date of notification: |  |

1. **Details of the person who died or experienced serious abuse, neglect or self-neglect:**

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| Name: |  |
| Date of birth: |  |
| Date of death (where applicable): |  |
| Ethnicity: |  |
| Address: |  |
| Who else lived at this address? |  |
| Please tell us about significant others, e.g. family members, friends? |  |
| If services are involved with those friends / family members please tell us about that too. |  |

1. **Pen picture**

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| Please provide us with a brief outline of the person, their circumstances and what has happened |
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1. **Statutory considerations**

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| **Consideration One - Residence** |
| Was the person living within the Leeds district when they died or experienced abuse, neglect or self- neglect? |
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| **Consideration Two – Care and Support needs** |
| Please describe your organisation’s knowledge of this person’s need for care and support\*.  Please explain the impact on their daily life |

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| **Consideration Two – Care and Support needs** |
| *\*By means of explanation, where a person has a physical or mental impairment or illness (including a mental health condition or substance misuse) they may need assistance to carry our aspects of their day to day living. This is referred to above as a care and support need. Please tell us about their needs irrespective of whether they are receiving assistance.* |
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| **Consideration Three – Abuse, neglect, self-neglect** |
| Did the person experience abuse, neglect or self-neglect? Please tell us about this |
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| What was the impact of the abuse, neglect or self-neglect on the person’s health and wellbeing? |
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| If the person is exhibited self-neglect that severely impacted on their health and wellbeing, please tell us:   * Was any support or services declined? If so, do you know why they were declined? * Did the person have the mental capacity to make those specific decisions to accept or decline support? |
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| Briefly tell us what your organisation and others did in relation to these concerns?  Please summarise this to the best of your knowledge. You may not have complete information: |
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| **Consideration Four - Concerns about how agencies worked together** |
| Do you have reasonable cause for concern about how agencies worked together to safeguard the adult from the abuse, neglect, self-neglect?  If yes, please explain your concerns.  What didn’t happen that should have happened? What was the impact of this? |
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| Please list all the organisations that you believe were involved with this person |
| 1. |

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| **Consideration Five – Cause of death (if applicable)** |
| Do you know the officially recorded cause of death? If so, please tell us |
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| If the person has died, do you know or suspect that the person died **as a result of** the abuse, neglect or self-neglect that they experienced? Please explain your answer if this is not immediately obvious. |
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1. **Learning**

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| What learning do you hope will be achieved by a Safeguarding Adults Review in relation to this person? |  |
| Are you aware of any ongoing investigations or enquiries relating to these concerns.  This might include a police investigation, coroners hearing, safeguarding enquiry, serious incident process amongst others. |  |
| Has your organisation completed an internal review in relation to these concerns? If so, can a copy be attached? |  |

Thank you for taking the time to complete this SAR notification form. Once complete, please email it to: [LSAB.SAR@leeds.gov.uk](mailto:LSAB.SAR@leeds.gov.uk)

Your notification will be considered by the Board’s Safeguarding Adults Review sub-group at its next meeting, who will contact you subsequently about the outcome.

If you would like further information about Safeguarding Adults Review in Leeds, please refer to the relevant pages on our website: <https://leedssab.org.uk/>