**Form SAR 2a**

**Safeguarding Adults Review Scoping Document**

This information will be collated and used by the Case Review Sub Group to inform the decision about whether or not a Safeguarding Adults Review should be undertaken by the Worcestershire Safeguarding Adults Board. Please briefly answer the questions below and return securely by **DATE**

If you have any queries or you need to agree a secure method of return please contact the WSAB Administrator on 01905 844474 or at [SafeguardingAdultsBo@worcestershire.gov.uk](mailto:SafeguardingAdultsBo@worcestershire.gov.uk).

**This document contains sensitive personal data so please ensure your email is secure or encrypted.**

|  |  |
| --- | --- |
| **For completion by Case Review Subgroup – from referral information:** | |
| Referrer's name and agency: |  |
|  | |
| **Details of adult(s) with care and support needs:** | |
| Name: |  |
| Date of Birth: |  |
| Date of Death (if applicable): |  |
| Address: |  |
| Care and support needs/significant medical information: |  |
|  | |
| **Outline of the incident:** | |
|  | |
|  | |
| **Factors that suggest a SAR is required:** | |
|  | |
|  | |
| **Other relevant information provided:** | |
|  | |
|  | |
| **Agencies known to be involved:** *n.b. this list is not exhaustive and your scoping should* ***not*** *be limited to just the departments within your organisation listed below.* | |
|  | |
|  | |
| **Agencies to complete scoping document.** *n.b. this list is not exhaustive and your scoping should* ***not*** *be limited to just the departments within your organisation listed below.* | |
|  | |

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| --- | --- |
| **For completion by the responding organisation** | |
| Name of person completing the form: |  |
| Organisation: |  |
| Role: |  |
| Contact email: |  |
| Contact phone number: |  |

|  |  |
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| **Question** | **Response** |
| 1. Has your agency had any involvement with the adult(s)?  If yes please complete the rest of the form. |  |
|  | |
| 2. Period of involvement for your agency : |  |
|  |  |
| 3. Has your agency undertaken any formal investigation and/or identified any learning? |  |
|  |  |
| 4. Are there any issues that you have identified that you consider require further investigation from other agencies or your own? |  |
|  |  |
| 5. Is your agency aware of involvement by any agency not listed above:  (Please list agencies) |  |

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| --- | --- | --- | --- | --- |
| 6. Purely based on the information available to you at present? Which of these do you feel is most appropriate?  WSAB acknowledges that you will not have access to information from other agencies when answering this question but your thoughts at this stage can still provide valuable insight when considering the commissioning of a SAR. | Please tick the box most appropriate | | ✓ |  |
| A. Full SAR required | |  | Pls answer Q7 only |
| B. Single Agency Review(s) required | |  | Pls answer Q8 & 9 only |
| C. All appropriate reviews have taken place | |  | Thank you, pls move to end |
| D. No need for a review to have taken place | |  | Thank you, pls move to end |
| E. Unsure | |  | Pls answer Q10 only |
|  |  | | | |
| 7. Which areas do you feel should be considered within a review?  E.g. Application of Mental Capacity Act, Information Sharing etc.  Only answer if you have answered A to Q6 |  | | | |
|  |  | | | |
| 8. Which agencies do you feel should carry out a single agency review?  Only answer if you have answered B to Q6 |  | | | |
|  |  |  | | |
| 9. What elements of their practice in relation to this referral do you feel needs to be considered within the single agency review? (please use a new line for each agency)  Only answer if you have answered B to Q6 | Agency Name | Areas to be considered | | |
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| 10. If unsure, what information would help you to form a view?  Only answer if you have answered E to Q6 |  | | | |

**Quality Assurance**

To be completed fully prior to submission to WSAB. Any forms that are submitted without QA sign off will be required to be returned.

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| **Criteria** | **Yes**  ***✓*** | **No**  ***✓*** | **Comments (to include reasons if response is no)** |
| Scoping is completed within agreed timescale |  |  |  |
| Scoping includes a chronology for the time period your organisation was involved with the adult in the correct format (date/time etc) |  |  |  |
| Scoping looks at all areas of the organisations involvement with the adult, not just that identified in the referral |  |  |  |
| Scoping considers any areas of concern relating to the level of service the adult received from your organisation |  |  |  |
| Where possible scoping considers any areas of concern relating to the level of service the adult received from other organisations |  |  |  |
| Where possible the quality of information sharing between agencies has been considered |  |  |  |
|  | | | |
| Author of Scoping Signed: |  | | |
| Job Title |  | | |
| Quality Assured and Approved by: |  | | |
| Job Title |  | | |
| Date of Submission |  | | |

Thank you for completing this document.

Please return **securely**, either via a secure email or Cisco