



**Leeds Safeguarding  
Adults Board**

# **Revised multi-agency safeguarding adults forms**

**These have been produced to accompany the  
revised policy and procedures**

**Not For Current Use**

Safeguarding Adults

# Tell us your concern

You can report concerns by either:

- **Telephone: Adult Social Care Contact Centre on 0113 222 4401**  
Where urgent and outside of these hours ring the Emergency Duty Team on 07712 106 378
- **Or complete this form and send by secure email to: [Leedsadults@leeds.gov.uk](mailto:Leedsadults@leeds.gov.uk)**

**Please complete this form with as much information as possible.  
Leave blank those questions you are unable to answer.**

**Date Safeguarding Concern Raised:**

**1. Who is the person at risk?**

Title: Mr/Mrs/Ms/Other*		First Name(s):	ESCR/CIS ref (if known):	Surname:	Date of Birth:
Address:					Age:
Post Code:			NHS Number (if known):		
Tel:			Gender:		
			Language spoken:		
			Communication needs:		
			Ethnicity:		
			Religion:		
			Marital status:		

**Primary Support Reason:**

Physical support needs (exc. sensory support needs) <input type="checkbox"/>	Mental health support needs (excluding dementia) <input type="checkbox"/>	Support for learning disability <input type="checkbox"/>
Sensory support needs <input type="checkbox"/>	Support with memory / cognition (including dementia) <input type="checkbox"/>	Support for substance misuse <input type="checkbox"/>
Carer support needs <input type="checkbox"/>	Other (please specify below) <input type="checkbox"/>	_____

**2. What existing professional/care/support services is the person receiving (if any)?**

--

**3. Details of the safeguarding concern**

(A) Describe what has happened, when and where. (B) What are the person at risk's views about this  
(C) Describe the risks or any injuries or harm experienced by the person at risk

--

Please tick here if a Body Map has been completed

**Type(s) of abuse**

Physical <input type="checkbox"/>	Domestic abuse <input type="checkbox"/>	Financial / Material <input type="checkbox"/>
Neglect / Acts of omission <input type="checkbox"/>	Discriminatory <input type="checkbox"/>	Organisational <input type="checkbox"/>
Psychological <input type="checkbox"/>	Sexual abuse <input type="checkbox"/>	Self-Neglect <input type="checkbox"/>
Modern slavery <input type="checkbox"/>	Sexual exploitation <input type="checkbox"/>	Tick all that apply

**All information contained within this document is strictly confidential. It should not be used for any purpose other than the protection or care of the adult(s) concerned.**

**4. What does the person at risk want to happen now?**

4a. What are the desired outcomes of the person at risk? That is, what do they wish to achieve from the support they might receive, such as feeling safe at home or having no contact with certain individuals

Has the person at risk given consent for these concerns to be raised?

Yes  No  Not Sure

Did the person have mental capacity to give consent?

Yes  No  Not Sure

**5. Actions taken in relation to the safeguarding concerns?**

Details of action taken:

Have the police been informed?

Yes  No

Crime Ref. Number:

Has medical intervention been sought?

Yes  No

From where/whom?

**6. Details of the person or organisation alleged to be responsible for the abuse or neglect**

Name:

Date of Birth:

Address:

Gender:

Post Code:

Does the person/organisation know that a safeguarding concern has been raised?

Yes  No  Not Sure

What is their relationship to person at risk?

Is this person also an adult at risk?  Yes  No

Are they known to the person at risk?  Yes  No

Additional information, such as previous concerns:

**7. Any other relevant information**

Include any safety or confidentiality issues that may impact on how the concern is acted upon

**8. Details of the person completing this form**

Name:

Job Title:

Address:

Post Code:

Tel:

Date:

# CONFIDENTIAL

Safeguarding Adults

## LSAB: Information Gathering Form



	Name:	
	Date of Birth:	CIS Ref. NHS Number:

Please complete this form as requested by the Safeguarding Coordinator.

It will provide a record of information gathered on its behalf, and help them to decide what, if any actions are needed within the multi-agency safeguarding adults procedures.

Please summarise the person's current circumstances and any current actions being taken. Please speak to the Safeguarding Coordinator if you are unsure what is being requested

Please comment on\*:

- The person's views on their safety
- The person's views on their circumstances
- Need for representation and advocacy
- Mental capacity in relation to relevant decisions
- Current risks

(Guidance Note: \*The List can be amended by the Safeguarding Coordinator according to the information needed. The use of this form will not always be required; but it can be a useful tool to gain assurance of arrangements in place or to seek additional information that enables the safeguarding coordinator to decide what, if any actions, are required within the multi-agency procedures. >

Desired outcomes of the person at risk	Have these already been met?
< Note: This should be the view of the person at risk or a decision made in their best interests, if they lack mental capacity.	Fully / Partly / Not at all
	Fully / Partly / Not at all
	Fully / Partly / Not at all

### Recommendations: Are any further actions required?

Comments:

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

Name / DoB of the person at risk:

**CONFIDENTIAL**

Name of person completing form:	<input type="text"/>
Organisation:	<input type="text"/>
Signature of person completing form:	<input type="text"/>
Date of signature	<input type="text"/>

**Section: To Be Completed By The Safeguarding Coordinator**

Summarise conclusions and please record additional actions taken, such as further discussion with the person at risk or other parties.

If a **Planning Discussion** is required in relation to further actions – this can be recorded here.

<input type="text"/>
----------------------

Name of Safeguarding Coordinator:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.



## Safeguarding Adults

# LSAB: Planning Meeting Agenda

## Agenda

A. Welcome and introductions

B. Purpose of meeting:

- To share information
- To understand the nature of the concerns
- To assess risk
- To work towards achieving the person's wishes and desired outcomes
- To plan how to respond as a partnership

C. Confidentiality Agreement:

**All information shared at this meeting is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the person concerned.**

1. Information about the person at risk

- Including decision-making capacity and need for representation

2. Nature of the concerns

3. Views of the person at risk (and/or their representative) about the concerns

4. Desired outcomes: Changes the person at risk wants to be achieved

5. Views of relevant parties (present or not)

6. Risk Assessment: Risks to the person and/or others

7. Safeguarding Plan: What arrangements are in place for the person safety

8. Safeguarding Response: Actions required to respond to the concerns


9. Additional actions required

10. Who will keep the person at risk (and/or representative) up to date with progress?

Safeguarding Adults

# LSAB: Planning Meeting Minutes



	Name:		
	Date of Birth:		CIS Ref. NHS Number:
	Address:		

<b>Date of Meeting:</b>		Is this a Planning Review Meeting?	Yes / No
-------------------------	--	------------------------------------	----------

<b>Venue:</b>	
---------------	--

People Invited:	Role/Relationship/Job Title	Attended	Apology	No Response

**1. Information about the person at risk**

Including decision-making capacity and need for representation

**This form includes guidance notes / examples, please delete these after each section is completed.**

< Guidance Note: This report is about the safety of a person. Please outline the circumstances of the person at risk. What are their support needs? What support do they need to be involved? For example, does the person have a substantial difficulty engaging in the process - do they need an advocate or a family member to facilitate their involvement? >

Emily is 83 years old and lives alone in her own home....  
 Emily has recently been diagnosed with dementia....  
 She needs support with....  
 She has help from....  
 Her daughter supports her with...

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

## 2. Nature of concerns

Guidance Note: Please outline each incident/concern that need to be addressed within this report:

Emily's daughter reported a safeguarding concern....

Emily's daughter reports that she believes that a care works is taking her money...

She thinks this because...

## 3. Views of the person at risk (and/or their representative) about the concerns

< Guidance Note: What does the person think about the concerns? Their views of what has happened to them is very important and may be different to that of practitioners or their family. It should be remembered however that some people, perhaps due to their life experiences, may not recognise incidents as being abusive or neglectful and that actions are sometimes also needed for the safety of others. >

Emily's view is...

## 4. Desired outcomes: Changes the person at risk wants to achieve

< Guidance Note: What changes does the person want to achieve? What will achieve resolution for them? If a person lacks the mental capacity to decide this, then the desired outcomes should be agreed in the person's best interests.

Emily wants...

Emily does not want...

## 5. Views of relevant parties (present or not)

< Guidance note: Record key discussion points and views. This may include views forwarded by those not present >

## 6. Risk assessment: Risks to the person and others

< Guidance Note: Identify the risks to Emily and others, for example, other people the care worker may support.

## 7. Safeguarding Plan: What arrangements are in place for the person's safety

Actions	Who will do this?	When will this done?
< Note: Actions should respond to the identified risks. Those actions may be taken by the person at risk, their friends/family, as well as practitioners or organisations.		

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.



Name / DoB of the person at risk:

--

**CONFIDENTIAL**

Actions Emily will take...		
Actions Emily's daughter will take...		
Actions Adult Social Care will take...		
Actions the Care Provider will take...		
Review arrangements		
< How will we check/know that Emily (and others) are actually safe and whether these plan needs to be amended?		

<b>8. Safeguarding Response: Actions required to respond to the concerns?</b>
---

Actions	Who will do this?	When will this done?
< Note: These are the actions to explore, understand and respond to the concerns.		
The Police will...		
The Care Provider will...		
Adult Social Care will ...		
Etc.		

<b>9. Additional actions required</b>

<b>10. Who will keep the person at risk (and/or representative) up to date with progress?</b>
< Guidance Note: It is important that the person at risk (and/or representative). Who will do this and how?


Name of Safeguarding Coordinator:	
Signature:	
Date:	

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

Safeguarding Adults

# LSAB: Record of Safeguarding Response



	Name:		
	Date of Birth:		CIS Ref: NHS Number:

This can be used to record safeguarding responses taken in relation to risk management concerns. Please complete this form as requested by the Safeguarding Coordinator.

### Who are the concerns for?

Please comment on:

- The person's needs for care and support
- The person's circumstances
- Their mental capacity in relation to relevant decisions
- Their communication needs
- Their need for support, representation and advocacy to be involved.

Example,

Amy is 36, she has a learning disability...  
She lives...  
Amy needs time to express her views...  
Her father is supporting her...

### What is the nature of the concerns?

Please comment on:

- The concerns raised
- The person's views on their safety
- The person's views on their circumstances and the changes she wants to achieve

Example,

Amy's father raised a safeguarding concern after seeing bruises over her both her legs caused by another resident, Mark jumping on her when he sees her sat down. Mark is a new resident who has autism and started this behaviour upon moving in. He does this to other residents as well, and to staff, but mostly to Amy. Amy finds it distressing and gets frustrated that she can't stop it happening. She is spending more and more time in her room to avoid Mark.

Mark has close supervision as a result of this new behaviour, but whilst this has reduced incidents, it has not been possible so far to prevent them. This can be painful for Amy and others, as Mark throws his whole weight onto people. Mark does not recognise that this hurts people and appears to find it amusing.

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

Amy, supported by her father, says she just wants Mark to stop doing this – it hurts and it's not fair.

**Please provide a summary of actions taken in relation to the concern:**

< Example:

Working with Mark's parents, the staff team and the behavioural management team, a new risk management plan has been developed that removes the opportunity for Mark to jump onto laps (attached).

There was a residents meeting on Monday, where we discussed together how we could all support Mark and keep ourselves safe from being jumped on. Amy and other residents were all keen to try this.

**What are the risks (to the person or others)?**

- Risk of physical injury to Amy and other residents.
- Risks that a resident will hit Mark in retaliation.

**What is the plan to manage these risks?**

Who will do this?

When will this done?

< Note: Actions should respond to the identified risks. Those actions may be taken by the person at risk, their friends/family, as well as practitioners or organisations. For example

Whenever Mark comes into the room – Amy, staff and other residents will stand up.

Amy, Other Residents & Staff

When needed

When Mark has sits down, everyone can then sit down.

Amy, Other Residents & Staff

When needed

When Mark stands up, everyone will stand up until he leave the room or sits down again.

Amy, Other Residents & Staff

When needed

Amy to let staff know if she has any further problems or if she is worried about Mark

Amy

When needed

Key worker to check with Amy how she is feeling about the situation and any problems in their weekly meeting.

Key worker

Weekly

**What is the person's (and/or their representative's) views of these plans?**

**Does the person at risk now feel safe?**

Example: Supported by her father, Amy says she knows Mark doesn't mean to hurt anyone. She says the plan works really well and its okay because we all do it. She says it is like royalty have come into the room – we all stand up for 2 seconds – it's funny really. Amy says she is not worried anymore about her safety, because she knows she can keep herself safe this way and her legs no longer hurt.

**Desired outcomes of the person at risk**

Have these been met?

< Note: This should be the view of the person at risk or a decision made in their best interests, if they lack mental capacity

Fully / Partly / Not at all

Name / DoB of the person at risk:

**CONFIDENTIAL**

To no longer be jumped on

Fully / ~~Partly~~ / ~~Not at all~~

To feel safe

Fully / ~~Partly~~ / ~~Not at all~~

**Additional Information or comments:**

Revised risk management plan attached, together with information about work being taken to improve Mark's understanding in the longer-term.

**Recommendations: Are any further actions required?**

No. The plan however will be kept under close review.

Name of person completing form:

Organisation:

Signature of person completing form:

Date of signature

**Section: To Be Completed By The Safeguarding Coordinator**

Outcome Meeting to be held

Yes / No (If No, please complete Outcome Discussion)

**Outcome Discussion**

Summarise conclusions and please record, what, if any further actions have been required. This may include further discussion with the person at risk or other parties.

Since the safeguarding concern was raised:

Has the risk been reduced?

Has the risk been removed?

Does the risk remain?

Comments (if any)

Name of Safeguarding Coordinator:

Signature:


Date:

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

Safeguarding Adults

**LSAB: Formal Report**



Concerning the safety of:			
	Name:		CIS Ref. NHS Number:
	Date of Birth:		Date of Birth:
Report completed by:			
Name:		Job Title:	Organisation:
Safeguarding Coordinator:			
Name:		Job Title:	Organisation:
Is this a Large Scale Enquiry		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Report Complete:			
Has the person at risk agreed to information being shared with other agencies or has this decision been made in their best interests (MCA)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Information about the person at risk			
Including decision-making capacity and need for representation			
<p><b>This form includes guidance notes / examples, please delete these as each section is completed.</b></p> <p>&lt; Guidance Note: This report is about the safety of a person. Please outline the circumstances of the person at risk. What are their support needs? What support do they need to be involved in this response? For example, does the person have a substantial difficulty engaging in the process - do they need an advocate or a family member to facilitate their involvement? &gt;</p>			
Concerns raised			
<p>&lt; Guidance Note: Please outline each incident/concern that need to be addressed within this report:</p> <p>For example, a family member raised a concern that John's, her father's care plan was not being followed and this has resulted in avoidable pressure ulcers &gt;</p>			
Desired outcomes: Changes the person at risk wants to achieve			
<p>&lt; Guidance Note: What changes does the person want to achieve? What will achieve resolution for them? If a person lacks the mental capacity to decide this, then the desired outcomes should be agreed in the person's best interests.</p> <p>For example, John wants:</p>			

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

Name / DoB of the person at risk:

**CONFIDENTIAL**

- 1/ His care plan to be reviewed with him
- 2/ To be confident it will be followed
- 3/ To receive an apology for any mistakes
- 4/ To continue living in this nursing home - he likes the staff team and his family can visit easily.

**What has been done to understand the concerns?**

List actions taken, together with a summary of key findings

Dates

< This only needs to be a summary of findings, but should be sufficient to demonstrate that the concerns have been taken seriously and responded to appropriately. >

For example

**Discussion with John to discuss the concerns**

1.10.18

He said...

**Review of the care plan**

1.10.18

It states...

**Meeting with named nurse**

2.10.18

He said...

**Analysis: What do we know about what happened?**

< Please record your view of what has happened. Often this will be straight forward and may only need some brief statements. If there is conflicting information however, weigh up that information and explain your views. Consider if actions taken fit with accepted practice and your organisations policies and procedures. >

**Risk Assessment: Risks to the person and/or others?**

1. < Note: Identify the risks to John (and others if this is the case). For example: Risk of further pressure ulcers if the care plan not followed consistently >

2.

3.

**Safeguarding Plan: How are the risks to be managed?**

Actions required to safeguard the person and/or others

Who will do this?

When will this done?

< Note: Actions should respond to the identified risks. Those actions may be taken by the person at risk, their friends/family, as well as practitioners or organisations. For example:

Name / DoB of the person at risk:

**CONFIDENTIAL**

Tissue viability nurse has been consulted in reviewing the care plan	Named nurse	Complete
Care plan has been reviewed with John and his daughter	Named nurse	Complete
Staff nurse to double check it has been followed each day	Staff nurse	Each day
John to tell his named nurse or daughter if he has concerns	John	When needed
What learning has been identified and how will this be put into practice		
Care plans need to be checked to ensure they are clear for staff to understand and follow. All similar care plans to be checked	Manager	By 24.10.18
Learning from this to be shared with staff team via team meetings	Manager	By 24.10.18
Other actions required		
Review to be held in one month	Manager	1.11.18
John to receive an apology for mistakes unintentionally made	Manager	Complete

Does the person at risk feel safer?

What are the views of the person at risk (and/or their representative) on these plans?

John is happy with this plan; and his daughter is happy that this is being addressed in the way it is. John feels these arrangements will keep him safe in the future.

Desired outcomes: Have the changes wanted by the person at risk been achieved

1. His care plan to be reviewed with him	Fully / <del>Partly</del> / <del>Not at all</del>
2. To be confident the care plan will be followed	Fully / <del>Partly</del> / <del>Not at all</del>
3. To receive an apology for any mistakes	Fully / <del>Partly</del> / <del>Not at all</del>
4. To continue to live in the nursing home	Fully / <del>Partly</del> / <del>Not at all</del>
Note: this should be the view of the person at risk (or their representative).	

Appendices: List any documents to be read alongside this report

Revised Care Plan has been attached

Name of person completing report:	
Organisation:	
Signature:	
Date:	

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

Name / DoB of the person at risk:

**CONFIDENTIAL**

**Section: To Be Completed By The Safeguarding Coordinator**

Outcome Meeting to be held

Yes / No (If No, please complete Outcome Discussion)

**Outcome Discussion**

Summarise conclusions and please record, what, if any further actions have been required. This may include further discussion with the person at risk or other parties.

Since the safeguarding concern was raised:

Has the risk been reduced?

Has the risk been removed?

Does the risk remain?

Comments (if any)

Name of Safeguarding Coordinator:

Signature:

Date:



**LSAB: Outcome Meeting Agenda****Agenda**

## A. Welcome and Introductions

## B. Purpose of meeting:

- To work towards achieving the desired outcomes of the person at risk
- To review actions undertaken
- To assess ongoing risks
- To agree how to manage those risks
- To plan any further actions
- To identify any learning

## C. Confidentiality Agreement:

**All information shared at this meeting is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the adult(s) concerned.**


1. Information about the person at risk
  - Including decision-making capacity and need for representation
2. Summary of concerns
3. Desired outcomes: Changes the person at risk wants to be achieved?
4. Summary of actions taken and findings
5. Views of relevant parties (present or not)
6. Risk Assessment: Risks to the person and/or others
7. Safeguarding Plan:
  - What is the plan to manage these risks?
  - What is the learning from this concern? How is it to be put into practice?
  - Other actions required
8. What are the views of the person at risk on these plans?
9. Desired outcomes: Have the changes wanted by the person at risk for been achieved?
10. Arrangements for review (if required)

Safeguarding Adults

**LSAB: Outcome Meeting Minutes**



**Concerning the safety of:**

	Name:		
	Date of Birth:		CIS Ref. NHS Number:

Date of Meeting:

Venue:

People Invited:	Role/Relationship/Job Title	Attended	Apology	No Response

**1. Information about the person at risk**

Including decision-making capacity and need for representation

**This form includes guidance notes / examples, please delete these as each section is completed.**

< Guidance Note: This report is about the safety of a person. Please outline the circumstances of the person at risk. What are their support needs? What support do they need to be involved in this response? For example, does the person have a substantial difficulty engaging in the process - do they need an advocate or a family member to facilitate their involvement? >

**2. Summary of concerns**

< Guidance Note: Please outline each incident/concern that need to be addressed within this report:

For example, a family member raised a concern that her father's (John's) care plan was not being

followed and this has resulted in avoidable pressure ulcers >

### 3. Desired outcomes: Changes the person at risk wants to achieve

< Guidance Note: What changes does the person want to achieve? What will achieve resolution for them? If a person lacks the mental capacity to decide this, then the desired outcomes should be agreed in the person's best interests.

For example, John says he wants:

1. His care plan to be reviewed with him
2. To be confident it will be followed
3. To receive an apology for any mistakes
4. To continue living in this nursing home - he likes the staff team and his family can visit easily.

### 4. Summary of actions taken and findings

< Guidance Note:

Summarise the involvement of different agencies

Summarise what we know about what happened – include key issues / findings / learning points

### 5. Views of relevant parties (present or not)

< Guidance Note: Record key discussion points and views. This may include views forwarded by those not present >

### 6. Risk Assessment: Risks to the person and/or others

< Guidance Note: Identify the risks to John (and others if this is the case). For example: Risk of further pressure ulcers if the care plan not followed consistently >

### 7. Safeguarding Plan: What is the plan to manage these risks?

Actions	Who will do this?	When will this done?
< Note: Actions should respond to the identified risks. Those actions may be taken by the person at risk, their friends/family, as well as practitioners or organisations. For example:		
Tissue viability nurse has been consulted in reviewing the care plan	Named nurse	Complete
Care plan has been reviewed with John and his daughter	Named nurse	Complete
Staff nurse to double check it has been followed each day	Staff nurse	Each day

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

Name / DoB of the person at risk:

**CONFIDENTIAL**

John to tell his named nurse or daughter if he has concerns	John	When needed
What learning has been identified and how will this be put into practice		
Care plans need to be checked to ensure they are clear for staff to understand and follow. All similar care plans to be checked	Manager	By 24.10.18
Learning from this to be shared with staff team via team meetings	Manager	By 24.10.18
Other actions required		
Review to be held in one month	Manager	1.11.18
John to receive an apology for mistakes unintentionally made	Manager	Complete

8. Does the person at risk feel safer?  
What are the views of the person at risk (and/or their representative) on these plans?

John's view is....

Since the safeguarding concern was raised:

Has the risk been reduced?  Has the risk been removed?  Does the risk remain?

Comments (if any)

9. Desired outcomes: Have the changes wanted by the person at risk been achieved

1. His care plan to be reviewed with him	Fully / <del>Partly</del> / <del>Not at all</del>
2. To be confident the care plan will be followed	Fully / <del>Partly</del> / <del>Not at all</del>
3. To receive an apology for any mistakes	Fully / <del>Partly</del> / <del>Not at all</del>
4. To continue to live in the nursing home	Fully / <del>Partly</del> / <del>Not at all</del>
Note: this should be the view of the person at risk (or their representative).	

10. Arrangements for review (if required)

Care review to be held by social worker in one month

Name of Chair:	
Signature:	
Date:	

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

## Safeguarding Adults

# LSAB: Outcome Review Meeting Agenda

## Agenda

### A. Welcome and Introductions

### B. Purpose of meeting:

- To work towards achieving the desired outcomes of the person at risk
- To assess ongoing risks
- To review safeguarding plans in place
- To ensure safeguarding plans are working effectively
- To identify any learning

### C. Confidentiality Agreement:

**All information shared at this meeting is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the adult(s) concerned.**

1. Information about the person at risk
  - Including decision-making capacity and need for representation
2. Desired outcomes: Changes the person at risk wants to be achieved
3. Reasons for review meeting being held
4. Summary of recent actions / new information
5. Views of the person at risk (and/or their representative)
6. Views of relevant parties (present or not)
7. Risk Assessment: Risks to the person and/or others
8. Safeguarding Plan:
  - What is the plan to manage these risks?
  - What is the learning from this concern? How is it to be put into practice?
  - Other actions required
9. Does the person at risk feel safer?  
What are the views of the person at risk on these plans?
10. Desired outcomes: Have the changes wanted by the person at risk for been achieved?
11. Arrangements for review (if required)

Safeguarding Adults

# LSAB: Outcome Review Meeting Minutes



<b>Concerning the safety of:</b>				
	Name:			
	Date of Birth:		CIS Ref.	NHS Number:
Date of Meeting:				
Venue:				
<b>People Invited:</b>	<b>Role/Relationship/Job Title</b>	<b>Attended</b>	<b>Apology</b>	<b>No Response</b>
<b>1. Information about the person at risk</b>				
Including decision-making capacity and need for representation				
<p><b>This form includes guidance notes / examples, please delete these as each section is completed.</b></p> <p>&lt; Guidance Note: This report is about the safety of a person. Please outline the circumstances of the person at risk. What are their support needs? What support do they need to be involved in this response? For example, does the person have a substantial difficulty engaging in the process - do they need an advocate or a family member to facilitate their involvement? &gt;</p>				

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

## 2. Desired outcomes: Changes the person at risk wants to achieve

< Guidance Note: What changes does the person want to achieve? What will achieve resolution for them? If a person lacks the mental capacity to decide this, then the desired outcomes should be agreed in the person's best interests. Remember someone's desired outcomes may change over time.

For example, John says he wants:

1. His care plan to be reviewed with him
2. To be confident it will be followed
3. To receive an apology for any mistakes
4. To continue living in this nursing home - he likes the staff team and his family can visit easily.

## 3. Reasons for review meeting being held

< Guidance Note: Why is a review meeting being held? What needs to be achieved at this meeting?

## 4. Summary of recent actions / new information

< Guidance Note: What has happened since the Outcome Discussion/Meeting in relation to these issues

## 5. Views of the person at risk (and/or their representative)

< Guidance Note: What are the views of the person at risk on what has happened since the Outcome Discussion/Meeting

## 6. Views of relevant parties (present or not)

< Guidance Note: Record key discussion points and views. This may include views forwarded by those not present >

## 7. Risk Assessment: Risks to the person and/or others

< Note: Identify the risks to John (and others if this is the case). For example: Risk of further pressure ulcers if the care plan not followed consistently >

## 8. Safeguarding Plan: What is the plan to manage these risks?

Actions	Who will do this?	When will this done?
< Note: Actions should respond to the identified risks. Those actions may be taken by the person at risk, their friends/family, as well as practitioners or organisations For example:		
Tissue viability nurse has been consulted in reviewing the care	Named nurse	Complete

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.

Name / DoB of the person at risk:

**CONFIDENTIAL**

plan		
Care plan has been reviewed with John and his daughter	Named nurse	Complete
Staff nurse to double check it has been followed each day	Staff nurse	Each day
John to tell his named nurse or daughter if he has concerns	John	When needed
What learning has been identified and how will this be put into practice		
Care plans need to be checked to ensure they are clear for staff to understand and follow. All similar care plans to be checked	Manager	By 24.10.18
Learning from this to be shared with staff team via team meetings	Manager	By 24.10.18
Other actions required		
John to receive an apology for mistakes unintentionally made	Manager	Complete

9. Does the person at risk feel safer?  
What are the views of the person at risk (and/or their representative) on these plans?

John's view is....

Since the safeguarding concern was raised:

Has the risk been reduced?  Has the risk been removed?  Does the risk remain?

Comments (if any)

10. Desired outcomes: Have the changes wanted by the person at risk been achieved

- |   |   |
|---|---|
| 1. His care plan to be reviewed with him          | Fully / <del>Partly</del> / <del>Not at all</del> |
| 2. To be confident the care plan will be followed | Fully / <del>Partly</del> / <del>Not at all</del> |
| 3. To receive an apology for any mistakes         | Fully / <del>Partly</del> / <del>Not at all</del> |
| 4. To continue to live in the nursing home        | Fully / <del>Partly</del> / <del>Not at all</del> |

Note: this should be the view of the person at risk (or their representative)

11. Arrangements for review (if required)

Name of Chair:	
Signature:	
Date:	

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.