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| *Surrey Safeguarding Adults Board logo* SAFEGUARDING ADULT REVIEW (SAR)NOTIFICATION OF DEATH / SERIOUS INCIDENT CONCERNING AN ADULT |

#### Adult at risk’s details

|  |  |
| --- | --- |
| Name: |  |
| Address |  |
| Date of Birth: |  |
| Date of Death (if relevant): |  |
| Ethnicity: |  |
| Name and address of GP: | Name: |
| Address: |

#### 2. Section 44 criteria

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| **Criteria 1: Working together issues** | |
| Is there a reasonable cause for concern about how the Safeguarding Adults Board, members of, or other persons with relevant functions worked together to safeguard the adult? |  |
| **Criteria 2: Basis for a SAR. Is your view that**   * **A duty for a SAR has be met? or**   **The Board should consider using its discretionary power to arrange for a SAR?** | |
| The adult has died, and the Safeguarding Adults Board knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died). |  |
| The adult is still alive, and the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect. |  |
| Or for SSAB to arrange for there to be a review of any other case involving an adult in its area with needs for care and support. (Whether or not the local authority has been meeting any of those needs). |  |

#### 3.Details of concern

|  |  |
| --- | --- |
| Cause of death as set out in the death certificate (if appropriate) or suspected type of abuse or neglect |  |
| Family / Next of Kin / Nearest Relative / Advocate / Representative: |  |
| Date of incident: |  |
| Location of Incident: |  |
| Brief Summary of the Case:  (Including notes of any Safeguarding meetings held) |  |
| Other agencies known to be involved: |  |
| Identify the factors that suggest this case meets the criteria for an SAR: |  |
| Has a Safeguarding Concern been reported to the MASH? |  |
| Does this also meet the criteria for other statutory review processes (SCR/DHR)?  If yes, who has been notified? |  |
| Date of Notification: |  |
| Name of Referrer: |  |
| Agency of Referrer: |  |

#### SSAB office only

|  |  |
| --- | --- |
| Date of notification to SAR group: |  |
| Date considered by SAR group: |  |
| Decision/Action taken: |  |

Please be aware that when this form has been completed, it will contain information that is personal and sensitive. When sending it to the Surrey Safeguarding Adults Board you must ensure you comply with all relevant data protection laws and, if relevant, your agency’s information sharing policies.

Members of the public can use this form and should protect the document with a password and send the password separately to the Surrey Safeguarding Adults Board or alternatively send it by post.

**Where to send the form:**

**By email to**: [surreysafeguarding.adultsboard@surreycc.gov.uk](mailto:surreysafeguarding.adultsboard@surreycc.gov.uk)

**By post to:** Surrey Safeguarding Adults Board, Room 205, Old Millmead House, Millmead, Guildford, Surrey. GU2 4BB.

All emails sent from a government secure domain i.e. ***.gsi.gov.uk, .pnn.police.uk, .nhs.net, .gov.uk*** you should mark the subject field **[OFFICIAL-SENSITIVE]**

All emails from any other email domain (such as members of the public) should now be marked **[ENCRYPTED]** and be sent via [**Egress**](https://switch.egress.com/ui/signin.aspx?ReturnUrl=%2fui%2fadmin)