

SAFEGUARDING ADULTS AT RISK POLICY and PROCEDURES

2013

**South Kesteven
District Council**

CONTENTS

	Page
1. Introduction	3
2. Corporate Safeguarding Officers	3
3. Roles and responsibilities	4
4. Definition of Safeguarding Adults and 'Adult at Risk'	4
5. Factors determining vulnerability	5
6. Mental capacity	6
5.1 Consent	6
6. What is abuse?	6
7. Significant harm	7
8. Types of abuse	7-9
9. Information sharing	9
10. Complaints and Whistleblowing	10
11. Responding to concerns and allegations – Procedure	10
11.1 Responding to an adult at risk making an allegation of abuse	10
11.2 Acting to protect the adult at risk and deal with immediate needs	11
11.3 Responding to an adult at risk who is making a disclosure	11
11.4 Responding to allegations or concerns against a member of staff, elected member or volunteer	12
12. Obtaining consent before referral	12
12.1 Referring without consent	12
Procedure flow chart	14
Appendix A – responsible officer contact details	15
Appendix B – Incident reporting form	16-18
Appendix C – Relevant legislation and guidance	19
Appendix D – Useful contacts	20

1. Introduction

South Kesteven District Council accepts the social, moral and legal responsibility to implement procedures to provide a duty of care for 'adults at risk', to safeguard their well-being and protect them from abuse when they are engaged in services organised and provided by the District Council.

See section 4 for a definition of 'adult at risk'.

This policy is intended to contribute to raising levels of awareness and to encourage safeguarding reports by professionals, where appropriate, and sets out the Council's commitment to safeguarding adults at risk.

This Policy aims to ensure that:

- the needs and interests of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- all decisions and actions are taken in line with the Mental Capacity Act (MCA) 2005.

The procedures also aim to ensure that each adult at risk maintains:

- choice and control
- safety
- health
- quality of life
- dignity and respect

2. Corporate Safeguarding Officers

Jane Booth – Service Manager – Housing Management is the Council's named lead senior manager (Lead Safeguarding Officer) with responsibility for this policy and ensuring that all procedures align with the Lincolnshire multi-agency Policy and Procedures.

These include:

- Increasing awareness of adult safeguarding issues within the Council
- Maintaining clear communication channels between the Council and Lincolnshire County Council
- Reviewing the operation of this policy and procedures
- Assisting in the identification of training needs in relation to adult safeguarding and safer recruitment throughout the organisation.

In the absence of Jane Booth, **Steve Cullington** from Supported Housing will act as the Council's Lead Safeguarding Officer for adults.

The contact details for these officers can be found in appendix A on page 15 below.

Strategic responsibility lies with **Tracey Blackwell** Strategic Director – Community and Environment.

3. Roles and responsibilities

This policy applies to all situations within the Council's operation, which could potentially involve contact with adults at risk. It applies to all council employees, elected members, volunteers and contractors who provide services where they might have direct impact on, or involve adults at risk.

The primary responsibility for co-ordinating information in response to a Safeguarding Adult concern in Lincolnshire is vested in the Lincolnshire County Council managing officer, but the investigation/assessment may be undertaken by another organisation (e.g. the police or a health trust).

It should be a priority of all staff, elected members and volunteers to ensure the safety and protection of the adult at risk.

All staff, elected members and volunteers from any service should be aware of the multi-agency procedures for Lincolnshire which came into force on 1st August 2013
<http://www.lincolnshire.gov.uk/residents/adult-social-care/asc-manual/>

All staff, elected members and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is at risk is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and referred to the appropriate agency for investigation.

It is not the role of SKDC staff, volunteers, elected members or contractors to investigate any concerns but to refer those concerns to the appropriate agency.

4. Definition of Safeguarding Adults and 'Adult at Risk'

In May 2011, the Lincolnshire Safeguarding Adults Board (LSAB) endorsed the Director of Social Services and the Improvement and Development Agency (IDEA) definition of safeguarding adults:

"Adult Safeguarding incorporates the concept of prevention, empowerment and protection to enable adults who are in circumstances that make them vulnerable, to retain independence, well-being and choice and to access their right to a life free from abuse and neglect."

It is important to remember that mental ill health can impact on a person's ability to self-protect against significant harm or exploitation, **whether or not** the person has the mental capacity to make informed choices concerning their own safety.

Although the following list is not exhaustive, an "adult at risk" may be a person who:

- is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol

- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support

It is important to remember that just because someone is old, frail or has a disability, this does not mean they are inevitably 'at risk'. A person with a disability who has mental capacity to make decisions about their own safety may be perfectly able to make informed choices and protect themselves from harm. In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and the extent to which they can protect themselves from abuse, neglect and exploitation. It is equally important to note that people with capacity can also be vulnerable. Refer to section 5, page 6 for further guidance.

Factors determining vulnerability:

Personal characteristics of the adult at risk that <u>increase</u> vulnerability may include	Personal characteristics of the adult at risk that <u>decrease</u> vulnerability may include
<ul style="list-style-type: none"> • Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions • Communication difficulties • Physical dependency – being dependent on others for personal care and activities of daily life • Low self-esteem • Experience of abuse • Childhood experience of abuse 	<ul style="list-style-type: none"> • Having mental capacity to make decisions about their own safety • Good physical and mental health • Having no communication difficulties or if so, having the right equipment/support • No physical dependency or, if needing help, able to self-direct care • Positive former life experiences • Self-confidence and high self-esteem
Social/situational factors that <u>increase</u> the risk of abuse may include	Social/situational factors that <u>decrease</u> the risk of abuse may include
<ul style="list-style-type: none"> • Being cared for in a care setting, i.e. more or less dependent on others • Not receiving the right amount or the right kind of care • Isolation and social exclusion • Stigma and discrimination • Lack of access to information and support • Being the focus of anti-social behaviour 	<ul style="list-style-type: none"> • Good family relationships • Active social life and a circle of friends • Able to participate in the wider community • Good knowledge and access to a range of community facilities • Remaining independent and active • Access to sources of relevant information

5. Mental capacity

The presumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in safeguarding adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation
- to take action themselves to prevent abuse
- to participate to the fullest extent possible in decision-making about interventions

5.1 Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in all aspects of their life. If they are able, their consent should be sought.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected *unless*:

- there is an aspect of *public interest* (e.g. not acting will put other adults or children at risk)
- there is a *duty of care on a particular agency* to intervene for example the police if a crime has been or may be committed)

See section 12 below for further information regarding consent.

6. What is Abuse?

For the purpose of the Safeguarding Adults policy and procedures the term *abuse* is defined as:

“a violation of an individual’s human and civil rights by any other person, or persons, which may result in significant harm”.

Abuse may be:

- a single act or repeated acts
- an act of neglect or a failure to act
- multiple acts (e.g. an adult at risk may be neglected *and* financially abused)

Abuse is about the misuse of the power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place anywhere: a person’s own home, day or residential centres, supported housing, educational establishments, nursing homes, clinics and hospitals.

A number of abusive acts are crimes and informing the police must be a key consideration.

7. Significant harm

In determining what justifies intervention and what sort of intervention is required, *No secrets*¹ uses the concept of 'significant harm'. This refers to:

- ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- the impairment of, or an avoidable deterioration in, physical or mental health, and/or
- the impairment of physical, intellectual, emotional, social or behavioural development

The importance of this definition is that, in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

Seriousness of harm, or the extent of the abuse, is not always clear at the point of the referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the Safeguarding Adults Policy and Procedure.

8. Types of abuse

Abuse can be viewed in terms of the following categories (although this is not an exhaustive list):

Type of abuse	Physical examples	Behavioural Indicator
Physical	Hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty	<ul style="list-style-type: none">• Unexplained or inappropriately explained injuries• Person exhibiting untypical self-harm• Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body• Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance• Unexplained or inappropriately explained fractures at various stages of healing to any part of the body• Medical problems that go unattended• Sudden and unexplained urinary and/or faecal incontinence• Evidence of over-/under-medication

¹ Government guidance on protecting vulnerable adults from abuse - <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

Sexual	Rape, sexual assault or sexual acts that the adult at risk has not consented to. Including: penetration of any sort, incest, situations where the alleged abuser touches the abused person's body (eg breasts buttocks, genital area), exposes his or her genitals, coerces the abused person into participating in or looking at pornographic videos or photographs	<ul style="list-style-type: none"> • Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained • Person appears unusually subdued, withdrawn or has poor concentration • Person exhibits significant changes in sexual behaviour or outlook • Person experiences pain, itching or bleeding in the genital/anal area • Underclothing is torn, stained or bloody. • A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant
Psychological	Includes 'emotional abuse'; threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), and isolation or withdrawal from services or support networks	<ul style="list-style-type: none"> • Untypical ambivalence, deference, passivity, resignation • Person appears anxious or withdrawn, especially in the presence of the alleged abuser • Person exhibits low self-esteem • Untypical changes in behaviour (e.g. continence problems, sleep disturbance)
Financial or material abuse	Theft, fraud, exploitation, pressure in connection with wills or property and the misappropriation of property or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property. Staff borrowing money or objects from a service user is also considered financial abuse.	<ul style="list-style-type: none"> • Lack of money, especially after benefit day • Inadequately explained withdrawals from accounts • Disparity between assets/income and living conditions • Service user not in control of their direct payment or individualised budget
Neglect or acts of omission	Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. A failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves	<ul style="list-style-type: none"> • Person has inadequate heating and/or lighting • Person's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing) • Person is malnourished, has sudden or continuous weight loss and/or is dehydrated • Person cannot access appropriate medication or medical care • Person is not afforded appropriate privacy or dignity • Person and/or a carer has inconsistent or reluctant contact with health and social services • Callers/visitors are refused access to the person • Person is exposed to unacceptable risk
Discriminatory abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes. It also includes not responding to dietary needs and not providing appropriate spiritual support	May not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices

Other types of abuse include:

- Institutional abuse
- Self neglect
- Hate crime
- Domestic abuse
- Honour based violence
- Female genital mutilation
- Forced marriage
- Human trafficking
- Exploitation by radicalisers who promote violence

For more information regarding these definitions please refer to LCC Policy <http://www.lincolnshire.gov.uk/residents/adult-social-care/asc-manual/>

Managers have a key role in safeguarding adults at risk. Please see further document entitled Guidance for SKDC Managers, which is available on the safeguarding pages of the intranet.

9. Information sharing

Local information sharing protocols for Safeguarding Adults exist for all statutory partner organisations². These protocols recognise that information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.

Seven Golden Rules for Information Sharing:

- **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.
- **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

² Awaiting a copy of this document from LCC

10. Complaints and Whistleblowing

Staff, elected members and volunteers are advised to follow the District Council's Customer Feedback, Whistle Blowing and Grievance procedures for complaints and concerns (available on the intranet and from HR & OD for officers and members who have no access to a computer). If the issue for complaint or whistle blowing involves an adult safeguarding issue, officers, elected members and volunteers should report the issue through the Lead Safeguarding Officer (see appendix A)

11. Responding to concerns and allegations - Procedure

This procedure is governed by a set of key principles and themes, so as to ensure that people who are subject to abuse, neglect and exploitation experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is vital for successful safeguarding that the procedures in this section are understood and applied consistently by all staff, elected members, volunteers and contractors.

This policy and procedure inform all staff, elected members and volunteers of what actions they should take if they have concerns or encounter a case of alleged or suspected abuse of an adult at risk. They apply to all South Kesteven District Council staff, elected members and volunteers. In addition to responding to things that an individual may see, there are three common situations when staff, elected members and volunteers may need to respond to a concern or case of alleged or suspected abuse. These are:

1. Responding to an adult at risk disclosing abuse, i.e. they make a direct or indirect allegation of abuse
2. Responding to allegations or concerns raised about a member of staff, elected member or volunteer
3. Responding to allegations or concerns about any other person who may be abusing an adult at risk, i.e. parent, carer or other service user

What to do in these situations is shown in Figure 1 (page 14) and discussed in greater detail in the following sections.

A referral must always be made when the person is an adult at risk and there is a concern that they are being, or are at risk of being, abused or neglected, or are at risk of, or have experienced significant harm.

It is important to establish whether the adult at risk has the capacity to make decisions. This may require the assistance of other professionals. In the event of the adult at risk not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision maker will depend on the decision to be made and may not be an employee of South Kesteven District Council.

The allegations/concerns should not be discussed with the person alleged to have caused harm, unless the immediate welfare of the adult at risk makes this unavoidable.

11.1 Responding to an adult at risk making an allegation of abuse

Abused adults at risk will only tell people they trust and with whom they feel safe. By listening and taking seriously what the person is saying, you are already helping the situation.

11.2 Acting to protect the adult at risk and deal with immediate needs

- Make an immediate evaluation of the risk and take steps to ensure that the adult at risk is in no immediate danger. Are there any other adults at risk who need safeguarding? Evaluate the risk to them and the need for a protection plan. Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment.
- Consider supporting and encouraging the adult at risk to contact the police if a crime has been or may have been committed.
- Do not disturb or move articles that could be used in evidence, and secure the scene (e.g. by locking the door to a room).
- Contact the children and families department of Lincolnshire County Council if a child is also at risk.
- If possible, make sure that other service users are not at risk.

11.3 Responding to an adult at risk who is making a disclosure

- Speak to them in a private and safe place and inform them of any concerns. It is essential that the person alleged to have caused harm is not present.
- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage, unless for clarification. Let them talk at their own pace.
- Do not give promises of complete confidentiality.
- Explain that you have a duty to tell your manager or other designated person, and that the adult at risk's concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen.
- Explain that you will try to take steps to protect them from further abuse or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- Do not be judgemental or jump to conclusions.
- Record in writing on an **Incident Reporting Form** all the details that you are aware of and what was said using the person's own words, as soon as possible (see safeguarding pages on the intranet or appendix B of this policy). In your record you should include:
 - The date and time
 - The person's name, address and date of birth
 - The nature of the allegation
 - A description of any visible injuries
 - Your observations – e.g. a description of the person's behaviour and physical and emotional state
 - Exactly what the person said and what you said. Record the person's account of what has happened as close as possible
 - Any action you took as a result of your concerns e.g. who you spoke to and resulting actions. Include names, addresses and telephone numbers
 - Sign and date what you have recorded (signature not required with electronic form)
 - Store the information in accordance with relevant procedures, e.g. data protection

- Report to relevant persons, i.e. Adult Social Care (Social Services) and/or the Police if appropriate

See page 14 below for details of how to refer your concerns.

11.4 Responding to allegations or concerns against a member of staff, elected member, volunteer or any other person

- Take the allegation or concern seriously
- Consider any allegation or concern to be potentially dangerous to the person
- Record in writing on a **Incident Reporting Form** all the details that you are aware of as soon as possible (see the Safeguarding page on the intranet or appendix B of this document)

If an allegation of abuse is made against a member of staff, the Lead Safeguarding Officer, or in their absence, their deputy (see page 3) must be informed immediately through the completion of the Incident Reporting Form (see the Safeguarding page on the intranet or appendix B of this document).

12. Obtaining consent before referral

The mental capacity of the adult at risk and their ability to give their informed consent to a referral being made and action being taken under these procedures is significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions:

- about a referral
- about actions that may be taken under multi-agency policy and procedures
- about their own safety, including an understanding of the potential for longer-term harm as well as immediate effects and
- an ability to take action to protect themselves from future harm

12.1 Referring without consent

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, a referral *must* be made. This includes situations where:

- other people or children could be at risk from the person causing harm
- it is necessary to prevent crime or if a serious crime may have been committed
- there is a high risk to the health and safety of the adult at risk
- the person lacks capacity to consent

The adult at risk would normally be informed of the decision to refer and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the referring officer, elected member or volunteer, must make a decision in the adult's best interest.

The key issue in deciding whether to make a referral is the harm or risk of harm to the adult at risk and any other adults who may have contact with the person causing harm or with the same organisation, service or care setting.

If the member of staff, elected member or volunteer is unsure whether to refer, they should contact the Lead Safeguarding Officer (see page 3).

Important Rule

It is important that all staff, elected members and volunteers are aware that the first person that has concerns or encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred.

However, staff, elected members and volunteers do have a duty of care to the adult at risk to report any suspicions you may have. It may be that your concerns are important in enabling these statutory agencies to decide whether any action is necessary.

REMEMBER - It is not your job to judge or investigate BUT to inform.

Officers should be aware that in the case of professional referrals relating to an adult at risk the assumption of the Safeguarding Adults Team of Lincolnshire County Council is that the family will be told where the referral has come from. Any referral by an Officer of SKDC is regarded as a professional referral.

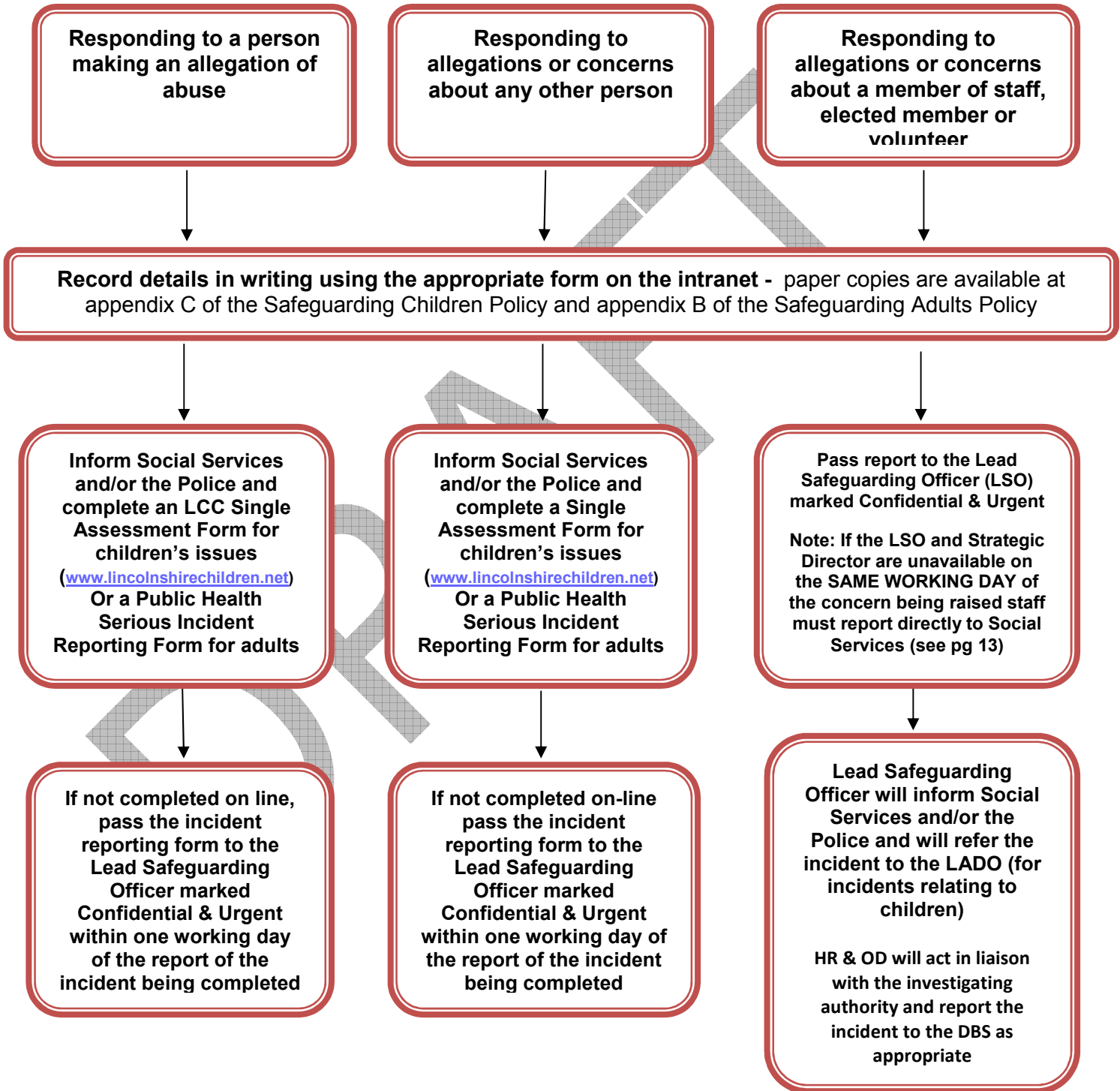
Any officer, in the course of their duties, may witness or be informed of an issue that they feel should be referred to **Adult Social Care**. All instances should be reported first to the **Lead Safeguarding Officer** or their deputy (see page 3). **Housing and Community Safety Officers** should then refer to Adult Social Care. All other referrals will be made by the Lead Safeguarding Officer. All officers should be aware, however, that if there is a need by Adult Social Care or the Lincolnshire Safeguarding Adults Board to open a Adult Protection Plan or Serious Case Review they may be called to give evidence.

If none of the people with designated responsibility (see page 3) are available on the same working day of the awareness of the issue, staff, elected members or volunteers should report their concerns directly to Adult Social Care through the contact number in appendix D page 20

Please note:

It is not the responsibility of any officer or elected member of the Council to investigate allegations – simply to report them to the appropriate authorities.

The only exception to this reporting mechanism is for concerns of immediate danger to ‘life or limb’ of a child or adult at risk. Under such circumstances the police should be contacted without delay.



APPENDIX A

Responsible officer contact details

South Kesteven District Council

Jane Booth

Service Manager - Housing Management

Tel – 01476 406631

Email – j.booth@southkesteven.gov.uk

Tracey Blackwell

Strategic Director – Community and Environment

Tel – 01476 406058

Email – t.blackwell@southkesteven.gov.uk

Steve Cullington

Service Manager – Supported Housing

Tel – 01476 406066

Email – s.cullington@southkesteven.gov.uk

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Public Health Serious Incident Reporting Form

This report should be completed by providers to report all serious incidents to the commissioner- Public Health Lincolnshire. This report does not replace the provider’s duty to inform the Lincolnshire County Council Customer Service Centre of any safeguarding issue. All serious incidents should be reported within 24 hours of the provider being aware of the incident.

Please refer to the FAQ at the end of the form for guidance.

Please send this completed form to Public_Health_Incident_Report@lincolnshire.gov.uk or fax to 01522 516249 – please use a confidential cover sheet marking it for the attention of Business Support Public Health.

Definition of serious incident:

- a) Deaths, excluding deaths by natural causes;
- b) An occurrence where a Service User, member of staff or a member of the public is attacked, has sustained injuries, or has sustained harm in other ways (e.g. through drug overdose or self-harm), either on the Providers premises or during the delivery of this service;
- c) Fire or flood or any other incident which renders any part of the building uninhabitable;
- d) Any incident occurring under the provision of the Independent Safeguarding Authority as a referral (Previously POVA).
- e) Anyone reported as a missing person to the police.

PROVIDER DETAILS

1.	Name of person completing this form	
2.	Date of completing form	
3.	Name of provider	
4.	Name of service	
5.	Provider contact details	

INCIDENT DETAILS

6.	Date of incident			
7.	Location of incident			
8.	Who was involved (please tick as appropriate)	Staff	Service User	Visitor
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	What kind of serious incident are you reporting? (see definition above)	a	b	c	d	e

10.	Please provide a brief account of the serious incident. (This should include the risk/danger)	
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11.	Please provide details of any action(s) that have taken place since the incident occurred? (Please attach risk management/action plan if necessary)	
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12.	Has this incident been reported to the LCC Customer Service Centre? (please tick)	Yes (please provide a reference number, where applicable)	Date reported	No

13.	Have you informed the police about this incident? (please tick)	Yes (please provide a reference number)	Date reported	No

14.	Are there any ongoing police investigations about this incident? (please tick)	Yes (please provide details)	No

15.	Are there any other stakeholders involved in investigating or resolving this incident e.g. MARAC, CQC, MAPPA (please tick)	Yes (please provide details)	No

16.	Contact name and details of your communication/media team	Name:
		Email:
		Phone Number:

The Public Health serious incidents reporting form has been revised. Below details a few pointers, to help with the completion of the document:

- **Why do these forms need to be submitted?**
The information provided on these forms will enable the team to proactively build up a picture of current trends and action plan for these.
- **What is the process for these?**
Once the form has been submitted the contract manager will be immediately notified. Should any additional information be required the contract manager will directly contact the provider for this. Unless the provider is contacted they can close the incident down.
- **Why is the process for safeguarding issues?**
All safeguarding issues should be reported directly to the Lincolnshire County Council Customer Service Centre on 01522 782155. It is the provider's duty to ensure that this is followed. Only serious incidents should be reported and sent directly to [Public Health Incident Report@lincolnshire.gov.uk](mailto:Public_Health_Incident_Report@lincolnshire.gov.uk).
- **When do they need to be submitted?**
Your contract officer should be notified within 24 hours of you being aware of the incident; in certain circumstances this can be via email or phone to ensure the quick dissemination of the information. The serious incident form should then be submitted within 3 working days of the incident occurring; this is to allow time for any actions taken to be included within the form.
- **When do you report a death?**
Should there be a death of staff, service user or visitor a serious incident form should be completed.
- **What is classified as 'Self Harm'?**
When it is the first incident of self-harm, when the harm inflicted is out of the norm for that service user/cohort of users for that particular service or when the service user is admitted to hospital then the incident should be reported.
- **When should a missing person be reported on the serious incidents form?**
Once the service user has been reported to the police as missing person, a serious incident form should be completed.
- **What is an action plan/ risk management plan?**
This details the activities and arrangements made by the provider to resolve the situation and avoid the reoccurrence of the event.
- **Why do you need the contact details of the media/communication team?**
It is important that this information is included to enable Lincolnshire County Council corporate communication team to liaise with your organisation about producing a joint media release. A joint media release may not be required on all occasions but this information will enable a quick response from all parties involved when necessary.
- **Is personal identifiable data required?**
This is not a requirement of the form. Should any additional personal identifiable data be required, this will be requested by the contract manager and a secure mailbox address distributed.

APPENDIX C

To be updated with relevant legislation and guidance

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APPENDIX D

Useful contacts

Lincolnshire County Council - Adult Social Care

During office hours - 8.45am to 5.15pm (4.45pm Friday):

Tel: 01522 782 155

Email: CSC_SocialCare@lincolnshire.gov.uk

In an emergency, outside office hours (including weekends or Bank Holidays)

Tel: 01522 782 333

Grantham

Grange House, 46 Union Street, Grantham, NG31 6NZ

Tel: 01476 561 061 **Fax:** 01476 567 572

Stamford

38 North Street, Stamford, PE9 2YN

Tel: 01780 751 821 **Fax:** 01780 754 533

Lincolnshire Police

Public Protection Unit (24 hours) **01522 532 222**

Officers in all Lincolnshire Police Stations can be contacted by dialling:

101 or in an emergency situation dial **999**

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