****

# Safeguarding Quality Performance

## Tier 2 Incident Referral Form

**Please complete all sections on the form providing as much detail as possible:**

|  |  |
| --- | --- |
| **Details of Service User:** | |
| Name and Address of Service Provider: |  |
| Service User Name: |  |
| Service User Date of Birth: (if known) |  |
| Tel No of Service: |  |
| Mosaic ID (If known): |  |
| Date and time of incident: |  |
| Name of Social Worker (if known): |  |

|  |  |
| --- | --- |
| **Details of Staff Member completing the Incident form (this should be the person who has been involved in the incident or witnessed concerns):** | |
| Name of staff member completing form: |  |
| Job Role |  |
| Managers Email address: |  |
| Address/Place of work: |  |

|  |
| --- |
| **Details of incident *(please include as much information as possible):***   * Brief details of incident * Please advise of any known clinical diagnosis of the Service User * Was medical attention required? If so explain further * Was there any other Service Users/staff involved in the incident * Does the Service User Service have capacity? * Source of Risk details (if known) |
|  |
| **Please provide brief details of any internal investigation undertaken and what changes has the Service/Organisation made or implemented to reduce the risk of similar incidents reoccurring?** | | |
|  | | |
| **Agreed Action(s) *(for example):***   * Any staff re-training; * Required changes to policies/procedures; * Re-assessment of Service User; updating of risk assessments; * Referral to other Professions as appropriate e.g. Speech & Language Team, Moving and Handling Team, GP/District Nurse/Social Worker, Tissue Viability Nurse (TVN); Later Life & Memory Service (LLAMS); Reporting Injuries Diseases Dangerous Occurrences **(**RIDDOR) * Have Family members been informed of the incident (if appropriate). | |
|  | |
|  | |
|  | |

**Please send the completed referral form as soon as possible to:** [**pmmd@wigan.gov.uk**](mailto:pmmd@wigan.gov.uk)

*The Quality Performance Officer (QPO) aligned to your service will review the information provided to determine whether any further action or support is required. They will also continue to monitor and review on subsequent visits.*

*Care Quality Commission (CQC) will also request this information as part of their monitoring visits.*