

Safeguarding / Risk Management Plan

Strictly Confidential



Person completing this plan Name:

Agency:

Contact Details:

| | | |
|---|--|----------------|
| Name: | Date of Birth: | Gender: |
| Current Address: | Post Code: | |
| | Telephone Number: | |
| Have you involved the adult and / or their representative in completing this plan? | | |
| Relevant ID Number (e.g. CareFirst / NHS no.) | Date of Implementation of Plan: | |

| Risk Identified | Initial Risk Assessment Score | Required Actions / Outcome Desired (please also include the views and wishes of the adult and / or their representative) | Person Responsible and Timescale | Managed Risk Assessment Score |
|------------------------|--------------------------------------|--|---|--------------------------------------|
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Next Steps

| | |
|--|--|
| Plans for Monitoring? | |
| Indications / triggers for further concern | |
| Contingency Plan in the event of any further / ongoing concerns | |
| Review Date: | |

Please ensure that all parties involved receive a copy of this plan and send an electronic copy to the Adult Protection Team via email – adultprotectionteam@northlincs.gov.uk