

South Tyneside Safeguarding Adults Board



Safeguarding Adult Review Protocol

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Contents Page

This protocol will assist professionals to decide when to refer a case for consideration as a Safeguarding Adult Review (SAR), as well as providing guidance on the SAR Process.

1.	Introduction	3
2.	Purpose	3
3.	Criteria for a Safeguarding Adult Review	4
4.	Procedure for Making a Referral for a Safeguarding Adult Review	4
5.	Procedure for Undertaking a Safeguarding Adult Review	5
6.	Interface with Other Proceedings or Investigations	5
7.	Methodology	7
8.	Governance	7
9.	Timescales	7
10.	Responsibilities to the Individual(s) and Family Carers	8
11.	Responsibilities to Staff	8
12.	The Report	8
13.	Media, Communication and Publication	9
14.	Implementation and Evaluation	9
15.	Review	9

Appendices

Appendix 1	The Safeguarding Adult Review Process	10
Appendix 2	Referral Form for SAR Consideration	12
Appendix 3	Letter requesting information from multi-agency partners	15
Appendix 4	Multi-Agency Involvement Template	16
Appendix 5	Family Notification Letter	18

1. Introduction

- 1.1 The Care Act 2014 placed a statutory duty on Safeguarding Adults Boards (SABs) to undertake Safeguarding Adult Reviews (SARs).

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

- 1.2 The SAR protocol has been developed by the South Tyneside Safeguarding Adults Board (the Board) and is part of the South Tyneside Safeguarding Adult procedures.

<http://www.southtynesidesafeguardingapp.co.uk/>

- 1.3 The protocol will assist professionals to decide when to refer a case for consideration as a SAR, as well as providing guidance about the SAR process itself.

2. Purpose

- 2.1 The purpose of having a SAR is not to reinvestigate or to apportion blame, it is to:

- establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults
- review the effectiveness of procedures
- inform and improve local inter-agency practice
- improve practice by acting on learning
- highlight good practice

- 2.2 SARs are not disciplinary proceedings, and should be conducted in a manner which facilitates learning and appropriate arrangements must be made to support staff.

- 2.3 SARs are not enquiries into why an adult has died (or been significantly injured), or who is culpable. These are matters for criminal courts and coroner's courts.

3. Criteria for a Safeguarding Adult Review

3.1 A SAR should always be considered if:

- an adult has died (including death by suicide), and abuse or neglect is known or suspected to be a factor in their death; **or**
- an adult has experienced serious abuse or neglect which had resulted in, permanent harm, reduced capacity or quality of life (whether because of physical or psychological effects), or the individual would have been likely to have died but for an intervention, **and**
- there is a concern that partner agencies could have worked more effectively to protect the adult

3.2 SABs may also arrange for a SAR in any other situation which involves an adult, in its area, with needs for care and support.

3.3 If the SAR criteria are not met but the Board feels there are lessons to be learnt an alternative review may be undertaken.

4. Procedure for Making a Referral for a Safeguarding Adult Review

4.1 The Board is the only body that can undertake a SAR.

4.2 Any professional or person can make a referral for a SAR.

4.3 Staff will usually find it helpful to discuss their concerns with their organisation's Safeguarding Lead prior to making a referral, using the consideration request for a SAR from (Appendix 2).

4.4 Referrals can be made via:

Secure Email: Safeguardingadultsboard@southtyneside.gov.uk
In Writing: South Tyneside Safeguarding Adults Board
38 Laygate Place
South Shields
Tyne & Wear
NE33 5RT

4.5 Discussions regarding the appropriateness of referring a case are welcomed by the Board Business Manager, telephone 0191 424 6512

5. Procedure for Undertaking a Safeguarding Adult Review

- 5.1 Once a consideration request for a SAR has been received the Board Business Unit will send out a letter and basic report template to key agencies within 2 working days of receiving the initial notification.
- 5.2 The Chair of the Learning and Improvement sub group, supported by the Board Business Manager, will discuss with members of the sub group to consider whether the criteria is met. This will be informed on the initial information received from key agencies involved with the case. The sub group will agree the recommendation to be made to the Independent Chair.
- 5.3 The Independent Chair of the Board is responsible for deciding whether to undertake a review or not, based on the recommendations of the Learning and Improvement sub group.
- 5.4 The methodology for undertaking a SAR will be discussed and agreed by the Learning and Improvement sub group and the Independent Chair of the Board.
- 5.5 The Board Business Manager or Chair of the Learning and Improvement sub group will inform the referrer in writing of the decision. If the decision is to undertake a SAR, the Board will make arrangements to notify the individual, their family or carers (where appropriate), partner agencies of the Board and the Care Quality Commission (regulator of health and social care services) if registered services are involved.
- 5.6 The SAR process is illustrated in Appendix 1.

6. Interface with Other Proceedings or Investigations

- 6.1 It may be necessary to consider whether the case meets the criteria for other multi-agency reviews.
- 6.2 The Board acknowledges that the following are statutory:
 - Serious Case Reviews concerning children
http://www.proceduresonline.com/nesubregion/South_Tyneside_SCB/p_ser_case_rev.html
 - Domestic Homicide Reviews
<https://www.gov.uk/government/collections/domestic-homicide-review>
 - MAPPA Serious Case Reviews
<https://www.justice.gov.uk/downloads/offenders/mappa/mappa-guidance-2012-part1.pdf>
 - Mental Health Homicide Reviews
<https://www.england.nhs.uk/publications/reviews-and-reports/invest-reports/>
 - Serious Incidents
<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/04/serious-incident-framwrk-upd2.pdf>

- 6.3 There may be criminal or coronial investigations running concurrently with the SAR. Steps need to be taken to ensure the adult is safe, and any proposals for review must ensure the SAR does not prejudice criminal or judicial proceedings.
- 6.4 In some cases, criminal proceedings may follow the death or serious injury of an adult. The Learning and Improvement sub group Chair should discuss how the review process should take account of such proceedings with the relevant criminal justice agencies (such as the police and the CPS) at an early stage. Consideration should be given to, for example, effects on timing, the way in which the review is conducted (including any interviews of relevant personnel), what the potential impact on criminal investigations is and who should contribute at what stage? Work to understand and learn from the case can often proceed without risk of contamination of witnesses in criminal proceedings.
- 6.5 It may also be necessary to delay the publishing of an overview report until the conclusion of any criminal trial. Individual agencies can however progress with implementing the learning from the review.
- 6.6 It is also acknowledged that all agencies will have their own internal or statutory review procedures to investigate serious incidents. This protocol is not intended to duplicate or replace these and any opportunities to prevent duplication will be encouraged.
- 6.7 In some cases, dependent on the specific issues in the case, internal investigation reports may provide adequate information to address the terms of reference; or it may be that additional reports are required to address any outstanding areas. Careful planning and communication is required to make the most effective use of resources and avoid duplication.
- 6.8 SARs are not part of any disciplinary process. However, should information emerge in the course of the SAR that may indicate that disciplinary action should be taken; the agencies concerned should deal with such issues in accordance with their own procedures. If disciplinary matters are in progress at the commencement of the SAR these should be notified to the Board Manager.

7. Methodology

- 7.1 SARs can be conducted in a variety of ways. The Board will endorse the approach best suited to the circumstances of each individual case, and the Learning and Improvement sub group will decide on the most appropriate method.

8. Governance

- 8.1 SARs are overseen by the Board, which is a multi-agency partnership with senior management representation from all the key agencies. The Board is responsible for ensuring that effective systems are in place for the completion of SARs, including:
- decision making in respect of undertaking reviews,
 - formally accepting reports, and
 - agreeing sign off of the report for publication
- 8.2 Responsibility for the management of SARs is delegated to the Learning and Improvement sub group. This group is responsible for the effectiveness of the SAR process to ensure timely completion of reviews. The Learning and Improvement sub group will keep the Board updated and make recommendations as required.
- 8.3 SARs will be presented to the Board on completion.
- 8.4 Involved organisations will be provided with copies of reports for comments on factual accuracy prior to the final draft.
- 8.5 All involved agencies will be asked to participate in identifying solutions to any recommendations of the review to support improvements in practice.

9. Timescales

- 9.1 SARs must be completed in a timely manner.
- 9.2 The recommendations from the Learning and Improvement sub group should be provided in writing within 5 working days of the meeting to the Chair of the Board.
- 9.3 The Chair will make a decision on whether there should be a review within 5 working days.
- 9.4 Once the decision to undertake a SAR has been made, it is good practice for it to be completed within six months.
- 9.5 It is acknowledged that where there are dual processes or reviews that are complex, these may require more time. Any urgent issues which emerge from the review and need to be considered without delay should be brought to the attention of the Board.

10. Responsibilities to the Individual(s) and Family or Carers

- 10.1 It is important that consideration is given to the best means of notifying the individual(s) (where possible), and their relatives and carers (where appropriate) that a review is being undertaken.
- 10.2 Individual(s) will be notified that the review will look at records and notes held by public bodies, including adult social care and health providers.
- 10.3 Where appropriate, the Board will make arrangements for the individual(s) and / or their family and carers to participate in the SAR. Their consent is not required for the review to go ahead. Please see Appendix 5
- 10.4 Individual(s) and / or their families and carers should be kept updated at key stages of the review and notified of the publication of the report.

11 Responsibilities to Staff

- 11.1 The staff directly involved in the care and support of individuals subject to a SAR should be notified of the decision to undertake a SAR, and there is an expectation that support will be provided to them by their agency. The process and their involvement should be fully explained.
- 11.2 At the end of the process staff will be invited to share their experiences and give feedback on the process.

12. The Report

- 12.1 The Learning and Improvement sub group will be responsible for appointing a Lead Reviewer to determine the Terms of Reference and understanding the SAR. The Lead Reviewer should be an experienced individual who has no direct involvement with the case.
- 12.2 In compiling the SAR report, it should:
 - provide a sound analysis of what happened,
 - contain findings or recommendations of practice value to organisations and professionals, and
 - be written in plain English
- 12.3 Where appropriate, arrangements will be made to share the report and its findings with the individual(s), and / or their family and carers.
- 12.4 The final report will be signed off by the Board.

13. Media, Communication and Publication

- 13.1 The Learning and Improvement sub group Chair, in consultation with the Independent Chair of the Board, will consider appropriate publication of the report on a case by case basis. Discussions about publication will be held with the individual(s), their family or carers (where appropriate).
- 13.2 Since Adult Social Care is the lead agency, media and communication issues will usually be coordinated by the council's Communications Team. This will be done in collaboration with the communications teams of the other agencies involved, alongside agreed representatives of the Board.
- 13.3 All SAR reports will be considered for publication on the website of the Board. In the case of publication, the Independent Chair of the Board will release a statement where appropriate.

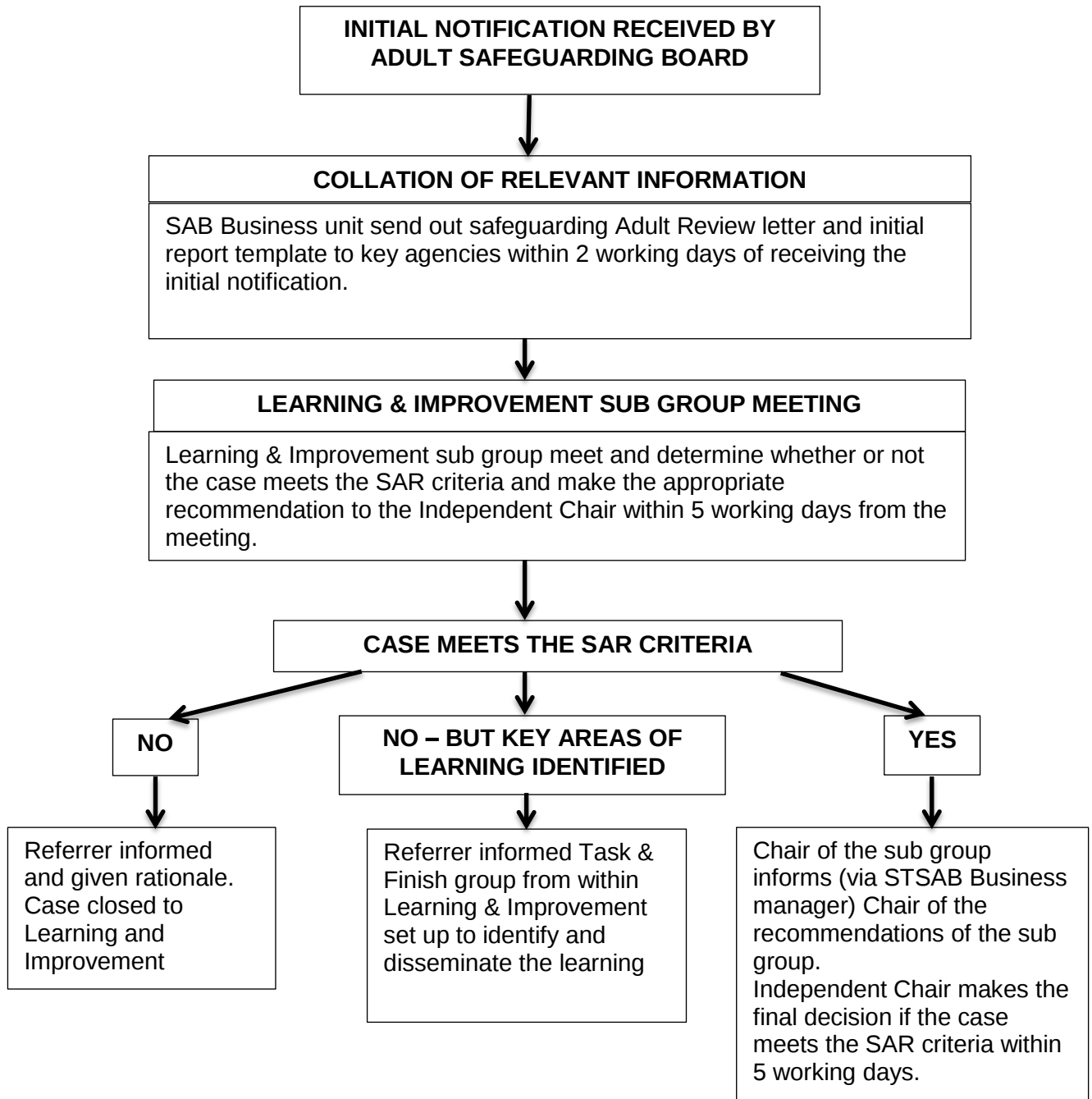
14. Implementation and Evaluation

- 14.1 The real value of the completion of a SAR is to ensure that the relevant lessons have been learnt and that professional multi-agency safeguarding is improved, in order to prevent the issues in question happening again.
- 14.2 The Learning and Improvement sub group will consider the recommendations from the report and agree an action plan (if required).
- 14.3 The Learning and Improvement sub group will be responsible for ensuring the implementation of the action plan, monitoring the progress made and making links with relevant sub groups of the Board as required.
- 14.4 Following the completion of a SAR, learning will be cascaded through single and multi-agency learning and development opportunities and quarterly safeguarding newsletter.

15. Review

- 15.1 There will be a formal annual review of this protocol to take account of developments and new legislative requirements.

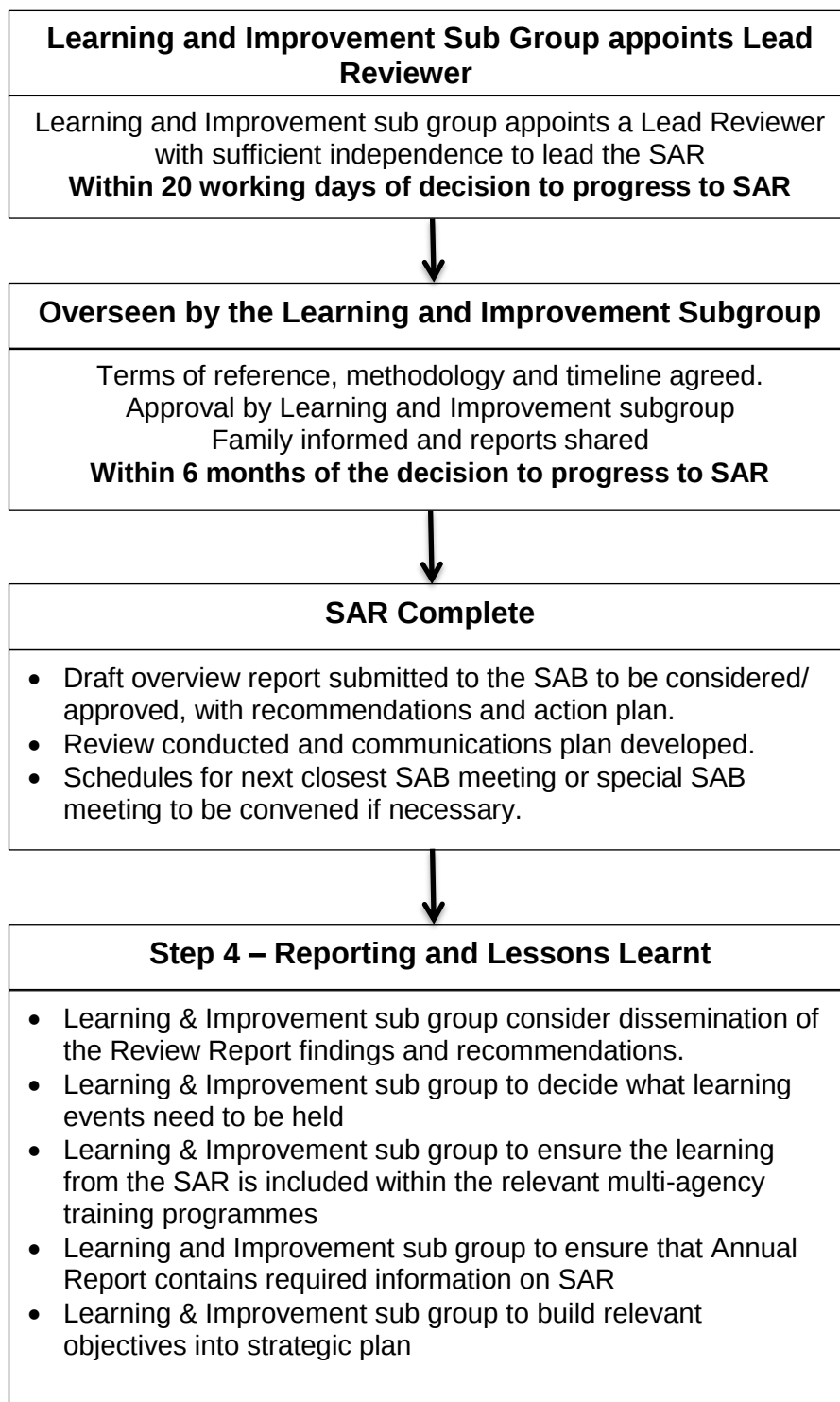
SAFEGUARDING ADULT REVIEW PROCESS (Stage One)





APPENDIX 1B

SAFEGUARDING ADULT REVIEW PROCESS (Stage Two)



**APPENDIX 2****Consideration Request for Safeguarding Adults Review**

DATE		
Referrers Details		
Name		
Job Title		
Agency		
Contact details		
Authorised by Senior Manager		
Name		
Contact details		
Details of Concern		
Name		
Address		
Any other known address		
Date of Birth		
Date of Death (if applicable)		
Religion		
Ethnicity		
Any disabilities		
Name and address of GP		
Family / Next of Kin / Advocate/ Representative		
Name		
Contact Details		
Agencies involved		
Are or were there any legal orders in place? YES / NO (If yes please identify what they were)		
Relationship with Perpetrator (if applicable)		

Details of alleged perpetrator/s			
Name			
Home Address			
Any other known address (please list)			
Date of Birth			
Religion			
Ethnicity			
Any Disabilities			
Other members of the adult concerned household			
Name	Date of Birth	Address	Relationship to adult concerned
Details of the incident			
Agencies involved			

SAR Criteria	
Please highlight which of the criteria below has been met. Please put a X in the appropriate box and give a brief summary of your rationale.	
An adult at risk dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in the death	
An adult has sustained a potentially life threatening injury through abuse neglect, serious sexual abuse or sustained serious or permanent impairment and health or development through abuse of neglect; and one of the following	
Where procedures may have failed and the case gives rise to serious concern about the way in which local professionals and/or services worked together to safeguard adults at risk	
Serious or apparently systematic abuse that takes place in an institution or when multiple abusers are involved. Such reviews are likely to be more complex, on a larger scale and may require more time	
Where circumstances give rise to public concern or adverse media interest in relation to an adult/adult at risk	
<u>Brief summary of Rationale</u>	
N.B. for STSAB Action	
Date Received	
Learning and Improvement meeting arranged for	
SAB Chair notified	
Relevant documentation sent out to Learning and Improvement	

Please return this form to safeguardingadultsboard@southtyneside.gcsx.gov.uk within 48 hours of notification.

Letter requesting Information from Multi-agency partners

APPENDIX 3

Dear Colleague

URGENT: SAFEGUARDING ADULT REVIEW

An incident has taken place that may require a Safeguarding Adult Review to be convened under the Care Act 2014. Please do the following immediately:

Check to see if you hold records for the following people (please treat this information as sensitive and restricted):

Name of adult concerned:	[insert name, address, DOB]
Name of alleged perpetrator:	[insert name, address, DOB]
Other household members:	[insert name, address, DOB]

Please complete the information required in **Appendix 4** attached to this letter. This is required to identify which agencies should attend the Learning and Improvement Sub-Group meeting and which hold relevant information that would inform a Safeguarding Adult Review in the event of one being commissioned.

If you do hold records, secure them immediately by copying and/or restricting electronic access. To be completely clear, only staff who will be involved in the SAR process (should it proceed), should have access to the file from now on.

Your completed template should then be forwarded to safeguardingadultsboard@southtyneside.gcsx.gov.uk from a suitably secure email **within 10 working days** of receiving this request. This information is only required in brief at present – i.e. we are not asking you to write a full review of your agency's involvement at this stage. We are asking for this information in order to determine whether it is necessary to conduct a full Safeguarding Adult Review and if so which agencies need to be involved. Please also confirm if your organisation has had no involvement with the individual and/or family on the same template.

In the event that the adult concerned has died please ensure any staff or volunteers who had contact with the person involved in the case are aware of the death and that they have access to appropriate support.

A decision will be taken on whether to go ahead with a Safeguarding Adult Review. We will be in touch again following that decision.

Yours sincerely

Jackie Nolan
Business Manager, Safeguarding Adults Board

Multi- Agency Involvement Template**APPENDIX 4****Summary of Involvement****Summary of Involvement:**

The information requested on this form will be for the purpose of deciding whether the criteria for holding a Safeguarding Adults Review have been met.

The form is sent out to all agencies, you are asked to complete only those questions on which you hold information or indicate that this person and their family were not known to your services.

Subject of the Report			
Name	D.O.B.	D.O.D	Address

Other relevant family members (please add any additional information which supports this scoping exercise)			
Name	D.O.B.	Relationship to Subject	Address

Brief Summary of Concerns

Name of Agency:	
Name and Job Title of Lead Safeguarding Adults Professional:	
Email:	
Agency relationship with Adult:	
Date when your involvement with the adult started:	
Date when your involvement with the adult ceased:	

Factual summary of agency involvement:

Provide a brief factual and contextual summary of your agency's involvement with the adult. Note the following key information:

- Significant events, attendance at appointment;
- Involvement of other agencies/friends/family (with contact info where possible);
- Changes in level of need/engagement with agencies and
- Referrals of concerns, and how these were received by other agencies.

Date:

Summary of Involvement

Other known agencies working with the individual e.g. local voluntary services:

Organisation:

Contact (if known):

Details of any concerns about the adult/carers and the actions taken by the agency:

I confirm that this is an accurate Summary of Involvement in the line with the South Tyneside Safeguarding Adults Review Protocol.

Signed: _____

Date: _____

Job Title: _____

Notification to family letter

APPENDIX 5

Dear

Re:

I am writing to advise you that following on from **(inserts nature of incident)** a number of agencies in South Tyneside will be taking part in a Safeguarding Adult Review of their involvement in the case in accordance with their duties under the Care Act 2014.

The purpose of such a Review is to establish whether there are lessons to be learned from the way in which local professionals and organisations worked together, with a view to improving service responses and inter-agency working in future.

I would very much like you to contribute to the Review and ask whether you would be willing to meet with me at a time and place convenient for you. This will be your opportunity to share your views on the way that agencies worked and the services that were provided.

If you would like to contribute to the review may I ask that you make contact with the Safeguarding Adults Board on 0191 424 6512 and the appropriate arrangements will be made.

If you have any queries please do not hesitate to contact me direct on 0191 424 6513.

Yours sincerely

Jackie Nolan
Business Manager
Safeguarding Adults Board
38 Laygate Place
South Shields
Tyne & Wear
NE33 5RT