SUTTON SAFEGUARDING ADULTS BOARD

PROCEDURES FOR

SAFEGUARDING ADULT REVIEWS (SAR)

AND MULTI-AGENCY REVIEWS

January 2016

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1. PURPOSE OF A SAFEGUARDING ADULT REVIEW (SAR)

1.1 The Care Act 2014 requires a Local Safeguarding Adults Board to arrange for a Safeguarding Adults Review (SAR) to be held in circumstances set out in Section 44.

1.2 The SAR process has been developed to :

- establish whether there are lessons to be learned from the case about the way in which the SAB, its members and other persons with relevant functions professionals and agencies work together to safeguard adults with needs for care and support.
- establish what those lessons are, how they will be acted upon and what is expected to change as a result.
- improve inter-agency working and better safeguarding of adults at risk, including the review of procedures where there may have been system failures.
- prepare or commission an overview report which brings together the findings in order to make recommendations for future action for an agency or Safeguarding Adults Partnership Board.

1.3 SARs are not inquiries into the cause of death or injury. Nor are they inquiries into who is responsible for the death or injury. Where those inquiries are required, they may take place via other agencies and processes.

1.4 It is acknowledged that all agencies will have their own internal / statutory review procedures to investigate serious incidents e.g. root cause analysis (RCA). This protocol is not intended to duplicate, replace or undermine these. However, careful consideration will need to be given by the Safeguarding Adults Board, on recommendation of the SAR subgroup, as to how these different processes compliment the Serious Case Review procedure, or whether they indeed should be completed and reported back on first so as to establish if a SAR is still required.

1.5 If there are issues of performance and/or discipline which needs to be addressed arising from the review case then these must be dealt with within each agency's usual procedures.

2. CRITERIA FOR CONDUCTING A SAFEGUARDING ADULT REVIEW

2.1 The Care Act 2014 and the Pan London Multi Agency Safeguarding Adults Policies and Procedures set out when a Safeguarding Adults Board (SAB) must conduct a SAR.

The criteria for a SAR are met when:

- An adult at risk dies (including by suicide) and abuse or neglect is known or suspected to be a factor in their death and there is a concern that partner agencies could have worked more effectively together to protect the adult.
- An adult at risk has not died, but has sustained injury, and/or experienced significant abuse or neglect and there is a concern that partner agencies could have worked more effectively together to protect the adult.
- Serious or apparently systematic abuse has taken 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 – timescales for completion need to be recommended by the SAR sub group and agreed by the SAB Chair).

Examples of the type of 'serious abuse or neglect' for consideration would be where the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

2.2 The SSAB will consider conducting a SAR when the above criteria are not met but when:

- A review into the circumstances of a death or serious abuse or neglect can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults who are at risk of, or experiencing, abuse and neglect.
- 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

2.3. **Multi Agency Review (MAR)** - The SSAB will consider conducting a Multi-Agency Review (MAR) when a SAR is not going to be conducted and there can be useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults at risk of abuse and neglect.

2.4 When conducting either a SAR or a MAR, the SSAB will seek to identify examples of good practice where this is likely to identify lessons that can be applied to future cases.

2.5 **Significant Incident Learning Process (SILP) -** This is a process which involves agencies coming together to identify how things could have been done better, in order to develop new and better ways of working together. This can be a whole day reflective event for agencies involved.

3 REFERRAL OF CASES FOR SAFEGUARDING ADULT REVIEW

3.1 Any agency or professional may refer a case believed to conform to the criteria using the Referral Form (Appendix 1).
Referral form should be sent to the Safeguarding Adults Lead – London Borough of Sutton using the secure e-mail address ssab@sutton.gov.uk and marked as **Urgent.**
The referral should include:

- A Brief summary of the case
- Identified factors that suggest that the criteria for conducting a SAR has been met.
- Information regarding agencies involved

Chairs of safeguarding adult meetings will be particularly well placed to identify cases that may warrant review.

3.2 The Safeguarding Lead (LBS) will then inform the Strategic Director for Peoples Directorate – Sutton Council, the Independent Chair of the SSAB and the Director of Quality, Sutton CCG. The Lead must also inform the Chair(s) of the SAR sub-group. The SAR sub group will aim to convene an extra-ordinary meeting within 2 weeks of the referral being received, unless a SAR sub-group meeting is due to be held imminently, to decide what action needs to be recommended in response to the referral.

3.3 **Decision:** The SAR sub group will review the information in the referral and any information that is held within their own agencies. The group may be conducted in person or by phone. The group will endeavour to reach a decision regarding their recommendation at the meeting, however where additional information is needed this timeframe may be extended to a maximum of 4 weeks. When this delay occurs, the SAR Sub group will inform the SSAB Independent Chair and the Safeguarding Lead the anticipated date for when a decision regarding the recommendation will be reached. The Safeguarding Lead will convey this information to the referrer.

It is envisaged that the group will reach a consensus decision but if there is a split decision on the outcome then the Independent Chair will make the final decision.

3.4 **Outcome:** It is anticipated that the recommendation to the SSAB Chair with regards to how the referral should now proceed will be one of the following:

i) Commission a Safeguarding Adults Review – the group will need to then decide on setting up the SAR panel for that review. This panel will determine the Terms of Reference for that SAR and who will be commissioned to author the report in conjunction with the SSAB Chair.

ii) Proceed with a Serious Incident Learning Process or a Multi Agency Review - the group will further recommend as to who should Chair this process.

iii) A Single Agency Review – if agreed the group will then contact the Safeguarding Adults Lead of the specific agency to request they review the incident and provide a report to the Sutton Safeguarding Adults Board.

iv) Feedback to the referrer that the incident doesn't meet the criteria for formal review. A recommendation however may be made on how it could be taken forward.

3.5 **Recording of the Decision:** The recommendation of the group will be conveyed to the Independent Chair of the SAB in writing, for agreement, with the Safeguarding Lead – London Borough of Sutton copied in. Once agreed, the SAR sub group chair will then write to the referrer to formally inform them of the decision. The Safeguarding Lead – London Borough of Sutton will also compile a database of all referrals and their outcome. Data and trends arising from the database will be reported to the Safeguarding Board on a six monthly basis.

4 THE SAFEGUARDING ADULT SUB-GROUP

4.1 Members of the SAR sub-group will have appropriate levels of experience of safeguarding adults work and inter-agency working and will have suitable qualifications and seniority within their agencies.

4.2 The members of this group have been selected from agencies who are members of the SSAB. Review of the membership should be given periodically to include

- Adult Social Care
- Sutton Housing Partnership
- Sutton Clinical Commissioning Group (CCG)
- Sutton Police
- Sutton – London Fire Brigade
- South West London & St Georges Trust,
- Royal Marsden Foundation Trust,

- Epsom and St Helier Trust
- Legal representative from Sutton Legal Services
- Carers organisation

4.3 The final decision whether or not to conduct a SAR and its scope and management rests with the chair of the SSAB who may choose to consult with members of the Executive Group of the SSAB before making a decision.

4.4 The chair of the SSAB will give the decision in writing to the chair of the SAR sub-group and a written record will be kept by the Safeguarding Adults Lead of Sutton Council.

4.5 The Chair of the SAR sub-group will give the decision, with or without reasons, in writing to the person or agency that made the referral.

4.6 If the adult at risk has died, as opposed to has sustained injury, the chair of the SSAB will notify the Coroner as appropriate when the decision is made to conduct a SAR and a copy of the final report will be sent to the Coroner.

4.7 The SAR Sub group will continue to meet regularly to ensure that recommendations and actions from any case review are implemented as appropriate.

4.8 Themes from local case reviews will be collated annually and reported on in the SSAB annual report.

5 WHEN THE CHAIR OF SSAB DECLINES THE RECOMMENDATION

5.1 Where the chair of the SSAB declines to accept the SAR sub-group's recommendations for a SAR (or alternative process), the chair of the SSAB will advise the chair of this group in writing and a written record will kept by the Safeguarding Adults Lead, Sutton Council, including the reasons why the recommendation has been declined.

5.2 In the circumstances set out in 5.1, unless the reason is that there is evidence of single agency and not multi-agency failings, the chair of the SAR sub group will reconvene the group in order to undertake a Multi Agency Review or a Serious Incident Learning Process, if this is the agreed way forward by the chair of the SAB.

6 CONDUCTING A MULTI-AGENCY REVIEW (MAR)

6.1 The SAR Sub Group will set up a panel to undertake the MAR, appoint a chair and will consider which agencies or organisations should be invited to be part of the MAR panel. The MAR panel will invite all agencies that have been involved in the case to contribute to the review in order that lessons can be learnt and an action plan put in place for relevant agencies. The MAR report should be brief and to the point, focusing on recommendations and actions rather than the history of the circumstances. It should be completed within 3 months of the decision to undertake the review. The chair of the MAR Panel is responsible for the MAR report which should be submitted to the SAB for agreement.

6.2 The action plan of the MAR will be monitored by the SAR sub-group, or the SAB Quality and Performance Sub-group as appropriate.

7 CONDUCTING A SERIOUS INCIDENT LEARNING PROCESS (SILP)

7.1 The SAR Sub Group will set up a Serious Incident Learning Process (SILP), will appoint a chair and will consider which agencies or organisations should be invited to be part of this process.

7.2 The Sub Group will invite all agencies that have been involved in the case to contribute to the process in order that lessons can be learnt and an action plan put in place for relevant agencies. This can be done as a whole day event.

7.3 The SILP report should be brief and to the point, focusing on recommendations rather than the history of the circumstances. It should be completed within 2 months of the decision to undertake an SILP. The chair of the SILP is responsible for the report, which should be submitted to the SAB for agreement.

7.4 The action plan of the SILP will be monitored by the SAR Sub group or SAB sub-group for Quality and Performance as appropriate.

8 CONDUCTING A SAFEGUARDING ADULT REVIEW

8.1 Where the chair of the SSAB confirms that a SAR is appropriate, the chair of the SSAB will appoint a person to formally lead and chair the SAR. The lead reviewer must be sufficiently skilled and experienced in adult safeguarding matters. The lead reviewer will chair the SAR panel – they should be from an agency or organisation not involved with the case, but may be a SAB member.

8.2 The chair of the SSAB will formally request the Chief Officer of involved agencies (and possibly some independent practitioners) to nominate a representative to sit on the SAR panel. The nominated representative must have the appropriate seniority, qualifications and levels of experience.

8.3 The chair of the SAR and the SSAB will either commission the lead reviewer or an overview report writer to complete the SAR Overview Report and Executive Summary.

8.4 Early discussions need to take place with the adult if available, family and friends to agree how they wish to be involved. The principles of Making Safeguarding Personal should be applied, however as the SAR process relates to improving procedures and inter-agency working, the adult cannot determine the outcomes or process beyond their own involvement. The local authority must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a SAR. Where an independent advocate has already been arranged under s67 Care Act or under MCA 2005 then, unless inappropriate, the same advocate should be used.

8.5 The chair of the SAR panel will draw up the Terms of Reference for the SAR process on behalf of and agreed with the chair of the SSAB.

8.6 The chair of the SAR Panel will formally request the Chief Officers of involved agencies to conduct an Individual Management Review (IMR) of their involvement with the adult (including a chronology), the service and/or the family and submit the report and recommendations arising from that review within given timescales.

8.7. The nominated IMR authors from each agency will be invited to attend the initial SAR

panel meeting in order for the chair of the panel to advise them of the Terms of Reference, timescales, and to explain the format in which the IMR must be completed.

8.8 The Internal Management Review (IMR) report plus any other information identified as necessary by the SAR panel will be received by the chair of the SAR panel and passed to the members of the panel for their scrutiny. The chair of the SAR panel will convene a meeting of the SAR panel to discuss the IMR's and any other information. The IMR Authors will be invited to present their IMR to the panel at this meeting. Questions may be put to the IMR writers by members of the SAR Panel at that meeting to clarify the content of the IMR.

8.9 The chair of the SAR panel will be responsible for ensuring that the SAR is compliant with the Terms of Reference drawn up. Any queries with regard to the Terms of Reference must be discussed with the chair of the SAR Sub Group in the first instance and if not resolved, then it is to be discussed with the SSAB chair.

8.10 The SAR panel will complete the review of the agencies IMRs and reports commissioned from any other source, and agree the overview report, which brings together all the information, an analysis of findings and recommendations for future actions. An Executive Summary shall also be agreed which outlines the issues and highlights the recommendations, to accompany the overview report.

8.11 The chair of the SAR Panel must ensure that all contributing agencies that have taken part in the Review are satisfied that their information is fully and fairly represented in the overview report.

8.12 The SAR process should be completed within six months of the SSAB's decision to conduct the SAR unless an alternative time-scale has been agreed. If this is not possible (for example, because of potential prejudice to related court proceedings) every effort should be made while the SAR is in progress to (i) identify any urgent necessary improvements that may be required and (ii) take corrective action.

8.13 The SAR report must:

- provide a sound analysis of what happened and why
- identify what action must be taken to prevent a reoccurrence
- be written in plain English
- contain findings of practical value to organisations and professionals.

Consideration should be given to having the published report translated into an appropriate language in circumstances where any interested party does not have English as a first language.

8.14 For all cases where a regulated service is involved, the regulating authority (e.g. Care Quality Commission) will be informed of the review by the chair of the SSAB.

9. IMPLEMENTING THE SAFEGUARDING ADULT REVIEW RECOMMENDATIONS

9.1 The Safeguarding Adults Review Sub Group of the SSAB will review the SAR Overview Report and endorse the recommendations if it is satisfied that the recommendation address the issues highlighted in the report's findings. The recommendations will be translated into an action plan that will indicate:

- who will be responsible for actions

- timescales for completion of actions
- the intended outcomes of the various actions and recommendations

9.2 The chair of the SSAB will agree to whom the report, or parts of the report, should be made available. In particular, consideration must be given to publication of reports either internally within agencies or externally via the internet. It may be necessary for each agency's media department to agree a joint strategy.

9.3 The chair of the SSAB will agree whether the SAR Executive Summary or the full report will be published on the SSAB website in order to support information sharing.

9.4 The chair of the SSAB will ensure dissemination of the SAR Overview Report, or key findings, to interested parties as agreed and ensure that the subject of the Review or the family of the adult at risk receives feedback so that the outcome of the findings can be shared.

9.5 Each agency is responsible for implementing relevant recommendations contained in their action plans within the timescales agreed.

9.6 The Safeguarding Adults Review Sub Group will monitor the delivery of the recommendations on a 6 monthly basis and report findings to the SSAB.

10 ANNUAL REPORT

10.1 The findings of all SARs conducted within the year should be referenced within the SSAB Annual Report along with what action it has taken, or it intends to take, in relation to those findings. Where the SSAB decides not to implement an action from the findings it must state the reason for that decision in the Annual Report.

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APPENDICES

APPENDIX 1

SAFEGUARDING ADULT REVIEWS (SAR)
REFERRAL FORM

Name:	
Address	
Date of Birth:	
Date of Death (if relevant):	
Ethnicity:	
Name and address of GP if known:	
Cause of death as set out in the death certificate (if appropriate) or suspected type of abuse	
Family / Next of Kin / Nearest Relative / Advocate / Representative:	
Location & Date 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 the case meets criteria for a SAR:	
Date of Notification:	
Name of Referrer: **Organisation:**	

APPENDIX 2

Sutton Safeguarding Adults Board

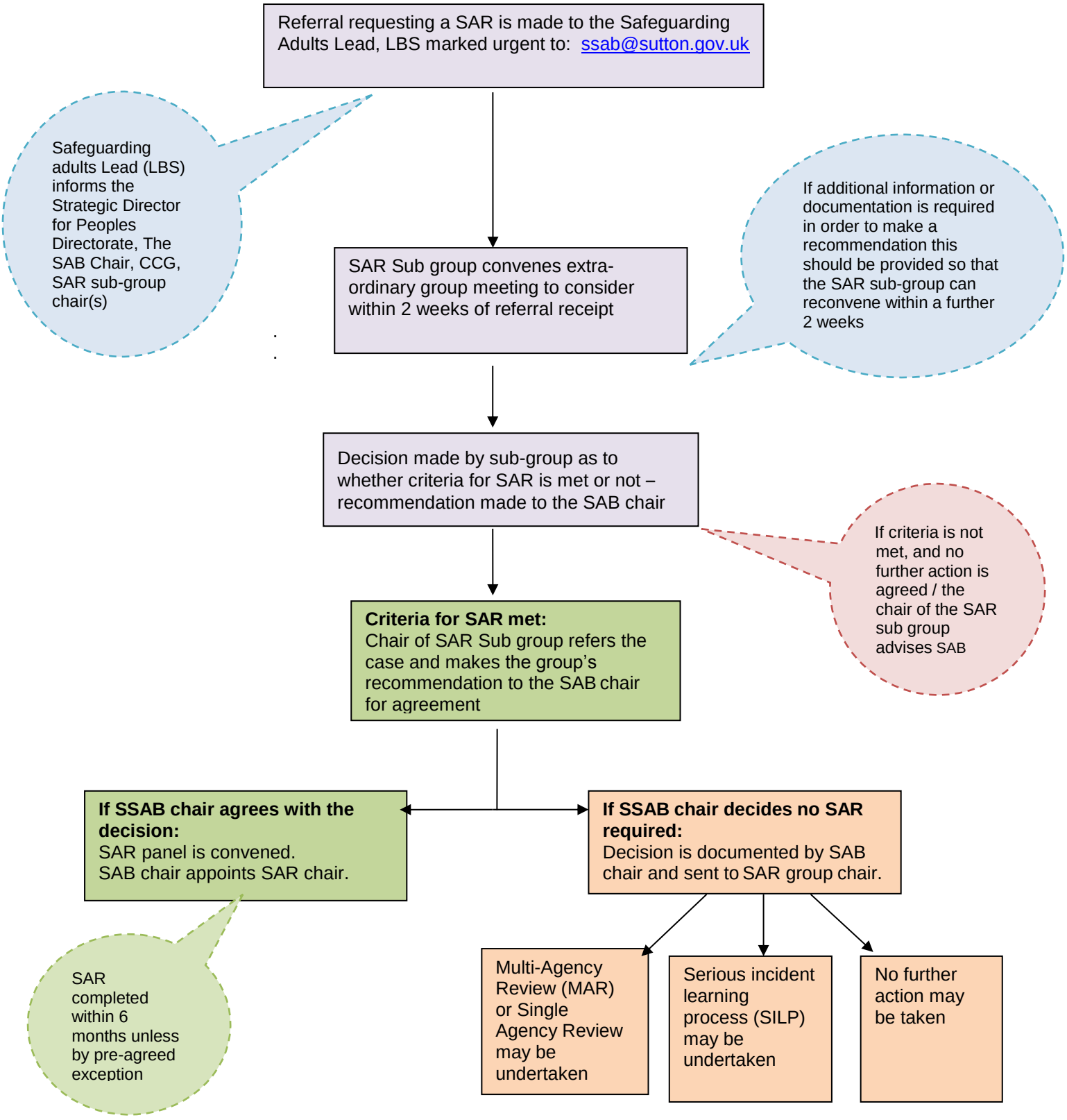
SAB SAR Sub-Group Terms of Reference

To be Determined

APPENDIX 3

Sutton Safeguarding Adults Board

SAR decision making flowchart



APPENDIX 4

Sutton Safeguarding Adults Board

SAR Process Flowchart, once a SAR has been agreed by SSAB Chair.

(timelines are suggestions only)

SAR Panel members agreed
SAB Chair appoints a SAR Chair
SAR Panel and SAB Chair appoints SAR report author

Consideration should also be given to identifying and securing admin' support for the process

Initial SAR panel meeting / discussion regarding how the adult at risk or their family will be consulted and by who

Within 2 weeks

Family consultation takes place as appropriate / agreed and is fed back to panel chair

SAR Panel formally convenes and determines:

1) Is panel membership correct / complete
2) Terms of Reference
3) Scope of the SAR
4) Confirmed time plan for delivery / completion
5) Date for SAR Panel re-convening

Within 1 month

IMRs completed and returned to SAR panel chair together with an integrated chronology and notes from any interview with family

All IMR requests sent out next working day

SAR Panel convenes to hear presentations from all IMR writers and ask questions (Additional info may also be requested).

Within 2 calendar months

SAR report undertaken and sent on completion to all SAR panel members

Within 4-6 weeks

SAR Panel Members meet to:

1. Discuss draft report
2. Agree recommendations made in the SAR Report
3. Agree who will monitor delivery of this (SAR sub-group / Q&P sub-group / other)
4. Agree how family can be most appropriately fed back to

Within 1 calendar month

Report, Recommendations and Actions and assurance monitoring process on actions presented at SAB for final agreement

SAR Log Updated by LBS SA lead

APPENDIX 5

INTERNAL MANAGEMENT REVIEWS (IMRs) AND REPORTS BY MEMBER AGENCIES AND INDEPENDENT ORGANISATIONS

1. Where the chair of the SSAB confirms that a SAR is appropriate, the chair of the SSAB will appoint a person to formally lead and chair the SAR panel.

2. The chair of the SSAB will formally request the Chief Officer of involved agencies (and possibly some independent practitioners) to nominate a representative to sit on the SAR panel. The nominated representative must have the appropriate seniority, qualifications and levels of experience.

3. The chair of the SSAB will commission/identify a report writer to complete the SAR Overview Report and Executive Summary.

4. The chair of the SAR panel will draw up the Terms of Reference for the SAR process on behalf of the chair of the SSAB.

5. The chair of the SAR panel will formally request the chief officers of involved agencies to conduct an Individual Management Review (IMR) of their involvement with the adult (including a chronology), the service and/or the family and submit the report and recommendations arising from that review within given timescales.

6. The request for an Individual Management Review and report will be addressed to the chief officer or chief executive of the agency concerned (or directly to any independent practitioners identified in the recommendations of the SAR sub group). Although the task of completing the review and report may be delegated to a suitably qualified and authorised senior manager within the agency, it is important that the review and final report and recommendations are fully endorsed by the chief officer or a duly authorised deputy before submission to the chair of the SAR panel.

7. The IMR should comply with the SAR's Terms of Reference (which will be sent with the request) and guidelines contained in this Appendix.

8. Authors of IMRs and chief officers of involved agencies should be aware that if so requested and appropriate, the full IMR will be shared with the Coroner.

9. On receipt of the SSAB chair's request, it is recommended that agencies should take action to secure all relevant records relating to the case to guard against loss or interference.

10. The aim of the management review is to look openly and critically at individual and organisational practice to see whether the case indicates that changes could and should be made and, if so, identify how those changes will be brought about.

11. The SAR to which the management reviews contribute, are not part of the disciplinary inquiry or process. However, information that emerges in the course of SARs may indicate that disciplinary and possibly barring action should be taken by an employer, under established agency procedures.

12. The following format should guide the preparation of a management review to ensure that the relevant questions are addressed and that information is provided to the SAR panel in a consistent format to help with preparing the overview report. The questions posed do not comprise a comprehensive checklist relevant to all situations. Each case may give rise to specific questions or issues which need to be explored, and each review should consider carefully the circumstances of individual cases and how best to structure a review in the light of those particular circumstances.

13. Where staff or others are interviewed by those preparing an IMR, a written record of such interviews should be made and this should be shared with the relevant interviewee. If any individual is interviewed directly by the panel a formal note will be put on record.

14. Where an adult at risk is interviewed consideration for necessary arrangements for support and/or advocacy must be made and documented.

APPENDIX 6

SAFEGUARDING ADULT REVIEW (SAR)

EXAMPLE TERMS OF REFERENCE

SUBJECT: (insert reference name)

INTRODUCTION

This case concerns *(insert reference of person(s) / care home etc)* in the London Borough of Sutton. The case was brought to the SAR Subgroup on (insert date) for consideration for a case review. It was determined that the criteria was met for a SAR on the basis that (insert relevant criteria from the SAR policy). This was agreed by the SSAB chair and members of the executive subgroup on *(insert date).*

PURPOSE OF THE REVIEW

The purpose of having a case review is not to reinvestigate, nor to apportion blame. It is:

- to establish whether there are lessons to be learnt about the way in which local professionals and agencies work together to safeguard adults at risk.
- to review the effectiveness of procedures (both multi-agency and those of individual organisations)
- to inform and improve local inter-agency practice
- to improve practice by acting on learning (developing best practice)
- to prepare or commission an overview report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action

SCOPE OF THE REVIEW AND TIMESCALE

The review will be conducted using a joint chronology *(add any other relevant process information here as per the SAR policy flow chart, appendix 4 and/or a determination of how best the information or evidence can be obtained).*

The following organisations will be invited to take part (list)

The SSAB will commission an Independent Overview Report Writer and schedule meetings with practitioners and managers for *(insert dates / period).* The final report will be shared with the SSAB SAR Subgroup for scrutiny in *(insert month and year)* and for approval by the SSAB on *(insert date).* Learning from the case will be analysed against emerging themes from other case reviews and will be shared with partner agencies through specific learning events and communications as determined by the SSAB.

The decision to conduct a review was taken on *(insert date).* The report should be finalised to the standard required for publication by *(insert date).* In the event that slippage is occurring, the SSAB Independent Chair should be informed.

TIMELINE
The timeline for the report will be from *(insert date / year)* to *(insert date / year).* All participants should consider any known dates or events available from records prior to this period however, *if they have clear relevancy to the case* and include these in their agency chronology.

METHODOLOGY *(example – to be edited / altered as appropriate)*

Sutton SSAB has agreed to appoint an Independent Chair to facilitate the SAR and an Independent Report Writer to collate a learning review report with recommendations which address emerging themes from the IMRs submitted together with the chronology and any interviews with individuals or interested parties.

The Independent Overview Report Writer is also asked to employ an appreciative enquiry approach to elicit learning from good practice.

All relevant agencies have been asked to submit an IMR and a chronology - a composite chronology will be produced to inform the Independent Report Writer's key lines of enquiry.

Questions for consideration

To be determined by the SAR Panel, in order to address what appear to be the most important issues identified - examples may include

1. How did care planning ensure that health and wellbeing needs were identified and met?
2. Where there were multi–agency or single agency assessments?
3. How were risks identified and communicated with professionals and agencies involved?
4. How effective was communication between agencies? Were multi-agency meetings held?
5. Did professionals access supervision? Did this support inter-agency working?
6. Does any agency hold information where decision making would now be different?
7. Were senior managers or other organisations involved at points where they should have been?
8. Was the work in this case consistent with each organisation's procedures for safeguarding?
9. Were there organisational difficulties being experienced within or between agencies?
10. Was there sufficient management accountability for decision making?

It is expected that other themes will emerge during the process of review and these will be addressed by the Independent Report Writer in the overview report. All agencies will be expected to support practitioners to attend meetings and operational and strategic managers will need to attend the specific meeting for managers and leads.

Family and others outside of the organisations concerned, and who have contributed to the SAR will be informed of the outcome by *(insert who / when / by what process).*

A STATEMENT OF GOOD PRACTICE

The approach taken within this review should be proportionate: led by individuals who are independent of the case; with relevant professionals fully involved and able to contribute their perspectives without fear of blame; family (and others) should be invited to contribute as appropriate.

APPENDIX 7

Sutton Safeguarding Adults Board

PRIVATE & CONFIDENTIAL

[Name and address]

Sutton Safeguarding Adult Board
London Borough of Sutton People Directorate
Civic Offices
St Nicholas Way
Sutton SM1 1EA

[Date]

Dear Sir/Madam,

Re**: Safeguarding Adult Review (STRICTLY CONFIDENTIAL – requires urgent attention)**

For: **(insert name, DOB and DOD if relevant)**

This is to advise you that it has been decided that Sutton SSAB needs to undertake a Safeguarding Adult Review for the above named person(s) who is being referred to as (insert reference). We would ask you to check your records for involvement as per the agreed terms of reference. Please compile chronologies where relevant and identify authors for Individual Management Reviews (IMRs).

The Care Act 2014 places a requirement on Local Safeguarding Adults Boards to arrange for a SAR to be held when the criteria has been met. The directive for each area to have in place a Safeguarding Adult Review (SAR) protocol is set out in the National Framework of Standards 'Safeguarding Adults' published. Attached to this letter is the Sutton SAR Policy, which includes:

- Terms of reference
- A template for the IMR
- A chronology template

As the representative for your agency please confirm to me, within 7 working days of receipt of this letter, the following:

1. That you will be commissioning an IMR within your agency.
2. The details of the IMR author (name and contact details including telephone and e-mail)
3. The name of the senior manager within your organisation who will 'sign off' the report upon completion and prior to submission.

I would be grateful if you could return your IMR and chronology securely to *(insert name / email)* by *(insert date).* I am sure I can count on your full support and cooperation in conducting this review.

If you have any comments or queries at this stage please contact *(insert name / email / tel no)* who will signpost your query.

Yours Sincerely

Signature 1

SAR Panel Chair

Signature 2

Independent Chair of Sutton Safeguarding Adult Board

APPENDIX 8

Sutton Safeguarding Adults Board

INDIVIDUAL MANAGEMENT REVIEW TEMPLATE

1. Purpose of Document

The following outline format should guide the preparation of management reviews to help ensure that the relevant questions are addressed, and to provide information to the Sutton Safeguarding Adults Board (SSAB) in a consistent format to help with preparing an overview report.

This template should be followed as the standard expected by SSAB in all submissions of Internal Management Reviews for Safeguarding Adult Reviews. It is acknowledged that not all sections will be relevant to all organisations. The report should be anonymised with the agreed initialing supplied by the SSAB / SAR Panel Chair.

Analysis must fully address the Terms of Reference of the specific SAR for which this IMR relates. Consider the events that occurred, the decisions made and the actions taken or not taken. Where judgments were made, or actions taken, which indicates that practice or management could be improved, try to get an understanding not only of what happened but why.

2. Front Page

2.1 Name of report writer
2.2 Name of agency/organisation
2.3 Date report completed

3. Format of Report

3.1 Methodology

a. What records were considered (state if any were any missing or otherwise unavailable)
b. Who was interviewed and attach interview schedule

3.2 Summarise your agency's involvement

Having constructed a comprehensive chronology of involvement by the organisation and/or professionals in contact with the adult(s) and family/families over the period of time set out in the SAR Terms of Reference, briefly summarise the role and responsibility of your agency and any lead professionals within it, specifying timescales of their involvement. Briefly summarise key decisions reached, the services offered and/or provided, and other actions taken.

3.3 Assessments

Evaluate the adequacy of assessments undertaken, the decision making and planning by your agency concerning this case. Consider also:

- What were the key relevant points/opportunities for assessment and decision making in this case in relation to the adult at risk and any family?
- Do assessments and decisions appear to have been reached in an informed and professional way?
- Did actions accord with assessments and decision made?
- Were relevant enquiries made in light of any assessment carried out?
- Were practitioners sensitive to the needs of the adults in their work, knowledgeable about potential indicators of abuse or neglect and about what to do if they had concerns about an adult?

3.4 Care Planning and provision

Evaluate the adequacy of care plans formulated, together with the decision making and planning by your agency concerning this case. Consider also:

- Did care plans reflect the multi-disciplinary nature of your organisation (if relevant)? If there were multiple care plans from different disciplines did these marry up?
- How were the needs arising out of medical diagnoses, mental health and the individuals care and support needs addressed by your agency?
- Were appropriate services offered/provided in order to meet need and as reflected in assessments undertaken?
- Where relevant, were appropriate safeguarding plans or care plans in place, and safeguarding or reviewing processes complied with?

3.5 Information Sharing and Inter agency working

Comment on the effectiveness of information sharing within your own organisation, and with other agencies. Were there any issues or blocks? Evaluate the quality and timeliness of the communication. Was there evidence of miscommunication or a lack of understanding or disagreement with regards to roles, remits and responsibilities?

Were more senior managers or other organisations and professionals involved at points where they should have been?

3.6 Analysis of involvement with the Adult at Risk, family and significant others.

Evaluate the communication with and involvement of the adult and any family member / interested persons. Were there any specific challenges in this area and what was done to try and address these? Consider also:

- When, and in what way were the adult's wishes and feelings ascertained and taken into account. Was this information recorded? Were any supports provided (e.g IMCA)
- Was practice sensitive to the racial, cultural, linguistic and religious identity of the adult and family?

3.7 Agency context

Were there significant changes, staff shortages, cultural issues or any resource or capacity constraints? In terms of policy:

- Did the organisation have in place policies and procedures for safeguarding and promoting the welfare of adults and acting on concerns about their welfare?
- Was the work in this case consistent with the organisation's procedures for safeguarding and promoting the welfare of adults, and with wider professional standards?

4. Learning from this case

Consider and summarise if there is any learning for the way in which the organisation works to safeguard and promote the welfare of adults and works with other professionals from other organisations to do the same. Highlight any good practice, as well as ways in which practice can be improved. Indicate if there implications for ways of working, training (single and inter-agency) management and supervision, working in partnership with other organisations, and / or resources.

5 Recommendations for Action

5.1 What actions should be taken by whom and when?

5.2 What outcomes should these actions bring and how the organisation will evaluate whether they have been achieved.

Please ensure that you complete a chronology of events on the attached template. Please give the name, position of IMR author, date completed together with the name and position of the senior person signing off the IMR and date completed.

APPENDIX 9

Sutton Safeguarding Adults Board

Chronology Template

A sequence of events should be compiled of the agency involvement and / or professional(s) over the time parameters set out in the Terms of Reference. A brief summary of decisions reached, the services offered and/or provided to the subject and other action taken should be given.

The following format must be used so that all chronologies received can be amalgamated into a single chronology.

CHRONOLOGY					
Date	**Source of Information**	**Brief description of contact (inc time if relevant)**	**Communication within own agency**	**Communication with external agencies**	**Outcome &/or Response**

APPENDIX10

Sutton Safeguarding Adults Board

SSAB OVERVIEW REPORT

Introduction

Summary of circumstances that led to review being undertaken in this case.

Terms of Reference of SAR

List of contributors to the review and the nature of their contributions (e.g. report from working age mental health services etc).

List review panel members and author of overview report.

The facts

Details of the family/household and/or care service(s) provided.

Integrated chronology of involvement with the adult, family/carer on the part of all relevant agencies, professionals and others who have contributed to the review process. Note specifically in the chronology each occasion on which the adult was seen and the adult's views and wishes sought or expressed.

Overview which summarises what relevant information was known to the agencies and professionals involved about the carers, any person causing harm, and the home circumstances of the adult at risk.

Analysis

Examination of how and why events occurred, decision made, actions taken or not. Reviewers can consider, with the benefit of hindsight, whether different decisions or actions may have led to an alternative course of events. This section should also highlight any examples of good practice.

Conclusion

A summary of what are the recommendations and lessons to be drawn from the case and how those lessons should be disseminated and absorbed. If there are lessons for national as well as local policy practice and learning, these should also be highlighted.

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TABLE OF ACRONYMS

(IN ORDER OF APPEARANCE)

SAR	Safeguarding Adults Review
SSAB	Sutton Safeguarding Adults Board
SAB	Safeguarding Adults Board
RCA	Root Cause Analysis
MAR	Multi Agency Review
SILP	Significant Incident Learning Process
CCG	Clinical Commissioning Group
MCA 2005	Mental Capacity Act 2005
IMR	Internal Management Review
DOB	Date of Birth
DOD	Date of Death
LBS	London Borough of Sutton
DASM	Designated Adult Safeguarding Manager

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