



# **Norfolk Safeguarding Adults Board**

## **Policy and Procedure for Commissioning a Safeguarding Adults Review**

### **Safeguarding Adults Review Policy: Part 1**

#### **1. Introduction:**

- 1.1 Safeguarding Adults Reviews (SARs) provide an opportunity to learn lessons when abuse or neglect is suspected to be a factor in the death or serious harm of an adult with care and support needs.
- 1.2 It is the responsibility of all partner agencies to make a referral for an SAR where there are reasonable grounds to consider the criteria for an SAR may be met. Partner agencies should not draw their own conclusions on whether the criteria is met in borderline or unclear cases, but should make a referral to the Safeguarding Adult Review Group (SARG).
- 1.3 The SAR Group (SARG) receives all SAR referrals and consider whether the referral meets the criteria to conduct a SAR, or whether any other action should be carried out to ensure learning takes place.
- 1.4 The SARG should include senior representatives from Adult Social Care, Health (Commissioning), a representative from the Mental Health provider, Police, a Legal representative, the Safeguarding Adults Board Manager and the Chair/Vice-Chair of the Norfolk Safeguarding Adults Board's (NSAB) Risk and Performance Subgroup.
- 1.5 The panel will be considered quorate with representation from the three key agencies and a legal representative. Designated deputies are required from the three statutory agencies – Police, Local Authority and Health
- 1.6 Once a case has been discussed and a decision reached, the Chair of the SARG will inform the Independent Chair of the Norfolk Safeguarding Adults Board (NSAB) of the SARG's recommendation for ratification or challenge. In the event the Independent Chair disagrees with the recommendation it will be referred back for reconsideration at a meeting of the SARG.

- 1.7 The NSAB is the only body in Norfolk which commissions SARs via the Independent Chair, NSAB.
- 1.8 The findings and actions from a SAR will be published on the Norfolk Safeguarding Adults Board's website and disseminated to relevant agencies, as described further in Section 5. Organisations participating in SARs will be expected to share their experiences and lessons learnt to enhance safeguarding interventions with adults at risk of abuse and neglect within the county of Norfolk.
- 1.9 The Safeguarding Adult Review processes outlined in this document is underpinned by a series of guiding principles set out in *Appendix 1*.

## 2. Purpose

- 2.1 The purpose of a SAR is neither to reinvestigate nor to apportion blame but to allow professionals, organisations and agencies to learn lessons and adjust practice. It therefore requires outcomes that:
  - 2.1.2 establish what lessons can be learnt from the particular circumstances of a case in which professionals and agencies were involved in the care and support of an adult at risk of abuse and/or neglect;
  - 2.1.3 review the effectiveness of procedures, both of individual organisations and multi-agency arrangements; and
  - 2.1.4 improve practice by acting on the findings (developing best practice across all organisations)
  - 2.1.5 highlight any good practice identified.

## 3. Criteria for a SAR

- 3.1 Cases should be referred to the SARG for consideration if an adult with care and support needs has died or been seriously harmed **and** abuse or neglect, whether known or suspected, are believed to have been a factor **and** there are concerns about how agency may or may not have worked together. The SARG will consider whether a SAR will be commissioned, by assessing against the criteria below.
- 3.2 The SARG is responsible for keeping a record of all cases that have been referred and considered for a SAR and to review reports and plans by agencies to consider further actions required post receipt of any reports/reviews.

### 3.3 A SAR **must** be commissioned when:

3.3.1 An adult with care and support needs (whether or not those needs are met by the Local Authority) in the Safeguarding Adults Board's (SAB) area has died as a result of abuse or neglect, whether known or suspected and there is concern that partner agencies could have worked together more effectively to protect the adult.

#### **Or/and**

3.3.2 An adult with care and support needs (whether or not those needs are met by the local authority) in the SAB's area has not died, but the SAB knows or suspects the adult has experienced serious abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect the individual.

#### **Or**

3.3.3 The NSAB has discretion to undertake a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

#### **Or**

3.3.4 The NSAB can also consider conducting a SAR into any incident(s) or case(s) involving adults(s) at risk of abuse or neglect where it is believed to be in the public interest to conduct such a review.

3.4 In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or had reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

## **4. Making a SAR referral**

4.1 Any agency representative or professional **MUST** refer a case believed to meet the threshold of the criteria contained above by completing the SAR Referral Form (SAR1) and submitting to the SARG, via the Safeguarding Adults Board Manager, using the NSABchair email box [nsabchair@norfolk.gov.uk](mailto:nsabchair@norfolk.gov.uk) (see NSAB website).

- 4.2 To support this, organisations are positively encouraged to consider including an appropriate trigger question on internal incident reporting, investigation and/or review templates.
- 4.3 Following a serious incident, active consideration should be made as to whether or not a referral for a safeguarding adult review is necessary.
- 4.4 Any agency or professional body, local councillors, Members of Parliament (MPs) and the coroner, should refer a case where they have concerns.
- 4.5 A case may be referred by other interested parties including the family.
- 4.6 All referrals made by professionals to the SARG must be made using a SAR1.
- 4.7 When a case is referred, the SARG will consider at the next available meeting. This will be within a maximum of 28 days as the SARG meetings are held monthly. The agenda for the monthly SARG meeting closes 10 days prior to the meeting date (see NSAB web site for details). Where referrals are received after this time, they will be circulated for discussion at the next SARG meeting.
- 4.8 Every effort will be made to make decisions on a referral in a timely way. Prior to the SARG meeting, each agency should research the information held on its systems about any new cases and bring any relevant information to the meeting. Where appropriate, requests for relevant information will be made to an individual's General Practitioner (GP) using the standard letter. (see *Appendix 2*).
- 4.9 If the SARG consider the threshold is not met, but there will be benefit in conducting some form of review, they will consider what type of 'review' process will promote effective learning and improvement action to prevent deaths or serious harm occurring in the future. These reviews can provide useful insights into the way organisations are working together to prevent and reduce the abuse and neglect of adults in Norfolk.
- 4.10 The SARG has four options available where the statutory criteria for a SAR are not met;
  - 4.10.1 No further action
  - 4.10.2 A review primarily involving a case file audit, where this is reasonable and proportionate
  - 4.10.3 A management review (within one or more organisations, i.e. a Single Agency Review, or Multi Agency Review (MAR))

#### 4.10.4 A discretionary Safeguarding Adults Review (SAR).

- 4.11 The rationale for decision making will be recorded on the SAR1 and feedback will be provided to the referrer by either the SARG Chair or NSAB Board Manager.
- 4.12 Case file audits (4.10.2 above) and/or management reviews (4.10.3 above) undertaken by individual organisations, will be formally requested in writing by the Independent Chair of the NSAB.
- 4.13 Guidance and expectations on completion of single or multi-agency management reviews is set out in *Appendix 3*.

### **5. Undertaking a SAR:**

- 5.1 On SARG agreeing to undertake a SAR, the Safeguarding Adults Board Manager will inform the Independent Chair of NSAB in writing, supporting this with a copy of the minutes of the discussion and of the recommendation made by SARG.
- 5.2 Should the referrer challenge the decision of SARG, the Independent Chair of the NSAB will reconvene SARG to discuss the decision. Any challenge to the decision should be made in writing to the NSAB Business Board Manager or Chair of SARG within 28 days of the feedback being received.
- 5.3 When the NSAB Independent Chair decides a SAR will be commissioned, he/she will instruct the SARG to draw up a Terms of Reference. These will normally be circulated in draft form by email following the SARG meeting for approval by SARG members. (See *Appendix 4* for template Terms of Reference). The Terms of Reference should reflect the six safeguarding principles set out in the Care Act and Norfolk's Multi-Agency Safeguarding Policy and Procedures and should specify the time period the SAR will cover.
- 5.4 The Terms of Reference should be anonymised or consent should be sought if records are to include identifiable information.
- 5.5 The NSAB Independent Chair will undertake early discussions with the adult concerned, family and friends to agree how they wish to be involved and their wishes should then be incorporated into the review. Where required the Terms of Reference may be amended to support this.
- 5.6 Communications with the family will be decided and agreed on a case by case basis to meet the needs of the individuals and families involved.

- 5.7 The appointment of an Independent Overview Report Writer (IORW) will be made via a request for Expression of Interest through all appropriate networks.
- 5.8 The selection of an IORW will be made using the criteria as set out in *Appendix 5*.
- 5.9 Once the IORW has accepted the commission the statutory timescales for completing the SAR will commence. In every case, every effort will be made to complete the review within six months of the commission of the SAR. Where this will be impossible to achieve, reasoning and agreement will be provided by the chair of the NSAB and recorded in the minutes of the SARG meeting.
- 5.10 Once the decision has been made to instigate a SAR, the SAB Chair will write to the heads of agencies concerned, to advise them that a SAR will be carried out and (depending on the methodology to be used), will ask them to nominate a senior member of staff to collate a chronology and to write any necessary reports (for example an Individual Management Review).
- 5.11 Where appropriate, in consultation with the appointed IORW, the Safeguarding Adults Board Manager will identify and convene an appropriate SAR Panel (SARP) to meet at the earliest opportunity. The SAR Panel will comprise relevant representatives from the key agencies involved in the case.
- 5.12 The SARP will be chaired by either the IORW or a senior manager from one of the lead agencies. The agency to chair the SAR Panel cannot be the one with the most involvement in the case.
- 5.13 The SAR Panel will work to the Terms of Reference set by the SARG. These terms of reference may be expanded to reflect any other issues that have been identified that are not already covered in the Terms of Reference.
- 5.14 The guiding principles and purpose of carrying out a SAR are set out in *Appendix 1*.
- 5.15 Agencies involved in the incident are required under the Care Act 2014, to cooperate with the SAR and supply relevant information within the identified timescales as requested by the IORW.

## **6. Outcomes from SARs**

### **Implementation of Action from SARs:**

- 6.1. Every review will be supported by a written report by the appointed author. This report will include recommendations for the board to consider and adopt if agreed. These recommendations will be SMART (specific, measurable, achievable, result-oriented and time-bound).
- 6.2 A composite action plan will be held by the SARG. This will record recommendations identified from any SAR or Multi Agency Review (MAR) undertaken to facilitate the learning across agencies.
- 6.3. The SARG is responsible for identifying an owner for each action and monitoring the actions on the composite action plan. NSAB Board members are responsible for making themselves aware of the reports produced and their recommendations. They are accountable for the implementation of these recommendations within their own agency and for submitting regular updates to the SARG on progress made. Regular reports on the composite action plan will be presented to the NSAB by SARG chair.
- 6.4 Any actions relating to areas of work within the remit of NSAB subgroups will be passed to them. These actions are owned by the relevant subgroup chair who will be expected to submit regular updates to the SARG on progress made.
- 6.5. For recommendations arising from an individual agency Independent Management Review (IMR) or from a Single Agency Review, it will be the responsibility of that agency to oversee and implement any actions identified.
- 6.6. Any risks identified from reviews will be added to the NSAB's risk register via NSAB's Risk and Performance subgroup.

### **Communication of outcomes of SARs**

- 6.7 The NSAB must include the findings from any SAR in its Annual Report and include what actions it has taken, or intends to take, in relation to the findings. Where the NSAB decides not to implement an action then it must state the reason for that decision in the Annual Report.
- 6.8 Further detail about communication of the SAR findings and subsequent actions is set out in the SAR procedure.

## **Dispute Resolution during SAR Process**

- 6.9 It is recognised that disputes may arise at any stage during the SAR process, including whether a SAR should be commissioned, how it is commissioned and any aspect of the outcome of the review, including the content of the report. A dispute may arise because of a disagreement or complaint from anyone involved in the SAR process.
- 6.10 The NSAB retains ultimate responsibility for the SAR process. Where a dispute arises, it shall be dealt with as follows:
- (a) In the first instance those responsible for the relevant part of the SAR process shall attempt to resolve the dispute, for example, the SARG before a report is commissioned and SAR panel and /or the report author during the carrying out of a review.
  - (b) If the dispute remains unresolved, then the matter shall be referred to the SARG, who shall decide how and to the extent the dispute shall be mediated.
  - (c) If the SARG is unable to resolve the dispute, it shall refer the matter to the Independent Chair of the NSAB, who may (at her discretion) either:
    - a. with the agreement of the SARG, herself determine the dispute; or
    - b. where the Independent Chair and the SARG do not agree, or either considers it appropriate in the circumstances, the matter shall be referred to the NSAB for determination.

## Part 2:

# Safeguarding Adults Review Procedure

**Please note that more than one stage may be happen at the same time.**

**Stage 1:** Safeguarding Adult Review Group (SARG) agrees that a referral meets the Safeguarding Adults Review (SAR) criteria.

### **Stage 2: Write to Chief Officers**

- 2.1 The Care Quality Commission (CQC), the Executive Director of Adult Social Services, family members, members of the Norfolk Safeguarding Adults Board (NSAB) and the appropriate County Councillor will be informed and sent an anonymised case summary. This task will be the responsibility of the Norfolk Safeguarding Adults Board Manager.
  
- 2.2 The Independent Chair, NSAB with the SAR Panel Chair will write to the named Chief Officers of all agencies involved to provide them with draft **Terms of Reference** and an **anonymised case summary**, and to request a chronology of events and arrange for their agency to complete an Individual Management Review (IMR) or agreed alternative, depending on the methodology to be used. The Chief Officer will nominate a person (usually at managerial level) within their organisation to carry out a review of their own organisation's or agency's involvement. **(NB: This person should not have had any direct or indirect involvement in the case)**. The nominated person should be able to provide a chronology, an analysis of what happened from their agency's perspective and a reflective account covering any identified contributing causal factors, any contextual factors that may have influenced the incident and any issues relating to staff involved in the incident which may have affected the outcome.
  
- 2.3 Any requested report, or agreed alternative, should be sent to the Safeguarding Adults Board Manager within an agreed timescale (no longer than two months).

### **Stage 3: Contact with family – ongoing commitment**

- 3.1 In cases where the subject of the SAR is no longer alive the Independent Overview Report Writer will contact the Next of Kin to offer to meet with family members and significant others to advise them that a SAR is to be conducted; hear their views and explain the process and purpose. This will also assist in establishing which agencies have been involved with the adult. The Safeguarding Adults Board Manager or Overview Report Writer will keep family members and significant others regularly informed of progress throughout the review.

- 3.2 In cases where the subject of the review is alive the Chair will seek to gain their consent to share information and complete the SAR as well as explaining the process and hearing their views. To ensure that the subject is fully supported in this an advocate should be available to assist. If the subject does not have access to a suitable person the Chair will arrange for an advocacy service to be available via the Local Authority contract.

However although it is best practice to obtain consent in such a situation it is not a statutory requirement as outlined in s45 of the Care Act. Therefore lack of consent should not impede the progress of the SAR.

- 3.3 This will also assist in establishing which agencies have been involved with the adult. The Safeguarding Adults Board Manager or Overview Report Writer will keep the subject, family members and significant others regularly informed of progress throughout the review as appropriate.

#### **Stage 4: Appointment of an Independent Overview Report Writer (IORW) and agree methodology**

- 4.1 The SARG will appoint an Independent Overview Report Writer (IORW) and agree the contractual arrangement. It is expected that those undertaking a SAR will have appropriate skills and experience which should include:

- strong leadership and ability to motivate others;
- expert facilitation skills and ability to handle multiple perspectives and potentially sensitive and complex group dynamics;
- collaborative problem solving experience and knowledge of participative approaches;
- good analytic skills and ability to manage qualitative data;
- well-developed safeguarding knowledge;
- inclined to promote an open, reflective learning culture.

- 4.2 The SARG in conjunction with the appointed Independent Overview Report Writer will agree the methodology for carrying out the SAR, and early consideration should be given as to whether the overview report should be written in an anonymised format capable of full publication.

#### **Stage 5: Set up SAR Panel**

- 5.1 The Independent Chair of NSAB with the SAR Group Chair will identify the membership of a SAR Panel (SARP). This panel will include members of the SARG and other relevant individuals who are appropriately placed to assist the review. The SARP will not include any person who is responsible for undertaking a report or carrying out analysis for their organisation. This SARP

should include administrative support. The Safeguarding Adults Board Manager should provide support to the SARP. The SARP will work to the Terms of Reference for the review, these may be amended after stage three is concluded to reflect the perspective of family and significant others (within a month of the decision to have a SAR).

- 5.2 The Safeguarding Adults Board Manager or, if there is a pre-existing relationship, the most appropriate SAR Panel member will make contact with the family/significant others to advise them a SAR is to be carried out and that the Independent Overview Report Writer will make contact with them to gather their views.
- 5.3 The SAR Panel will agree how the SAR will be funded by partner agencies and communicate this to the relevant Chief Officers.
- 5.4 The Safeguarding Adults Board Manager will keep the SARG updated on progress of the review at regular points during the review process.

#### **Stage 6: Gathering of information**

- 6.1 Depending on the methodology for the SAR, the SAR Panel will receive copies information/reports via the Safeguarding Adults Board Manager and evaluate the information against the required standard. If the information is considered to be:
  - Incomplete (including lack of chronology)
  - Unclear
  - Failing to consider critical information
  - Lacks information to evidence decision making
  - Requires further clarification
- 6.2 The SAR Panel Chair (normally the appointed Independent Overview Report Writer) will write to the individual concerned and send a copy to the named Chief Officer requesting additional information. This must be returned within 15 working days.

#### **Stage 7: Presentation of draft report**

- 7.1 The Independent Overview Report Writer with the support/guidance of the SAR Panel will complete a draft Overview Report that draws out relevant points and significant events, is guided by the Terms of Reference, explores how organisations have worked together to comply with safeguarding procedures, identifies lessons to be learnt, policy/procedural challenges to be addressed

and a conclusion to the SAR. This will be written with a view to publication if this is appropriate and therefore must be written in a suitably anonymised format.

- 7.2 The Independent Overview Report Writer will present the draft Overview Report to the SAR Panel for discussion and agreement. This stage may be repeated as required, within 10 working days.

### **Stage 8: Submission of final report**

- 8.1 The final agreed Overview Report will be submitted to the Independent Chair, NSAB. In addition, the report will be shared with each organisation involved to check for factual accuracy. The Overview Report Writer and the SAR Panel will ensure that all recommendations are SMART (specific, measurable, achievable, relevant and timely) and outcome focused. Any amendments to factual accuracy should be submitted to the Overview Report Writer within 10 working days. Amendments to the Overview Report will be considered and made at the discretion of the SAR Panel Chair.

### **Stage 9: Options for discussion with practitioners involved**

- 9.1 Depending on the methodology selected practitioners involved in the case may be invited to workshops during the production of the report or following the final report to consider the learning from the case. The aim of the workshop is to support understanding about why they made particular decisions and to understand the perspective of other agencies.

### **Stage 10: Action planning, identification of risks and planning communication**

- 10.1 Once the Overview Report is completed the SAR Panel Chair will develop an Executive Summary. The Executive Summary and Overview Report will be submitted to the NSAB where the following needs to take place:
- a) Agreement on the actions required from the outcomes of the SAR by individual agencies.
  - b) Any actions requiring immediate change to safeguard adults at risk of abuse and neglect will be highlighted and relevant agencies informed before the completion of the review.
  - c) Action plans from relevant agencies will be submitted to the SARG with a requirement that four weekly updates are sent to the SARG until action is completed.

- d) Actions will be collated and recorded on the SAR composite action plan. RAG rated actions will be escalated to the Risk and Performance subgroup and added to the SAB's risk register, as appropriate, to be monitored by the SAB. Actions involving learning, development and training will be passed to the Learning, Improvement and Policy (LIP) subgroup for their attention.
- e) Agreement on how the relevant information will be shared with family members or others (usually by arranging a meeting with the SAR Panel Chair or Overview Report Writer) to explain the SAR findings, conclusions and recommendations.
- f) A Communication Strategy will be established to manage information sharing. Agreement as to how lessons learnt will be communicated to staff across agencies. A standard presentation will be put together by the SAB Manager and circulated to partner agencies, covering learning points and actions from the SAR.
- g) The SAR process is closed.

### **Stage 10: Communication of lessons learned and action plan**

- 10.2 The anonymised Overview Report (or exceptionally where this is deemed not appropriate, an Executive Summary of the report) will be published on the Norfolk SAB website (unless there are exceptional circumstances). All SARs conducted within the year should be referenced within the NSAB annual report together with relevant service improvements and the associated action plan.
- 10.3 An agreed presentation will be delivered to all agencies concerned.
- 10.4 Agencies with actions to complete will be notified, with timescales for reporting on and delivering actions.

### **Stage 11: SAR Media Strategy**

- 11.1 Planning for the publication of a SAR should start early, ideally at the point the agencies involved in the SAR have been identified. Communications about a SAR should be reactive rather than proactive so a press statement will only be issued on request.
- 11.2 The Safeguarding Adults Board Business Support Coordinator (SABBC) should contact the key representative from each of the agencies involved in the SAR and ask them to confirm/supply the contact details of their communications lead for the SAR. The SABBC should then contact the communications leads for each agency and notify them that a SAR is being carried out and that a statement will be given to them in due course, which should only be issued to

the press if requested. They should be advised that if they are unsure of the details of the SAR or the implications for their organisation, they should contact their agency's lead representative for the SAR.

- 11.3 Once a date for publication of the SAR has been agreed, a statement should be drafted by the Local Authority Communications Team, working from a summary given by the SAB manager or the report writer, as appropriate. Consideration should be given to press support for the family and what, if any support they would like with the media.
- 11.4 Prior to publication, the reactive statement from the Board should be sent by the SABBC to each of the identified communications leads with the expected date and time of the SAR report publication, and a request that if they are approached by the press, they issue this statement. The communication leads should also be asked that if they are planning to issue a separate statement, please could they share it with the Board prior to publication.

END

12 August 2016

## **Guiding principles and purpose of carrying out a SAR**

### **The SAR must be timely**

The SAR Panel should aim for completion of a SAR within a reasonable period of time and in any event within six months of initiating it (locally agreed as at the point of the appointment of the Independent Overview Report Writer), unless there are exceptional circumstances for a longer period being required. Every effort should be made whilst the SAR is in progress to capture points from the case about improvements needed; and to take corrective action.

There is a presumption that even when criminal proceedings are ongoing, the work of the SAR will go ahead in accordance with the timescales unless there are special circumstances which would require some compromise. If there are clear reasons put forward by the Police or CPS in discussion with the SAR Overview Report Writer it may be possible to negotiate a delay in final completion of the SAR, or some restriction of its scope. If there is any question about whether the SAR could be carried out in parallel with a criminal investigation, the Senior Investigating Officer should be consulted.

All decisions and actions will be recorded in order to enable an audit trail.

### **The SAR must be impartial**

The review will be conducted fairly and impartially

### **The SAR must be thorough**

The review process is committed to exploring each of the Terms of Reference in detail. Terms of Reference will be openly available and published on the NSAB website

### **The SAR must be open**

The review and its outcomes should be shared appropriately all partners involved in the NSAB.

### **The SAR must be confidential**

All information gathered throughout the process will be treated as confidential and will only be shared or disclosed when appropriate to do so with the agreement of originating agencies or owners.

No one model will be applicable for all cases. The focus must be on what needs to happen to achieve understanding, action for improvement and, very often, answers for families and friends of adults who have died or been seriously abused or neglected.

The purpose of a SAR is to independently review all information in the form of Individual Management Reviews (IMR) or agreed alternatives in order to establish the following:

- ❖ the effectiveness of the safeguarding procedures (including examples of good practice);
- ❖ what lessons may be learnt from the circumstances of an individual case;
- ❖ the way in which local professionals and agencies have worked together;
- ❖ action that needs to be taken to inform and improve local inter-agency practice.
- ❖ Recommendations are presented to the NSAB.

In addition to the above The Care Act 2014 provides a statutory basis for undertaking the learning and review processes. As such this policy will adopt the following principles as set out in the Care Act .

- ❖ That this Policy recognises that there are other forms of statutory reviews (such as domestic homicide reviews, Multi-Agency Public Protection Arrangements (MAPPA) reviews, children's serious case reviews, etc.) and the importance of managing the interface between these.
- ❖ The SAR should be proportionate according to the scale, significance and level of complexity of the issues and concerns highlighted.
- ❖ Adults and their families must always be offered the opportunity to contribute to the review process and receive feedback on the learning outcomes achieved
- ❖ All agencies involved in the case should be fully engaged in the safeguarding adult review process and have the opportunity to contribute their views.
- ❖ The central focus of the SAR will be to gain insight and understanding of how effectively agencies were working together to support and safeguarding the person at risk and to identify any actions needed to improve future practice and partnership working.
- ❖ The SAR process should be fair and balanced and not used to allocate blame. It should take account of what practitioners knew or could have reasonably have been expected to have known at the time. Consideration should also be given to the capacity of the person at risk and their views and choices at the time.
- ❖ A SAR is not a disciplinary process and should be conducted in a manner which facilitates learning and allows for reflection.

- ❖ Where necessary, an independent advocate will be arranged to support and represent an adult who is the subject of a SAR.

## Standard Letter to General Practitioner (GP) to request information

[LETTER HEADER]

Dear

### **Request for Information – Section 45 Care Act 2014**

**[NAME AND DETAILS OF VULNERABLE ADULT]**

I am the Chair of the Norfolk Safeguarding Adults Board (“the Board”). The Board is a statutory body created under section 43 of the Care Act 2014 (“the Care Act”).

Under section 44 of the Care Act, the Board is required to arrange a Safeguarding Adults Review (SAR) in certain circumstances. The purpose of a SAR is to promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

The Board **has initiated a SAR / is considering whether a SAR should be initiated** in respect of the **death/abuse/neglect** of **[NAME OF VULNERABLE ADULT]** which occurred on **[DATE(S)]**.

The information being sought is **[DETAILS OF SPECIFIC INFORMATION SOUGHT]**.

Under Section 45 of the Care Act 2014, you are under a legal duty to supply this information to the Board where requested to enable or assist it to perform its functions.

Please note this is an absolute legal duty and overrides any client confidentiality or data protection considerations. In particular the Boards functions often occur in parallel to a criminal investigation and / or Coroner’s inquest and the existence of these proceedings does not affect the obligation to supply the information requested.

However, if you believe that any of the information requested is contained in documents specifically confidential to any Coroner or other Court proceedings, please advise me of the details of the proceedings so that I can approach the Coroner or prosecuting authority (as applicable) directly for the release of the documents concerned.

Please supply the information requested by **[DATE]**. If you have any queries concerning this request please contact **[GIVE BOARD MANAGERS DETAILS]**

Yours sincerely

## **Guidance for Multi-Agency or single-agency Management Reviews**

The approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined.

Reviews should be led by individuals who are independent of the case under review and, where appropriate and practicable, of the organisations whose actions are being reviewed.

Professionals and practitioners should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith.

Families should be invited to contribute to reviews to ensure their views, questions and desired outcomes are incorporated into the Terms of Reference of the management review. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. This liaison should be managed by the lead reviewer or the most appropriate person associated with the case.

Reviews should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learnt from the case and those lessons applied to future cases to prevent similar harm occurring again. Its purpose is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as the Care Quality Commission and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty and sharing to obtain maximum benefit from them. If individuals and their organisations are fearful of reviews their response will be defensive and their participation guarded and partial.

Where an incident raises concerns in relation to individual staff culpability or competence, these concerns should be managed in accordance with local HR procedures and referred to professional bodies as appropriate. Investigations should seek to understand what happened, why it happened and recommend what systems or processes should be put in place to prevent future occurrence.

Improvements should be identified and targeted at the contributory and causal factors using a human factors approach, such as the design of jobs, equipment, environment and procedures as well as competencies, training and non-technical skills.

A report should be written and an action plan should set out how each recommendation from the investigation will be monitored, implemented, measured, and shared; it should also make clear who is responsible for taking action together with the timescales for delivery. A review date should be set to establish the efficacy of actions planned/taken and the sustainability of the overall approach.

Outcomes from these events are to be sent to the SARG and recommendations or actions will be added to the composite SAR action plan.

Organisations conducting case file audits or management reviews should be completed within a maximum of 3 months and the report and action plan should be sent to the Safeguarding Board Manager for presentation at the next SARG . The SARG will require a 4-weekly update until the actions can be classed as completed.

## Draft Terms of Reference

To be adapted according to the circumstances of each SAR

1. To examine the care and treatment the adult at risk of abuse and neglect was receiving at the time of the incident, to ensure correct processes, protocols and procedures were followed and required standards were met.
2. To consider whether the adult's physical/mental health needs were given due care and attention
3. To respond to questions raised by family members.
  - a. To explore the effectiveness of how the different agencies involved (or should have been involved) worked together to safeguarding the individual including (as applicable):
    - a) communications, policies and systems for sharing of relevant safeguarding information between identified providers of services and how effectively communication actually took place, relative to those systems;
    - b) policies as to the responsibilities of the different agencies where a multiple agency response to a given situation may be involved and how effectively those policies were understood and implemented in the given circumstance; and
    - c) policies and systems for discussion, challenge and effective resolution of disagreements between professionals from different agencies involved and how effectively those policies were understood and implemented in the given circumstances.
4. To determine the levels of authority in decision making between partner agencies involved in the incident.
5. To examine if existing policies align in respect of areas relevant to the incident.
6. To consider the appropriateness of particular actions with regard to the incident.
7. To consider the appropriateness of particular practices with regard to the incident.
8. To consider if resource availability had an impact.

9. To consider whether practices of supervision, oversight and training had an impact.
10. To consider if monitoring was at a sufficient level in regard to the incident.
11. To consider if the recommendations of any relevant previous inquiries were complied with by all agencies.
12. To make recommendations for improvements, which agencies can use to inform existing policies and practice.
13. The Safeguarding Adults Boards should aim for completion of a Safeguarding Adults Review within a reasonable period of time and in any event within six months of initiating it, unless there are good reasons for a longer period being required; for example, because of potential prejudice to related court proceedings. Every effort should be made while the Safeguarding Adults Review is in progress to capture points from the case about improvements needed; and to take corrective action.
14. Timescale the review will cover. Any influencing organisational factors outside this timeframe to be referenced by the Independent Management Review writers.
15. The resultant overview report should be written in an anonymised format capable of publication without revealing the identities of individuals concerned with the review, unless the SAR Group deems this inappropriate in the given circumstances.

**Signed** .....

Joan Maughan, Independent Chair  
Norfolk Safeguarding Adults Board

## Selection of Safeguarding Adults Review (SAR) Independent Overview Report Writer

1. To ensure best value, the aim should be to obtain at least three quotations for each appointment of an Independent Overview Report Writer. It is recognised that the market for this work may be constrained at times so that less than three quotations may be obtained. Where this is the case, a Contract Standing Orders exemption (completed by the NPLaw representative on the Safeguarding Adult Review Group (SARG)) will be obtained.
2. Quotations will be obtained through appropriate advertising, for example via the Independent Chair's Network.
3. A valid Quotation will consist of:
  - a. An expression of interest in carrying out the work;
  - b. A note of availability to start work;
  - c. The hourly / daily rates for carrying out the work together with a (non-binding) estimate of the total time and cost to be incurred. This may be expressed as a range.
  - d. The report writers CV, supplemented by a note of the relevant experience of the report writer to this particular review.
  - e. Details of references that may be undertaken, where the report writer is not already known to Norfolk SAB
  - f. Evidence that the applicant does not have either a current or historical connection to Norfolk agencies / organisations (health, social care, police)
4. The report writer will be selected applying the above information a-e. The assessment will be carried out by the SARG, or a sub-group appointed by the SARG Chair. The group will rank each applicant in priority order, using this criteria in **Table A** below as a guide.
5. The minute of the meeting agreeing the appointment shall complete **Table B** (below)

**Table A**

	<b>KEY Criteria</b>	<b>Yes / No</b>	<b>Evidence</b>
1	Does the applicant have previous experience of or authored Serious Case Reviews (SCRs) / SARs		
2	General previous working background experiences		
3	Appropriate background experience relative to the subject matter		
4	Knowledge and application of alternative methodologies		
5	Proven track record of multi-agency review work		
6	What is the candidate's hourly / daily charges?		
7	Is the applicant available for the specified time period?		
8	Does the applicant have a connection with Norfolk agencies / organisations		

**Table B**

<b>Writer Name</b>	<b>Ranking on cost</b>	<b>Ranking on quality and availability</b>	<b>Overall ranking</b>	<b>Narrative</b>