

Norfolk Safeguarding Adults Board

Policy and Procedure for

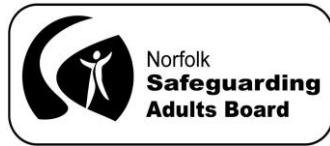
Commissioning

a Safeguarding Adults

Review

FINAL
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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 are met, but should make a referral to the Safeguarding Adult Review Group (SARG).
- 1.3 All partner agencies have a responsibility to ensure all their staff know about SARs, their propose and function. All partner agency staff must know how to refer a case for consideration to the (SARG).
- 1.4 The 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 must include senior representatives from the following agencies
 - Adult Social Care
 - Health (Commissioning)
 - a senior Police Officer of Norfolk Constabulary
 - a senior representative from the Mental Health provider
 - a legal representative
 - Safeguarding Adults Board Manager
 - Senior representative from Quality Assurance, Norfolk County Council
 - Chair of Norfolk Safeguarding Adults Board
- 1.5 SARG will be considered quorate with representation from the three statutory agencies (police, local authority and health commissioning) who are required to have suitably senior designated deputies.
- 1.6 Once a case has been discussed and a decision reached, the SARG Chair will inform the referrer of the decision.

- 1.7 If there is a difference of option about whether or not a referral is to be commissioned as a SAR and a decision cannot be reached by consensus, the NSAB chair will have the casting vote / decision.
- 1.8 The NSAB, via its Independent Chair, is the only body in Norfolk which commissions SARs.
- 1.9 The findings and actions from a SAR will be published on the NSAB website and disseminated to relevant agencies, as described further in Section 5. All partner agencies are required to share their experiences and lessons learnt both within their organisations and with organisations they work with to enhance safeguarding interventions with adults at risk of abuse and neglect within the county of Norfolk.
- 1.10 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 to allow professionals, organisations and agencies to learn lessons and adjust practice. To determine what might have done differently to prevent the harm or death. 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 safeguarding procedures, both of individual organisations and multi-agency arrangements
 - 2.1.4 inform and improve future practice by acting on the findings (developing best practice across all organisations)
 - 2.1.5 highlight any good or bad practice identified.
- 2.2 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 CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

3. Criteria for a SAR

- 3.1 Following a serious incident, **active** consideration should be made as to whether or not a referral for a safeguarding adult review is required. To support this, organisations should consider including an appropriate trigger question to include on internal incident reporting, investigation and/or review templates.

- 3.2 It is important to note that if the nature of the incident triggers a mandatory investigation or review within the organisation concerned (e.g. Serious Incident Requiring Investigation), this should take place without delay and in line with the organisation's internal policy requirements. Internal governance processes and SARs are not mutually exclusive and indeed, the multi-agency perspective may provide invaluable insights to inform internal review processes. Key questions to consider as part of internal processes include:
- ❖ Was the incident reported internally?
 - ❖ Has an internal investigation been carried out?
 - ❖ Has the investigation highlighted concerns about any other organisations?
 - ❖ Has information come to light indicating abuse or neglect as a contributory factor?
 - ❖ Based on findings, are criteria for making a referral met?
- 3.3 Section 45 of the care Act 2014 establishes the importance of organisations sharing with the SAB information relating to the abuse or neglect of people with needs of care and support. If the SAB requests relevant information from a body or person (for example, in the context of a SAR) then section 45 of the Act creates a legal duty for that body or person to share what they know with the SAB. The test is that the information requested by the SAB must be for the purpose of enabling or assisting the Board to perform its functions of which carrying out safeguarding adult reviews form part.
- 3.4 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 partner agencies may or may not have work 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. As part of this process SARG if on reviewing agencies report and/or plans it identifies and further actions required SARG will share these back to the agency concerned.

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

- 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.

Making decisions on SAR requests

- 3.5 In deciding whether a SAR should be conducted, the SARG must first consider whether there is a statutory obligation to undertake a SAR: using the criteria outlined in paragraphs 3.3 above. A SAR must be commissioned if there is a statutory requirement to do so.

- 3.6 In cases other than those involving a statutory obligation, SARG should carefully consider whether commissioning a non-statutory SAR would be a valuable exercise: i.e. whether or not a multi-agency review process has the potential to identify sufficient lessons to enhance partnership working, improve outcomes for adults and families and prevent similar abuse and neglect in the future. It is vital that the intensive resources required for a SAR are focused on those cases that will yield the greatest learning and practice development.
- 3.7 In considering whether there are sufficient lessons to be learned and value in commissioning a non-statutory SAR SARG will use the checklist show in *Appendix 2*.
- 3.8 Multi-Agency Working. When considering a SAR1 the SARG will need to establish if there were failings from a multi-agency or single-agency perspective. It is important that consideration is given to the increasingly complex landscape of the commissioning and provision of services.
- 3.8 SARG should also consider whether another review or learning process has already commenced that will identify and share lessons to be learned, or which Norfolk SAB could potentially feed into to avoid duplication (e.g. Domestic Homicide Review, Learning Disabilities Mortality Review (LeDeR) or health Serious Incident process), and provide clarity about any governance issues if other processes are involved.

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) (see NSAB website) and submitting to the SARG, using the NSAB chair email box nsabchair@norfolk.gov.uk

Agency representative or professionals or another can present the referral to SARG as part of the referral process if they wish to do so.

- 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. Following a serious incident, *active* consideration should be made as to whether or not a referral for a safeguarding adult review is necessary.
- 4.3 Any agency or professional body, local councillors, Members of Parliament (MPs) and the coroner, should refer a case where they have concerns.
- 4.4 A case may be referred by other interested parties including the family.

- 4.5 All referrals made by professionals and other parties to the SARG **MUST** be made using a SAR1. SARG may choose to invite those making a referral in their professional role to present their referral to a meeting of SARG. This is to enhance the opportunity to fully understand the context of the case prior to a decision being made.
- 4.6 Upon receipt of a referral, the Board Manager will (a) acknowledge receipt of the notification, (b) advise the SARG Chair of the referral and (c) contact the relevant Coroners office to advise that NSAB will be considering whether the referral meets the threshold for a SAR.
- 4.7 When a case is referred, the SARG will ordinarily be considered at the next available 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 represented at SARG 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) and other relevant organisations (ie housing provider) using the standard letter (see *Appendix 4*).
- 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 which might include a learning event, short briefing material highlighting key lessons to be learnt or a case file audit (learning review), where this is reasonable and proportionate
 - 4.10.3 A management review (within one or more organisations, i.e. Multi Agency Review (MAR) or a Single Agency Review (SARw))
 - 4.10.4 A discretionary Safeguarding Adults Review (SAR), see 3.6 above.
- 4.11 The rationale for decision making will be recorded on the SAR1 and feedback will be provided to the referrer by the appropriate agency representative or the SARG Chair.

4.12 Case file audits / learning review (4.10.2 above) and/or management reviews (4.10.3 above) undertaken by individual organisations, will be formally requested in writing by the SARG chair.

4.12 Guidance and expectations on completion of single or multi-agency management reviews is set out in *Appendix 4*.

5. Making a decision on SAR methodology

5.1 Once SARG have agreed to commission a SAR, they must decide on the most appropriate methodology to use. This must be appropriate and proportionate to the case under review. The Care Act statutory guidance indicates that, whichever SAR methodology is employed, the following elements should be in place:

- **SAR chair** – independent of the case under review and of the organisations whose actions are being reviewed, with appropriate skills, knowledge and experience (see below)
- **SAR Panel** – scrutinises information submitted to the review. The panel size should be proportionate to the nature and complexity of the review, but should comprise a minimum of three members in addition to a chair with a level of independence from the case under review.
- **Terms of reference** – published and openly available.
- **Early discussions with the adult and their family, carers and friends** – to agree to what extent and how they would like to be involved in the SAR, and to manage expectations. This includes access to independent advocacy
- **Appropriate involvement of professionals and organisations who were working with the adult** – to contribute their perspectives without fear of being blamed for actions they took in good faith
- SAR report and recommendations – See Section 7

5.2 The methodology selected must offer the most effective learning and involvement of key staff/family weighed against the cost, resources and length of time required to conduct the review.

5.3 The following should be considered in selecting a SAR methodology:

- Is the case complex, involving multiple abuse types and/ or victims?
- Is significant public interest in the review anticipated?

- Is large-scale staff/ family involvement wanted/ appropriate?
- Are any criminal proceedings ongoing that staff are witnesses in, and could the SAR methodology impact on them?
- Is the type of review being suggested proportionate to the scale and level of complexity of the issues being examined?
- What is the quickest and simplest way to achieve the learning?
- Is a more appreciative approach required to review good practice?
- Are trained lead reviewers available in-house or nationally for the method selected?
- Can value for money be demonstrated?

6. Undertaking a SAR:

- 6.1 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.
- 6.2 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 5* 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.
- 6.3 The Terms of Reference should be anonymised or consent should be sought if records are to include identifiable information.
- 6.4 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.
- 6.5 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.

- 6.6 The appointment of an Independent Report Writer (IRW) will be made via a request for Expression of Interest through all appropriate networks.
- 6.7 The selection of an IRW will be made using the criteria as set out in *Appendix 6*, including a declaration that the IRW does not hold any conflicts of interest in accepting this appointment. Should a conflict of interest arising during the process of the review the IRW must declare this at the early opportunity to BM and the chair of the panel
- 6.8 Once the IRW 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.
- 6.9 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).
- 6.10 Where appropriate, in consultation with the appointed IRW, the NSAB Business Board Manager will identify and convene an appropriate SAR Panel (SARP) to meet at the earliest opportunity. The SAR Panel will comprise relevant senior representatives from the key agencies involved in the case.
- 6.11 The SARP will be chaired by a suitable qualified and experienced independent person (see 7.3). Selection of a SARP chair will be made SARG to ensure this person is suitably skilled and experienced to lead the panel.
- 6.12 The SARP will work to the Terms of Reference. The Terms of Reference will be reviewed at the first SAR panel meeting and may be expanded to reflect any other issues that have been identified that are not already covered. This review also helps promote ownership of the process and report by partner agencies. Any proposed amendments will be agreed by SARG and the outcome shared back to the panel.
- 6.13 Agencies involved in the incident are required under the Care Act 2014, to cooperate with the SAR and **MUST** supply all information which may be relevant within the identified timescale.

7. Outcomes from SARs

The SAR Report

- 7.1 The required output of a SAR – e.g. whether a report is needed, and/ or independent authorship – is to be set out in the SAR terms of reference as agreed by SARG.
- 7.2 It is anticipated that for statutory SARs and some non-statutory SARs a short report will be required.
- 7.3 The SARP chair must ensure that there is sufficient analysis, scrutiny and evaluation of evidence by the SARP throughout the SAR process. The systemic and contributory factors, practice and procedural issues and key learning points identified by the SARP should form the basis of any SAR report, to be produced by the nominated author.
- 7.4 The SARP should receive and agree the draft report before it is presented to NSAB via SARG so that individuals are satisfied that the panel's analysis and conclusions have been fully and fairly represented.
- 7.5 The adult(s) and/or family should also be given the opportunity to discuss the SAR report and conclusions, and their experience of the process.
- 7.6 NSAB will decide to whom the SAR report, in whole or in part should be made available, and the means by which this will be done. This could include publication via the NSAB webpages and sharing the report with the SAR national repository where appropriate. Any reports to be published must be fully anonymised.
- 7.7 The chair of NSAB will make appropriate arrangements for the SAR report and other records collected or created as part of the SAR process to be held securely and confidentially for an appropriate period of time in line with NSAB's information sharing agreement, the General Data Protection Regulation and other legal requirements

Implementation of Action from SARs:

- 8.1. Every review will be supported by a written report/action plan/summary of findings (Executive Summary) by the appointed author. This report will include recommendations for the board to consider and adopt if agreed. These recommendations **MUST** be SMART (specific, measurable, achievable, result-oriented and time-bound).

- 8.2 A composite action plan will be held by the SARG who will meet a minimum of three (3) times a year to review and check progress work on each action. This will record recommendations identified from any SAR, Multi Agency Review (MAR) or Single Agency Review (SARw) undertaken to facilitate the learning across agencies.
- 8.3. The SARG is responsible for identifying an owner for each action and monitoring the actions on the composite action plan. It is the responsibility of NSAB members to ensure learning and service change from any safeguarding review is understood, embedded and evidenced with their organisation. NSAB members will be held accountable for these actions at board meeting. Regular reports on the work of SARG include 'live' referrals and reviews and the composite action plan will be presented to the NSAB by the SARG chair.
- 8.4 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.
- 8.5. 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.
- 8.6. Any risks identified from reviews will be added to the NSAB's risk register via NSAB's Business Group.

Communication of outcomes of SARs

- 9.1 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.
- 9.1 Further detail about communication of the SAR findings and subsequent actions is set out in the SAR procedure.

Dispute Resolution during SAR Process

- 10.1 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.

10.2 The NSAB retains ultimate responsibility for the SAR process. Where a dispute arises, it shall be dealt with as follows:

- (a) 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) The objecting party will provide written representation setting out their concerns to the Independent Report Writer within 7 working days of being advised that the final draft report will not be amended.
- (c) The representations of the panel member and the Independent Report Writer will be considered by the Independent Chair. Where the Independent Chair is unable to resolve the dispute, they may recommend to NSAB that a reference to the dispute, and that it was not possible to resolve it, should be included as a footnote to the report.

PART 2: **Safeguarding Adults Review Procedure**

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

Stage 1:

- 1.1 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 (NSAB) Independent Chair.
- 2.2 The NSAB Independent Chair will write to the named Chief Officers of all agencies involved with an **case summary**, 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 (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 a timescale of 28 days.

Stage 3: Contact with family – ongoing commitment

- 3.1 The NSAB Independent Chair will write to the family or significant others in cases where the subject is no longer alive to informed them of the SAR, to hear their views and explain the process and purpose. This will also assist in establishing which agencies have been involved with the adult of the SAR. The NSAB Independent Chair or Independent 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 SARP 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 SARP Chair will arrange for an advocacy service to be available via the Local Authority contract.

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.

Stage 4: Appointment of an Independent Report Writer (IRW) and agree methodology

- 4.1 The SARG will appoint an Independent Report Writer (IRW) 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 Prior to appointment the IRW **MUST** to declare any conflict of interest to the SARG

- 4.3 The SARG in conjunction with the appointed Independent 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 SARG will identify the membership of a SAR Panel (SARP). The SARP will not include any person who has a previous professional involvement with the case. The 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.

- 5.2 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.
- 6.2 If the information is considered:
 - Incomplete (including lack of chronology)
 - Unclear
 - Failing to consider critical information
 - Lacking information to evidence decision making
 - Requires further clarification

Then the individual concerned will be written to in the name of the SARG Chair, and a copy sent to the named Chief Officer, requesting the information is returned within 7 working days.

Stage 7: Presentation of draft report

- 7.1 The Independent 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 Report Writer (IRW) will present the draft report to the SAR Panel for discussion, for each organisation involved to check for factual accuracy and agreement. Any observations or suggested amendments to draft report to be supplied to the IRW within 14 working days for their consideration. If a panel member disagrees with the views of the IRW they are referred to dispute resolution process *Section 10 in part 1*.

Stage 8: Submission of final draft report

- 8.1 The final draft report will be submitted to the Independent Chair, NSAB. The IRW and the SAR Panel must 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 Independent Report Writer within 10 working days. Amendments to the final draft report will be considered and made at the discretion of the IRW.

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 As part of the final draft report the IRW will develop an Executive Summary. The Executive Summary and final draft 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 Business Group and added to the NSAB's risk register, as appropriate, to be monitored by the NSAB. Actions involving learning, development and training will be passed to the Business Group 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 NSAB Chair and/or IRW) 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 NSAB Manager and circulated to partner agencies, covering learning points and actions from the SAR.
 - g) The SAR process is closed.

Stage 11: Communication of lessons learned and action plan

- 11.1 The anonymised 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.
- 11.2 An agreed presentation will be delivered to all agencies concerned.
- 11.3 Agencies with actions to complete will be notified, with timescales for reporting on and delivering actions.

Stage 12: SAR Media Strategy

- 12.1 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 will be decided on a case by case basis but all cases will be supported by a press statement.
- 12.2 The Safeguarding Adults Board Business 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.
- 12.3 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 NSAB manager or the IRW, as appropriate. Consideration should be given to press support for the family and what, if any, support they would like with the media.
- 12.4 Prior to publication, the press 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.

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 Independent 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 police 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 with 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 to be 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 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.

Checklist for considering whether there are sufficient lessons to be learned and value in commissioning a non-statutory SAR.

QUESTION	YES	NO	COMMENT
Was there a “near miss”?			
Does the case indicate that there may be failings in how our adult safeguarding multiagency policies and procedures function, leading to serious concerns about how professionals/services work together?			
Did the system not recognise/share evidence of risk of significant harm to an adult (or recognise/share it late)? Is there evidence that system conditions lead to poor multiagency working or communication?			
Does that case involve serious or systemic organisational abuse and multiple alleged perpetrators, from which learning could be transferred to other organisations to prevent such abuse or neglect in the future?			
Could the case potentially yield systems learning around how agencies work together to prevent and reduce abuse and neglect that would help us do things different in the future?			

QUESTION	YES	NO	COMMENT
Would a SAR enable NSAB to identify areas of practice to prevent serious abuse or neglect happening?			
Does intelligence from other quality assurance and feedback sources (e.g. audits/complaints) suggest that the kind of issue in this case is new/ complex/ repetitive and conducting a SAR would therefore be beneficial?			
Has this happened before in Norfolk and was a SAR commissioned then? Has the learning from any previous SARs been implemented or is there new learning to be identified? [This question is answered by SARG]			
Is there adverse media interest or serious public concern?			
Is there evidence of sufficient good practice that could be mainstreamed across the partnership to the benefit of adults and their families?			

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.

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. The 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

APPENDIX 6

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 NPIAW 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)
 - g. The report writer has declared they hold no conflicts of interest in undertaking this commission
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

KEY Criteria	Yes / No	Evidence
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

Writer Name	Ranking on cost	Ranking on quality and availability	Overall ranking	Narrative