**Stockport All Agency Safeguarding Adult Review (SAR) Protocol**

**Operational from the 1st May 2015**

## Introduction

The Care Act Statutory Guidance sets out the procedures that Stockport Safeguarding Adults Board (SAB) should have in place to ensure compliance. The Statutory guidance is listed within sections 14.133 to 14.148. The guidance in section 1 below is taken directly from this Department of Health publication outlining the requirement's in relation to SAR's. Sections 2 & 3 of this document outline Stockport's procedures for considering cases for a SAR, and conduction of SAR's in compliance with the Care Act 2014

## Section 1 Care Act Statutory Guidance for SAR's

### 1.1 Criteria for a SAR

The Statutory guidance for the Care Act outlines for following criteria for a SAR

1.1.1SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

1.1.2 SABs must also arrange a SAR if an adult in its area has not died, but the SAB know or suspects that the adult has experienced serious abuse or neglect. 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 has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

1.1.3 SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support. Please note that informal cares should be included for consideration

1.1.4 The SAB should be primarily concerned with weighing up what type of 'review' process will 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.

1.1.5 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.

## 1.2 Principles & Purpose of a SAR inquiry

### 1.2.1 All SAR's should ensure the six key safeguarding principles are at the core of activity as follows:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – The least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – Accountability and transparency in delivering safeguarding.

### 1.2.2 The following principles should be applied by SABs and their partner organisations to all reviews:

- there should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice;
- SABs should agree Terms of reference for any SAR they arrange and these should be published and openly available. When undertaking SARs the records should either be anonymised through redaction or consent should be sought.
- Early discussions need to take place with the adult, family and friends to agree how they wish to be involved. The adult who is the subject of any SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.
- the approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined;
- reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith; and
- families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

1.2.3 The process for undertaking SARs should be determined locally according to the specific individual circumstances. No one model will be applicable for all cases. The focus must be on what needs to happen to achieve understanding, remedial action and, very often, answers for families and friends of adults who have died or been seriously abused or neglected. The recommendations and action plans from a SAR need to be followed through by the SAB.

1.2.4 The SAB should ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the adult. The SAR should also communicate with the adult and, or, their family. In some cases it may be helpful to communicate with the person who caused the abuse or neglect.

1.2.5 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;
- safeguarding knowledge;
- inclined to promote an open, reflective learning culture

**1.3 Time frame for completion of a SAR**

1.3.1 The SAB should aim for completion of a SAR 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 SAR is in progress to capture points from the case about improvements needed; and to take corrective action.

**1.4 The Purpose of a SAR**

1.4.1 SARs 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 learned 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 CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council

1.4.2 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, transparency and sharing of information to obtain maximum benefit from them. If individuals and their organisations are fearful of SARs their response will be defensive and their participation guarded and partial.

### 1.5 Findings from SARs

1.5.1 The SAB should include the findings from any SAR in its Annual Report along with the actions it has taken, or intends to take in relation to those findings. Where the SAB decides not to implement an action then it must state the reason for that decision in the Annual Report. All documentation the SAB receives from registered providers which is relevant to CQC's regulatory functions will be given to the CQC on CQC's request.

1.5.2 SAR reports should provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence. The report should be written in plain English and contain findings of practical value to organisations and professionals.

## 2. Stockport Procedures for SAR's

### 2.1 Making a referral to the SAR panel

**2.1.1 There are potentially 4 groups of people who may wish to refer a case to the SAR panel for consideration:**

*2.1.2 Safeguarding chairs and Inquiry Officers* - If you are a chair of a safeguarding investigation and you have identified that a case meets the criteria for consideration of a SAR at the case conference, there is a referral form that should be completed on Care First by the chair/Inquiry Officer following on from the case conference.

*2.1.3 Any professional from a constituent agency of the Safeguarding Adults Board* who is aware of an adult at risk, not currently part of a safeguarding investigation, but who meets the criteria for a SAR (see 1.1 above) can make a referral for a SAR using the SAR panel referral form.

*2.1.4 The coroner, MP's and Elected Members of Stockport Borough Council* can also make a referral for a SAR using the SAR panel referral form.

2.1.5 Completed referral forms should be sent to Lee Woolfe, the Safeguarding Adults Board Business Manager: Lee.woolfe@stockport.gov.uk or by post to:
4th floor (south end)
Stockport Metropolitan Borough Council
Stopford House
Stockport
SK1 3XE

*2.1.6 Other parties*, such as agencies who are not members of the Safeguarding Adults Board, family members, carers or members of the public, who consider a SAR should be commissioned, should raise their concerns via the Stockport's ASC Contact Centre Tel: 0161 217 6029

2.1.7 Please note that any death that meets the criteria for a domestic homicide review will be considered for this process.

See www.saferstockport.org.uk/partnershipaction/domestichomicidereviews

## 2.2 SAR panel procedure

2.2.1 All SAR referrals are initially considered by the SAR panel which meets quarterly and then reports to the SSAB.

2.2.2 The SSAB has delegated authority for reviewing and screening SAR referrals to the SAR panel (Dec 2014) who make decisions as to whether or not to proceed with a SAR

2.2.3 The SAR panel is made up of statutory SSAB members or a representative from their organisation. There will be a minimum of 4 on each panel and a maximum of 6

2.2.4 A rota will be set up for panel attendance of SSAB members or their representatives.

2.2.5 The SAR panel will be piloted for 12 months from April 2015 to April 2016. For the period of the pilot, panel chairs will be heads of ASC

2.2.6 The SAR panel will review all cases for consideration

2.2.7 Chairs of safeguarding meetings or another appropriate person, may be invited to the meeting when it is considering their case to give further information to inform the panel's decision.

2.2.8 Cases will be presented to the SSAB as an anonymised case study to vote on the outcome of the case in the following circumstances:

a) there is not a consensus of the panel
b) the SAR panel believes that there should be a SAR review (at any level)

2.2.9 The chair of the SAR panel will inform in writing the referrer of the decision.

## 2.3 Procedure for commissioning a SAR

2.3.1 The SSAB will consider what would be a proportionate level of review for the case. Options could include;

1) the stakeholders involved being asked to co-ordinate a review with the lead agency being commissioned to co-ordinate
2) an SSAB member is appointed within their role to undertake the review
3) an independent paid reviewer is appointed

2.3.2 In the event that the decision is to commission an independent review the SSAB will need to scope out the tasks required for the review and the associated costs. Determining how the costs of the SAR will be met will not delay the commencement of the SAR.

## 3. Process

### 3.1 Pathway for identifying cases to be considered for SAR

3.1.1 A five stage process is proposed to enable all referred cases to be reviewed by a SAR panel and then presented to the SSAB for consideration as appropriate with a recommendation

**Stage 1** The chair of the safeguarding meeting or other appropriate person (as outlined in section 2 above), completes the SAR referral from. NB for referrals made by the chair of the safeguarding investigation this is done electronically on Care First as part of 'outcoming' the investigation.

**Stage 2** The Safeguarding Service collates the appropriate information and papers for consideration by the panel by running quarterly reports on Care first and collating any referral forms that have been submitted through another means.

**Stage 3** The SAR panel meets to consider the case with representation at the panel by the chair of the safeguarding investigation or other appropriate person, to give any additional info required by the panel to make their decision

**Stage 4** The SAR panel makes a recommendation for each case as follows:

- Consider commissioning a SAR
- Consider commissioning a Learning Review
- Identified learning from the Case Conference to be disseminated (agree by who and issues of confidentiality)
- No review required

Any cases that need to go to the SSAB for consideration (see criteria in 2.3 above) are identified.

**Stage 5** The SSAB considers any cases referred under criteria outlined in 2.3 (above) and makes a decision on any review required - referrers are then notified

### 3.1.2 The SSAB consideration of SAR's

The SSAB shall have SAR`s as a 30 minute standing agenda item and Board members will have been expected to have read the papers in advance. The SSAB shall then consider each case and make a decision as to whether the case warrants the commissioning of a full SAR or another review process.