

# Cheshire East Safeguarding Adults Board Safeguarding Adults Review Procedure

**2024/25** Review – 2026/27



Safeguarding Adults Review Procedure

A Safeguarding Adults Review is a statutory requirement of the Care Act 2014 (Section 44).

The purpose of a SAR is to:

Determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death

Learn lessons from the case and apply the learning to future cases to prevent similar harm occurring again

Explore examples of good practice where this is likely to inform and improve inter-agency practice.

A SAR is not to hold any individual or organisation to account or to apportion blame: other procedures exist for that and include criminal proceedings and disciplinary procedures.

It is also recognised that individual organisations will have their own internal or statutory review procedures to investigate serious incidents. This procedure is not intended to duplicate or replace these.

#### Introduction

A Safeguarding Adults Review (SAR) will be arranged when an adult 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.

A SAR will also be arranged if an adult has not died, but it is known or suspected that they have experienced serious abuse or neglect that has caused permanent harm, reduced capacity or reduced quality of life.

The Case Review sub group will consider the most appropriate type of 'review' process to promote effective learning and improvement actions.

#### Principles

The following principles apply to all Case 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;
- 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.

# Purpose of a Safeguarding Adults Review

The purpose of having a case review is to:

- Identify what can be learned from a case.
- Consider what could have been done differently that may have prevented the death or serious harm (both multi-agency and those of individual organisations).
- Inform and improve local inter-agency practice.
- Improve practice by acting on learning.

The focus of all SARs must be on achieving understanding of what happened, providing answers for families and friends of adults who have died or been seriously abused or neglected, and finding remedial actions that will reduce the risk of a similar situation happening in the future.

Statutory Safeguarding Adult Reviews are not intended to:

- Investigate current allegations of abuse.
- Identify issues of capability or performance within a single organisation.
- Replace organisation's review processes used to investigate serious incidents.
- Replace individual organisation's procedures for reflective practice.
- Replace individual organisation's complaints procedures.

Safeguarding Adult Reviews (SARs) are not part of any disciplinary enquiry or process, but information that emerges during the course of the review may indicate that disciplinary action should be taken under established procedures. Alternatively, reviews may be conducted concurrently with disciplinary action. In some cases (e.g. alleged institutional abuse) disciplinary action may be needed to safeguard other adults.

Where appropriate the CESAB may make referrals to the Disclosure and Barring Service as a result of information which has emerged during the course of the review.

The Safeguarding Adults Review (or other Case Review processes) may overlap with other required reviewing processes. Where there are possible grounds for both a Safeguarding Adults Review and a Domestic Homicide Review (DHR) then a decision should be made at the outset by the two decision makers as to which process is to lead and who is to chair with a final joint report being taken to both commissioning bodies.

#### Criteria for undertaking a Safeguarding Adults Review (SAR)

- The Cheshire East Safeguarding Adults Board has a statutory responsibility to conduct a safeguarding adults' review (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 at risk.
- The CESAB must also arrange a SAR if the same circumstances apply where the adult is still alive but has experienced serious abuse or neglect.
- The CESAB can arrange for a SAR in other situations where it believes that there will be value in doing so
- The CESAB has agreed to delegate the management of SARs to the Case Review Group (CRG)
- The CRG has clearly defined Terms of Reference agreed by the SAB
- The adult who is the subject of the SAR need not have been in receipt of care and support services for the CESAB to arrange a review

• SARs will reflect the six safeguarding principles:-

#### Empowerment

Personalisation and the presumption of person led decisions and informed consent.

#### Prevention

It is better to take action before harm occurs.

#### Proportionality

Proportionate and least intrusive response appropriate to the risk presented.

#### Protection

Support and representation for those in greatest need.

#### Partnership

Local solutions through services working in their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect.

#### Accountability

Accountability and transparency in delivering safeguarding.

The process and methodology for undertaking SARs is determined by the SCRG according to the specific circumstances of the case.

#### Initiating a SAR

- A referral for consideration for a Safeguarding Adults Review should be made using the Referral Form.
- A staff member who believes a Safeguarding Adults Review is warranted should discuss their concerns in relation to the case in question, with their CESAB representative. There must also be consideration given to requests to convene a Safeguarding Adults Review from the Coroner, MPs, Elected Members and other interested parties including family members.

- The referrer should complete the form with as much detail as possible to support the decision making process – with specific reference to the way in which they believe the criteria have been met.
- This form should be submitted to the CESAB Board Manager, using the contact details provided on the referral form. The CESAB Board Manager will then share this information with the Independent Chair of the CESAB.
- The Independent Chair will initially scope the referral and decide if the case warrants initial discussion at the Serious Case Review Group (SCRG.)
- Following the SAB Ministerial Notification in May 2024: "In compliance with the Care Act 2014 ("Section 44"), SABs should proactively commission Safeguarding Adult Reviews in cases of deaths involving rough sleeping.", (Rough Sleeping Data Framework, June 2024 GOV.UK (www.gov.uk)) any rough sleepers that die in Cheshire East will bypass the initial Independent Chair scoping exercise and will automatically be reviewed by the SCRG regardless of whether the deceased was known to services or not. Usual SCRG Consideration processes will then be followed.
- Any organisation holding case files should ensure that they are secured immediately on a case being referred to the SCRG.
- Any organisation must comply with a request from the CESAB to provide information

#### **Consideration by SCRG**

The process of consideration is as follows:

• Case referral received by Board Manager using template form.

- Board Manager sends letter on behalf of Serious Case Review Group Chair in confidence to organisations involved, requesting a summary of their involvement with the adult within 7 days.
- Meeting of SCRG will take place within 14 days of receipt of referral. Referring organisation will be invited to consideration meeting.
- Information for consideration will be provided to SCRG members at least 3 days in advance of meeting. Documents will be secured.
- The SCRG meeting will review and discuss the referral and make a recommendation to the Independent Chair as to whether an SAR should be conducted.
- The SCRG may decide that another type of review may be more appropriate.
- If the SCRG decide that the criteria for undertaking a Safeguarding Adults Review have been met. The SCRG will:
- Make a recommendation to Independent Chair for approval to undertake a Safeguarding Adults Review. This will include the preferred methodology for undertaking the review, plans for family / individual involvement and any risks identified.
- The terms of reference should be published and openly available once agreed by the CESAB.
- Identify timescales for completion ideally this should be within six months. This is not always possible (for example, because of potential prejudice to related court proceedings).

- Propose a methodology for the review.
- Identify membership of the review panel who will oversee the review.
- Consider any requirements in relation to communication plan for family, provision of advocacy support for the adult at the centre of the review or any potential media interest or other risk areas.
- Identify the structure of the review, for example; overview reports, executive summaries, lessons learned documents etc.
- Notification shared with Coroner and Care Quality Commission where appropriate.
- Notification sent to involved agencies to secure records for this case.
- Full chronologies requested from agencies involved with the individual.
- Board members notified of intention to conduct a Safeguarding Adults Review.
- The local authority must arrange where appropriate, for an independent advocate to represent and support an adult who is the subject of a Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in contributing to the process and where there is no other appropriate adult to assist. (A person who is engaged professionally to provide

care or treatment for the adult in question cannot be an advocate.

• The adult must also consent to being represented and supported by the advocate (or where the adult lacks capacity, the local authority must consider it to be in that adult's best interests to be represented and supported by the advocate).

#### **Information Sharing of Records**

The Care Act 2014, Section 45 creates a **legal duty** for any agency or person to share what they know with the Safeguarding Adults Board (SAB). The test is that the information requested by the SAB must be for the purpose of enabling or assisting it to perform its functions, including that of undertaking Safeguarding Adults Reviews. This means that if a SAB requests information from an organisation or individual who is likely to have information, which is relevant to the SAB's functions, they **must** share what they know with the SAB.

All information sharing will be carried out with regard to the Caldicott Principles, Data Protection Act, General Data Protection Regulations and the TSAB Information Sharing Protocol.

Any emails sent or received as part of the review process must be sent securely, if necessary, the Egress system will be used to transfer secure records between agencies and the reviewer. All documentation and records provided to TSAB or created as part of a review will be held securely by the CESAB Business Unit and disposed of in accordance with Cheshire East Borough Council's Retention Policy. Agencies will not hold records relating to SARs on individual's case records.

More details can be found <u>Multi agency Information sharing agreement</u> (stopadultabuse.org.uk)

#### **Other forms of Review**

As well as a Statutory Safeguarding Adults Review, the SCRG will consider if any of the following forms of review are appropriate:

#### **Review and analysis of records**

This methodology may require that each agency involved with the individual in question produce a full chronology of their involvement, and an Internal Management Review (IMR) Report. (see appendix).

- The aim of the IMR should be to look openly and critically at individual and organisational practice and at the context in which people were working to see whether the case indicates that improvements could and should be made and, if so, to identify how these changes should be brought about. IMR Authors for each agency identified should not have been directly involved with the adult or family or be the immediate line manager of the practitioners involved.
- IMR authors should review case records for their agency and may also discuss with staff their involvement with the individual, family / carers. Where staff are interviewed by those preparing management reviews, a written record of such interviews should be made and this should be shared with the relevant interviewee. Individuals preparing management reports should ensure provision is made for staff care and support within their agency. If the review finds that policies or procedures have not been followed, relevant staff or managers should be interviewed in order to understand the reasons for this.
- Both chronologies and IMRs should be produced using the CSAB templates and guidance which contains details of what should be considered in each section.

#### **Discretionary Safeguarding Adults Review**

- The Serious Case Review Group (SCRG) will invite the key agencies and professionals involved in an identified case to a half or full day event to examine the case together.
- Agencies will be asked to provide chronologies of events within an identified time band, one facilitator will chair the event and another will write up the learning.
- An external facilitator may be used if the complexity of the case means it is necessary to do so.

- The SCRG will agree and provide written terms of reference for such a review and a timescale for completion.
- This process will involve operational staff and their managers who will have participated in the summary of learning at the end of the process.
- A second event may take place to review how the agreed actions had been met and how the learning was disseminated within agencies.
- A summary of the learning and any action plans will be shared with the CSAB in the form of a written report by the Chair of the Discretionary Safeguarding Adults Review

#### **Peer Reviews**

- The SCRG will identify an individual from another Safeguarding Adults Board to review the multi-agency working in an identified case as part of a reciprocal arrangement.
- The SCRG will agree and provide written terms of reference for any such review and a timescale for a response.
- The review will be shared with the CSAB in the form of a written report provided by the identified individual.

#### **Individual Agency Reviews**

- There are a number of reviewing processes undertaken around safeguarding cases within individual agencies represented on the Safeguarding Adults Board.
- For example, the Serious Untoward Incident or Root Cause Analysis process undertaken by board members from health

services, and it is appropriate for the Safeguarding Adults Board to have an overview of these.

- When an individual agency is conducting an investigation of this kind which involves a safeguarding issue, the SCRG should be advised of this to enable them to assess whether there may be transferable learning, or whether another level of review is needed.
- The SCRG may also ask an agency to conduct a review into a particular case and forward a written report to the SCRG.
- The SCRG will agree and provide written terms of reference for any such review and a timescale for a response.
- The SCRG will share this report with the CESAB in the form of a written report provided by the Chair of the SCRG

#### **Annual Report**

All Safeguarding Adults Reviews conducted within the year should be referenced within the annual report along with relevant service improvement requirements.

### Appendix One - SAR Criteria

# SAR statutory criteria (Care Act 2014)

In accordance with s44, Cheshire East Safeguarding Adults Board (CESAB) must arrange a SAR for an adult in its area with care and support needs (whether or not the local authority has been meeting any of those needs) if;

a) There is reasonable cause for concern about how CESAB, members of it or other persons with

relevant functions worked together to safeguard the adult, and

b) condition 1 or 2 below is met,

#### **Condition 1**

a) the adult has died, and

b) CESAB knows or suspects that the death resulted from abuse or neglect.

#### **Condition 2**

a) the adult is still alive, and

b) CESAB knows or suspects that the adult has experienced serious abuse or neglect significant

harm\* or reduced quality of life.

\*"Significant Harm" - for the purposes of the SAR criteria, significant harm is defined as a life limiting

incident (including psychological harm) from which there will be no recovery.

# **Discretionary SAR**

2.1 CESAB can exercise discretion and arrange a Discretionary SAR of any other case involving an

Adult at risk in its area where it believes that there will be value in doing so. This may include where an agency believes there are lessons to be learned for all involved which will improve multi agency

working\*, practice and information sharing. Referrals which do not meet the statutory criteria

will be considered in the same way and decisions including rationale communicated by Chair of

the SAR sub group.

\*"multi agency working" – reason to believe there are concerns regarding multi agency working

which would otherwise have offered protection (involving 2 or more agencies)

# Appendix Two

REFERRAL FORM: Please return to lsab@cheshireeast.gov.uk

<image/>	
Name:	
Job Title (if professional referral)	
Organisation (if professional referral)	
Contact Details (include telephone number and e mail)	
Address:	
Relationship to the adult at risk:	
Date referral submitted:	
Details of adult at risk	
Name:	
Address:	

Date of birth:	
Date of death (if applicable)	
Cause of death (if known)	
Ethnicity:	
Name and address of GP:	
Details of significant others (include legally recognised next of kin where this is known, family members, carers, advocate, representative)	
Please list any agencies that the person is or has been involved with to your knowledge (for example adults social care, housing, police, voluntary bodies and so on)	
Brief summary of any evic at risk of abuse and negle	lence/concerns you have about the adult being ct
Please provide a summary of why you are referring this case for consideration by the Safeguarding Adults Board (please include a brief	

description of the incident(s) and the impact on the adult at risk, as well as any concerns about the way agencies have worked together)	
Please provide details of any other investigations you are aware of concerning the case (For example serious incidents, criminal, health and safety and safeguarding ).	
Name and contact details of the Safeguarding Strategy Manager or lead person in any other investigation.	
If the adult at risk is subject to an ongoing safeguarding investigation, please provide additional details (if known) as follows:	
Details of the initial alert	
Subsequent developments including risk management plans	
Please provide any additional details that may be useful for this referral:	

# Appendix Three –

Information for families - <u>SAR information for Families Friends and</u> <u>Carers (stopadultabuse.org.uk)</u>

