



# **Bristol Safeguarding Adults Board**

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## **Safeguarding Adult Review Process Guidance**

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## 1. Introduction

### 1.1.Criteria for a Safeguarding Adult Review

1.1.1.The Care Act (2014) introduced the requirement for Local Safeguarding Adults Boards (SABs) to arrange Safeguarding Adults Reviews (SARs) (previously called Adult Serious Case Reviews) in the following instances:

*(1) An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—*

*(a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and*

*(b) condition 1 or 2 is met.*

*(2) Condition 1 is met if—*

*(a) the adult has died, and*

*(b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).*

*(3) Condition 2 is met if—*

*(a) the adult is still alive, and*

*(b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.*

1.1.2.SABs are free to arrange for 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.

1.1.3.Bristol Safeguarding Adults Board (BSAB) must arrange a Safeguarding Adults Review when the above criteria are met. The BSAB may also arrange for a SAR in any other situations involving an adult in its area with needs for care and support. (The Care Act 2014, s14.134)

1.1.4.The adult must have needs for care and support, but does not have to have been in receipt of care and support services for a SAR to be considered.

1.1.5.The BSAB 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.

1.1.6.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.

1.1.7.SARs should seek to understand what actions were taken by the relevant agencies involved in the case and the systems in which they worked together, and determine what might have been 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.

1.1.8.The purpose of the SAR 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 Care Quality Commission and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

1.1.9.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.

## 1.2.Principles of Adult Safeguarding

1.2.1.The 6 key principles of adult safeguarding should apply to SAR activity, namely:

- **Empowerment**
- **Prevention**
- **Proportionality**
- **Protection**
- **Partnership**
- **Accountability**

1.2.2.In order to apply these principles to the SAR process the Bristol Safeguarding Adults Board will expect that:

- there is a culture of continuous learning and improvement across the organisations that work together to safeguard and **protect** adults by identifying opportunities to draw on what works, promote good practice and seek to make improvements in order to **prevent** future harm;
- the approach taken to reviews will be **proportionate** according to the scale and level of complexity of the issues being examined;
- reviews of serious cases will be led by individuals who are independent of the case and organisations under review and have sufficient experience and training to undertake the role effectively in order to ensure that those agencies can be challenged and held to **account**.
- professionals will be involved fully in reviews and invited to contribute their perspectives in the spirit of **partnership improvement**, without fear of being blamed for actions they took in good faith;
- adults at risk will be **empowered** to contribute to SARs about their experience if they so wish. If they have any significant difficulty in being involved, an independent advocate will be commissioned to support them to be as involved as possible throughout the process.
- families will be invited to contribute to SARs. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

## 2. Referrals

### 2.1. Making a referral

- 2.1.1. Any individual, professional or agency can refer a case to the Chair of BSAB, requesting that consideration be given to convening a SAR. The request is made by submitting a SAR referral form, available online at <https://bristolsafeguarding.org/>. Once completed, this should be sent via secure email to the Joint Safeguarding Business Unit (JSBU) email at [bsab.bristol.gcsx.gov.uk](mailto:bsab.bristol.gcsx.gov.uk).
- 2.1.2. Staff members in partner agencies who believe a SAR is warranted should discuss their concerns in relation to the case in question within their organisation's safeguarding processes before submitting the request.
- 2.1.3. As referrals can and should be made by anyone, there may be instances in which a referral is made by a professional unfamiliar with the purpose and criteria for a SAR. The referral form contains direction on how and when a referral is appropriate – this should be carefully considered, and contact made with the relevant agency representative on the BSAB in the first instance for advice. The JSBU Business Manager can also be contacted for advice about the process.

### 2.2. Receiving referrals

#### Receipt

- 2.2.1. On receipt the JSBU Business Manager should examine each referral to ensure that the referrer has provided sufficient evidence to set out why they believe the criteria are met; this is not to consider whether the criteria are met, but to ensure that sufficient information to make that decision has been provided. Where this evidence is not present it will be requested, and the BSAB Chair and BSAB SAR Sub Group Chair should be informed that a referral has been received but will not be considered until further information is provided. If a SAR is agreed after re-submission, the date of the receipt of the referral will be recorded as the date that the necessary information for consideration was provided.
- 2.2.2. Once a suitable referral is received, the BSAB Independent Chair will be informed and an Extraordinary meeting of the BSAB SAR Sub Group (SARSG) will be arranged within one month.

#### SAR Sub Group referral consideration

- 2.2.3. It is the role of the SARSG to consider each referral against the criteria for commissioning (as outlined above). The SARSG will then make a recommendation to the BSAB Independent Chair, who will make the final decision.

2.2.4. The SAR referral consideration meeting must be quorate (attended by representatives from Bristol City Council, Avon & Somerset Constabulary, and a Health representative). Where the Police representative present is a civilian, input and comment on the referral will also be required from a suitable Officer, although they will not be required to attend. A legal advisor should also be present; where this is not possible advice should be provided.

2.2.5. All SARSNG members must be independent of the case. A deputy representative should be provided by agencies in instances where the standing member has had direct or line management involvement.

2.2.6. SARSNG members are expected to bring a summary of any records from their own agencies they may hold on the subject of the referral.

2.2.7. The Care Act states that *“The SAB should aim for completion of a SAR within six months of initiating it. If this is not possible (for example, because of potential prejudice to related court proceedings) every effort should be made while the SAR is in progress to (i) capture points from the case about improvements needed; and (ii) take corrective action.”* (CA 2014, 14.131). In order to achieve this aim of completion within six months, the SARSNG should be prepared with a suggested methodology and begin scoping for appropriate reviewers before agreement is formally received by the BSAB Independent Chair. This should be discussed at the initial SARSNG Referral Consideration Meeting, or a follow up meeting.

2.2.8. In considering the approach, the SARSNG will consider:

- how best to promote effective learning and improvement actions to prevent future death or serious harm.
- how to avoid a hindsight bias which obscures analysis of complex situations.
- how to promote a broad organisational learning approach and reflect current practice realities.

See section 3.1 for more information regarding potential methodologies.

### Consideration of other processes

2.2.9. Where multiple local authorities are involved, consideration should be given to holding a Joint SAR. If the SARSNG believes this to be appropriate, contact with the other relevant Local Authority should be made as soon as possible. Methodology and governance should be agreed jointly.

2.2.10. Where there are possible grounds for a Safeguarding Adult Review, a Domestic Violence Homicide Review, Serious Case Review, Multi Agency Public Protection Review, Mental Health Service Review or other formal review process then a decision should be made at the outset as to which process is to lead and who is to chair with a final joint report being taken to the necessary commissioning bodies.

2.2.11. It should be recognised that running dual or multiple agency processes can be overly burdensome or distressing for professionals and family members involved; delay publication; and limit learning. The principle of proportionality should always be considered.

## 2.3. Agreement to undertake a SAR

2.3.1. Formal agreement to undertake a SAR is made by the BSAB Chair, informed by the recommendations of the SARSG.

2.3.2. The date of this agreement is the date from which the SAR is considered to be 'initiated'. An agreement to a recommended methodology should also be recorded at this point.

2.3.3. The BSAB Board Members should be notified that a SAR has been agreed as soon as possible. Formal requests to secure records and provide information will follow after the initial scoping meeting (see section 3).

2.3.4. Should the BSAB Chair be in disagreement with the recommendations of the SARSG not to conduct a SAR, a SAR will be held following the above process as the BSAB Chair has the final decision on SAR referrals.

2.3.5. Should the BSAB Chair be in disagreement with the recommendations of the SARSG to conduct a SAR, the Board should determine what other steps or actions need to take place to assure themselves of the effectiveness of the safeguarding in the city. This may include receiving reports from single agency investigations.

## 3. Convening a SAR

### 3.1. Methodologies

3.1.1. The Care Act statutory guidance states that *“The process for undertaking SARs should be determined locally according to the specific circumstances of individual circumstances. We do not believe a one-size-fits-all approach is an appropriate response.”* (Care and Support guidance paragraph 14.128).

3.1.2. The most appropriate methodology for conducting a SAR should therefore be determined on a case by case basis. The principle of proportionality must always be considered in order to learn lessons as quickly as possible.

Examples of learning models which may be considered include:

3.1.3. **The SCIE learning together model.** The Learning Together approach has been used in both safeguarding adults and safeguarding children’s reviews. The model uses systems thinking to gain a deeper understanding of current local practice and cultivate an open, learning culture. Practitioners are part of the case review team, their perspectives are used to inform all aspects of the Review, including lessons learned.

3.1.4. **SILP (Significant Incident Learning Process).** This approach explores a broad base of involvement including families, frontline practitioners and first line managers view of the case, accessing agency reports and participating in the analysis of the material via a ‘Learning Event’ and ‘Recall Session’.

3.1.5. **Root Cause Analysis (RCA).** RCA has been used within health agencies as the method to learn from significant incidents. RCA sets out to find the systemic causes of operational problems. It provides a systematic investigation technique that looks beyond the individuals concerned and seeks to understand the underlying causes and environmental context in which the incident happened.

3.1.6. **Appreciative Inquiry (AI).** This approach is rooted in action research and organisational development, and is a strengths-based, collaborative approach for creating learning change. SAR’s conducted as an appreciative inquiry seek to create a safe, respectful and comfortable environment in which people look together at the interventions that have successfully safeguarded; and share honestly about the things they got wrong. They get to look at where, how and why events took place and use their collective hindsight wisdom to design practice improvements.

3.1.7. A systems approach is preferred by the Board and will be considered the default approach in most cases.

3.1.8. **The guidelines outlined in section 3 are based on the assumption that a SCIE methodology has been selected to provide an example of the systems approach.** This is for illustrative purposes only and the guidelines may be adapted depending on the specific methodology chosen, the interface with other processes, and the scope of the review.



A checklist for this process can be found in Appendix 1.

3.1.9. **Proportionality** in particular must be a key consideration to ensure that the learning process is effective and an efficient use of resources. In non-statutory SARs (conducted where the BSAB agrees that there may be learning to be derived from a case, rather than where the criteria for a SAR is met), or in statutory SARs where it is thought there may be limited learning there should be a strong consideration of using a pared-down or proportional systems approach.

## 3.2. Notification of SAR to agencies

3.2.1. SAB partner agencies should be given as much notice as possible that a SAR has been agreed and will be taking place. While requests for review team members and chronologies should be made once the scope and methodology has been agreed with the reviewers, an early formal notification to BSAB partner agencies (and other relevant Bristol agencies and services where applicable) should be sent as soon as the SAR has been agreed by the BSAB Chair.

3.2.2. The notification should take the format of a formal letter from the BSAB Chair that

- states that a SAR has been agreed;
- provides the identifying details of the subject(s) of the review;
- states that agencies may expect a request for a chronology of involvement and nomination of a review team member once the scope of the review is known;
- requests the completion of an attached form that indicates the level of agency involvement.

3.2.3. A template 'Indication of involvement' form can be found in Appendix 2. Completed forms will be used to assess where to direct requests for chronologies and identify representatives for the review panel.

## 3.3. Appointment and expectations of lead reviewers

3.3.1. Regardless of methodology, all SARs must be led by an independent reviewer. This will involve a cost to BSAB (see section 8). In a SCIE 'Learning Together' review two lead reviewers are required. In a proportional SAR using a systems approach it may be concluded that only one reviewer is necessary, but this must be agreed with the BSAB Chair and the individual reviewer.

3.3.2. Where it has been recommended by the SARSG that the SAR should be a 'Learning Together' review supported by SCIE, SCIE should be approached promptly after the SARSG referral consideration meeting so that a recommendation regarding potential reviewers can be sent to the BSAB Chair as quickly as possible following their formal agreement to conduct a SAR. The SARSG, JSBU and SCIE should work together to identify reviewers with experience relevant to the case. The final decision will be made by the BSAB Chair.

3.3.3. Where it has been recommended by the SARSG that a systems approach should be used but the SAR will not be a formal 'Learning Together' review, the JSBU should approach reviewers directly. The JSBU holds a database of contact details for this purpose. Recommendations regarding potential reviewers should be sent to the BSAB Chair as quickly as possible following their formal agreement to conduct a SAR.

3.3.4. When reviewers are approached directly, requests should be made for:

- a letter expressing interest
- a cv
- a reference from another LSAB/LSCB to ensure the reviewers have the appropriate experience.

3.3.5. An example contract for SAR reviewers can be found in Appendix 3. This outlines the expectations of the reviewers in leading the review, and the support provided by the JSBU to facilitate and coordinate the review.

3.3.6. Paragraph 14.172 of the Care and Support Guidance outlines the skills and experience of those appointed to undertake SARs.

## 3.4. Scoping of review

3.4.1. Once appointed, a 'scoping' meeting will be held between the lead reviewer(s), SARSG Chair, JSBU Project Support Officer, JSBU Business Manager and BSAB Legal Advisor. Core partners to the Board will also be invited to contribute. The aim of this meeting is to:

- Agree a key time period for examination within the review (in a systems approach this is usually within the last two years in order to keep learning relevant)
- Identify agencies with direct involvement in the case
- Consider the general focus of the review – this will be clarified into research questions / terms of reference once finalised
- Confirm the methodology and governance of the review

3.4.2. The above may be achieved by completing a scoping document. A SCIE formatted scoping template can be found in appendix 4. The first scoping meeting will produce a draft document only, to be finalised at the first Review panel meeting.

3.4.3. The scoping meeting should also ensure that other formal review processes have been considered. Where the decision to hold a review that encompasses multiple statutory obligations is made (see paragraph 2.2.10), for example, a joint Safeguarding Adult Review and Domestic Homicide Review, the SARSG must be assured that the methodology chosen will meet all the required obligations. Contact should be made to the relevant oversight bodies to ensure this approach is acceptable.

- 3.4.4. Plans should be put in place to confirm the status of any criminal case by contacting the Senior Investigating Officer, and clarifying the stage of any parallel process such as a Coroner's inquest. Where necessary, the review may have to be postponed in order to avoid interference with parallel processes.
- 3.4.5. Plans should be made to contact the family (or surviving subject of the review) to provide an opportunity to engage with the review. All due consideration should be given to identify the most appropriate contact for the family at a very sensitive time. This may be a Family Liaison Officer, or practitioner with an existing relationship. See section 3.8.
- 3.4.6. Plans should be made for the scoping document to be periodically reviewed by the BSAB legal advisor at identified junctures (see paragraph 3.67) to ensure the review is acting within the established scope.

### 3.5. Requests for Agency Input

- 3.5.1. Once a timeframe for review and general focus has been agreed with the lead reviewer(s), formal requests for chronologies and nominations should be made to all involved agencies. These should already have been identified through early notification.
- 3.5.2. Requests will also be made to nominate an individual to participate as a member of the review team, and to compile a chronology of agency involvement. A deadline for a response will be given, and wherever possible the date for the first Review Team meeting will also be provided.
- 3.5.3. On receipt of the request all agencies must check their records for any involvement with the subject(s) of the review. Commissioners are responsible for identifying involvement from their commissioned services, even where it is likely that providers have been contacted directly. Commissioners should assure themselves that an appropriate response has been provided.
- 3.5.4. If an agency considers their involvement with the subject(s) of the review to have been significant a representative of that agency should be nominated to participate in the Review Team.
- 3.5.5. Where the Lead Reviewer and/or JSBU consider that an agency should be represented on the Review Team but no nominations are received, the BSAB member representative of that agency will be approached directly to reconsider. Agencies are strongly encouraged to participate in reviews. Non-participation may be escalated to Senior Leadership and the BSAB Chair, and will be reflected in the final report.

## 3.6. Agency Reports and Freedom of Information Request

3.6.1 Any reports produced by organisations solely for use as part of a Safeguarding Adults Review methodology are the property of the BSAB. This includes Independent Management Reviews, SILP reports and chronologies.

## 3.7. Review Team members and expectations

3.7.1. The Safeguarding Adult Review report is produced by the review team, consisting of representatives from relevant local agencies and led by independent reviewer(s).

### Agencies

3.7.2. Agencies that have had significant involvement in the case are required to appoint an appropriate person of sufficient experience in safeguarding who is independent of the line management of the case to be a member of the Review Team.

3.7.3. BSAB partner agencies are asked to support their representatives who sit on a review team by releasing their workload and advising where necessary.

### Member Expectations

3.7.4. Review Team members are expected to;

- Provide thorough agency records where requested
- Advise on matters of practice
- Report back to their line managers any issues pertaining to their agency that arise during the course of the review
- Support any practitioners from their agency or commissioned service if identified as members of the case group
- Take an active involvement in the drafting and reviewing of the report

## 3.8. Information sharing within the SAR process

3.8.1. All information relating to the SAR will be shared confidentially and in line with the BSAB Information Sharing Protocol.

3.8.2. Section 45 of the Care Act states:

### Supply of information

*(1) If an SAB requests a person to supply information to it, or to some other person specified in the request, the person to whom the request is made must comply with the request if—*

*(a) conditions 1 and 2 are met, and*

*(b) condition 3 or 4 is met.*

*(2) Condition 1 is that the request is made for the purpose of enabling or assisting the SAB to exercise its functions.*

*(3) Condition 2 is that the request is made to a person whose functions or activities the SAB considers to be such that the person is likely to have information relevant to the exercise of a function by the SAB.*

*(4) Condition 3 is that the information relates to—*

*(a) the person to whom the request is made,*

*(b) a function or activity of that person, or*

*(c) a person in respect of whom that person exercises a function or engages in an activity.*

*(5) Condition 4 is that the information—*

*(a) is information requested by the SAB from a person to whom information was supplied in compliance with another request under this section, and*

*(b) is the same as, or is derived from, information so supplied.*

*(6) Information may be used by the SAB, or other person to whom it is supplied under subsection (1), only for the purpose of enabling or assisting the SAB to exercise its functions.*

3.8.3. The Care and Support statutory guidance states:

*14.186 An SAB may request a person to supply information to it or to another person. The person who receives the request must provide the information to the SAB if:*

- the request is made in order to enable or assist the SAB to do its job*
- the request is made of a person who is likely to have relevant information and then either:*
- the information requested relates to the person to whom the request is made and their functions or activities*
- the information requested has already been supplied to another person subject to an SAB request for information*

*“There may be occasions in which information is requested regarding individuals who are not subjects of the review, for example, the perpetrator of a homicide if they were in receipt of care and support services. This information can be shared with the BSAB in line with S45 of The Care Act and statutory guidance. Agencies should be assured that information requested by the BSAB for the purposes of SAR is proportionate and relevant.”*

3.8.4. In instances of challenge regarding information sharing, advice should be sought from Caldicott Guardians and the BSAB legal advisor.

3.8.5. Medical practitioners may wish to refer to 'Confidentiality: good practice in handling patient information (2017)' issued by the General Medical Council. Paragraph 71 states that:

*"You must also consider seriously all requests for information needed for formal reviews (such as inquests and inquiries, serious or significant case reviews, case management reviews, and domestic homicide reviews) that are established to learn lessons and to improve systems and services."*

### 3.9. Meetings

3.9.1. The first meeting of the Review panel should;

- Confirm the members of the review panel, identifying where there may be gaps in representation or submitted information
- Confirm the terms of reference / research questions for the review
- Begin using the existing chronology to identify areas for exploration and analysis.
- Begin identifying frontline practitioners involved in the case to form the Case Group.
- Begin identifying the key family members, friends or carers to be consulted in the course of the review

3.9.2. Subsequent meetings must be flexible to accommodate the data uncovered; the aim of a systems approach is to follow the evidence rather than take a prescriptive approach. However, a typical review may involve the following meetings:

<b>Meeting</b>	<b>Attended by</b>
Initial Scoping	Lead Reviewers, JSBU and Legal Advisor
Initial Review Team meeting	Review Team
Second Review team meeting	Review Team
Case Group briefing	Lead Reviewers and Case Group
'Conversations'	Case Group and identified interviewers
Analysis meeting	Review Team and Legal Advisor
Consideration of draft	Review Team
Feedback to case group	Lead Reviewers and Case Group
Final Review team meeting and sign-off	Review Team

3.9.3. Progress of the review will be monitored by the JSBU Business Manager, with pre-agreed opportunities for the Legal Advisor to comment. This should take place at around the mid-point of the review.

### 3.10. Case or Practitioner Group

3.10.1. In a systems approach methodology, frontline practitioners who had direct involvement with the case are a vital source of information regarding the 'window on the system'. They form the 'case group', which may meet for a one-off practitioner event to explore key episodes, or hold one to one 'conversations' with members of the review team.

3.10.2. Case group members will be supported by their agency representatives on the review team. If their agency is not represented on the review team support will be identified as part of the case group planning.

3.10.3. Case group members should be briefed in the methodology in advance, either in a group meeting or individually by their review team representative.

3.10.4. Where there is no direct review team representative for a case group member, the lead reviewers and/or JSBU will ask a suitable BSAB representative to provide this support. It is essential that all Case Group members are clear on their responsibilities and feel comfortable engaging with the review in an open way.

3.10.5. Once the review has sufficiently progressed to produce findings, the case group will be provided with an opportunity to receive feedback and review and comment on these findings.

### 3.11. Family engagement

3.11.1. Where the subject(s) of a SAR are in a position to contribute to the review they should be given the opportunity to do so. The Care and Support Statutory guidance 2016 paragraph 7.3 states that *"There is also a separate duty to arrange an independent advocate for adults who are subject to a safeguarding enquiry or Safeguarding Adults Review (SAR)."* Section 7 of the Care and Support Statutory Guidance outlines the ways in which consideration should be given to support the adult in this regard.

3.11.2. The family / carers of the subject(s) of the review should be contacted at the earliest possible juncture, either by the lead reviewers or an appropriate professional who may have already established a working relationship (such as their existing Social Worker, or Family Liaison Officer).

3.11.3. An agreement should be made regarding who should be the main point of contact for the family / carers or subject(s), and how regularly they will be updated.

- 3.11.4. Every effort should be made to ensure that the family / carers or subject(s) is fully briefed on the purpose of a SAR, the methodology, and timeframes.
- 3.11.5. Every effort should be made to support the family / carers or the subject(s) to engage with the review process through facilitating conversations and arranging interviews at their convenience. It is entirely the family / carers or the subject(s) decision whether they wish to do this.
- 3.11.6. The family / carers or subject(s) will be provided an opportunity to review the final report after it has been approved by the Board and at least one week prior to publication. Should they wish to comment on the report the BSAB Chair may consider publishing their response alongside the final report.
- 3.11.7. It must be recognised that the context in which a SAR is held is likely to have been distressing for those involved, and where appropriate the family should be signposted to relevant support services.
- 3.11.8. The family / carers or the subject(s) may wish to engage their own legal representation. In this instance, all communication should be directed in conjunction with the BSAB Legal Advisor.
- 3.11.9. When the subject of a SAR is alive and has capacity to make an informed decision, engagement with family members or carers will be determined by the consent given by the adult.



## 4. Quality assurance and approval

### 4.1. Quality Assurance process for Safeguarding Adult Reviews

4.1.1. The SARSG is responsible for quality assuring SARs before they are sent to the Board for approval. The SARSG will follow the same process for quality assuring SARs as the framework for assessing PhD theses.

4.1.2. In UK academic institutions once a PhD candidate has submitted their thesis they are invited to defend their doctorate at a 'viva voce', commonly known as a PhD viva. This takes the form of a discussion and defence of their research. Outcomes of the viva typically fall into one of the following categories:

- Outright pass. The work needs no corrections.
- Minor corrections. The examiners have a few minor suggestions that they would like to be incorporated, typically typographical or grammatical errors, or suggestions for clarity only.
- Resubmission. The thesis needs further work to be of doctoral standard. This might include rewriting sections or including further information.
- Outright fail. Based on the work submitted, the examiners believe that the candidate will not be able to complete a doctorate.

#### SAR Sub Group quality assurance meeting

4.1.3. Once the SAR review panel has agreed a final draft of a SAR the lead reviewers will then be invited to an extra-ordinary SARSG meeting to ensure the report is of a suitable standard to be accepted by the BSAB. To prevent confusion with SARSG meetings arranged for a different purpose, this meeting will have a specific title such as 'SAR Quality Assurance'.

4.1.4. The draft will be circulated to attendees in advance, and all SARSG members must attend having read the draft document thoroughly and be prepared to challenge the reviewers.

4.1.5. At the SAR Quality Assurance meeting, SARSG members will meet prior to the arrival of the reviewers to discuss the report and agree any topics of discussion to be raised.

4.1.6. On arrival the reviewers will deliver a short presentation, focussing on the findings of the review. A discussion with the SARSG members will follow. SARSG members may wish to consider whether:

- The research question has been effectively answered and/or the terms of reference have been met
- The report remains within the established scope with the focus on learning lessons
- The agreed methodology has been followed
- There are no factual or typographical errors
- Conclusions have been evidenced
- Language is appropriate
- The report is publishable and no personal detail regarding the case that is not relevant to the review has been included.

4.1.7. It should be noted that Safeguarding Adult Reviews are the product of and owned by the SAR review team, drafted by the lead reviewers. Amendments can be suggested but there is no obligation for the reviewers to act on these.

### Outcomes of Quality Assurance

4.1.8. At the conclusion of the meeting the SARSG members will agree on one of the following outcomes:

4.1.9. **Outright approval:** The work needs no corrections and can progress to a meeting of the full BSAB to be accepted.

4.1.10. **Minor corrections:** The content and findings of the report are approved, but some minor amendments are suggested to correct errors or clarify existing points.

In this instance the reviewers will be requested to make the suggested amendments within a short time period (eg. five to ten working days from the date of the meeting). SARSG will not be required to meet again as the report will be circulated electronically for approval - no further amendments will be suggested at this point. The report can then progress to the BSAB.

4.1.11. **Resubmission:** The SARSG has identified issues with the content of the report that require further work. This may include an area that requires further exploration, concerns around the evidencing of the conclusions, or that the scope has been exceeded. Suggested amendments are likely to be more general than specific, highlighting areas for reconsideration by the lead reviewers.

An appropriate timescale for the completion of the work will be agreed with the lead reviewers. If significant changes are needed, they may wish to return to the review panel to ensure joint ownership. In most cases this decision will be left to the best judgement of the lead reviewers, but any amendments to the findings must be agreed with the full review team.

Once amendments have been made the SARSG Quality Assurance meeting will be reconvened and the quality assurance process repeated.

4.1.12. **Rejection:** It is hoped and expected that this would be a highly unlikely occurrence.

In the event that amendments are suggested but not accepted by the lead reviewers / review panel, the SARSG should consider whether the existing report could be accepted by the BSAB without the amendments suggested.

If the Board is unlikely to accept the SAR without the amendments made, every effort must be made to resolve the concerns with the lead reviewers and Review Panel. If the SARSG cannot accept the SAR without amendments, and the amendments are refused, the SAR must be rejected.

4.1.13. In this case the decision should be flagged to the BSAB Chair, and all options considered. Options may include:

- The SAR is recommissioned with a different review panel / lead reviewers. This will cause significant delay and expense, risking the loss of timely learning.
- The review panel is asked to reconsider the SAR in the absence of the lead reviewers. This is only an option when the approach of the lead reviewers differs from that of the review panel.
- The SAR is received but not accepted by the SARSG, and used as the basis for a document produced by the JSBU. This would mean that the final report is no longer independent, which must be addressed in a Board response.

4.1.14. This option will have significant problems attached. Outright rejection of a SAR should be avoided as far as possible.

## 4.2. BSAB acceptance process for Safeguarding Adult Reviews

### SAR receipt and acceptance meeting

4.2.1. Once the SARSG has conducted quality assurance of the Safeguarding Adult Review it must be formally accepted by the Bristol Safeguarding Adult Board. The lead reviewers will be invited to an extra-ordinary BSAB meeting to present the final draft of the report.

4.2.2. The draft report will be sent to the secure email addresses of the named BSAB members only (not deputies or administrative support), and clearly labelled to indicate that the report is confidential and only for the use of the named BSAB member. In the event that a BSAB member is unable to attend, this must be clearly indicated to the BSAB administrator to ensure that a deputy receives a copy of the report. Full agency representation is strongly encouraged.

4.2.3. At the meeting the reviewers will deliver a short presentation, focussing on the findings of the review. A discussion with the BSAB will follow.

### Expectations of BSAB members

4.2.4. By this point it is expected that quality assurance will already have taken place, and any agency directly impacted by the findings will already have had the opportunity to make submissions through their representatives on either the review team or SARSG. Feedback regarding the content at this meeting should therefore be minimal.

4.2.5. In the event that an agency has significant concerns about the content of a report when sighted for the BSAB acceptance meeting and, due to a communication breakdown, this has not previously been flagged, the BSAB Chair may consider whether the report should return to the review panel or SARSG, or if the reviewers could incorporate the feedback into a redrafted version of the report without the need for further quality assurance. In this instance it is essential that the agency provides this feedback at the BSAB meeting so that all BSAB members can be made aware of their concerns. No new suggested amendments will be accepted once a decision has been reached at the BSAB, so agencies must be assured of their position prior to this meeting.

4.2.6. Although there is an expectation that few amendments will be needed following quality assurance by the SARSG, BSAB members are strongly encouraged to challenge the reviewers. BSAB members should not feel like they must accept a flawed review even in the face of a differing opinion from the majority. All viewpoints should be expressed, and the BSAB Chair should attempt to reach a consensus agreed by all members as far as possible.

4.2.7. BSAB members should come to the meeting:

- Having read the review thoroughly, highlighting any factual or typographical errors they may have identified.
- Prepared to represent their agency
- Prepared to challenge the reviewers, even in circumstances in which other BSAB members have indicated contradictory viewpoints.
- Having fully considered whether they are prepared to approve the SAR in its current state, and what amendments may be needed if they are not.

### Outcomes of SAR presentation to the Board

4.2.8. The decision made by the BSAB in respect of a Safeguarding Adults Review is subject to Board Members' liabilities as set out in the BSAB Constitution.

4.2.9. At the conclusion of the meeting, the BSAB will agree on one of the same outcomes as outlined under the SARSG quality assurance:

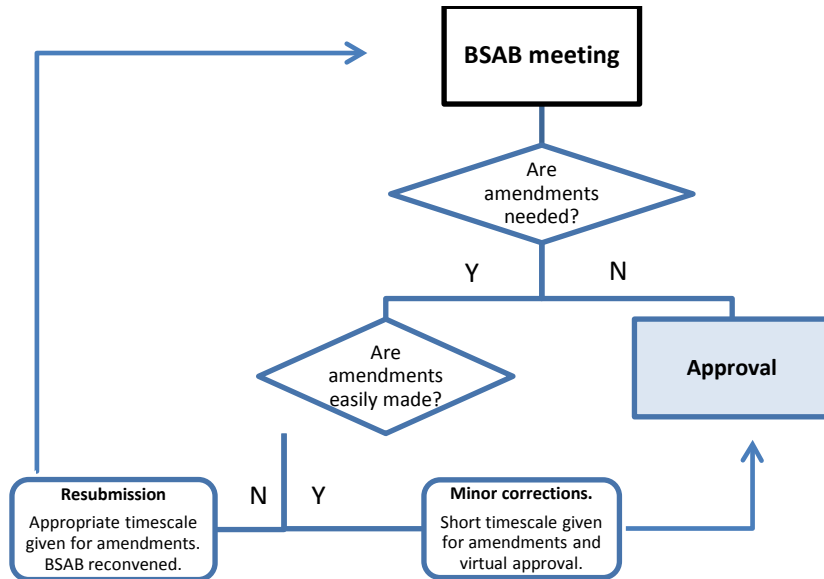
4.2.10. **Outright approval:** The work needs no corrections and is approved by the Board. Consideration of publication may now begin.

4.2.11. **Minor corrections:** The reviewers will be requested to make the suggested amendments within a short time period (eg. five to ten working days from the date of the meeting). The BSAB will not be required to meet again.

4.2.12. **Resubmission:** An appropriate timescale for the completion of the work will be agreed with the lead reviewers. If significant changes are needed, they may wish to return to the review panel AND the SARSG for further quality assurance. This will be decided by the BSAB Chair on a case by case basis. Once amendments have been made, the BSAB will be reconvened and the approval process repeated.

4.2.13. **Rejection:** The options remain as listed under the SARSG quality assurance process. Where the findings of a report are not accepted the BSAB would be at liberty to accept the report for publication but address any items where there is disagreement in a published Board response.

## BSAB SAR acceptance flowchart



## 5. Publication and external parties

### 5.1. Publication

5.1.1. There is no obligation to publish a Safeguarding Adult Review other than to include the detailed findings in the Annual report. However it is good practice to do so in order to ensure that lessons are widely disseminated. The Bristol Safeguarding Adults Board is committed to publishing SARs as far as possible.

5.1.2. Under the SCIE methodology it should be possible to publish each SAR in full without the need for an Executive Summary (as was the practice under previous arrangements) as the report is focused solely on learning. The final decision on what form a published report will take will be made on a case by case basis.

5.1.3. Once the BSAB has formally approved a SAR, a publication planning meeting should be arranged as soon as possible. Attendees should include:

- BSAB Chair
- Legal Advisor to the Board
- Press and Communications representative to the Board; a clear distinction between Local Authority Press leads and BSAB press leads should be agreed
- Board Representatives of the three core partners; BCC, BCCG and Avon & Somerset Police
- Press and Communications leads for the three core partners
- Safeguarding Representatives for any agencies involved in the SAR
- Press and Communication leads for any agencies involved in the SAR

5.1.4. The meeting agenda will cover two core items. The first is to agree whether or not the approved SAR can be published in full. Attendees should consider:

- If publication would lead to any breach of confidentiality
- If any redaction is required in the light of the Data Protection Act, and other relevant legislation
- If an Executive Summary or other briefing document would be more appropriate

5.1.5. The second purpose of the meeting is to agree a media strategy for publication. This would be led by the BSAB communication representatives. Attendees should consider:

- The production of a (multi-agency) BSAB response, taking into account any action plan produced and actions already completed
- The production of individual agency responses
- The most appropriate course of notifying the media ('publish' vs 'publicise')
- A plan for informing key people, including family members and front line professionals, and who is best placed to do this
- Agreeing a reasonable timescale for publication

## 5.2. Disclosure of information with external parties

- 5.2.1. Chapter 14 of the Care and Support Guidance sets out expectations in relation to information sharing between agencies and LSAB's in relation to SARs, including an expectation that information must be shared to enable a LSAB to do its job (paragraph 14.186).
- 5.2.2. There may be a request to disclose (as opposed to share) information with external parties such as the Coroner; the Police; legal representation of the family or subject(s).
- 5.2.3. It is established in guidance and case law that in order for there to be openness and candour within the SAR process, it is necessary to protect confidentiality particularly in relation to related agency reports. This must be balanced with general principles of openness and transparency applicable to public process, and compliance with relevant legislation in relation to disclosure of information.
- 5.2.4. Disclosure to the Coroner is based on the public interest in a fair hearing as well as the need to the court to have all relevant information before it. This is balanced by the public interest in agencies being able to learn from incidents that have happened. It is recognised that this may require that information is not disclosed in some circumstances.
- 5.2.5. Good practice provides that the Coroner should be informed that the BSAB has commissioned a SAR
- 5.2.6. If the Coroner requests disclosure of information, case law dictates what should be disclosed and legal advice should be sought before a response is made. The Chair will make a decision in consultation with participating agencies.
- 5.2.7. Decisions regarding disclosure of information to the family or other interested third parties will vary according to the timing of any requests and the stage reached within the SAR process. Legal advice should always be sought.
- 5.2.8. Single agencies will be required to make their own decision regarding information disclosure to third parties who approach them directly external to the SAR process but this should be done in consultation with the Chair of the Board.
- 5.2.9. Other than the final report, documentation will not be disclosed to the family or other individuals external to the SAR process prior to the completion of the report save where ordered to do so. Any request for access to documents will be considered in accordance with the principles of the Freedom of Information Act 2000 and the Data Protection Act 1998. Decisions will be made by individual agencies in relation to requests for disclosure of their documents.

## 6. Learning and Actions

### 6.1. Action Plans

- 6.1.1. Action plans based on the findings of the Safeguarding Adult Review will be developed by the SARSG in conjunction with or as soon as possible after the publication of a report. The action plans must be approved by the BSAB.
- 6.1.2. Action plans will specify what actions will be taken to address each finding, the individual or agency leading on that action, and a timescale for completion. A template action plan can be found in Appendix 5.
- 6.1.3. Single agencies with actions attributable to them will report progress to the SARSG on request or prior to each SARSG meeting.
- 6.1.4. Where multi-agency action is required a named lead will be identified in the action plan, and they must report on progress to the SARSG.
- 6.1.5. Exceptions will be reported to the BSAB quarterly. Lack of progress or disputes will be escalated to the BSAB Chair.

### 6.2. Learning Dissemination

- 6.2.1. On publication, the JSBU will produce a Learning Dissemination strategy alongside Sub Group Chairs to ensure that key messages and learning reaches and is embedded within workforces across Bristol.
- 6.2.2. The Learning Dissemination strategy may involve a number of the following methods:
- Learning Events
  - Conferences
  - Newsletter / leaflets containing key messages
- 6.2.3. Service user engagement and input should be considered as part of the Learning Dissemination Strategy.
- 6.2.4. A question on how single agencies are embedding learnings from SARs will be incorporated into Single Agency Audits to be reported to the BSAB.

### 6.3. Annual Report

- 6.3.1. The Care and Support Statutory Guidance states:
- 14.177. The SAB should include the findings from any SAR in its Annual Report and what actions it has taken / intends to take in relation to those findings. Where the SAB decides not to*



*implement an action from the findings it must state the reason for that decision in the Annual Report.*

## 7. Costs

- 7.1. All SAR related costs are to be divided between the three core partners of Bristol City Council, Avon & Somerset Constabulary and Bristol Clinical Commissioning Group to the same proportions as the agreed funding formula for that financial year.
- 7.2. It is essential that representatives of the core partners are present for all commissioning decisions made. Representatives should inform their agencies of the likely cost implications at this point.
- 7.3. The SAR reviewer contract (Appendix 3) specifies a daily rate, and the expectations of the work to be provided. Where amendments to the report are required due to issues of quality, these amendments must be undertaken at the lead reviewer's expense.