



KENT AND MEDWAY SAFEGUARDING ADULTS BOARD

PROCEDURE FOR SAFEGUARDING ADULTS REVIEWS

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PROCEDURE FOR SAFEGUARDING ADULTS REVIEWS (SARs)

INTRODUCTION

Kent and Medway Safeguarding Adults Board (KMSAB) has a duty to carry out a Safeguarding Adults Review (SAR) when an adult at risk in Kent or Medway 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.

KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. SABs are free to arrange for a SAR in other situations where they believe 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.

Care Act (2014) Guidance:

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. 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.

(Section 14.135 p.266)

The adult who is the subject of the SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.

These procedures aim to ensure that there is a consistent approach to the process and practice in undertaking Safeguarding Adults Reviews (SARs).

SARs should reflect the six safeguarding principles which are:

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

1. THE AIM OF SAFEGUARDING ADULTS REVIEWS

- 1.1 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 learnt from the case and those lessons applied to future cases to prevent similar harm occurring again.
- 1.2 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 the Care Quality Commission and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.
- 1.3 To review the effectiveness of procedures, including the KMSAB multiagency procedure and individual agencies' procedures.
- 1.4 To produce an overview report that brings together and analyses the findings of the various reports from agencies/services in to make recommendations for future action(s).
- 1.5 It is acknowledged that all agencies will have their own internal/statutory review procedures to investigate serious incidents. These procedures are not intended to duplicate or replace these. Agencies should also have their own mechanisms for reflective practice.

2. CRITERIA FOR CONDUCTING A SAFEGUARDING ADULTS REVIEWⁱ

- 2.1 The SAB must arrange for there to be a review of a case involving an adult in Kent and Medway 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.

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).

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.
- 2.2 KMSAB may arrange for there to be a review of any other 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).
- 2.3 Each member of the KMSAB must co-operate in and contribute to the carrying out of a review under this section with a view to—
- (a) identifying the lessons to be learnt from the adult’s case, and
- (b) applying those lessons to future cases.
- 2.4 In deciding whether a SAR should be conducted in cases other than those involving a death, the following questions should be considered. A positive response to several is likely to indicate that a SAR should be conducted:
- Was there **clear evidence** of a risk of significant harm to an adult at risk that was:
 - i. not recognised by agencies or professionals in contact with the adult or perpetrator; *OR*
 - ii. not shared with others; *OR*
 - iii. not acted upon appropriately?
 - Was the adult abused/neglected in an institutional setting?
 - Was the adult abused/neglected while being supported by the local authority or a NHS Trust?
 - Does one or more agency or professional consider that their concerns were not taken sufficiently seriously, or acted upon appropriately, by another?
 - Does the case indicate that there may be failings in one or more aspects of the local operation of formal safeguarding adult protocols, which go beyond the handling of this case?
 - Does the case appear to have implications for a range of agencies and/or professionals?
 - Does the case suggest that the SAB may need to change its local policy, protocols or practice guidance, or that protocols and guidance are not adequately being disseminated, understood or acted upon?

3. IDENTIFICATION AND REFERRAL OF CASES FOR A SAFEGUARDING ADULTS REVIEW

3.1 Any agency representative or professional must refer a case believed to meet the threshold of the criteria contained in paragraphs 2.1 or 2.2, by completing the [SAR referral form](#). Staff may wish to consult their agency safeguarding lead and/or follow any internal SAR submission process, if this is in place and will not lead to unnecessary delay. Referrals must be made directly to the Kent and Medway Safeguarding Adults Board Coordinator using the template at Appendix A. Designated Senior Officers (DSOs) and others chairing safeguarding adults case conferences, and representatives from partner agencies and services, will be particularly well placed to identify cases that warrant a SAR.

3.2 Following the receipt of a SAR referral form, the Board Coordinator will advise the Independent Board Chair of the information received and advise that a meeting of the SAR decision making panel is being arranged. The Board Co-ordinator will contact relevant agencies, involved in the case, to advise them of the referral, to request they lock down the records if appropriate and to request they complete a summary of involvement template Appendix B.

3.3 The decision making panel must include representatives from:

- Kent County Council, Adult Social Care and Health Directorate
- Medway Council, Children and Adult Services Directorate
- Kent Police
- NHS Clinical Commissioning Group, Kent or Medway

Panel members may also invite others who may have specific expertise in relation to the case.

3.4 The Board Coordinator will arrange a meeting of the SAR decision making panel. The panel will consider the summary of agency involvement responses and discuss the issues in the case. Based on this information it will make one of the following recommendations to the Independent Chair of the KMSAB, detailing the rationale for this decision:

- Safeguarding Adults Review
 - Traditional Safeguarding Adults Review Methodology
 - KMSAB Case Audit
- Single Agency Review (e.g. Serious Incident)
- No Further Action (SAR criteria not met)
- Other Multi-Agency review (SCR, LeDeR, DHR)

3.5 If the recommendation is to commission a SAR, the panel will also review the pool of independent SAR chairs and recommend the most appropriate person to be invited to chair the SAR Core Group. This pool comprises of professionals who have been recruited as they are suitably qualified and experienced and are independent from

the agencies involved in the SAR. The independent SAR chair will be supported by the Board Coordinator

- 3.6 The Independent Chair of the KMSAB will consider the recommendations of the SAR decision making panel and will make the final decision on whether to commission a SAR, requesting further information if needed.

4. THE SCOPE AND TERMS OF REFERENCE OF THE SAR

- 4.1. The independent SAR chair and core group (for traditional safeguarding adults review methodology) or the Independent SAR chair alone (for case audit methodology) should consider in each case, the scope of the review and draw up clear terms of reference, which are proportionate to the nature of the case. Relevant issues to consider include the following:

- a. What appears to be the most important issues to address in identifying the learning from this specific case?
- b. Over what time period should events in the individual's life be reviewed, taking into account the circumstances of the case, i.e. how far back should enquiries cover and what is the cut-off point? What history/background information will help to better understand the events leading to the death or serious incident?
- c. How can the relevant information best be obtained and analysed?
- d. Which agencies and professionals should be asked to submit reports or otherwise contribute to the review including, where appropriate, agencies that have not come into contact with the individual but might have been expected to do so?

For example, they may come from within hard-to-reach communities and consideration should be given on how lessons arising from the SAR can improve the engagement with hard-to-reach communities.

- e. How will the SAR process dovetail with other investigations that are running parallel, such as a serious untoward incident review, safeguarding children review, Serious Case Review (SCR), Domestic Homicide Review (DHR), a criminal investigation or an Inquest?

For example, would running a SAR and DHR in parallel be more effective in addressing all the relevant questions that need to be asked, ensuring staff are not interviewed twice and that there are individuals who sit on both panels to ensure good cross communication? How would the SAR take account of a Coroner's inquiry, and/or any criminal investigation related to the case, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay in the review process?

- f. It will be the responsibility of the panel chair to ensure contact is made with the

chair of any parallel process, to consider combining the reviews. Consideration should be given to how SARs, DHRs and SCRs can be managed in parallel in the most effective manner possible so that organisations and professionals can learn from the case.

For example, considering whether some aspects of the reviews can be commissioned jointly so as to reduce duplication of work for the organisations involved. An agreement would be needed as to who would take the overall lead, where joint commissioning is agreed.

- g. Should an outside expert be consulted to help understand crucial aspects of the case?

For example, to give advice on the interface between mental capacity and mental health and the impact on a person's physical wellbeing.

- h. Are there any specific considerations around equality and diversity issues, such as age, disability (including learning disabilities), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, that may require special consideration?
- i. Where the individual or alleged perpetrator/s were subject to a Multi-agency Risk Assessment Conference (MARAC) or Multi Agency Public Protection Arrangements (MAPPA), there will be the requirement to consider the need for a Memorandum of Understanding for the release of the minutes from the relevant meetings.
- j. If the individual has suffered significant harm, then consideration needs to be given to obtaining their views about the events.
- k. The local authority must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a Safeguarding Adults Review. Where an independent advocate has already been arranged under s67 Care Act, or under MCA 2005, then, unless inappropriate, the same advocate should be used.
- l. How should friends, family members and other support networks (for example, co-workers and employers, neighbours, etc.) and, where appropriate, the perpetrator/s, contribute to the review (including informing them of the terms of reference), and who should be responsible for facilitating their involvement? How will they be involved and contribute throughout the overall process, taking account of possible conflicting views within the support network?
- m. How should matters concerning family and friends, the public and media be managed before, during and after the review, and who should take responsibility for this?
- n. How will the SAR take account of any Coroner's inquiry, and (if relevant) any criminal investigation related to the case, including disclosure issues, to ensure

that relevant information can be shared. The SAR should not be unduly delayed unless there is a strong reason to do this. The responsibility for agreeing any delay would need to be discussed and signed off by the Board Chair?

- o. Who will make the link with relevant interested parties outside the main statutory agencies, for example independent professionals and voluntary organisations?
- p. How should the review process take account of previous lessons learned, i.e. from research and previous SARs and DHRs?
- q. Does the review panel need to obtain independent legal advice about any aspect of the proposed review?

This is not an exhaustive list.

5. METHODOLOGY FOR CONDUCTING A SAFEGUARDING ADULTS REVIEW

Traditional Safeguarding Adults Review Methodology:

- 5.1 On confirmation of a SAR being commissioned using the traditional safeguarding adults review methodology, a core group will be established, this will be led by the appointed Independent SAR Chair. The SAR Core Group will be consist of representatives of:

- Kent County Council, Adult Social Care and Health Directorate
- Medway Council, Children and Adult Services Directorate
- Kent Police
- NHS Clinical Commissioning Group, Kent or Medway

and others who may have specific expertise in relation to the case.

- 5.2 At the initial Core Group meeting, the group will determine the terms of reference and confirm the agencies to be approached to complete an Independent Management Report (IMR). Following this meeting, the Chair of the SAB will formally request relevant agencies and independent bodies to prepare and submit an Independent Management Report and chronology of their involvement with the person and, where necessary, an agency action plan. Guidance will be provided to agencies/services to enable them to focus their report on the specific issues identified by the panel in their involvement with the individual(s) service and/or family. (See Appendix C for the guidance and template for IMRs for SARs)
- 5.3 All agencies involved are to advise the KMSAB business unit of who will be writing their IMR. The Independent SAR Chair will then invite the IMR authors to a briefing meeting to; discuss the terms of reference, share the methodology, share key lines of enquiry and to detail the requirements of the IMR and Chronology.

- 5.4 The Independent Management Report, chronology (see Appendix D), plus any other information identified as necessary, must be sent securely to the Board Coordinator within an agreed period which should not exceed **10 weeks** of the report being requested. If agencies or organisations fail to cooperate and provide the information requested this will be escalated to the Chair of the SAB and, where appropriate, to their regulatory body.
- 5.5 The agency/service chronologies will be amalgamated, if possible, and all the documentation will be forwarded by the Board Coordinator/Administrator to the chair of the SAR to view the IMRs. A meeting of the SAR core group will be convened to consider the contents of the IMRs and to discuss and consider the main points to be included in the overview report (see template guidance for overview report in Appendix F). Prior to this meeting, copies of the IMRs must be passed through secure electronic systems to all the members of the panel at least two weeks before the planned meeting.
- 5.6 Panel members may request that their IMR author attends the meeting with them to address any queries that arise. If the panel member wishes their IMR author to attend the panel meeting with them, it will be their responsibility to send their IMR author copies of the combined chronology and IMRs so that they may have an opportunity before the panel meeting to check out any specific issues identified from the chronologies and IMRs of other agencies/services.
- 5.7 If requests for further information are made at this core group meeting agencies will be given an agreed period of time to provide the clarification required. The independent SAR chair will then draft the overview report, executive summary and recommendations. These will be passed to the Board Coordinator to circulate to the members of the core group in advance of their next meeting, for their consideration and comments. The number of meetings of the core group to consider the overview report, executive summary, recommendations and to produce an action plan will depend on the complexity of each case. Some level of e-mail communication could reduce the number of meetings required.
- 5.8 The Independent SAR Chair will present the final overview report, executive summary and draft action plans to a panel meeting, for final agreement and the agreed documents will be forwarded by the Board Coordinator/ Administrator to the Chair of the SAB.
- 5.9 A communications meeting is to be convened once the Independent Chair of the KMSAB has confirmed the report is to be tabled at the next KMSAB meeting.. This group is responsible for drafting the press release for KMSAB to consider at the meeting.
- 5.10 Arrangements will be made by the Board Coordinator for the report to be presented to the SAB. The report must be presented by the Independent SAR Chair. The SAB will agree the final report, recommendations. action plan and communications plan. Board members will make a decision on a case by case basis on whether to publish the full overview report with the executive summary.

- 5.11 The individual agency/service action plans will be monitored by the agency/service concerned. The SAB will monitor the overview report action plans through the Safeguarding Adults Review Working Group (SARWG). This group will report progress of the plans to the SAB at each meeting, with any concerns regarding the non-compliance or delays in implementation of the individual agency/service action plans.
- 5.12 SAB members are required to make arrangements to disseminate the overview and executive summary reports, recommendations and action plans within their agencies.
- 5.13 The SAB Learning and Development Working Group and SARWG will arrange SAR learning events.
- 5.14 The Independent Chair of the KMSAB will address any media enquiries arising from the SAR.
- 5.15 The SAB will agree appropriate arrangements for the publication of an anonymised report, recommendations and actions points on the SAB website.

Multi Agency Case Audit Methodology

- 5.16 The core group may recommend the multi-agency audit process as an effective way of addressing some or all of the following:
- audit scrutiny
 - a lessons learned approach
 - benefits for Kent & Medway communities
 - prevention and practice improvement
 - improved partnership working
- 5.17 The aims of the process are as follows:
- To determine if there are any lessons to be learnt to improve interagency working.
 - To analyse the information submitted by agencies /services involved in the case.
 - To produce recommendations regarding actions; policy, protocols and practice, where necessary.
 - To submit the above to the KMSAB for consideration and dissemination.
 - To promote continuous professional development of good practice across all agencies and services.
 - To identify training needs.

- 5.18 The process is not intended to attribute blame for the events related to the safeguarding concerns but to ensure the effectiveness of multi-agency safeguarding practice. Each agency and service is responsible for ensuring that their internal procedures support the prevention of abuse and the protection of adults at risk.
- 5.19 If, when engaging in the process, concerns are raised about any internal procedures or the conduct of any staff or managers within the agency or service, it is the responsibility of that agency or service to address these concerns. The agency/service should advise the Independent SAR Chair and the group that appropriate action(s) has been taken.
- 5.20 An independent SAR Chair will be appointed from the pool, detailed in 3.5, to lead the review. The roles and responsibilities of the Independent Case Audit SAR Chair are as follows:
- To Chair the Case Audit Meeting;
 - To read and analyse the summary of agency involvement sheets and chronologies to develop key lines of enquiry for the meeting;
 - Develop terms of reference for the meeting to include:
 - What issues appear most important to identify learning;
 - Detail the key lines of enquiry
 - Whether any other agencies should be invited to attend the meeting or complete a summary of agency involvement.
 - Any special equality and diversity issues to be considered (e.g. honour based violence/mate crime);
 - How to take account of involvement including family, friends and wider community;
 - Take account of and links to the Corner's enquiry;
 - Lessons learned from any previous reviews;
 - Is any independent legal advice required?
 - To produce a detailed summary report, to include recommendations and to highlight good practice.
 - To present the summary of the case and findings at the relevant board/partnership, lesson learnt Seminars and any other events as required.

- 5.21 The Case Audit Group should be made up of representative senior managers from the key agencies involved in the scope of the case. The Group may co-opt any additional members to address particular cases or issues.
- 5.22 The roles and responsibilities of the group are to:
- be informed of agency summaries of their involvement
 - be informed of any actions taken so far
 - make recommendations for any outstanding actions that may be required to guarantee safety and reduce or remove risk
 - make recommendations for lessons learned
 - identify the circulation of post group communications
 - Identify any training needs (advising individual agencies and the Chair of the KMSAB Learning and Development sub-group).
 - Recommend any changes that may be required to KMSAB multi-agency policy, protocols and practice guidance (advising the Chair of the KMSAB Policy, Procedure and Practice sub-group).
 - Pass all recommendations to the Safeguarding Adults Review Working Group to monitor agency progress and completion of agreed actions.
- 5.23 **The Multi agency case audit process.** The Board Co-ordinator will advise the Independent Chair of the KMSAB that a case has been referred from the SAR Core Group for audit. The referral will recommend the agencies and individuals who need to be involved. The Independent Chair of the KMSAB will approve the process to move forward and the KMSAB Board Co-ordinator will make the necessary arrangements, for the Group to meet, aiming to achieve this within 8 weeks from the point of referral, if possible.
- 5.24 The following actions should be carried out:
- The Board Co-ordinator should ascertain details of the organisations that had involvement in the case. Relevant safeguarding leads are to assist with this action.
 - A letter should be sent to the senior managers of the organisations involved advising of the decision of the Independent Chair of the KMSAB for a case audit to be carried out.
 - That manager should be requested to provide a summary of their organisation's involvement in the case and include a chronology of actions / events using the agreed template, see appendix B. They may include, within their summary of involvement, any concerns they had about the safeguarding case or what they would do differently in the future.
 - A copy of all agency summaries of involvement, complete with chronologies, should be submitted to the Board Coordinator/support team by a secure e-mail within 4 weeks of the request being received.
- 5.25 Organisations that had involvement in the safeguarding case should nominate a representative from their organisation to attend the meeting to clarify information and actions taken

- 5.26. The Board Co-ordinator/support team will forward, securely, summaries and chronologies to the Group members, 2 weeks in advance of the panel meeting.

The Case Audit Meeting

- 5.27 The meeting will be convened at the earliest possible time, following circulation of the aforesaid information. The Independent SAR Case Audit Chair will be recruited from the pool of recruited chairs, see section 3.5. If it is not possible to recruit a Chair from this pool, the Independent Chair of the KMSAB or a KMSAB Member should be approached to lead the case audit.
- 5.28 Attendees must prioritise attendance, given the subject matter, concerns and activity of their own agency. The KMSAB Board Co-ordinator or Administrator will take notes of the main issues identified during the discussions and the group will:
- Consider the terms of reference
 - Hear the case summaries from each agency
 - Be cognisant of chronologies
 - Discuss and agree the key learning points, from which a range of recommendations will be set out and assigned to appropriate agencies.
 - identify any specific issues that have not so far been addressed and consequently expect the relevant agency to develop an action plan
 - Identify the scope of circulation of the learning and consequent recommendations
- 5.29 The Independent SAR Case Audit Chair will draft a summary report which will contain a summary of the case and the recommendations made by the Group, including any outstanding actions that need to be taken. This will be circulated to Group attendees with an action plan template for completion. It will also be shared with the Chair of the Kent and Medway Safeguarding Adults Board.
- 5.30 The action plan is to be populated by all identified agencies and returned to the KMSAB Business Unit by the deadline set, approximately 3 weeks. The collated action plan will be presented to the SARWG for quality assurance. Once approved the case audit report and action plan are to be tabled for the next KMSAB meeting, the report should be presented by the Independent SAR Case Audit Chair.
- 5.31 Recommendations and action points will be referred to the SARWG to monitor agency progress, via agency reporting against any actions identified. The Quality Assurance Working Group, Practice Policy and Procedures Working Group and Learning and Development Group will also be cited on the report and action plan, to ensure they take any appropriate action.
- 5.32 Where the above may involve national agencies such as for example: professional bodies; NHS England and or other Regulatory Bodies, the Independent Chair of the KMSAB will request evidence that each agency has written to their associated regulator to share the recommendations and or action points.

Kent and Medway Safeguarding Adults Board (KMSAB)



Request for a Safeguarding Adults Review (SAR)

Statutory Criteria for Conducting a Safeguarding Adults Review

The KMSAB must arrange for there to be a review of a case involving an adult in Kent and Medway 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.

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).

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.

Further information available at: [KMSAB procedure for Safeguarding Adults Reviews](#)

The KMSAB has the lead responsibility for conducting a Safeguarding Adults Review.

NB: Any agency or professional can refer a case to the Safeguarding Adults Board if it is believed that there are important lessons for inter-agency working to be learned from the case.

- Before submitting the referral, please discuss it with the Safeguarding Adults lead in your organisation and follow your local process/procedure. *Please note that this is not required for members of the public.*

- It is essential you provide as much information as you can regarding the fulfilment of the SAR criteria above. **However, do not delay in making your referral if there is an urgent need to do so.**

Once you have completed the form, please email it to:

Victoria.widden@kent.gov.uk and Nicola.Manington@kent.gov.uk

If you do not have secure email please phone 03000 412012 to discuss a secure way to share the information

- Please only include information that is relevant and proportionate
- 1.1 Details of adult at risk**

Name:	Click here to enter text.	Date of birth:	Click here to enter text.
Home address:	Click here to enter text.		
Postcode:	Click here to enter text.		
Name and address of G.P Practice:	Click here to enter text.		
Date of death (if applicable) (DD/MM/YYYY)	Click here to enter text.		
Nature of death/serious incident:	Click here to enter text.		
Date of serious incident: (DD/MM/YYYY)	Click here to enter text.		
Location of death/serious incident:	Click here to enter text.		
Is adult at risk/ carer/family aware of this referral?	Click here to enter text.		

All of the above information is essential; without it, your referral may be delayed.

Ethnicity of adult at risk:	Click here to enter text.
Faith:	Click here to enter text.
Disability:	Click here to enter text.
Current Adult Safeguarding Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has been <input type="checkbox"/> Not known
Category of alleged abuse (if any):	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Psychological/emotional <input type="checkbox"/> Self neglect <input type="checkbox"/> Financial <input type="checkbox"/> Modern slavery <input type="checkbox"/> Organisational/institutional <input type="checkbox"/> Domestic <input type="checkbox"/> Neglect/acts of omission <input type="checkbox"/> Discriminatory
Detail if any other investigations or proceedings are ongoing/completed (if known) i.e. criminal, coroner, internal agency investigations:	Click here to enter text.

1.2 Family composition/significant others

Name	Relationship	Date of Birth	Address
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			

1.3 Other agencies involved

Name	Agency	Contact Details	Are they still involved?	Is the agency aware of the SAR referral?
Click here to enter text.				
Click here to enter text.				

text.	enter text.	enter text.		
Click here to enter text.				
Click here to enter text.				
Click here to enter text.				

1.4 Summary of events – analysis to support the request for SAR or other Review

Set out a brief analysis of how you consider the criteria for a SAR to be met. A detailed analysis is not needed at this point. Please refer to the SAR criteria and guidance (see above). **If you are requesting consideration of a Single Agency Review, as no failure in multi-agency working has occurred, do make this clear.**

Brief summary of case, including details of any safeguarding meetings:	Click here to enter text.
Explain why you believe this case meets the criteria for a SAR:	Click here to enter text.

1.5 Details of referrer

Name	Agency and designation	Email, address, phone number	Date (DD/MM/YYYY)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

1.6 Details of Safeguarding Lead consulted *(not applicable for members of the public)*

Name	Agency and designation	Email, address, phone number	Date (DD/MM/YYYY)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

NB. Agencies are reminded of the need to secure their files as soon as they become aware that a Safeguarding Adults Review might take place.

Request for a Safeguarding Adults Review (SAR) – Part 2

For internal use only

2.1 Recommendations from Core Decision Making Group

Date referral received by KMSAB:	Click here to enter text.
Date of Core Decision Making Group meeting:	Click here to enter text.
Decision:	<input type="checkbox"/> Safeguarding Adults Review <input type="checkbox"/> KMSAB Case Audit <input type="checkbox"/> Single Agency Review (e.g. Serious Incident) <input type="checkbox"/> No further action (SAR criteria not met)
Rationale for Decision	Click here to enter text.
Details of any other action required, if applicable.	Click here to enter text.

2.2 Decision of Independent Chair of the KMSAB

Decision Click here to enter text.	Comments Click here to enter text.
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2.3 Summary for referrer

Summary for referrer	Click here to enter text.
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The Core Decision Making group will comprise of at least one representative from the following agencies:

- Kent County Council
- Medway County Council
- Kent Police

- Health Provider or CCG

The recommendation of the Core Decision Making Group will be sent to the Independent Chair of the SAB for approval.

Appendix B - Summary of Agency Involvement Form

Section One – Referral Details

Name of Adult(s): (completed by SAB)	
Date of Birth: (completed by SAB)	
NHS/Framework/ID Number(s) (completed by SAB)	
Address(es) known (please add any other addresses on your records)	
SAR referral document	
<p>Please complete and return this form securely to Victoria.Widden@kent.gov.uk and johanna.raines@kent.gov.uk by XXX</p> <p>Please ensure that all information provided has been approved by relevant senior managers within your agency prior to returning to KMSAB</p> <p>If you do not have a secure email address, please password protect this document and send the password on a separate email, or by phone 03000 412012</p>	

Section Two – Summary of Agency Involvement

Agency	
Agency relationship with adult	
Date when your involvement with the adult started	
Date when your involvement with the adult ceased	
<p>Factual summary of agency involvement: Provide a brief factual and contextual summary of your agency's involvement with the adult. Note the following key information:</p> <ul style="list-style-type: none"> • significant events, attendance at appointments; • involvement of other agencies/friends/family (with contact info where possible); • changes in level of need/engagement with agencies and • referrals of concerns, and how these were received by other agencies. 	

(Additional sections of the table can be added, if required, by clicking on 'Layout' and then 'Insert Below')

Date	Summary of Involvement	Follow up?
<p>What was your agency's understanding of the person's wishes and feelings at the time of involvement?</p>		
<p>What worked well in this case?</p>		
<p>What could have been done better?</p>		
<p>What questions would you like addressed at the case audit?</p>		
<p>List details of front line staff and managers working with individual:</p>		
<p>Name:</p>	<p>Position:</p>	

Other known agencies working with the individual e.g. local voluntary services:	
Organisation:	Contact (if known):
Details of any concerns about the adult/carer and the actions taken by the agency:	

Section Three – Sign-off

I confirm that this is an accurate Summary of Involvement and that the information requested above has been passed to relevant senior managers prior to returning to the Safeguarding Adults Board	
Signature	
Name	
Date	
Job Title	
Contact Telephone Number:	
Email	

Permission has been granted to base this form on the 'summary of agency involvement' form developed by [East Sussex](#), [Brighton and Hove](#), and [West Sussex SABS](#)

Appendix C. IMR Template and Guidance

INDEPENDENT MANAGEMENT REPORTS (IMRs) AND REPORTS BY MEMBER AGENCIES AND INDEPENDENT ORGANISATIONS

1. When a case meets the criteria for conducting a SAR (see Sections 2 and 3 of this process), the Chair of the SAB will formally request the agencies (and possibly some independent practitioners) to conduct an IMR of their involvement with the adult, the service and/or their family and to submit a report, chronology, and recommendations and, where necessary, an agency action plan arising from that review. The IMR should comply with the SAR's terms of reference (which will be sent with the request) and these guidelines.

The Independent Management Report, reports and chronologies (if appropriate) must be sent to the SAB Coordinator by secure e-mail within an agreed timescale which should not exceed 10 weeks of the report being requested.

2. The request for an IMR and a chronology will be addressed to the Chief Officer or Chief Executive of the agency/service concerned (or directly to any independent practitioners identified in the recommendations of the SAR panel). The task of completing the chronology, review, report and, where necessary, an agency action plan should be delegated to a **suitably qualified and experienced senior manager** within the agency/service. This should not be the original caseworker or anyone who has directly managed the case. It is important that the management review, report, recommendations and agency action plan are fully endorsed by the Chief Officer before submission to the SAB Coordinator.
3. The SAR, to which the IMRs contribute, is not part of any disciplinary inquiry or other process. However, information that emerges in the course of reviews may indicate that disciplinary action should be taken under established agency procedures. Alternatively, reviews may be conducted concurrently with any disciplinary action. In some cases (e.g. alleged institutional abuse) disciplinary action may be needed urgently to safeguard other adults at risk. Domestic Homicide Reviews (DHRs) may run concurrently with this process and reports submitted as a result of a SAR may be made available to inform a DHR. Where appropriate, the terms of reference for a DHR and SAR may be managed together and one process should aim to meet the requirements for both processes.
4. The following format should guide the preparation of the IMR, to help ensure that the relevant questions are addressed and to provide information to the SAB in a consistent format to help with preparing the overview report. The questions posed do not comprise a comprehensive checklist relevant to all situations. Each case may give rise to specific questions or issues which need to be explored, and each review should consider carefully the circumstances of individual cases and how best to structure a review in the light of those particular circumstances.

RESTRICTED

‘AGENCY NAME’

‘Type of Review’

INDEPENDENT MANAGEMENT REPORT (IMR)

FOR ‘Subject(s)’ – Name / DOB / DOD (if applicable)

- * Please use real names of those involved when completing this IMR as these will be anonymised for the final overview report
- * Please also adhere to data sharing policies for sharing restricted information/documents

AUTHOR DETAILS	
Name	
Role	
Office Location	
Telephone Number	
Email Address	
Completion Date	
Author Signature	

- * It is the responsibility of the signatory of this report to ensure that all information provided is true and accurate to the best of your knowledge

SENIOR APPROVAL / SIGN OFF	
Name	
Role	
Date	
Signature	

- Services and support available to family
- Budgetary constraints and allocation of resources
- Training
- Legal advice
- Findings of any audits or inspections
- Significant national/local policy changes

1.4 Methodology

Record the methodology used, including extent of document review and interviews undertaken including;

- How the agency carried out the review
- Details of documents seen
- List of interviews and dates (a written record of interviews should be made and shared with interviewee)
- Reasons any staff were not interviewed
- Details of information not available/not considered (with reasons)
- Details of how agency staff were kept informed of the purpose and process of the IMR
- Details of staff involved by name and job title for the benefit of the panel only (the overview report will be completely anonymised)

* ***Following any interviews for gathering information for the IMR regarding historic involvement with any parties involved, it is suggested that the author writes an interview summary and shares this with the interviewee. Where there is disagreement on the content of the summary, this should be identified and noted.***

Authors may choose to use the Interview format guidance when conducting interviews in the process of compiling the IMR.

2. SIGNIFICANT CONTACTS TO THE INDIVIDUAL

2.1 Table of family composition – to include carers and non-family members who are significant to the case under review. Please include any staff/volunteers also working with the individual.

Name	Gender	Date of Birth	Relationship	Ethnic Origin	Address

2.2 Genogram, if required, according to agency's understanding (please insert as an appendix).

3. SUMMARY OF INVOLVEMENT

3.1 A short summary/narrative of agency's involvement of key events with the full chronology (see Appendix D of the KMSAB Procedure for SARs document).

* ***Please ensure that the chronology template is used and not adjusted, otherwise this will be returned and will delay the process.***

4. ANALYSIS OF INVOLVEMENT

4.1 Consider the events that occurred, the decisions made, and the actions taken, or not. Assess practice against guidance and relevant legislation and accepted best practice that was in place at that time.

4.2 Address terms of reference specifically, but also consider further analysis in respect of key critical factors, which are not otherwise covered by the terms of reference.

4.3 Consider further analysis in respect of key critical factors, which are not otherwise covered by the sections above.

5. EFFECTIVE PRACTICE / LESSONS LEARNED

5.1 What do we learn from this case?

- Comment upon changes to guidance / working practices that have changed, which would have mitigated this
- Are there lessons from this case for the way in which this organisation works to safeguard and promote the welfare of adults and children?
- Is there good practice to highlight, as well as ways in which practice can be improved?
- Are there implications for ways of working; training (single and inter-agency); management and supervision; working in partnership with other organisations; resources?
- Are there implications for current policy and practice?
- Information sharing

6. RECOMMENDATIONS

6.1 Recommendations should be focussed on the key findings of the IMR and be specific about the outcomes which they are seeking. Recommendations identified that concern other agencies can be reported to the panel for consideration.

6.2 IMR recommendations must be SMART (Specific, Measurable, Achievable, Realistic and Timely) and should include:

- What changes (if any) could be made to your agency's procedures?
- What changes (if any) could be made in inter-agency working in the light of this case?
- What action within the agency should be taken in the light of its findings, and in what timescale?
- What areas of good practice are there? Could these be expanded or practice improved?
- What action should be taken by whom and by when?
- What outcomes should these actions bring about, and in what timescales?
- How will the agency review whether they have been achieved?
- Are there any immediate statutory requirements for the notification of concerns and are there likely to be any media handling issues?

Please insert the completed Action Plan as an appendix.

* ***Please ensure that the action plan template (Appendix E) is used otherwise this will be returned and will delay the process.***

7. APPENDICES TO BE INCLUDED, AS NECESSARY

Chronology (see Appendix D)

Action Plans

If there are already any actions plans in place relating to lessons learned regarding this case, then these should also be submitted using the guidance and templates in Appendix E

Glossary, if required

Genogram, if required

Appendix D. SAR Chronology Template and Guidance

SAFEGUARDING ADULTS REVIEW - CHRONOLOGY TEMPLATE GUIDANCE

The chronology is a working document and not the IMR, it is a basis upon which the author can refer back to, and expand upon, in the analysis, etc. This should be a comprehensive chronology of involvement by the organisation and/or professionals in contact with the subject of the review, and their family, over the period of time set out in the review's terms of reference. Depending on agreed timescales and type of review, chronologies may be submitted prior to, or at the same time as, IMRs.

Heading	If the agency name is used on the first title line it reduces the need for a column needed to identify the agency.
Column 1	Date and time – please ensure dates and times are given in the specified format (dd/mm/yy and 24:00 hours) to ensure they can be collated easily. Where only the month and year are known, but no specific day, please enter '00' as the day.
Column 2	Name(s) of individual contacted. Nature of relationship – this identifies who the line of information concerns. If the full name is not known, then partial names should be noted as well as the supposed relationship to the individual that the case focuses on, e.g. “Dave, Uncle” or “Mrs Rogers, Mother’s friend referred to as Auntie Dee”. This section should also be used to note any changes to family structure, i.e. Mrs Jane Doe (Previously Miss Jane Jones now married to Mr John Doe).
Column 3	Person(s) subject of Review seen (Yes/No/Unknown) – note whether the adult at risk/subject of the enquiry has been seen. There is no need to include if the wishes of the person were considered as this can be included in column 4 and will always be expanded upon in the review document and analysis.
Column 4	Event, Incident, Contact, Service Provided, Key Decisions and Actions Taken – this is the information about an incident, event, visit and will include anything that is done by that agency, including inter/intra agency communication or contact, e.g. contacts requesting information. This section MUST include brief summaries of the decisions made and action taken, how the subject presented and services offered, and identify if the wishes/feelings of the subject were sought and recorded, the author should also note where there is no record. Authors should not assume another agency will include an event/contact in their chronology, if it is identified in records it should be included in the chronology.
Column 5	Name of Agency and Professional – name, role and organisation that dealt with that specific incident, i.e. PC 5126 Jones, Health Visitor Smith, Social Worker Medway Council. Please ensure organisation and team names are consistent throughout.
Column 6	Source of Information – the source of the information must be identified so it can be referred to in the IMR and retrieved at a later date if required, or appended to the IMR, e.g. planning or review meeting minutes.
Column 7	Author’s Comments including good/bad practice – this may highlight a point that the IMR author can expand upon in the full report document. This section should include any comments that have come from interviews with the staff or any comments made by management on the staff performance. The author may also make comments on any additional actions made, or link the event to another in the chronology. It will also include anything else that the author considers as significant, often unique to each agency, e.g. housing move, arrests, school reports, etc.

Appendix E. Safeguarding Adults Review - Action Plan Guidance

Overarching recommendation: Recommendations may stem from a variety of sources, including, Domestic Homicide Reviews, inspections and reviews (internal and external), audits (including peer reviews and case file audits) or single agency objectives. Recommendations and their dated source should be quoted here. This allows all action plans to be integrated into one overarching action plan without losing the source.

Identified improvement area / desired outcome: Each recommendation may have several areas of improvement or outcomes. This should be what you intend to achieve and include any specific numeric targets.

**** Identified improvement areas / desired outcomes and the corresponding specific actions must be SMART (Specific, Measurable, Achievable, Realistic and Timely) and outcomes focused ****

Planning

Action number: Each identified improvement area / desired outcome must be numbered, with separate actions under this having a sub number (i.e., 1.1, 1.2, 1.3, etc.).

Specific action and timescale: Include each specific action you will take to achieve your desired outcome. Deadlines for completion **MUST** be stated for all actions, to aid monitoring.

Accountability: The agency with lead responsibility **MUST** be identified and should include a named professional.

Success indicators: Detail what indicators or performance measures will be used to measure success against the action and desired outcome. Timescale **MUST** be identified. Consideration should be given to how you are able to demonstrate actions have been completed and impact on practice to improve outcomes for the people of Kent and Medway.

Monitoring

Risks, progress and additional actions: Description of activity/progress that has been completed against the action and achievements against success indicators. Activity/progress/achievements **MUST** be dated. Any risks to achieving outcome and any additional actions taken as a result should also be recorded here.

RAG rating: Each action should be given a RAG (Red, Amber, Green) rating according to the following definitions:

Progress/indicator RAG status	
	Work is significantly behind schedule and no progress has been made, and/or progress has been made but the timescale has not been achieved
	Progress is being made, progress is good and the action is likely to be achieved within timescale Or, the action has been completed but evidence is required to demonstrate achievement
	The action has been completed and there is a record of evidence to support its completion

Impact and evidence: Has the desired outcome been achieved? What evidence supports the achievement? Record the difference that has been made to the lives of individuals and their families, how is the difference evidenced?

N.B. RAG rating cannot be green without evidence recorded here. Sources may be staff or service user surveys/interviews, individual feedback, supervisions, improvements against baseline, audits, etc.

Using the template: Table can be copied and pasted; properties are set to allow boxes to expand and for rows to break over pages. Additional lines can be added to the table as required.

Safeguarding Adults Review - Action Plan Template

		Planning			Monitoring		
Action number	Specific action and timescale	Accountability	Success indicators *Include timescale*	Risk, progress and additional actions *Date all entries*	RAG rating	Impact and evidence	
<u>Overarching recommendation:</u>							
Source of recommendation: e.g. SAR 1							
1.	Identified improvement area / desired outcome: What do we intend to achieve?						
1.1							
1.2							
2.	Identified improvement area / desired outcome: What do we intend to achieve?						
2.1							
2.2							
<u>Overarching recommendation:</u>							
Source of recommendation: e.g. SAR 1							
3.	Identified improvement area / desired outcome: What do we intend to achieve?						
3.1							
3.2							
4.	Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.						
4.1							
4.2							

Appendix F. Overview Report Template Guidance

OUTLINE FORMAT FOR OVERVIEW REPORT

1. Introduction

- Summarise the circumstances that led to a SAR being undertaken in this case
- State the terms of reference of the review and record the methodology used, what documents were used, whether interviews undertaken or written evidence provided
- List the contributors to the review and the nature of their contribution
- List the panel members (names/roles/positions/job titles) and the author of the overview report
- Explain the independence of the chair (and author – if separate roles)
- List external investigations, if any, that are being conducted

2. The Facts

- A synopsis of the key events leading to the instigation of the SAR
- Details of the Post Mortem and Inquest and/or Coroner's inquiry, if already held
- Members of the family and the household (include a genogram), who else lived at the address and, if children were living there, what their ages were at the time
- Any pertinent factors regarding the management of the service/agency/care home
- Who has been charged with any offences, or details of any other relevant criminal charges and the date of the trial (if known)
- An integrated chronology charting contact/involvement with the subject of the review, key family members and perpetrator by agencies, professionals and others who have contributed to the review process. Note the time and date of each occasion when the subject of the review, key family members or perpetrator, was seen and the views and wishes that were sought or expressed
- An overview that summarises what information was known to the agencies and professionals involved about the subject of the review, key family members and perpetrator
- Consider explicitly any relevant ethnic, cultural or other equalities issues and whether these are relevant to the behaviours and approach taken by the organisations and professionals involved
- Any other relevant facts or information

3. Analysis

This part of the overview should examine how and why events occurred, information that was shared, the decisions that were made, and the actions that were taken or not taken. It can consider whether different decisions or actions may have led to a different course of events. The analysis section is also where any examples of good practice should be highlighted. The findings from the review should be considered, alongside any relevant learning from other reviews and findings from relevant research.

4. Conclusions and recommendations

This part of the report should summarise what lessons are to be drawn from the case and how those lessons should be translated into recommendations for action. Recommendations should include, but not be limited to, those made in Independent Management Reports and may include recommendations of national impact. Recommendations should be relatively few in number, outcome focused and specific, and capable of being implemented.

The Overview Report must be dated and signed by the author.

Appendix G. Safeguarding Adults Review – Quality Assurance Sign off Checklist

The table below details some key issues to consider when reviewing a SAR document. This tool is intended to be an aide to sign off, not a definitive list

Terms of Reference for the SAR are to be agreed by the KMSAB

<p>Stage 1 IMR writer</p>	<p>Have you:</p> <ul style="list-style-type: none"> • Completed the report on the approved template? • Thoroughly researched your agency’s involvement in the case? • Reviewed all relevant records, both electronic and paper? • Appropriately highlighted to your manager any issues identified that require immediate remedial action? • Contacted and interviewed, where possible, those involved in the case? In particular those responsible for making the decisions, providing details of what decisions were made and why. <i>Some staff may need to be supported by the organisation</i> • Considered the policies and procedures which were in place during the time period covered by the review, analysing whether your agency’s response was in line with these? If not, have you considered and detailed the reasons why not? • Submitted a complete chronology using the approved template? • Provided a detailed context? • Provided a detailed summary of the facts of the case, relevant to safeguarding and reasons for the review? • Analysed the findings and detailed recommendations for your agency? • Prepared a SMART Action Plan, using the approved template, to address the recommendations? • Highlighted good and poor practice? • Detailed all acronyms in the appendix? <p>This stage is complete when the IMR author signs of the report and submits it to the IMR approver</p>
<p>Stage 2. IMR approver</p>	<p>Has the IMR report...</p> <ul style="list-style-type: none"> • Been completed using the required KMSAB template? • Met the requirements detailed in stage 1. In particular¹: <ul style="list-style-type: none"> ○ Is there a clear description of the work undertaken by professionals within your agency? ○ Is there evidence that all relevant information has been gathered to support analysis? ○ Have key members of staff been interviewed and is this clearly recorded? ○ Has the case been sufficiently analysed, providing an account of decisions made, services offered and any other action taken/not taken? ○ Where judgements were made, or actions taken, which

¹ Questions for this section based on Wakefield and District Safeguarding Children Board Serious Case Reviews Individual Management Review Handbook

	<p>indicate that practice or management could be improved, does the IMR try to get an understanding of what happened and why it happened?</p> <ul style="list-style-type: none"> ○ Does the report identify lessons from this case regarding how the organisation works to safeguard and promote the welfare of adults at risk? ○ Has good practice been evidenced, as well as ways in which practice can be improved? ○ Does the IMR identify implications for ways of working; training (single- and inter-agency); management and supervision; working in partnership with other organisations; resources etc? ○ Are all areas for improvement in practice linked to an appropriate recommendation? ○ Are all recommendations clearly linked to a conclusion reached? ○ Are all recommendations SMART? ○ Are there any gaps in the report? Any unavoidable gaps should be fully explained <p>The approver may request amendments to the document which will be noted in the version control table.</p> <p>This stage is complete when the IMR approver has signed off the report and submitted it to the KMSAB</p>
<p>Stage 3. Core Panel to Review IMRs</p>	<p>Core Panel Members are required to read all IMR reports in advance of the meeting and consider:</p> <ul style="list-style-type: none"> ● Do the IMR reports meet the requirements detailed in stage one and two? ● Do the reports fully and accurately address the Terms of Reference agreed? ● Are there any contradictions between reports? ● Are there any unexplained gaps? ● Are there any issues which require clarification? ● Is the independent author satisfied they have all the information required to produce a thorough overview report?
<p>Stage 4. Overview report Draft</p>	<p>The structure and requirements for the overview report are detailed in Appendix F of the Procedure for Safeguarding Adults Reviews</p> <p>Introduction: Have you:</p> <ul style="list-style-type: none"> ● Summarised the circumstances that led to a SAR being undertaken in this case? ● Stated the terms of reference of the review and recorded the methodology used, what documents were used, whether interviews were undertaken and/or written evidence provided? ● Listed the contributors to the review and the nature of their contribution? ● Listed the panel members (names/roles/positions/job titles) and the author of the overview report? ● Explained the independence of the chair? ● Listed external investigations, if any, that are being conducted? <p>The Facts Have you provided...</p>

	<ul style="list-style-type: none"> • a synopsis of the key events leading to the instigation of the SAR • details of the Post Mortem and Inquest and/or Coroner’s inquiry, if already held • Details of members of the family and the household (include a genogram), who else lived at the address and, if children were living there, what their ages were at the time • Any pertinent factors regarding the management of the service/agency/care home • Where applicable, details of who has been charged with any offences, or details of any other relevant criminal charges and the date of the trial (if known) • An integrated chronology charting contact/involvement with the subject of the review, key family members and person deemed responsible by agencies, professionals and others who have contributed to the review process. Note the time and date of each occasion when the subject of the review, key family members or perpetrator, was seen and the views and wishes that were sought or expressed • An overview that summarises what information was known to the agencies and professionals involved about the subject of the review, key family members and perpetrator • Information on any relevant ethnic, cultural or other equalities issues and whether these are relevant to the behaviours and approach taken by the organisations and professionals involved • Any other relevant facts or information <p>Analysis. Have you:</p> <ul style="list-style-type: none"> • Examined; how and why events occurred, information that was shared, the decisions that were made, and the actions that were taken or not taken. • Included the views of the person at risk (where possible), family members, friends etc • Considered whether different decisions or actions may have led to a different course of events. • Highlighted any examples of good practice • Considered any relevant learning from other reviews and findings from relevant research. <p>Conclusions and recommendations. Have you:</p> <ul style="list-style-type: none"> • Summarised what lessons are to be drawn from the case and how those lessons should be translated into recommendations for action. Recommendations should include, but not be limited to, those made in Independent Management Reports and may include recommendations of national impact. • Ensured the recommendations clearly linked to the findings of the review, outcome focused, specific, and capable of being implemented.
<p>Stage 5. Overview report Draft Executive Summary report and Action Plan considered and approved by Core</p>	<ul style="list-style-type: none"> • Does the report meet the requirements set out in stage 4? Is the analysis of the case sufficient? • Does the report meet the terms of reference agreed by the core group, in particular addressing the key lines of enquiry? • Are the recommendations related to the findings of the review and

Panel	<p>are they implementable?</p> <ul style="list-style-type: none"> • Is the report suitably anonymised? • Does the executive summary provide sufficient information? • Is the action plan SMART?
Stage 6. Overview Report, Executive Summary, Action Plan and Communications Plan agreed by the Chair of the KMSAB	<ul style="list-style-type: none"> • Do the overview report, executive summary and action plan meet the requirements set out in stage 4 and 5? Is the analysis of the case sufficient?
Stage 7. Overview Report, Executive Summary, Action Plan and Communications Plan agreed by KMSAB	<ul style="list-style-type: none"> • Do the overview report, executive summary and action plan meet the requirements set out in stage 4 and 5? Is the analysis of the case sufficient?

Each stage of sign off allows for the document to be redrafted, any amendments requested are to be noted in the version control table. Cannot progress to the next stage without satisfactory completion/sign off of the previous stage

ⁱ [Care Act 2014](#)