



Merton Safeguarding Adults Board
Safeguarding Adult Reviews:
A Guide for Staff & Managers



Introduction

The death or serious harm of an adult is a distressing event for everyone. When this then leads to inquiries being made about the work of professionals who were providing services to the individual it can lead to staff understandably feeling very anxious. That is why it is important that all staff involved in the process of a Safeguarding Adults Board (SAB) review (whether a safeguarding adult review (SAR), learning review (LR), or other) into the death or serious injury of an individual have a clear understanding about why the review has been requested, what it expects to achieve, what it involves, what is expected of them as professionals and how long, as far as can be predicted, it will take.

In Merton the SAB has a Safeguarding Adult Review subgroup. This group oversees all arrangements for reviews, and comprises of senior representatives from adult social care, health, police, and public health, in addition to the board's business manager. Advice from a legal adviser may be sought when required. When a 'case' is first brought to the group's attention, members firstly discuss whether or not it meets the criteria for a safeguarding adult review, which are outlined in the [Merton SAR Protocol](#).

The group can propose a SAR be considered even where cases do not meet the criteria or are able to recommend another type of learning exercise. The final decision on whether to conduct an SAR rests with the SAB Chairperson.



Involvement in a SAR case can be a very difficult and stressful experience for staff. It is important that they are involved in the review process and are kept informed about the progress and time scale of the review. As part of the review there will always be a review team / steering group, or similar, which consists of senior managers from the agencies involved in the case – who themselves have had no direct contact or decision-making responsibilities with the individual in the case being reviewed. One of their roles is to be available, alongside the Lead Reviewer/s to answer any questions from staff about the process. It is also expected that support will be

offered to staff through their usual line management arrangements and where possible direct from the SAB via the business manager. They should also be offered counselling and other forms of support as necessary by their own agencies. Staff should discuss issues of support within their usual line-management arrangements, highlighting to the SAB, via the business manager if any problems accessing suitable support should arise.

What is a Safeguarding Adult Review?

It is a multi-agency review of a 'case' or 'cases'. The [Care Act 2014](#) created Safeguarding Adult Boards (SABs), and made them responsible for undertaking safeguarding adult reviews (SARs). Chapter 14 of the "Care and support statutory guidance" from the Department of Health and Social Care fleshes out how SARs should be carried out.

Locally, Merton has created the [Merton SAR Protocol](#), which adapts the above guidance. The protocol says that the SAB should always undertake a safeguarding adult review when (i) abuse or neglect of an adult is known or suspected; and (ii) the adult has died or has suffered

permanent harm, and (iii) there is concern that partner agencies could have worked more effectively to protect the adult.

As outlined above safeguarding adult reviews can be carried out on cases which do not meet the criteria or another type of review may be commissioned.

What is the purpose and function of such reviews?

The SAB undertakes these reviews ultimately to learn lessons about how Board partners provide services and work together, so that we can continue to improve our adult safeguarding practices and the way we work with adults with care and support needs.

This can be done in a number of ways. Traditional methods examine the involvement of agencies, led by an independent overview report author. More recently, 'systems learning' has been introduced as an alternative method, following the [Munro Review of Child Protection](#). Read the report from page 64: 'A systems methodology for case reviews and SCRs'. See also below – 'What is a systems approach?'

As a starting point all information about the individual's contact with agencies and professionals is drawn together. This focuses the review on looking at how events and relationships within the professional network, were understood and supports with identifying lessons that can be learned from the case that should inform and improve professional practice in future.



Any review undertaken by the SAB is not about apportioning blame. Reviews should always be an open and transparent opportunity to learn from practice, in order to improve multi-agency working and outcomes for adults with care and support needs.

The SAB recognise that this learning inevitably takes place in a context where some staff involved may be experiencing high levels of distress and anxiety. For example, they may have worked with the individual over a number of years. The objective is to conduct a review that both acknowledges the importance of professional accountability and retains its sensitivity to the needs and feelings of all individuals involved. The SAB cannot stress enough that support for staff involved should always be an integral and central part of the process.

What is a systems approach?

Up till relatively recently, reviews of cases often ended up blaming individuals for mistakes and failures. A system's approach concentrates not on judging people. Instead, by taking account of the situation they were in, the tasks they were performing, and the tools they were using etc., it focuses on understanding why someone acted (or did not act) in a certain way. It highlights what factors in the system contributed to their actions making sense to them at the time. Importantly, it also highlights what is working well and patterns of good practice.

What does the review involve?

There are several stages in the review process.



As discussed above, the Safeguarding Adult Review (SAR) sub group makes their decision against the criteria in the [Merton SAR Protocol](#). If the criteria are met, the group recommend to the SAB Chairperson that a review be undertaken, and suggest initial lines of enquiry and the methodology for the review. The SAB Chairperson considers the recommendation and makes a final decision. They are also able to consult with other SAB chairs in the country.

If a safeguarding adult review has been commissioned, the chair of the SAB will inform agencies and individuals concerned, and ask that relevant documentation is secured. In cases where work with the individual is continuing, copies must be made of the record so that the work can continue. CEO's do not tend to be notified of other types of reviews, but this is agreed on a case-by-case basis.

A Lead Reviewer(s) is then appointed, and senior managers from partner agencies may be invited to join a review team or steering group. If this is the case, partner agencies should delegate an appropriate senior manager who can represent and make decisions for the organisation. They should also take responsibility for commenting on any drafts of the SAR report. This individual should escalate to the Chair of the Review/ steering group any areas that might need more senior involvement from their organisation, to enable arrangements to be made within the governance framework for the review.



They draft the terms of reference for the review, which will identify particular areas of concern or issues that the review should address. Agencies involved may be asked to identify a professional to undertake a chronology. Whilst these are collated, all frontline staff who have worked with the individual (and as far as is known at the time, their managers) are notified of the review and terms of reference/ scope shared so they understand the focus of the review and any meetings dates to be diarised.

As part of the review it may become necessary for the reviewer/s to speak directly with staff. The purpose of this is to gain as full a picture as possible of the events that have taken place and the perceptions and views of staff and the context in which decisions and actions were taken. Prior to this the reviewer/s will have read case files and other relevant documentation and records and will have several areas they want to explore. Staff can also raise areas they wish to bring to reviewer/s attention.



Family, and in some cases friends, are invited to contribute to the review in any way they feel able to do so. Whether this be in the form of a written contribution or meeting with the reviewer/s. The lead reviewer/s, supported by the review team / steering group, complete a report, which is written according to the conditions set out in the [Merton SAR Protocol](#). Where appropriate, arrangements are made to share the report and its findings with

the individual(s) and / or their family, friends, or carers. The final report will be signed off by the SAB.

Who can staff talk to about the review and how are they supported?

It is very important that staff feel supported during a review process, particularly a safeguarding adult review process. The usual confidentiality rules apply with regard to not discussing the details of a case outside of work. If there is a police investigation there may be further restrictions, see below. However, staff are encouraged to discuss the case with their team and manager and other colleagues and professionals involved in the case.

Where there is a death or the individual has suffered serious harm, staff may wish to express their sympathy to family or friends. Staff who provided a service to the individual may wish to hold some form of memorial service if the individual has died. If in any doubt staff should seek support from their managers.

Staff should receive support from their line managers and their individual agency throughout the process. Most agencies have support/counselling services available that staff are encouraged to access.

Staff should be kept informed of the progress of the review through the SAB. At least two staff meetings at the beginning and end of the review process will be convened by the SAB, and at other times as necessary.

This is to ensure staff are fully aware of the terms of reference / scope of review at the beginning and clear about the outcome and recommendations at the end. On completion of the review staff will be made aware of its contents and recommendations, by way of a written briefing. This is usually accompanied by a face to face learning event.



How does the review relate to disciplinary action?

The two processes are separate. Each agency has their own disciplinary process. The objective of the review is to improve inter-agency working and to ensure that the agencies, which make up the SAB, are accountable for the quality of their work in relation to adults with care and support needs.

If there is a police investigation am I still allowed to talk about it?

If there is a police investigation it may mean discussion of the actual incident and/or run up to the incident is not appropriate or permitted. If this is the case please seek advice from the SAB business manager. It is important to note that a police investigation is a moving process and it may be, at one point in time, staff are advised not to discuss the case amongst themselves but at a later date and this advice might change. It is therefore important to check throughout the process and seek advice from the SAB business manager.

How long does a review take?

The SAB aim for completion of an SAR within six months of initiating it. If this is not possible (for example, because of potential prejudice to related court proceedings), every effort is made while the review is in progress to: (i) capture points from the case about improvements needed; and (ii) take corrective action to implement improvements.

How long reviews take depend on a number of factors, e.g. number of staff, any parallel proceedings i.e. coronial, engagement with families etc. SAR panel members should try to agree an appropriate timescale for the Review at the outset. Any urgent issues which emerge from the review and need to be considered without delay can be brought to the attention of the SAB.

What does the final product look like?

Final reports will:

- provide a sound analysis of what happened in the case, and why, and what needs to happen in order to reduce the risk of recurrence;
- be written in plain English and in a way that can be easily understood by professionals and the public alike; and
- be suitable for publication without needing to be amended or redacted.

The individual will usually be given a pseudonym to protect their identity. The identity of staff is only known by the review team/ steering group and the lead reviewer/s.

Who will see the report?

All reviews of cases meeting the SAR criteria will result in a report which is published and readily accessible on the SAB's website for a minimum of 12 months. Thereafter the report is made available on request. This is important to support national sharing of lessons learnt and good practice in writing and publishing SARs. From the very start of the SAR the fact that the report will be published is taken into consideration.



SAR reports need to be written in such a way that publication will not be likely to harm the welfare of any vulnerable adults involved in the case.

SABs will publish, either as part of the SAR report or in a separate document, information about actions which have already been taken in response to the review findings; the impact these actions have had on improving services; and what more will be done. This information will also be included in the SAB's annual report.

When compiling and preparing to publish reports, SABs have to consider carefully how best to manage the impact of publication on adults with care and support needs, family members, children and others affected by the case.

SABs must comply with the Data Protection Act 1998 in relation to SARs, including when compiling or publishing the report, and must comply also with any other restrictions on publication of information, such as court orders. The timing of publication always needs to have due regard to the impact on any ongoing legal proceedings, including any inquest.

Copies of SAR reports will be shared with organisations that contributed to them, to ensure that they can take action where necessary and share learning with their staff.

Case Review Briefing Sessions

At the conclusion of all reviews, be they local learning or safeguarding adult reviews, the SAB will, via the Learning & Development Subgroup, ensure briefing sessions for staff. This is to ensure all staff are aware of the findings from the review and have an opportunity to consider and reflect on their own practice.

Extraordinary meeting & Improvement action

The SAB will call an Extraordinary Meeting at the conclusion of a safeguarding adult review to oversee the process of agreeing with partners what action they need to take in light of the reviews findings, establish timescales for action to be taken, agree success criteria and assess the impact of the actions. Progress against the agreed actions will be monitored by the Safeguarding Adult Review Subgroup.

Guidance for Managers

Managers should encourage staff to seek support and guidance from line managers. For managers with a case in their team they should encourage team discussion to provide support. This meeting should be an opportunity for staff to talk about how they are feeling and what support they need, it should not be a discussion about who did what, when etc. If this type of discussion is required we recommend it is undertaken by a trained facilitator and guidance should be sought from the SAB business manager as to the timing of this type of group.



Other learning reviews

Merton SAB has decided that safeguarding practice can be improved by learning from a number of cases where the cases do not meet the criteria for SAR but feel there are important lessons which could be learnt about multi-agency working or practice. In these circumstances a local learning review, e.g. 7 minute Learning Brief or similar learning activity will be undertaken. These will in general follow the same process to a SAR but may not always be published.