Gateshead Safeguarding Adults Review Protocol

Update and Approval Process

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Version	Group/ Person	Comments	Review Date
1	Claire Stewart	New document	January 2028

1. Using this Protocol

This is a multi-agency protocol, which applies to all Gateshead Safeguarding Adults Board (GSAB) partner agencies.

It applies to any professional or organisation involved in any aspect of the Safeguarding Adults Review (SAR) process, from referral right through to implementing and reviewing recommendations.

The North East Safeguarding Adult Review Quality Markers were developed from the SCIE SAR Quality Markers and are the basis for the GSABs own Quality Markers which are provided as appendices at the end of this protocol. They provide a summary of actions required at each stage of the SAR process and are used for all Safeguarding Adult Reviews.

2. What is a Safeguarding Adults Review (SAR)?

A SAR is a statutory duty under Section 44 of the Care Act 2014.

A 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).

A SAB may also arrange for a review of any other case involving an adult in its area with the appearance of needs for care and support if they feel there is sufficient evidence that learning can be drawn from the case.

SARs may also be used to explore examples of good practice, where this is likely to identify lessons which can be applied to the development of improved safeguarding practice across the partnership.

3. The Purpose of a SAR

The purpose of a SAR is:

a. To establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard the adult or adults;
b. To review the effectiveness of procedures (both multi-agency and those of individual organisations);
c. To inform and improve local inter-agency practice.

The purpose of a SAR is NOT:

a. To hold any individual or organisation to account;
b. To reinvestigate or apportion blame;
c. To address professional negligence.

Other processes exist for the purposes outlined above, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation run by the Care Quality Commission (CQC) and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council, etc.

There should be a strong focus on understanding the underlying issues that informed agency/ professionals' actions and what, if anything prevented them from being able to properly help and protect adults at risk of harm from abuse.

It is acknowledged that all agencies will have their own internal/ statutory review procedures to investigate serious incidents. This protocol is not intended to duplicate or replace these. Agencies may also have their own mechanisms for reflective practice.

The GSAB has agreed that their approach will be 'systems based'. However, each case will be examined individually to determine the most appropriate methodology to identify and maximise learning.

3.1 Different types of SAR

There are two types of SAR both are statutory in nature:

1. Mandatory (there is a duty to carry out a SAR):

   A mandatory SAR is a SAR that **must** be carried out because the duties set out in sections 44 (1), (2) or (3) of the Care Act 2014 apply:

   1. There is a reasonable cause for concern about how the SAB, its members or other persons involved worked together to safeguard the adult; and
   2. The adult has died, and it is known or suspected that the death resulted from abuse or neglect; or
   3. The adult is alive, but it is known or suspected that they have experienced serious abuse or neglect.

Note: It is irrelevant whether or not the adult is known to the local authority, or whether or not they are being provided with support or services to meet their care and support needs.

With regard to 3. above, indicators that this condition is met could include:

- The adult would have been likely to have died but for an intervention;
- The adult has suffered permanent harm;
- The adult has reduced capacity or quality of life (whether because of physical or psychological side effects) as a result of the abuse or neglect.

2. Discretionary (the duty does not apply, but carrying out a SAR would still be beneficial):

   A discretionary SAR is carried out when the absolute duty to do so (set out above) does not apply. Under Section 44 (4) of the Care Act SABs are free to arrange for a discretionary SAR to be carried out in any other situation involving an adult in its area with needs for care and support 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 worked together to prevent and reduce abuse and neglect and can explore examples of good practice that can be applied to the development of safeguarding practice.

SARs can be conducted in a variety of ways. The GSAB will endorse the approach best suited to the circumstances of each individual case, and the Safeguarding Adults Review and Complex Case panel (SARCC) will decide on the most appropriate method. Examples of review methodology may include but are not limited to:

- Appreciative Inquiry
- Review by an Independent Author and the production of an overview report

- Action Learning
- Multi-agency learning review
- Single agency learning review
- Peer Review
- Thematic Review
- Safeguarding Adult Reviews in Rapid Time (SARiRT).

Cross Boundary SARs
The SARCC Group will consider the guidance on Cross Boundary SARs as contained in the ADASS Safeguarding Adults Policy Network Guidance Out-of-Area Safeguarding Adults Arrangements and the North East SAR Champions Cross-Boundary SARs, Guidance for SAB Business Units. If a SAR is being considered, the SAB of the host authority will be responsible for liaising with all those involved, including the SAB in any placing authorities. Boards and organisations should cooperate across borders and requests for the provision of information should be responded to as a priority.

Homeless Fatality Review
The government's Rough Sleeper Strategy recommends that SARs be conducted when a person who sleeps rough dies or is seriously harmed as a result of abuse or neglect, whether known or suspected. Where the death of a homeless person's circumstances does not meet the threshold for a SAR a Learning Review will be considered by the partnership.

3.2 Principles of SAR

All SARs are subject to the six key principles that underpin all adult safeguarding work:

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

The following principles should also be applied:

a. There should be a culture of continuous learning and improvement across organisations that work together to safeguard and promote the Wellbeing of adults, identifying opportunities to draw on what works and promote good practice;
b. The approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined;
c. Reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
d. Professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed;
e. Families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

4. Delegated responsibility for undertaking SARs

The SARCC is a subgroup of the GSAB. They are a multi-agency group who have delegated responsibility for undertaking the SAR process on behalf of the GSAB and its partners.

5. Referral for a SAR

5.1 Making a referral

Anyone can make a SAR referral if they feel that the criteria are met. It is expected the referral for SAR consideration is made with an appropriate rationale and in a timely manner. A referral does not need to be accompanied by all facts of the case.

When making a referral for a SAR, the following information will be required:

a. Details of the referrer,
b. Details about the Adult (including Name, Address, Date of birth, Date of death (if applicable), Name and Address of GP, Family / Next of Kin / Advocate names),
c. Protected characteristics (inc ethnicity, race, religion/belief, disability, care experienced)
d. Details of the family or representative of the adult,
e. Details of practitioners / agencies / service providers known to be involved with the case,
f. Brief details of the case (Including chronology of events, details of allegation of abuse, agency responses and key decisions made),
g. Details of Safeguarding Concern and / or Enquiry (If applicable),
h. Evidence that the case meets the criteria for a SAR.

All referrals should be made online via the Safeguarding in Gateshead website Make a Safeguarding Adults Review referral.

5.2 Referral decisions

When a SAR referral is received by the Safeguarding Business Unit the GSAB Business Manager will review the referral and may contact the referrer or other partners to clarify or gather further information to support the SARCC Chair and the GSAB Business Manager to make an informed decision about next steps.

The SARCC Chair and the GSAB Business Manager will meet and consider if in the first instance the case appears to meet the criteria for a mandatory SAR or should be considered by the SARCC Group for a discretionary SAR. It may not be clear from the SAR referral if criteria is met and therefore it may be necessary to progress to Rapid Review to ensure a multi-agency decision is made.

The SARCC Chair and the GSAB Business Manager will make a written proposal to the GSAB Independent Chair clearly stating whether or not the case should progress to Rapid Review by the SARCC Group. All SAR referrals that meet criteria will be subject to a Rapid Review conducted by the SARCC Group.

The discussion and proposal made by the SARCC Chair and the GSAB Business Manager are recorded on Quality Marker 1 Checklist 1 (Referral) (Appendix 1).

Once the GSAB Independent Chair has given their approval to proceed the Rapid Review process will commence.

The SARCC Group is scheduled to meet on a bi-monthly basis, however extraordinary meetings will be arranged where necessary, ensuring that decisions are made in a timely manner.

All partners within the SARCC Group will be expected to complete an Initial Scoping and Information Sharing template (see Appendix 4) prior to the Rapid Review where the person is known to them.

The Rapid Review will determine if the SAR referral:

1. Meets the criteria for a statutory SAR
2. Does not meet the criteria for a statutory SAR; and if other action should be taken
    a. Discretionary Review – The SARCC Group recommend that the circumstances of the case warrant a multi-agency Discretionary Review which can provide insight into the way organisations are working together to prevent and reduce abuse and neglect;
    b. The SARCC Group may request that specific actions are undertaken, such as the review of a procedure, a single-agency review or a LeDeR Review (See NHS England » Learning from lives and deaths – People with a learning disability and autistic people (LeDeR));
    c. Thematic Review – the case may be considered for inclusion in a thematic review process alongside other similar cases;
    d. The SARCC Group have identified that no further action is needed, or that action has already been undertaken.

During the Rapid Review meeting the SARCC Group will discuss and agree:

a) if case meets criteria for mandatory SAR
b) if case does not meet criteria should a discretionary SAR be undertaken
c) if a or b is met what methodology will be used
d) identify any immediate multi-agency actions
e) identify any single agency actions
f) should the case be referred to any other review process i.e. DHR

Decisions on whether to undertake a SAR or Discretionary Review will be made transparently and the rationale shared with all relevant partners, including referrers.

The Safeguarding Business Unit will record the decision and decision within the SAR Decision Making Proforma (see Appendix 5) which is forwarded to the SARCC chair for final approval.

If the SARCC Group feel that the criteria is met for a statutory SAR, or recommend that the case warrants a discretionary review, then a recommendation will be forwarded to the GSAB Independent Chair along with the senior representatives of the three statutory partners for their final approval to proceed on behalf of the GSAB. The Independent Chair of the GSAB is ultimately responsible for making any final decision.

The SARCC Group is responsible for identifying any multi-agency initial learning at the Rapid Review stage and ensuring these actions are taken forward immediately. These actions will be agreed by the members of the SARCC Group and recorded on the GSAB learning register which is monitored by the Practice, Performance and Quality Assurance (PPQA) sub-group.

5.3 Recording the decision

The decision to accept (or not to accept) the referral should be clearly recorded on Quality Marker 2 Checklist 1 (Decision Making – What kind of SAR / Enquiry) (Appendix 1) in line with local recording requirements. Any

single agency actions will be recorded by the Safeguarding Business Unit and assurance sort from the relevant agencies that the actions have been undertaken and any outcomes from the actions.

5.4 Referral accepted and Commissioning a SAR Author

Once a referral is accepted the SARCC Group are responsible for appointing an experienced individual who has no direct involvement with the case as the Independent Author.

The Independent Author must have appropriate skills and experience which should include:

a. Strong leadership and ability to motivate others;
b. Expert facilitation skills and ability to handle multiple perspectives and potentially sensitive and complex group dynamics;
c. Collaborative problem-solving experience and knowledge of participative approaches;
d. Good analytic skills and ability to manage qualitative data;
e. Safeguarding knowledge.

The SARCC Group are responsible for agreeing the governance arrangements in relation to the SAR. This should include ensuring senior managers are kept informed of progress, any conflict of interest, delays and who has been appointed to undertake the review. There should also be robust mechanisms in place to allow challenge to the information and analysis of the findings, and all recommendations have been thoroughly considered before presentation to and sign off by the GSAB. Refer to Quality Markers 6 (Governance) and 7 (Managing the Process) Checklist 2 (see Appendix 2).

There will also be a need to address the budgetary requirements for undertaking the SAR. This is the responsibility of the Independent Chair of the GSAB.

All SAR Authors should be appointed using the NEPO portal in the first instance. If the SARCC Group is unable to identify a suitable author through this process, then the expression of interest can be circulated nationally using SAB Chairs and SAB Business Mangers Network links. If an author is appointed through the NEPO portal a standard terms and conditions are generated, if the author is not appointed through this route, terms and conditions will be drafted by the LA Legal Team.

The referrer should be notified of the decision made.

5.5 Referral rejected

In the event of a SAR referral being rejected, the reason/s that conditions have not been met should be clearly recorded in line with local recording requirements. In particular, if there is no duty to carry out a mandatory SAR, the reason that a discretionary SAR is not being carried out should be clear.

The referrer should be notified of the decision made.

If the referrer is dissatisfied with the decision, they can discuss their concerns with the Chair of the GSAB or make a formal complaint.

6. Carrying out a SAR

6.1 The SAR Panel

The SARCC Group should, along with the SAR Independent Author, establish a SAR Panel. Unless the SARCC Group agreed to act as the SAR Panel. This will include senior officers from all organisations involved in the care, support and safeguarding of the Adult.

The SAR Panel should determine what process each SAR will follow (See Appendix 6).

The approach should be proportionate to the scale of the abuse or neglect that has occurred, the impact on the person and the level of complexity in the issues to be examined during the review.

6.2 Terms of Reference

The SAR Panel will be responsible for agreeing the ToR for any SAR that is agreed.

There is an expectation that a practitioner event will be undertaken as part of any SAR whether mandatory or discretionary. The ToR for both the SAR and practitioner event should clearly state that anyone attending the practitioner event has a responsibility to feedback any immediate actions to their respective agencies.

6.3 Involvement of the person, family or their representative

The adult and/or their family or representative should be consulted when deciding how to complete the SAR, so that they can be as involved as soon as possible. Refer to Quality Marker 3 Checklist 1 (Informing the person, their family and other important networks) (see Appendix 1) and Quality Marker 11 Checklist 2 (Involvement of the Person, Family and relevant network) (see Appendix 2), section 6.6 of this document and Communicating with families during the SAR process.

The focus must be on what needs to happen to achieve understanding, remedial action and, very often, answers for families and friends of people who have died or been seriously abused or neglected.

6.4 Interface with Other Proceedings or Investigations

It may be necessary to consider whether the case meets the criteria for other multi-agency reviews.

The GSAB acknowledges that the following are statutory:

- Child Safeguarding Practice Review (CSPR)
- Domestic Homicide Reviews (DHR's)
- Multi-agency public protection arrangements MAPPA Serious Case Reviews
- Mental Health Homicide Reviews
- Serious Incidents Framework
- The Learning Disability Mortality Review (LeDeR) programme

There may be criminal or coronial investigations running concurrently with the SAR. Steps need to be taken to ensure the adult is safe, and any proposals for a review must ensure the SAR does not prejudice criminal or judicial proceedings.

In some cases, criminal proceedings may follow the death or serious injury of an adult. The SARCC Chair should discuss how the review process should take account of such proceedings with the relevant criminal justice agencies (such as the police and the Crown Prosecution Service at an early stage). Consideration should be given to, for example, effects on timing, the way in which the review is conducted (including any interviews of relevant personnel), what the potential impact on criminal investigations is and who should contribute at what stage. Careful consideration should also be given to disclosure of material under CPIA, (Criminal Procedure and Investigation Act 1985) from any SAR and partners within the SAR. Work to understand and learn from the case can often proceed without risk of contamination of witnesses in criminal proceedings.

It may be necessary to delay the publishing of an overview report until the conclusion of any criminal trial. Individual agencies can however progress with implementing the learning from the review.

It is acknowledged that all agencies will have their own internal or statutory review procedures to investigate serious incidents. This protocol is not intended to duplicate or replace these and any opportunities to prevent duplication will be encouraged.

In some cases, dependent on the specific issues in the case, internal investigation reports may provide adequate information to address the agreed terms of reference for the SAR; or it may be that additional reports are required to address any outstanding areas. Careful planning and communication is required to make the most effective use of resources and avoid duplication.

SARs are not part of any disciplinary process. However, should information emerge during the SAR that may indicate that disciplinary action should be taken; the agencies concerned should deal with such issues in accordance with their own procedures. If clarification is needed in respect of Person / People in a Position of Trust PiPOT, contact should be made with the Gateshead PiPOT Lead by emailing safeguardingduty@gateshead.gov.uk. If disciplinary matters are in progress at the commencement of the SAR these should be notified to the GSAB Business Manager.

6.5 The SAR timescale

The SAR should be completed within a reasonable period of time and in any event within six months of initiation, unless there are good reasons for a longer time period.

6.6 Who must be involved

In all cases the SAR Panel should ensure that all relevant persons are involved not only in providing information on the person, but in attending any practitioner workshops and attending any relevant SAR Panel meetings or SARCC meetings where it is deemed appropriate.

For example:

a. Professionals involved with the adult;
b. Organisations involved with the adult;
c. Family members;
d. Carer's (informal and paid).

The person, if they are alive and have capacity to understand the SAR process and their family members or carers will be informed of the SAR process at the earliest opportunity. They will be given information on how the process will work, the parameters of the SAR process and how they can be involved, if they so wish.

In some cases, it may be deemed necessary to also involve the person who caused (or is suspected of causing) the abuse or neglect.

If the adult is still alive, they must be engaged in the process and:

a. Asked if they would like to participate, and how; and
b. Offered advocacy and support (see below).

6.7 The duty to provide information

If the SAR Panel requests a person or organisation supply information to support the process they have a duty to comply with that request under s45 of the Care Act.

All information sharing should be carried out with regard to the Caldicott Principles, Data Protection legislation and local information sharing policies.

Each member of the GSAB must co-operate and contribute to, the SAR process with a view to:

a) identify the lessons to be learnt from the adult's case and,
b) applying those lessons to develop good safeguarding practice

6.8 Advocacy and support

If the adult is alive there is a statutory duty to ensure they receive the support they need to enable them to understand and/or participate in the SAR process. If they are already in receipt of advocacy support under Section 67 of The Care Act, The Mental Capacity Act 2005, or the Mental Health Act it is appropriate to establish whether the existing advocate is able to provide this support.

Otherwise, the duty to appoint an advocate under Section 68 of the Care Act must be considered.

7. The report

Alongside the SAR Panel and SARCC Group, the person, where appropriate and family members should be given the opportunity to comment on the report (see Appendix 3).

In compiling the SAR report, it should:

- Meet the requirements of the commissioning specification
- Protect the identity of the person, their family members and practitioners
- Provide a sound analysis of what should have happened / what did happen
- Be written in plain English
- Contain findings or recommendations of practice value to organisations and professionals
- Contain recommendations that are SMART (Specific, Measurable, Achievable, Relevant and Timely) this will enable the SARCC Group and the PPQA sub-group to easily measure whether or not the recommendations are implemented.

NB The SARCC Group are responsible for ensuring that recommendations are SMART, they will ask the Independent Author on presentation of the recommendations to review and amend any recommendations they do not deem to be SMART.

Involved organisations will be provided with copies of the reports for comments on factual accuracy prior to the final draft.

The final draft report should remain confidential and is not for publication until it has been approved by the GSAB and a publication date agreed.

7.1 Governance

SARs are overseen by the GSAB, which is a multi-agency partnership with senior management representation from all the key agencies. The GSAB is responsible for ensuring that effective systems are in place for the completion of SARs, including:

- decision making in respect of undertaking reviews,
- formally accepting reports, and
- agreeing sign off of the report for publication

Responsibility for the management of SARs is delegated to the SARCC Group. This group is responsible for the effectiveness of the SAR process to ensure timely completion of reviews. The SARCC Group will keep the Independent Author and GSAB updated and make recommendations as required.

All involved agencies will be asked to participate in identifying solutions to any recommendations of the review to support improvements in practice.

7.2. Submitting the report

The final report will be presented by the Independent Author to the GSAB for agreement and approval. The GSAB will also agree the date the report will be published on the GSAB website.

7.3. Providing copies of the report

A copy of the report should be provided to anyone who has requested it, particularly the adult (if they are alive), and their family (if involved in the SAR).

The SARCC Chair should take steps to ensure the adult (if they are alive) and their family / carers understand the findings of the report and the recommendations it has made.

7.4 SAR's involving CQC registered providers

If the SAR has explored the practice of a care provider regulated by the Care Quality Commission (CQC), a copy of the report should be provided to the CQC. Copies of any specific documentation or evidence submitted by the care provider as part of the SAR should also be provided to the CQC if it is requested.

7.5. Publishing the report (Media, Communication and Publication)

The SARCC Chair, in consultation with the GSAB, will consider appropriate publication of the report on a case-by-case basis. Discussions about publication will be held with the individual(s), their family or carers (where appropriate).

Since Adult Social Care is the lead agency, media and communication issues will usually be coordinated by the Council's Communications Team. This will be done in collaboration with the communications teams of the other agencies involved, alongside agreed representatives of the GSAB.

All SAR reports will be considered for publication on the website of the GSAB. In the case of publication, GSAB will release a statement where appropriate. If publication is agreed the report will remain on the GSAB website for a minimum of one year and would be submitted to the National SAR Library. Archived reports will be available on request.

8. Recommendations from the SAR

All recommendations from the Overview Report **must** be considered by the GSAB.

Responsibility for the implementation for the recommendations for any SAR comes under the remit of the PPQA sub-group who will work with the SARCC Group and Learning and Development sub-group.

8.1 Action Plans

Any recommendations will be recorded in the GSAB Learning Register for monitoring and assurance purposes. It should be clear which agency/organisation is responsible for carrying out each action and timeframe for having done so.

The PPQA and L&D sub-groups are responsible for reviewing the recommendations and monitoring progress of the actions and providing assurance to the GSAB through highlight reports.

Where partner agencies fail to provide assurance or implement recommendations in a timely manner this will be escalated to the GSAB and GSAB Executive for further action.

8.2 Annual SAB Reports

The following information from each SAR must be recorded in the annual GSAB Report:

a. The findings of the SAR;
b. What actions have been taken (or will be taken) in relation to those findings;
c. Where a recommendation has not been implemented, the reason/s for that decision.

9. Links with Other Reviews

When instigating a SAR, the SAB should establish if any other relevant investigations are/will be taking place in parallel to the SAR. For example, a:

a. Child Safeguarding Practice Review (CSPR) (previously known as a Serious Case Review);
b. Domestic Homicide Review;
c. Criminal investigation;
d. Coroner's Inquest/Enquiry – NATIONAL_SAB_Guidance_on_the_Interface_between_SARs_And_Coronial_ProcessesSEPTEMBER2024.pdf
e. Homelessness Fatalities

The Independent Author of the SAR Panel should make contact with the Chair of any parallel process to agree on how best to avoid duplication for the adult (if they are alive), families, professionals, and

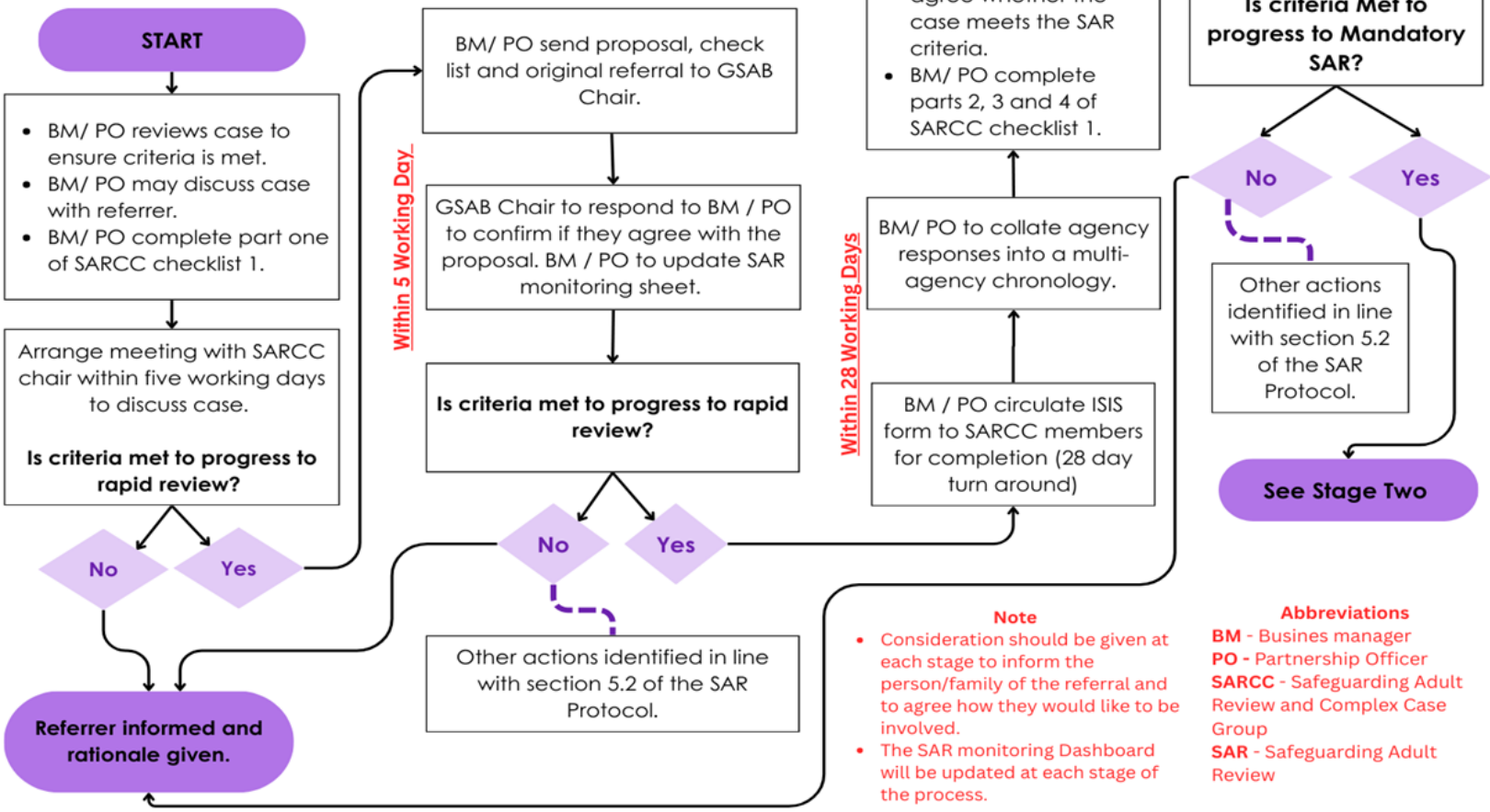
organisations. This should include how to share relevant information in a timely way, in line with Data Protection legislation and local information sharing policy.

See process flow chart on page 14

Gateshead Safeguarding Adults Board

Safeguarding Adult Review Process:

INITIAL NOTIFICATION RECEIVED BY GATESHEAD SAFEGUARDING ADULT BOARD



Note

- Consideration should be given at each stage to inform the person/family of the referral and to agree how they would like to be involved.
- The SAR monitoring Dashboard will be updated at each stage of the process.

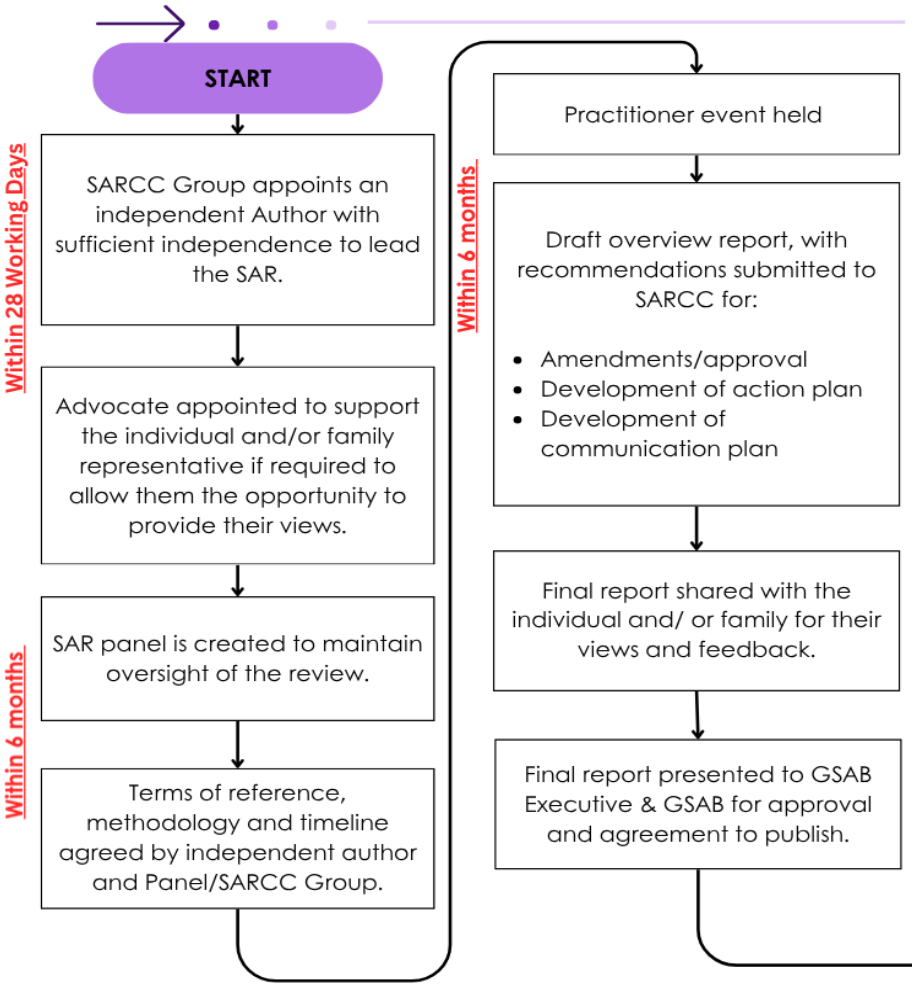
Abbreviations

BM - Busines manager
PO - Partnership Officer
SARCC - Safeguarding Adult Review and Complex Case Group
SAR - Safeguarding Adult Review

Gateshead Safeguarding Adults Board

Safeguarding Adult Review Process Stage Two

GATESHEAD SAFEGUARDING AULT BOARD EXEC APPROVES SAFEGUARDING ADULTS REVIEW



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- The SAR monitoring Dashboard will be updated at each stage of the process.

Abbreviations

GSAB - Gateshead Safeguarding Adults Board
SARCC - Safeguarding Adult Review and Complex Case Group
SAR - Safeguarding Adult Review
PPQA - Practice, Performance and Quality Assurance Group

Appendix 1

Gateshead Safeguarding Adults Board

Safeguarding Adult Review and Complex Case Sub-Group

Quality Marker Check List 1 – Setting up the Review

Name:	
Date SAR Referral Received:	

Quality Marker 1: Referral The case if referred for a Safeguarding Adults Review (SAR) consideration with an appropriate rationale and in a timely manner	
Does the referral explicitly identify how the SAR criteria has been met? a) Person has needs for care and support (or appearance of) b) Reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult. c) the adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect. d) the adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect.	
Does the referral clearly specify any other reason a SAR is needed?	
Does the information provided evidence the rationale given for why the case is being referred?	
Are explanations provided for any delays in the referral?	
Does the referral specify the type of abuse or neglect suspected?	
Have details of ethnicity and other protected characteristics relevant to the SAR referral been identified and appropriately recorded?	
Does the referral state what is known about protected characteristics, including race, culture and ethnicity?	

Quality Marker 2: Decision Making – What kind of SAR / Enquiry Factors related to the case AND the local context inform decision making about whether a SAR is needed and initial thinking about its size and scope.	
Date Reviewed by SARCC Group:	
Is the rationale for the decision clear and defensible, paying close attention to the **Care Act 2014** and **Making Safeguarding Personal** principles?	• • •
Have all key agencies provided information about their involvement? (Consider other SAB areas)	
Has intelligence from other quality assurance and feedback sources been gathered e.g. audits/benchmarking, complaints and previous SARs? Has this been used to identify outstanding learning needs locally, as well as what is already known and does not need to be re-learnt?	
Have other review pathways been considered/discounted (e.g. DHRs), and have parallel processes been identified (e.g. complaints)?	
Have SAB member agencies had the opportunity to contribute to the decision-making process and recommendation to the Chair?	
Are the decision-making processes and outcomes transparent, and has independent challenge been considered?	
Are explanations provided for any delays in decision making	
Is there transparency about any conflicts of interest and how they have been managed?	
Has legal advice been sought, if appropriate, to check the lawfulness of the decision making?	
Is it evident how race, culture, ethnicity and other protected characteristics have been considered?	
For consideration: *• Has a clear legal mandate been established reflecting either a mandatory SAR (S44,1, 2, 3) or discretionary SAR (S44, 4).*	
Quality Marker 3: Informing the Person, their family and other important networks The person, relevant family members and any other important personal networks are told what the SAR is for, how it will work, the parameters, how they can be involved, being mindful of treating them with respect	
Has the person, relevant family members, friends/network, carers or advocate been informed of the SAR at the earliest opportunity?	

Has the purpose, process and parameters of the SAR been communicated in the most appropriate way to promote understanding?	
Have you agreed with the family their preferred methods and timeliness of communication throughout the process (verbal, written) considering any relevant dates for the family?	
Are opportunities being offered to discuss any queries about the SAR?	
Is the standard SAB correspondence available for use with family members in this SAR about the purpose, process and parameters of the SAR and is it adequately clear, accessible and kind?	

Quality Marker 4: Clarity of Purpose The Safeguarding Board / Partnership is clear and transparent from the outset that the SAR Process is statutory with the focus on learning and improvement across organisations and acknowledges any factors that complicate this	
Have you communicated with all relevant parties (SAB members, involved agency/provider/commissioner leaders, practitioners, Legal advisors) about the statutory purpose of the SAR with a focus on learning and organisational development?	
Has there been a multi-agency discussion regarding any tensions and complications?	
Is the decision-making rationale clearly documented on all records?	
Is the escalation pathway clear, if there is any non-engagement by providers, commissioners or other agencies involved in the SAR?	

Quality Marker 5: Commissioning Decisions about the precise form and focus of the commissioned SAR take into account a range of factors in order to make the learning and improvement proportionate. Decisions are made with input from the SAB Chair, members and reviewers.	
Have discussions about the form and focus of SAR to be commissioned considered the following:	
• Are there any system conditions leading to poor safeguarding practice or communication? • Do other quality assurance and feedback sources (e.g., audits/complaints) suggest the practice issues and/or their systemic causes are new, complex or repetitive?	
Are any of the issues relevant to the SAB strategic plan and current/future priorities?	
Is there evidence of good practice and supportive system conditions, which can be shared across the partnership?	

Are there any issues regarding the capacity of practitioners, SAB and member agencies, and experienced/qualified reviewer(s)?	
Does the process allow the reviewer(s) to influence the scope, nature and approach of the review?	
Is there media interest or serious public concern around the circumstances of the case?	
Principles of Making Safeguarding Personal and the six core safeguarding principles?	

Gateshead Safeguarding Adults Board

Safeguarding Adult Review and Complex Case Sub-Group

Quality Marker Check List – Running the Review

Appendix 2

Name:	
Date SAR Referral Received:	

Quality Marker 6: Governance The SAR achieves the requirement for independence AND ownership of the findings by the Safeguarding Board / Partnership and member agencies	
Are senior managers being kept up to date about the learning being identified?	
Are there mechanisms in place to allow challenge to the information and analysis of the review, so that the findings/ recommendations have been thoroughly considered before the report is finalised and taken to the SAB?	
Are there clear governance arrangements in place from the outset of the process?	
Has the system for quality assurance of the process and sign-off of the report been set out clearly from the start?	

Quality Marker 7: Management of the Process The SAR is effectively managed. It runs smoothly and is concluded within a timely manner and within available resources.	
Are there any issues in relation to key personnel, administrative support or reviewer capacity, which may impact on quality and timings of the SAR?	
Are mechanisms in place to inform the SAB Chair of any delays and reasons for them?	
Have Statutory Partners Senior Leads provided a clear message that how the SAR is conducted is important with an expectation that people are cared for and relationships fostered?	
Have any known sensitivities, tensions or conflicts been shared in order that they can be addressed appropriately?	
Is there a key plan with allocated roles and responsibilities for sharing information?	

Quality Marker 8: Parallel Processes Where there is parallel processes, the SAR is managed to avoid as much as possible; duplication of effort, prejudice to criminal trials, unnecessary delay and confusion to all parties, including staff, the person and their family.	
Have you agreed the most appropriate process for the circumstances?	
Can parallel processes be used for TOR's and scoping to avoid any duplication and repetition?	
Is there defined agreed ownership of SAR documents?	
Is there an index of SAR material and agreement on arrangement for disclosure?	
Where necessary, are there early discussions with the police, CPS, coroner to consider any information relevant to criminal proceedings and if so how and what will be needed/ used?	

Quality Marker 9: Gathering Information The SAR gains sufficient quality information to underpin the analysis of the case in context of normal working practices and relevant organisational factors	
Are the aims of the SAR clear with specification of the information required, level of detail appropriate to the SAR?	
Have all avenues of information gathering been considered?	
Does the SAR allow for full inclusion and engagement (person, families, carers, advocates, practitioners, multi-agency partners)?	
Are there clear expectations in respect of gathering information – what specific information and level of detail is needed from people and paperwork and why? Will this facilitate the SAR to fulfil its purpose?	
Is there an escalation pathway in respect of non-engagement by participating agencies?	
Are notes of interviews and meetings and copies of reports that might be considered relevant for criminal proceedings being retained?	
Had the Board / Partnership clearly shared the statutory duty on all agencies co-operate and contribute to the SAR, providing information when the SAB requests it (Sect 45 Care Act 2014?	

Quality Marker 10: Practitioner Involvement The SAR enables practitioners and managers to have a constructive experience of taking part in the review.	
Does the SAR process express the value and importance of practitioner input and promote an open learning culture to all?	
Have the right practitioners and managers been identified to contribute to the process?	
Is the purpose of practitioner input clear and understood?	
Has an adequate Duty of Care to all participants involved in the SAR been secured and does the SAR planning refer to this?	
How will you gather feedback from all those involved in relation to the process?	
What arrangements are in place to thank people for their involvement once the SAR is complete?	

Quality Marker 11: Involvement of the Person, Family and relevant network The SAR is informed by knowledge and experience of the person, family and relevant network regarding the period under review.	
Is there a clearly documented and defensible decision process for involvement/ non-involvement of the person / family with clarity around why they are involved, statutory requirements and the 6 Core Safeguarding Principles and of Making Safeguarding Personal?	
Who will be the specific point of contact with the person / family and what are the arrangements to support them throughout the process?	
If advocacy is being used, ensure that the advocate is afforded the same support and guidance throughout the process or where appropriate	
Is there clarity about what the family will be asked?	
How are the family to be represented in the final report and how do they provide feedback?	
Where there are criminal proceedings, has a discussion taken place with the police (Senior Investigating Officer) around the family involvement with the SAR Process?	
Has the Statutory Requirement for early engagement with the individual, family and friends around their involvement, sensitive and appropriate management of expectations, been sustained throughout the SAR?	

Quality Marker 12: Analysis The SAR analysis is transparent and rigorous. It evaluates and explains professional practice in the case, highlighting challenges, themes and learning in relation to practitioners' efforts to safeguard adults.	
Are the Six Core Safeguarding Principles and Making Safeguarding Personal reflected in the evaluation of safeguarding practice of this case?	
Does the review take into consideration cultural, organisational and systems practice?	
Is current, up to date research evidence about good practice used in the analysis?	
Does the analysis have clear conclusions in relation this case and the wider safeguarding practice, including whether practice issues were unique to this case or a symptom of wider systemic issues?	
Are you promoting the value of identifying the range of learning (whether good or bad practice) that the case reveals?	
Is information from contributing agencies fully and fairly represented in the report?	
Does the SAB support analysis that seeks out causal factors and systems learning beyond the SAR / SAR's?	

Appendix 3

Gateshead Safeguarding Adults Board

Safeguarding Adult Review and Complex Case Sub-Group

Quality Marker Check List – Outcomes and Impact

Name:	
Date SAR Referral Received:	

Quality Marker 13: The Report The report clearly and succinctly identifies the analysis and findings while keeping details of the person to a minimum but illuminating learning in line with the wishes of the individual or their family. Findings should reflect causal factors, systems learning, single and multi-agency learning.	
Does the report meet the requirements of the commissioned specification?	
Is the tone and choice of words appropriate and is the report written in a way that is to the point, understandable and useful?	
Have the person / family had opportunity to comment and is there any legal advice required about publication?	
Does the report sufficiently protect the privacy of the person, family members and practitioners whilst still being accessible and able to support future practice improvement?	
Can the report be used to inform the work of the partnership to improve safeguarding outcomes and prevent future abuse and neglect?	
Is detail provided around barriers / enablers to good practice and systemic risks specific enough to be shared and compared with findings from other SARS?	
Does the report provide an insight into factors that increase the risk that people with not be effectively safeguarded or highlight areas that foster good practice?	
Does the report clearly identify case findings from system findings?	
Is it clear that the Final Draft Report is confidential and not for distribution or public comment until the proposed publication date?	
Is the report free from hindsight bias?	

Quality Marker 14: Publication and Dissemination Publication and dissemination activities are timely and highlight key systemic risks identified through the SAR. Creative and engaging methods are used to circulate findings and learning. Publication decisions are made with sensitive consideration for the person and family. Professionals who participated are kept informed and supported.	
Is there a co-ordinated media strategy that has been developed prior to publication with a "if asked" press statement?	
Can the Board / Partnership provide the rationale for the decision around publication / non-publication of the review, and this is clearly documented?	
Is there a clear and effective Communication plan which secures the right level of engagement from senior leaders and include provision for any legal issues to be managed?	
Does the plan clearly reflect the statutory functions and duties of the SAB?	
Has the person / family member been fully involved in the decisions around publication and have their views have been considered and discussed? Have they been informed in advance of the report publication?	
Has the person / family member been fully involved in the decisions around publication and have their views have been considered and discussed? Have they been informed in advance of the report publication?	
Does the communication plan engage with all the right audiences in an engaging and appropriate way?	
Does the communication plan engage with all the right audiences in an engaging and appropriate way?	
Is there is a clear agreement in relation to content and timeframe for release, ensuring where appropriate, the anonymity of those involved?	
Are there any other issues that would prevent publication of the full report? (community tensions, criminal proceedings, media interest)	
Does the publication date clash with any other important dates or activities? (anniversaries, criminal trials, media interest?	
Has the SAR Regional Learning Template been completed for the case to be recorded in the Regional SAR Library and shared via the National Library?	

Quality Marker 15: Improvement Action and Evaluation Of Impact Improvement Actions seek to inform new ways of collaborative working with integration across plans and activity (locally, regionally and nationally) Evaluation of impact is designed from the start with systemic improvement actions agreed across all partners. Any actions should be aligned with wider strategic improvement activity and led locally, regionally or nationally. The SAB retains a record of findings and actions.	
Has the Board / Partnership provided clear leadership around an open and challenging discussion around the effectiveness of safeguarding arrangements and practice and what needs to be done to address systemic risks and progress improvement?	
Has the voice of "experts by experience" been incorporated into the process of deciding actions and evaluation?	
Has the voice of "experts by experience" been incorporated into the process of deciding actions and evaluation?	
How can you bolster partners towards suitably agreed ambitious goals?	
Are proposed actions adequately integrated into ongoing or planned workstreams / priority areas of the SAB / partner agencies?	
Are SAB expectations clear about long-term plans for monitoring improvement actions and follow up evaluate impact?	
Does reporting into the Board / Partnership's Annual Report comply with Statutory requirements and provide genuine transparency and accountability about whether improvement actions have taken place?	
Have any "quick wins" been identified?	
Is there a clear plan of how the SAB/ Partnership will monitor whether actions are on track – will a Task and Finish group be required?	

Appendix 4

Rapid Review – Initial Scoping and Information Sharing

Safeguarding Adults Review (SAR) Referral

The Care Act (2014) provides clear direction and criteria about when a Safeguarding Adults Review should be conducted. We have received a Safeguarding Adults Review referral and will, therefore, be holding a Rapid Review case discussion within the next Safeguarding Adult Review and Complex Case Group (SARCC) to consider the circumstances of the case.

To inform the Rapid Review, we need to gather the basic facts about the case and determine the extent of agency involvement with the Adult. This will help the safeguarding partners to decide whether to progress a statutory Safeguarding Adults Review and to determine the most appropriate method to disseminate any learning from this case.

Section 45 of the care Act 2014 establishes the importance of organisations sharing with the Safeguarding Adults Boards (SAB) information relating to the abuse or neglect of people with needs of care and support. If the SAB requests relevant information from a body or person (for example, in the context of a safeguarding adult review) then section 45 of the Act creates a legal duty for that body or person to share what they know with the SAB. The test is that the information requested by the SAB must be for the purpose of enabling or assisting the Board to perform its functions of which carrying out safeguarding adult reviews form part.

This initial scoping and information sharing form must be returned to us by (**add date**).

Contact details of individual / agency completing this form – ENSURE THIS IS COMPLETED

Name	AGENCY & DESIGNATION/TITLE	CONTACT DETAILS – Address, telephone number and email address

Date completed:

Section 1: Details of the Adult

All agencies are asked to check whether the details below match information held on their systems. Please advise of any anomalies (highlight in red)

Name:	
Also known as:	
NHS number:	
D.O.B:	
D.O.D: (If applicable)	
Home Address:	

SIGNIFICANT ADULTS / OTHERS

Name	***Relationship to Adult***	***Date of Birth***	***Address***
Please include any others not listed			

Section 2; Background Information *(This should be completed before this form is sent out)*

Summary of Case:
Brief details of the case:

Indicative time period to be looked at: *(Good practice suggests that the time period examined should be limited. However, please include information from outside this time period if you feel it is relevant to the case.)*
From: To:

Section 3: Agency Information and Involvement

1. Provide a brief factual summary of your agency's involvement with the Adult AND Significant Adults / Others. • *Focus on key significant events during the scoping period above* • *Where appropriate, include the date of commencement and completion of service (s) provided by your agency* • *Any changes if level of need/engagement with your agency*

• *Any referrals your agency made to other agencies and how these were received (i.e. accepted)* • *Any safeguarding referrals your agency made to the Local Authority and what was the outcome*
2. Brief analysis of individual or / and agency practice. • *Identify any outstanding practice* • *Identify any areas for concern as to the way in which partners have worked together to safeguard the Adult* • *Identify any potential multi agency learning that the SARCC may need to consider* • *Record any single agency learning from this case and any actions your agency has already undertaken*

3. Are you aware of the involvement of any other agencies? If yes, please give details.

Organisation	Practitioner Name (if known)	Contact Details (if know)

4. Please include any further relevant information which the SARCC should consider when deciding if this case should progress to a SAR

Section 4: Submission of this Form

Send the completed form to Claire Stewart, clairestewart@Gateshead.Gov.UK

***A multi-agency Rapid Review will be undertaken within the SARCC, and you will be informed of the* outcome.**

Appendix 5

Safeguarding Adult Review (SAR) - Decision Making Pro-Forma ADULT XXX
The SAR Decision Making Panel should consider whether the case meets the criteria for a SAR: • If there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguarding the adult, and either of the following conditions are met: ○ the adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected there was abuse or neglect before the adult died). ○ the adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect. • If the case give rise to concerns about the way in which local professionals and services work together to safeguard adults at risk. If the SAR criteria are not met, the Panel may wish to consider whether it would be useful to undertake one of the following: • Local Learning Review • Request a single agency undertake an internal review • Desk top review • Workshop session to identify areas of poor practice

Section 1 – Panel		
Date of Panel:		
Membership of the Panel (Please detail all members of the panel):		
Name	**Job Title**	**Organisation**

Extended Panel Membership (Agency representatives who are not a regular member of the SARCC):		
Name	**Job Title**	**Organisation**

Section 2 – Adult Information			
Name of Adult:		**Date of birth:**	
Address:		**Date of death (if applicable):**	
Cause of Death:		**Coroner's Inquest (date and outcome):**	
Section 3 – Referral details			
Date referral received:		**Referring Agency:**	
Date referral reviewed by GSAB BM:		**Date GSAB Chair and SARCC Chair informed:**	
Brief Details of the Referral:			
Section 4 – Panel Discussion			
Panel reviewed individual agency submissions as part of a multi-agency chronology (Include any key discussions, statements, information provided by the panel):			

Section 5 – Checklist		
Discuss each of the following questions/statements and record your decisions. If the answer is 'yes' to any of the below, careful consideration should be given to the commissioning of a SAR or whether one of the alternatives outlined above is better suited to address the issues; the exception to this is an adult death.		
Question / Statement	**Yes ü**	**No ü**
1. Does the adult have care and support needs or the appearance of care and support needs?		
2. Is the abuse/neglect considered to be a factor of their death?		
2. Are there concerns for how professionals worked together?		
3. Was the adult subject to S42 Enquiry or a Safeguarding Safety Plan at the time of the incident or previously?		
4. Was a Death in S42 enquiry undertaken by the Safeguarding Adults Team?		
5. Is there an ongoing 'criminal/police investigation'?		
6. Has a domestic homicide review process begun?		
7. Has a MAPPA review been undertaken?		
8. Was there MARAC involvement?		
9. Has a Leder review process begun?		
10. Has a DARD review taken place?		
11. Did the alleged abuse/neglect take place in an institutional/provider setting?		
12. Are there multiple abusers involved?		

Section 6 – Panel Decision				
Course of action:				
	Yes	**No**	**Detail (if applicable)**	**Lead**
Recommend to GSAB Chair that a mandatory SAR is required (SAR Criteria met)				
Recommend to GSAB Chair alternate review model (SAR criteria not met				

i.e Local learning review, single agency review etc)				
Recommend to GSAB Chair that a SAR is not required				

- If a SAR is to be undertaken, complete Section 7.
- If a SAR is not to be undertaken, complete Section 8 (if applicable).

Section 7 – Any other considerations (*SAR criteria met*):
Please use this section to note any other considerations for the GSAB Chair and members. For example, is there likely to be future media interest? Are there any exemptions that can be applied? Are there any obvious factors that should be included within any agreed Terms of Reference? Detail agencies that should be involved in any review and chairing arrangements.

Section 8 – Any other considerations/further action on behalf of the GSAB (*SAR criteria not met*)
Please use this section to note any other consideration for the GSAB Chair and members. For example, if Panel members feel that the case does not meet the criteria for a SAR, what advice or further investigations may be required in relation to other agencies? This is particularly important when neglect or acts of omission have been identified as the cause of injury to a vulnerable person.

Section 9 – SARCC Chair Approval			
Signature:		**Date:**	

Section 9 – GSAB Chair Decision

Course of Action	Yes	No	Comments
I endorse the recommendation for a SAR to be undertaken			
I endorse the recommendation for a SAR not to be undertaken			
Further information / clarification is required (refer back to SARCC			
Name (GSAB Independent Chair):			
Signature (GSAB Independent Chair):		Date:	

TO BE COMPLETED BY THE GSAB BUSINESS UNIT FOLLOWING PANEL MEETING (ONLY): All information must be logged in the SAR Register for fields noted below.			
Date of Panel Recommendation:		Date GSAB Chair notified of panel recommendation:	
Date SAR register updated with panel recommendation:		SAR register updated by:	
Date Agreed by GSAB Chair:		Date notification letter sent to referrer:	
Date GSAB Executive informed of decision:			
GSAB Chair Signature:			

Appendix 6

Safeguarding Adult Review (SAR) Panel

Role and Boundaries Guidance

1. Purpose of this Guidance

This document sets out the **role, responsibilities, and boundaries** of the Safeguarding Adult Review (SAR) Panel convened under Section 44 of the Care Act 2014.

It is intended to:

- Provide clarity for Panel members and Independent Authors
- Protect the **independence and integrity** of the Safeguarding Adult Review process
- Ensure reviews remain **learning-focused, proportionate, and compliant** with the agreed Terms of Reference (ToR)
- Promote consistent, high-quality oversight across all GSAB Safeguarding Adult Reviews

2. Status and Authority of the SAR Panel

The SAR Panel operates under the authority of the **Gateshead Safeguarding Adults Board (GSAB)** and provides strategic oversight of Safeguarding Adult Reviews on behalf of the Board.

The Panel does **not** replace the statutory responsibilities of partner agencies and does **not** act as an investigatory or disciplinary body.

3. Core Role of the SAR Panel

The SAR Panel's role is one of **strategic oversight, quality assurance, and governance**.

Its primary purpose is to ensure that the Safeguarding Adult Review:

- Meets the **statutory criteria** under the Care Act 2014
- Adheres to the **agreed Terms of Reference**
- Maintains a **systems-focused and learning-led approach**
- Is conducted **independently, proportionately, and robustly**
- Produces learning that can realistically **improve future practice**

The Panel is responsible for **safeguarding the integrity of the review process**, not directing its content.

4. Relationship Between the SAR Panel and the Terms of Reference (ToR)

The Terms of Reference provide the framework and parameters for the review.

The SAR Panel is responsible for:

- Agreeing and owning the ToR
- Ensuring the ToR reflects the statutory rationale for the SAR
- Using the ToR as the primary reference point throughout the review lifecycle

The Panel must ensure that:

- The review remains **within scope**
- The agreed lines of enquiry are **adequately addressed**
- The focus remains on **multi-agency systems and practice**, not individual blame
- Any proposed deviation from the ToR is formally discussed and agreed

5. Steering the Review – What This Means in Practice

5.1 What the SAR Panel *Does*

The SAR Panel will:

✅ **Provide strategic oversight**

- Monitor progress against agreed milestones
- Ensure the methodology aligns with the ToR
- Confirm that all relevant agencies are contributing appropriately

✅ **Assure quality and focus**

- Test whether emerging findings are evidence-based and system-focused
- Challenge overly descriptive or transactional reporting
- Ask reflective questions that strengthen learning and clarity

✅ **Maintain proportionality**

- Ensure the depth and breadth of the review remain appropriate
- Prevent unnecessary scope creep or dilution of learning

✅ **Protect independence**

- Support the Independent Author to exercise professional judgment
- Maintain a safe space for honest reflection and challenge

✅ **Prepare for system learning and implementation**

- Consider how findings and recommendations will translate into action
- Ensure recommendations are realistic, measurable, and owned

5.2 What the SAR Panel *Does Not Do* (Boundaries)

To preserve the integrity and independence of the SAR, the Panel **must not**:

❌ Direct or influence the Independent Author's conclusions
❌ Rewrite sections of the SAR report
❌ Negotiate, dilute, or suppress uncomfortable findings
❌ Act as a forum for agencies to defend practice
❌ Re-investigate the case or reopen professional decision-making
❌ Attribute blame to individuals or organisations
❌ Seek consensus where this undermines honest learning

Where Panel members have concerns about findings, these should be raised through **reflective challenge**, not instruction.

6. Role of the SAR Panel in Relation to the Independent Author

The Independent Author is responsible for:

- Leading the review
- Analysing evidence
- Drawing conclusions
- Producing findings and recommendations

The SAR Panel's role is to:

- **Commission and support**, not direct
- Provide constructive challenge where learning is unclear or incomplete
- Ensure the review remains faithful to the ToR and statutory purpose

A clear boundary exists:

The Independent Author owns the analysis and conclusions.
The SAR Panel owns the quality assurance of the process.

7. Ensuring the Review Meets Statutory SAR Criteria

The Panel must continuously assure itself that the review is addressing the **reason it was commissioned**, including:

- How agencies worked **together** to safeguard the adult
- Whether there were **missed opportunities or system failures**
- How decisions were made and escalated across agencies
- The balance between autonomy, capacity, and protection
- The presence or absence of advocacy and representation

- Whether the adult's lived experience remains central

If the review no longer clearly addresses these issues, the Panel should intervene to **realign focus**.

8. Managing Challenge and Professional Disagreement

Professional disagreement is expected and welcome within SARs.

The SAR Panel should:

- Encourage respectful challenge
- Distinguish between **discomfort** and **defensibility**
- Ensure disagreement strengthens learning rather than weakens findings

The Panel should not:

- Allow organisational sensitivity to override learning
- Attempt to resolve disagreement by softening conclusions

9. Accountability and Assurance to the Safeguarding Adults Board

The SAR Panel is accountable to GSAB for assuring that:

- The SAR meets statutory requirements
- The Terms of Reference have been fully addressed
- The review is evidence-based, proportionate, and publishable
- Learning is clearly articulated and capable of driving improvement

While the Panel does **not** own the findings, it **does** own assurance that the process and output are robust and credible.

10. Responsibilities of Panel Members to Their Respective Agencies

SAR Panel members attend in a **dual capacity**: as contributors to the collective, system-wide learning process, and as senior representatives of their own agencies.

In addition to their responsibilities within the Panel, members are expected to:

- **Report back to their respective agencies** on the *progress, emerging themes, and outcomes* of the Safeguarding Adult Review, in line with information-sharing agreements and confidentiality requirements.
- Ensure that relevant **senior leaders, safeguarding leads, and governance forums** within their organisation are kept informed of SAR developments.
- Promote **organisational reflection and learning** during the review process, not solely at publication.

- Support timely consideration of **implications for policy, practice, supervision, and training** within their agency.
- Take responsibility for ensuring their organisation's **response to recommendations** is understood, owned, and progressed through appropriate internal assurance mechanisms.

This reporting function is essential to ensuring that learning from the Safeguarding Adult Review is **embedded across the safeguarding system** and translated into meaningful improvement, rather than remaining solely at Panel level.

11. Review and Approval

This guidance should be:

- Reviewed periodically
- Applied consistently across all GSAB Safeguarding Adult Reviews
- Used to brief both Panel members and Independent Authors at the start of each review