



Safeguarding Adults Review Recommendation Summary

STRICTLY CONFIDENTIAL

The following text should be read to members before discussions take place:

- This meeting is held under the Teeswide Safeguarding Adults Review Policy.
- The matters raised are **confidential** to the members of this meeting and the agencies they represent and will only be shared in the best interests of the adult/adult's family.
- Notes of the meeting are distributed in the strict understanding they will be kept confidential and in a secure place
- Following discussions from today's meeting a recommendation will be made to the Independent Chair of the TSAB. All actions (unless specified) are on hold until the Independent Chair provides authorisation to progress.

Full Name of Adult		Date of Birth	
Case Reference Number			
Date of Serious Incident		Date of Death (if applicable)	
Date of Meeting		Time of Meeting	

Present		
Name	Job Title	Organisation

Apologies		
Name	Job Title	Organisation

Reports/Initial Chronology/Information received from (please attach):			
Notification Form	Initial Chronology		

Information requested but not received			
Organisation:		Information Requested:	
Organisation:		Information Requested:	

Has Mental Capacity of the individual been considered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Is there anything else to discuss relating to their Mental Capacity?			

Case Summary (short summary of the main issues identified in the case)
Summary
Other Considerations
Cause of Death (if applicable)
Outcomes

Other Reviews or significant processes currently being undertaken (e.g. Serious Incident, Multi-Agency Public Protection Arrangements (MAPPA), Domestic Homicide Review, Single Agency / Management Reviews, Children’s Serious Case Review, Police Investigation, Coroner’s Inquest, Health & Safety Executive Investigation, Other)		
Type of Review	Lead Officer	Contact Number

What potential impact may a SAR have upon any of the proceedings above?

Any other agencies involved that have not yet been identified				
Full Name	Address	Tel. No.	Email	Relationship to Adult

***DELETE OUTCOMES AS APPROPRIATE**

Outcome: SAR Agreed

Identified criteria for a Safeguarding Adult Review		
1.	There is reasonable cause for concern about how the Teeswide Safeguarding Adults Board, its members or organisations worked together to safeguard this adult.	<input type="checkbox"/>
2.	The adult died and the Teeswide Safeguarding Adults Board knows/suspects this was as a result of abuse or neglect.	<input type="checkbox"/>
3.	The adult is still alive but the Teeswide Safeguarding Adults Board knows or suspects the adult has experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development.	<input type="checkbox"/>
4.	Any other situation involving an adult with needs for care and support.	<input type="checkbox"/>

Rationale for decision:
Notification of Dissent
Decision Deferred (if applicable - please explain reasons for this)
If there is delay in the commencement of a SAR, any learning at this stage of the process should be identified and shared with relevant parties. Please include within the actions listed on the last page.

Not recorded due to ongoing police investigations	<input type="checkbox"/>
Scope - The content included within this summary should provide sufficient information to enable participating organisations to prepare for the first SAR Panel meeting.	
Recommended Timeframe for Review	
Recommended Lead for SAR Panel	
Recommended Learning Methodology	

Outcome: Alternative Review Recommended

Lessons Learned	<input type="checkbox"/>	Management Review	<input type="checkbox"/>	Single Agency	<input type="checkbox"/>
Serious Incident	<input type="checkbox"/>	Reflective Practice	<input type="checkbox"/>	Other (please describe)	
Rationale for decision:					
Notification of Dissent					
Decision Deferred (if applicable - please explain reasons for this)					
Not recorded due to ongoing police investigations		<input type="checkbox"/>			
The Sub-Group will receive a report on the findings and recommendations within 6 months					
Lead Professional who will present the Report:					
Date of 6 Month Review:					

Outcome: No Further Action

Rationale for decision:					
Notification of Dissent					
Decision Deferred (if applicable - please explain reasons for this)					
Not recorded due to ongoing police investigations		<input type="checkbox"/>			

Actions (to be completed regardless of outcome):

Will the adult and/or their family/representative be informed of the outcome?					
If 'yes', who will communicate this and how? (If a SAR is agreed this should be confirmed in writing and a SAR information leaflet given)					
If 'no', please explain rationale for decision:					
Key Worker identified (If the Key Worker is identified it will become their responsibility to contact the adult/adult's family with the outcome of this meeting. They will also make initial enquiries as to whether the adult and/or family/representative would like the report to include the adult's real name or to adopt a pseudonym)					
Name		Job Title	Tel. No.	Email	Relationship to Adult

Any other actions recommended by SAR Sub-Group		
Action to be Undertaken	By Whom	Deadline
Recommendation of _____ to be made to the Independent Chair. <i>*All actions below (unless specified) are on hold until the Independent Chair provides authorisation to progress.</i>	Business Unit	
Referring agency/person to be informed of decision		

Signature of SAR Sub-Group Chair		Date	
Recommendation Agreed	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Signature of TSAB Chair		Date	