



## 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.

<b>Full Name of Adult</b>		<b>Date of Birth</b>	
<b>Case Reference Number</b>			
<b>Date of Serious Incident</b>		<b>Date of Death (if applicable)</b>	
<b>Cause of Death (if known)</b>			

<b>Date of Meeting</b>		<b>Time of Meeting</b>	
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Present		
Name	Job Title	Organisation

Apologies		
Name	Job Title	Organisation

Notification/Initial Chronology/Other Information Received (please attach):			
Notification Form	Initial Chronology		

**Case Summary** (short summary of the main issues identified in the case)

**Summary**

Agencies were asked to provide initial chronologies of their interaction with \_\_\_\_\_ between the dates of \_\_\_\_\_ and \_\_\_\_\_ in order to build a greater understanding of the circumstances surrounding the case. In addition to this, each agency was asked to provide a brief summary of any historical and relevant information to be considered by the SAR Sub-Group.

The initial chronologies from the following agencies were collated together and circulated for consideration by the SAR Sub-Group:

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The following chronologies were requested but remain outstanding:

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**Other Considerations**

- 

**Anything to discuss in relation to mental capacity?**

**Outcomes**

The SAR Decision Support Guidance was reviewed to determine the outcome as follows:

Question	Answer
1. Is there a reasonable cause for concern about how partners worked together? Could partner agencies have worked more effectively to protect the adult?	
2. Has the adult at risk died?	
3. Because of (or suspected to be because of) abuse or neglect?	
4. Is there potential to identify sufficient valuable learning from a review (taking into account any other reviews already taking place)?	
Outcome	

**Family Involvement**

**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, Child Safeguarding Practice Review, Police Investigation, Coroner's Inquest, Health & Safety Executive Investigation, Drug Related Death, Other)

Type of Review	Lead Officer	Email

**What potential impact may a SAR or other Review have upon any of the proceedings above?**

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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 Recommended**

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"/>

<b>Rationale for decision:</b>	
<b>Notification of Dissent</b>	
<b>Decision Deferred</b> (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.	

**Outcome: Alternative Review Recommended**

<b>Type of Review</b> (e.g. Lessons Learned, Serious Incident, Domestic Homicide etc)	
<b>Rationale for decision:</b>	
<b>Notification of Dissent</b>	
<b>Decision Deferred</b> (if applicable - please explain reasons for this)	

**Outcome: No Further Action**

<b>Rationale for decision:</b>	
<b>Notification of Dissent</b>	
<b>Decision Deferred</b> (if applicable – please explain reasons for this)	

**Scope of Review** (delete if appropriate)

<b>Suggested Learning Methodology</b> (please refer to SAR Decision Support Guidance)	
<b>Suggested Timeframe for Review</b>	

<b>Identified Lead Agency</b>			
<b>Identified Key Worker and Link to Family</b> (It will be the Key Worker's 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)			
<b>Name</b>	<b>Job Title/Organisation</b>	<b>Tel. No</b>	<b>Email</b>

<b>Will the adult and/or their family/representative be informed of the outcome?</b> 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

<b>Actions</b>	<b>By Whom</b>	<b>Deadline</b>
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	
If recommendation agreed, referring agency/person to be informed of decision		
If family are to be contacted; key worker to inform them of the outcome agreed by the Independent Chair		
If a review is agreed, findings to be presented to the SAR Sub-Group		

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