

## Appendix 5 – SAR Summary Document

***This form to be completed for all SAR referrals;***

Referral Details	
<b>Date referral received at the SSAB</b>	
<b>Name and contact details of Referrer and agency</b>	
<b>Name of adult at risk</b>	
<b>DOB/Age</b>	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>Sexuality</b>	
<b>Religion/Cultural Beliefs</b>	
<b>First Language</b>	
<b>Date of death (if applicable)</b>	
<b>Place of Death</b>	
<b>Cause of death (if known at this stage)</b>	
<b>What care and support needs does the adult have?</b>	
<b>Date referral reviewed by Business Manager</b>	
<b>Summary of referral</b>	
<b>Outcome of screening of referral by Business Manager</b>	
<b>Does contact need to be made with other Partnership Boards like SSCP and CSP</b>	
<b><i>(If yes, state date when contact was made and name of contact.)</i></b>	

Is there another SAB that needs to be advised of the referral?	
Single Agency Summaries	Date requested:
	Return Deadline:
Date referral presented at SAR panel for consideration	
Recommendation of SAR Panel. <i>(stating any agreed actions that are required)</i>	
Decision made by SAR panel to whether the criteria is met for a mandatory/discretionary review or no review?	
Date this form is returned to referrer to advise on the decision of SAR Panel.	
<b>The above section will be sent to the referrer to provide them with an outcome to the referral.</b>	

***If a SAR or Learning Review is agreed;***

**SAR Sub Group Chair decision & recommendations (internal use only)**

Chair of SAR sub group	
Brief overview of discussion held at the SAR Panel	
Are there any other processes that need to be considered?	
Evidence whether criteria/conditions have been met/not met for a SAR  In respect of Care Act 2014, S44 - Section 1, Section 1(a) and Condition 1, 2)	Care Act 2014 S44,  <b>Section 1 – state if met or not</b>  <b>(a) state if met or not</b>

<https://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted>

(b) *state if met or not*

**Condition 1** – *state if met or not*

**Condition 2** – *state if met or not*

**Is the criteria met for a  
\*mandatory review**

**\*discretionary**

**\*no review**

**If a review is required,  
agreed methodology to be  
used and reason why?**

**Type of abuse or neglect  
being reviewed (include  
primary and secondary)**

**Name of any other SAB's  
and contact person who  
may be involvement in the  
review?**

**Any further information  
required/requested?**

**Date the SAR summary  
document is sent to the  
Independent Chair?**

**The above two sections will be sent to the Independent Chair for their reference.**

## Review Details

<b>Recommended methodology for review</b>	
<b>Name of Independent Reviewer (if applicable)</b>	
<b>Date commissioning letter issued and signed (if applicable).</b>	
<b>Chair/Facilitator to lead review (partner/independent)</b>	
<b>SSAB Chair - comments on recommendation and approval</b>	
<b>Other information including parallel processes/investigation.</b>	
<b>Terms of Reference</b>	<i>SAR Panel to agree Terms of Reference for SAR Review Group to provide a clear brief, timescales, expectations and outputs – embed document</i>
<b>Agreed members of the Review Panel</b>	
<b>Contact with the Coroner's Office</b>	
<b>Does the coroner's office need to be contacted, state the reasons why?</b>	
<b>Date and method of contact with the coroner's office</b>	
<b>Date the coroner's office acknowledged contact and outcome</b>	
<b>Date of inquest (if applicable)</b>	

<b>Outcome of inquest and state cause of death</b>	
<b>Involvement of family or significant others in the SAR/Learning Review</b>	
<b>Date and method of contact with family/adult representation.</b>	
<b>Date confidentiality agreement was signed.</b>	
<b>Date copy of the final draft of the report has been shared.</b>	
<b>Date of any meetings with family or adult representation.</b>	
<b>Timeline of the Review</b>	
<b>Date of review panel meetings</b>	
<b>Date of Practitioner Learning Event</b>	
<b>Estimated date of completion of the review</b>	
<b>Any positive and negative reasons for delay which may have impacted the SAR process?</b>	
<b>Have services and agencies cooperated as required?</b>	
<b>Date of wider learning event</b>	
<b>Approval and Publication of the report</b>	
<b>Date of Extra Ordinary SSAB</b>	
<b>Date of Publication</b>	
<b>Date action plan agreed.</b>	

<b>Date action plan is signed off as completed.</b>	
<b>Date invoice received and the requested amount</b>	
<b>Date invoice authorised</b>	
<b>Business Manager Signature</b>	
<b>Date</b>	