Introductions and an outline of the day

• Housekeeping
• Why we are here
• Regional intelligence
• Case discussion
• SARs’ library and resources
• Practice learning reviews
• Desired outcomes
Background to the day

- Challenges faced by the sector
- Beyond the reviews and what lessons are identified
- Toward a new national model
- Sharing what works in the region
- Making reviews matter
How many referrals have you had for a SAR since implementation in 2015 of the Care Act?

Please list the agencies (or state 'individual – family / person themselves') which made referrals for a SAR?

How many referrals were for people who were not ‘ordinary’ resident in your SAB area (out of area hospital / care home placements for instance)?

How many referrals were taken forward as SARs?
Can you provide brief reasons why referrals were not taken forward - for example, they did not meet Care Act Guidance criteria?

What were the key characteristics of the people who were subject to SARs, including indicators of potential ‘vulnerability’ of the person who died or was harmed?
How many referrals have you had for a SAR since implementation in 2015 of the Care Act?
How many referrals were for people who were not ‘ordinary’ resident in your SAB area (out of area hospital / care home placements for instance)?
How many referrals were taken forward as SARs

- Blackburn
- Bolton
- Bury (pending)
- Halton
- Lancashire
- Liverpool
- Manchester
- Salford
- St Helens
- Stockport
- Tameside
- Trafford
- Warrington
- Wirral

North West

Adult Social Services
Which methodology is / was being used for each of the SARs?
How many SAR Reports have been completed and taken to Boards with ‘recommendations’?