

**Safeguarding Adult Review – Initial Chronology**

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| **Name of Adult:** |  | **Personal Identifier (e.g. NHS number):** |  |
| **DOB:** |  | **Organisation** |  |
| **Last Known Address:** |  | **Name of Professional Completing Chronology** |  |

A SAR referral has been submitted to the NYSAB and will be discussed at the upcoming Learning and Review Group meeting. We ask that all agencies consult their records on this individual between the dates of  and  in order to build a greater understanding of the circumstances surrounding this case.

**Please note, not all information held by agencies will be relevant to the context of the Safeguarding Adult Review referral. To avoid unfiltered ‘data dump’, we ask that agencies use professional judgement in determining whether the information they hold is relevant to the nature of the referral. Advice can be sought from the NYSAB Team if unsure.**

In addition to this, we ask each agency to provide a **brief** summary of any significant historical and useful information relating to this individual. Including: is there a review/investigation process being undertaken by your organisation; have you identified any early learning for your organisation following completion of this chronology; and has any learning already been implemented within your organisation regarding this incident?

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| **Date** | **Time**  | **Who was Involved?** | **What Happened?\*** |
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| **Summary and Historical Information**Including: is there a review/investigation process being undertaken by your organisation; has any practice been identified that falls either below or outside your organisation’s policies and standards; have you identified any early learning for your organisation following completion of this chronology; has any learning already been implemented within your organisation regarding this incident? |
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Once complete please return to nysab@northyorks.gov.uk