**Safeguarding Adult Review**

**Flowchart and**

**Timescales**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| Agency submits referral form | | | | | | | | |
|  | | | | | | | | |
| Meets threshold for SAR Screening | | | Does not meet threshold for review | | | | Queries back to referrer | |
|  | | |  |  | | |  | |
| Business Unit to notify Coroner of screening process | | |  | | |  | |
|  | | |  | |
|  | | |  | | | | |
|  | | |
|  | | | | | | | | |
| **SAR screening meeting held**  SAR screening report and decision signed off by Chair. | | | | | | | | |
|  | | | | | | | | |
| Business Unit to notify Coroner of outcome of screening process | | | | | | | | |
|  | | | | | | | | |
| Agreement that the case **does meet** criteria for review | Agreement that the case **does not** meet criteria for review | | | | | Not in agreement re criteria | | |
|  | |  | | |  | | |  |
| Commence Safeguarding Adult Review (or equivalent) | |  | | |  | | |  |
|  | |  | | |  | | |  |
| Business Unit to inform Coroner of any delays to review | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
| Business Unit to forward final report to Coroner once signed off by Safeguarding Adult Board | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
| Coroner to request any further information via the named contact in the Business Unit | |  | | |  | | |  |