

## Appendix 13 – Confidentiality Agreement

### **Confidentiality Agreement relating to the Safeguarding Adults Review on XXXX.**

**This agreement is between the Salford Safeguarding Adults Board (SSAB) and the parties below.**

I, XXXX [STATE RELATION TO THE ADULT]

I, XXXX [STATE RELATION TO THE ADULT]

Residing at [please insert full address]

I agree to receive one copy of the draft Safeguarding Adults Review for XXXX and agree to the following conditions/statements:

- 1.) After I sign this document and supply my full address, I agree to accept a hard copy of the Review to be sent to me via recorded delivery/special delivery at the address given above. The document will remain owned by the Salford Safeguarding Adults Board and it shall not be duplicated under any circumstances without express permission of the Independent Chair, Stephen Pugh.
- 2.) I understand this report has not been signed off by the Salford Safeguarding Adults Board. I understand that although it has gone through a checking process it is still in draft format until signed off by the Board.
- 3.) I further understand that the report has been shared with me at this point for me to have the opportunity to fully read and digest the draft report prior to a meeting on XXX at XXX hours with the SSAB Business Manager, Jane Bowmer and XXXXX [NAME OF INDEPENDENT REVIEWER].
- 4.) I understand the meeting on XXX will offer me the opportunity to share my thoughts and views on the report and its findings. I understand these views may be shared with the Safeguarding Adults Board.
- 5.) I understand that I will have the opportunity to comment on whether the report should be published. However, I understand that the board will ultimately make the final decision in relation to publication after careful consideration of the potential impact of doing so.
- 6.) I understand that this report may be used to learn lessons and I understand that this will involve sharing the report amongst professionals across a number of agencies.

7.) I agree not to share the draft report other than with the family members of **XXXX** and if I do this, I will make appropriate arrangements for doing so to ensure I adhere to these conditions. Should the report be published, I agree to destroy all hard copies of the draft report on the date of publication.

8.) I agree to this agreement being stored within Salford City Councils shared drive which is used by the Safeguarding Adults Board for storing information.

Signature:

Date:

Signature:

Date:

Countersigned by the Business Manager on behalf of the Independent Chair of Salford Safeguarding Adult Board (SSAB):

Signature:

Date:

## References

- **GM SAR Policy**



- **National SAR Analysis**

<https://www.osab.co.uk/wp-content/uploads/2020/10/National-SAR-Analysis-UNPUBLISHED-FINAL-DRAFT-for-circulation-201020.pdf>

<https://www.osab.co.uk/wp-content/uploads/2020/10/National-SAR-Analysis-Executive-Summary-UNPUBLISHED-FINAL-DRAFT-for-circulation-201020.pdf>

- **Local Government Association – Adult Safeguarding and Homelessness – March 2020**

[https://www.local.gov.uk/sites/default/files/documents/25.158%20Briefing%20on%20Adult%20Safeguarding%20and%20Homelessness\\_03\\_1.pdf](https://www.local.gov.uk/sites/default/files/documents/25.158%20Briefing%20on%20Adult%20Safeguarding%20and%20Homelessness_03_1.pdf)

- **Hyperlink to Coroners Protocol – this hasn't been signed off yet**