**Record of Multi-Agency Outcome and Lessons Learned Meeting**

* This meeting is held under the guidance provided by the Teeswide Safeguarding Adults Board’s protocol for *Responding to Serious Concerns about a Service provided for Adults*.
* The matters raised are **confidential** to the members of the meeting and the agencies that they represent.
* Minutes of the meeting are distributed on the strict understanding that they will be kept confidential and in a secure place. These minutes must not be shared outside the meeting without the agreement of the Chair.

**Please complete all sections of the form in as much detail as possible. You can easily navigate through each section by pressing F11 on your keyboard. To select a tick box, double click on the box and select ‘checked’**

|  |  |
| --- | --- |
| **Name of Service Provider** |  |

|  |  |
| --- | --- |
| Meeting Date: |       |
| Time: |       |
| Venue: |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Organisation** | **Contact Details** | **Invited** | **Attended** | **Apologies** | **Named Contact** | **Date Notes Circulated** |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
|       |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |       |

|  |
| --- |
| **SECTION 1: PURPOSE OF MEETING** |
|       |

|  |
| --- |
| **SECTION 2: REVIEW OF MINUTES OF THE REVIEW MEETING** |
|       |

|  |
| --- |
| **SECTION 3: FINALISATION OF IMPLEMENTATION OF THE MULTI-AGENCY ACTION PLAN / SERVICE IMPROVEMENT PLAN**  |
|       |
| Are multi-agency members agreed that the Action Plan / Service Provider Improvement Plan addresses the risks identified and that the *Protocol for Responding to Serious Concerns about a Service for Adults* may be concluded? |
| Yes **[ ]**  | No **[ ]**  | Note any disagreements:  |       |

|  |
| --- |
| **SECTION 4: IDENTIFICATION OF LESSONS LEARNED**Clarification of information to be shared with Teeswide Safeguarding Adults Board:* Follow up recommendations
* Follow up Action Plans (including timescales if applicable)
* Multi-Agency issues and considerations
 |
|       |

|  |
| --- |
| **SECTION 5: CONFIRMATION OF WHERE RECORDS OF THE SERIOUS CONCERNS PROTOCOL ARE TO BE HELD** |
|       |
| Agree the information to be recorded on individual case files / electronic records | Yes **[ ]**  | No **[ ]**  |

|  |
| --- |
| **SECTION 6: SIGNATURE** |
| Signed by Chair Person |  | Date |       |
| Copy forwarded to the TSAB Business Unit on: |       |