**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’**

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

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

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| **Name** | **Organisation** | **Contact Details** | **Invited** | **Attended** | **Apologies** | **Named Contact** | **Date Notes Circulated** |
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| **SECTION 1: PURPOSE OF MEETING** |
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| **SECTION 2: REVIEW OF MINUTES OF THE REVIEW MEETING** |
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| **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: |  |

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| **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 |
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| **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 |

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