### Record of Multi-Agency Review Meeting

* This meeting is held under the guidance provided by the Teeswide Safeguarding Adults Board’s Responding to and Addressing Serious Concerns procedure.
* 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.
* A copy of these minutes will be provided to the TSAB Business Unit.
* 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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| Review 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 INITIAL MEETING / REVIEW MEETING** |
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| **SECTION 3: REVIEW OF PROGRESS**  Implementation of the Multi-Agency Action Plan / Service Provider Improvement Plan including record of plans, reports received and consideration of any further safeguarding concerns / enquiries or multi-agency concerns. |
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| **SECTION 4: REPORTS FROM ANY INDIVIDUAL SAFEGUARDING INVESTIGATIONS/ ASSESSMENTS** |
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| **SECTION 5: INFORMATION FROM SERVICE PROVIDER** |
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| **SECTION 6: REVIEW MULTI-AGENCY ASSESSMENT OF RISK** | | |
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| Has a suspension of further placements been agreed or removed? | Yes | No |
| Please provide further details below: | | |
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| **SECTION 7: MULTI-AGENCY ACTION PLAN** | | | | |
| The Multi-agency Action Plan will address the following:   * Issues requiring investigation * Action required in relation to implementation of the Multi-Agency Action Plan / Service Provider Improvement Plan * Action required ensuring ongoing safety of vulnerable adults * Identification of specific individuals at risk subject to the Safeguarding Adults procedures | | | | |
| **Item/Issue** | **Task/Action** | **Desired Outcome** | **Agency/**  **Person Responsible** | **Timescale** |
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| **SECTION 8: NEXT MEETING** | | | | | |
| Date |  | Time |  | Venue |  |
| Signed by Chair Person | |  | | Date |  |