### Record of Multi-Agency Initial 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.
* 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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| Initial 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: DETAILS OF SAFEGUARDING ADULTS CONCERNS/ ENQUIRIES AND OUTCOME OF SAFEGUARDING INVESTIGATIONS** |
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| **SECTION 3: DETAILS OF MULTI-AGENCY CONCERNS** |
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| **SECTION 4: INFORMATION KNOWN ABOUT THE SERVICE PROVIDER** |
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| **SECTION 5: MULTI-AGENCY ASSESSMENT OF RISK** | | |
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| Has a suspension of further placements been agreed? | Yes | No |

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| **SECTION 6: MULTI-AGENCY ACTION PLAN** | | | | |
| The Multi-agency Action Plan will address the following:   * Issues requiring investigation * Information or advice required in relation to any legal / contractual / registration / employment issues * Action required ensuring ongoing safety of vulnerable adults * Identification of specific individuals at risk subject to the Safeguarding Adults procedures * Communication plan, considering all interested/involved parties | | | | |
| **Item/Issue** | **Task/Action** | **Desired Outcome** | **Agency/**  **Person Responsible** | **Timescale** |
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| Agency responsible for communicating outcome of the meeting to the service provider / organisation / individual at risk/ family members |  | | |
| Identified Lead Agency for future meetings |  | | |
| Has the relevant agency’s TSAB Member been notified? | Yes | No | |
| Date the TSAB Business Unit was informed of the outcome (tsab.businessunit@stockton.gov.uk) | Date | |  |

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| **SECTION 7: NEXT MEETING** | | | | | |
| Date |  | Time |  | Venue |  |
| Signed by Chair Person | |  | | Date |  |