### 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.
* 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** |  |

|  |  |
| --- | --- |
| Review 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 INITIAL MEETING / REVIEW MEETING** |
|       |

|  |
| --- |
| **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. |
|       |

|  |
| --- |
| **SECTION 4: REPORTS FROM ANY INDIVIDUAL SAFEGUARDING INVESTIGATIONS/ ASSESSMENTS** |
|       |

|  |
| --- |
| **SECTION 5: INFORMATION FROM SERVICE PROVIDER** |
|       |

|  |
| --- |
| **SECTION 6: REVIEW MULTI-AGENCY ASSESSMENT OF RISK** |
|       |
| Has a suspension of further placements been agreed or removed? | Yes **[ ]**  | No **[ ]**  |
| Please provide further details below: |
|       |

|  |
| --- |
| **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
* Communication plan, considering all interested/involved parties
 |
| **Item/Issue** | **Task/Action** | **Desired Outcome** | **Agency/****Person Responsible** | **Timescale** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **SECTION 8: NEXT MEETING** |
| Date |       | Time |       | Venue |       |
| Signed by Chair Person |  | Date |       |