



Safeguarding Protocol for Responding to Serious Concerns about a Service Provided for Adults

Record of Multi-Agency Initial 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.
This form must be completed in black ink.**

Name of Service Provider: _____

Initial Meeting Date: _____

Time: _____

Venue: _____

Name	Organisation	Contact Details	Invited	Attended	Apologies	Named Contact	Date Notes Circulated
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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SECTION 1: PURPOSE OF MEETING

SECTION 2: DETAILS OF SAFEGUARDING ADULTS ALERTS/REFERRALS AND OUTCOME OF SAFEGUARDING INVESTIGATIONS

SECTION 3: DETAILS OF MULTI-AGENCY CONCERNS

SECTION 4: INFORMATION KNOWN ABOUT THE SERVICE PROVIDER

SECTION 5: MULTI-AGENCY ASSESSMENT OF RISK

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

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:

Relevant agency's TSAB Member notified Yes No Teeswide Safeguarding Adults Board Informed Yes No

SECTION 7: NEXT MEETING

Date		Time	
Venue			
Signed by Chair Person		Date	