**Record of Multi-Agency Review 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’**

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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, consideration of any further safeguarding referrals 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** | | |
|  | | |
| 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 adult procedures | | | | |
| **Item/Issue** | **Task/Action** | **Desired Outcome** | **Agency/**  **Person Responsible** | **Timescale** |
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| **SECTION 8: CONCLUSION**  It is the conclusion of this multi-agency meeting that on the balance of probabilities Organisational Abuse occurred: | | | | | |
|  | Substantiated | | | | |
|  | Partly Substantiated | | | | |
|  | Not Substantiated | | | | |
|  | Not Determined / Inconclusive | | | | |
| Identify type of abuse / neglect: | | | | | |
| Discriminatory | | Domestic | Financial or Material | Modern Slavery | Neglect and Acts of Omission |
|  | |  |  |  |  |
| Organisational | | Physical | Psychological | Self-Neglect | Sexual |
|  | |  |  |  |  |

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| **SECTION 9: NEXT MEETING** | | | | | |
| Date |  | Time |  | Venue |  |
| Signed by Chair Person | |  | | Date |  |