

Date of the meeting

Child’s initials and Case Review Reference

Date of incident:

**AGENDA**

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| --- | --- | --- | --- |
| **Item** | **Title** | **Presenter** | **Time** |
| **1.** | **Introductions**  |
|  | * This meeting will consider learning from the serious incident, agree actions around any identified areas for development and decide whether an LCSPR is required.
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| **2.** | **Draft Rapid Review report**  |
|  |  | All |  |
| **3.** | **Any additional comments about the child’s lived experience, views of the family or professionals** |
|  |  |  All |  |
| **4.** | **Identify learning themes in relation to what we are worried about and what has worked well** |
|  |  | All |  |
| **5.** | **SMART actions**  |
|  |  | All |  |
| **6.** | **Is a LCSPR required?**  |
|  | * What additional learning could be gained from a LCSPR?
* If LCSPR is required, what are the key hypotheses/questions/key lines of enquiry?
 | All |  |

**Panel Members**

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| **Name** | **Role** | **Agency** | **Apologies** |
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**Contributing Agencies**

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| **Name** | **Role** | **Agency** |
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