Mid and West Wales Safeguarding Board Children's Services Rapid SMT Internal Case Review

Version	Revision Date	Owner	Date approved by Exec Board	Review Date
V1		Mid and West Wales Safeguarding Board	22/10/2024	22/102027

Mid and West Wales Safeguarding Board

Children's Services

Rapid SMT Internal Case Review

*NB: This initial review should be undertaken as soon as possible and ideally **within 72hrs of the precipitating event** being brought to the attention of the service. All elements of the casefile must be accessed and read by the reviewer(s), with the review time period to be agreed locally depending on the circumstances of the case and the nature of service involvement. Local protocols regarding access to files following a child death/serious incident should be followed.*

*An appropriate senior officer (or officers) agreed by the Head of Service and/or Director should carry out this review in line with local policies and protocols. A meeting should be convened with relevant senior managers **within 2 weeks of the precipitating event** to share findings and relevant actions.*

On completion, a copy of this document should be shared with the Director of Social Care and Housing, and saved on the child's record within 'Document Management'.

Is this version:

- *Individual Manager Review* ☐
- *Consolidated SMT review* ☐

(i)   Precipitating Event

Child Death (Open Case) ☐

Child Death (Case Closed in Last 12 Months) ☐

Child Suicide (Open Case) ☐

Child Suicide (Case Closed in Last 12 Months) ☐

Serious Incident/Injury (Child On CP register or YPLA) ☐

Serious Incident/Injury (Child Not On CP register or YPLA) ☐

(ii)   Reviewer Details

Reviewer Name:

Reviewer Role/Title:

Date Rapid Review Undertaken:

(iii)   Child Basic Information

Name of Child:

Date of Birth:

Date of Death/Serious Incident:

Gender:

Carefirst/Eclispe ID (if known to the service):

Address:

Legal Status:

Open Case: *YES* ☐   *NO* ☐

Closed Case in Last 12 months: *YES* ☐   *NO* ☐

Date of last compliance audit (if applicable):

Date of last quality of practice audit (if applicable):

Sibling

Name of Child:

Date of Birth:

Gender:

Carefirst/Eclispe ID (if known to the service):

Address:

Legal Status:

Open Case: *YES* ☐   *NO* ☐

Closed Case in Last 12 months: *YES* ☐   *NO* ☐

Date of last compliance audit (if applicable):

Date of last quality of practice audit (if applicable):

(iv)   **_Summary of incident/background to department involvement_**

(v)   **_Relevant background information/brief summary of service involvement_**

(vi)   **_Overview of Multi-agency involvement/Summary of interventions (within the agreed time period):_**

(vii)   **_Findings and Observations_**

(To include the child's lived experience, the quality of practice and compliance with regulations/codes of practice)

(viii)   **_Areas for Learning_**

From the above findings – what are the actions that need to be taken forward in order to effect learning?

(ix)   **_Identified Good Practice_**

NB – consider in actions below whether good practice should be disseminated more widely across the service

(x)   **_Current situation_**

(xi)   **_Staff Support/Development Considerations_**

(xii)   **_Immediate agreed actions / persons responsible/timescales for completion_**

NB - Please ensure that actions are directly linked to the findings in section (vi) above, are accompanied by a specific timescale/date for completion and identifies a named person responsible for completing the actions. An action should also be recorded for a further meeting to review progress against agreed actions, with updates recorded on the original review document, which must then be re-saved and resubmitted to the director.

Actions identified in this section may include steps needed to gather further information and/or to further understand the circumstances of the case e.g. discussions with relevant officers. Actions may also include further more in-depth case analysis if needed as a result of additional findings, as well as dissemination of relevant learning to appropriate officers/teams.

(xiii)   **_Reviewer Signatures_**

Name   **Job Title**

Signature   **Date**

Name   **Job Title**

Signature   **Date**

Name   **Job Title**

Signature   **Date**

Name   **Job Title**

Signature   **Date**

Name   **Job Title**

Signature   **Date**