[](https://www.hscb.org.uk/)

**Serious Incident Notification Referral**

All Serious Incident cases as defined in Working Together 2018 which have been notified to the National Panel by the Local Authority, should be notified to the HSCP at the same time.

The HSCP notification referral form will be passed to the Chair of the Case Review sub-group and the Chair of the Partnership via the Business Manager and the 15-day Rapid Review process will be initiated.

**Confirmation of Reason of Referral**

|  |  |  |
| --- | --- | --- |
| **Please confirm that the referral is being made because a Serious Incident has been notified which has met the threshold for information sharing.** | |  |
| **Name** |  | |
| **Date** |  | |

|  |  |  |
| --- | --- | --- |
| **Your name:**  **Name of agency/organisation making referral :**  **Phone Number:**  **Email:** |  | |
| **Name of Child/ren** | | **Date of Birth** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Date of incident** |  | |
| **Family Details (including significant relatives) continue on separate sheet if necessary** | | |
| **Name** |  | |
| **Relationship to the Child** |  | |
| **Date of Birth** |  | |
| **Address** |  | |
|  |  | |
| **Name** |  | |
| **Relationship to the Child** |  | |
| **Date of Birth** |  | |
| **Address** |  | |
|  |  | |
| **Name** |  | |
| **Relationship to the Child** |  | |
| **Date of Birth** |  | |
| **Address** |  | |
|  |  | |
| **Name** |  | |
| **Relationship to the Child** |  | |
| **Date of Birth** |  | |
| **Address** |  | |

**Factual Contextual Summary**

***Provide a brief factual and contextual summary of your Agency’s involvement with the child/family/carer and/or service user:***

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| **Brief Incident Description:** |
| **Outline the reasons for notification and for the referral to the Cases sub-group:**  (If any additional information is required you will be contacted) |
| **Details of interagency discussion that has already taken place:** |

**Professionals and agencies involved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation/ agency** | **Dates/period of involvement, if known** | **Type of involvement** |
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| Please complete and return this form to hscb@hounslow.gov.uk |

**To be completed by the HSCP Business Team Only:**

|  |  |
| --- | --- |
| **Outcome of case discussion:** |  |
| **Learning Identified:** |  |
| **Case Name:** |  |

**Rapid Review Flow Chart**