|  |
| --- |
| **Rapid Review Summary (Level 3)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Incident ID:** |  | **Service/Team & SDU:** |  | | |
| **Incident Date:** |  | **Investigation Due:** |  | **Completed:** |  |
| **Rationale if overdue:** |  | | | | |

|  |
| --- |
| **What Happened:** |

|  |
| --- |
| **Investigation Findings:** |

|  |
| --- |
| **Good Practice Identified:** |

|  |
| --- |
| **Lessons Learned:** |

|  |
| --- |
| **Recommendations:** |

|  |  |
| --- | --- |
| **Investigation Completed by** | |
| **Name:** | **Date:** |

|  |  |
| --- | --- |
| **Specialist Lead Comments & Sign Off** | |
|  | |
| **Specialist Lead:** | **Date:** |

|  |  |
| --- | --- |
| **Operational Comments & Sign Off** | |
|  | |
| **Head of Service / Corporate Lead:** | **Date:** |