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

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

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| **What Happened:** |

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| **Investigation Findings:** |

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| **Good Practice Identified:** |

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| **Lessons Learned:** |

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| **Recommendations:** |

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

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

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