**North Somerset Council**

**Initial Multi-Agency Risk Management (MARM)**

**Meeting Agenda**

**This document has been approved by North Somerset Safeguarding Adults Board**

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| **Permission to Record and Transcribe Meeting** |

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| **Reminder: Confidentiality and Information Sharing** |

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| **Introductions and Apologies** |

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| **Person** |
| **Name, Date of birth and NHS Number****Overview of case:*** Review of mental capacity.
* What are the risks?
* Person’s view
* Does the person wish to be involved in future MARM meetings?
* What actions have already been completed to mitigate the risk?
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| **Additional information from agencies/other risks identified/ ideas to mitigate risk:** |
| **Agreed actions for MARM Risk Management Plan:** |
| **Is Review Meeting Required?** |
| **Agreed Lead Agency:** |
| **Agencies required to attend Review Meeting:** |

***Repeat this agenda schedule for each individual to be discussed.***

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| **Feedback from Agencies regarding this meeting:*** What worked?
* What could have been done better?
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| **Date of next Initial MARM meeting:** |