**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? |
| **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:** |