**North Somerset Council**

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

**Meeting Agenda**

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

|  |
| --- |
| **Date of Meeting:** |
| **Attendees (Name and Agency):** |
| **Apologies:** |

|  |
| --- |
| **Reminder: Information Sharing**  |

|  |
| --- |
| **Person’s Details:**Name:D.O.B:Address: |
| **Update of case (lead agency)*** Person’s view.
* what actions have been completed from the Risk Management Plan?
* Have the risks been reduced or mitigated?
* review of mental capacity.
 |
| **Scale Question: From 1 – 10, how does the adult at risk feel regarding the concerns that have been** **raised?****1 = Unconcerned about the risks.****5 = Understands they need some support.****10 = Wants support to mitigate the risks.****Score:** |
| **Additional information from agencies:** |
| **Any new risk(s) identified? *update MARM Risk Management Plan with new risks and actions*** |
| **Does this case need to remain open to MARM?** |
| **If yes, date of Review Meeting:** |
| **If no, lead agency completes Closure Summary form.** |