**North Somerset Council**

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

**Meeting Minutes**

*Information discussed by the agency representative, within the ambit of this meeting is strictly confidential and must not be disclosed to third parties without the agreement of the partners of the meeting.*

*All agencies should ensure that the minutes are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect, and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality, and disability.*

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| **Date of Meeting:**  |
| **Attendees:** | **Agency:** |
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| **Apologies:** | **Agency:** |
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| **Confidentiality and Information Sharing Statement** |
| The confidentiality and information sharing statement was read out and all participants at the meeting agreed to abide by the terms therein. |

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| **Person 1. (Name, date of birth and NHS Number)****Overview of case (referring agency):****The risks:****Person’s view:****Would they like to be involved in future MARM meetings?****What actions have already been completed to mitigate the risk?****Review of mental capacity:** |
| **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:** |

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| **Person 2. (Name, date of birth and NHS Number)****Overview of case (referring agency):****The risks:****Person’s view:****Would they like to be involved in future MARM meetings?****What actions have already been completed to mitigate the risk?****Review of mental capacity:** |
| **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:** |

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| **Person 3. (Name, date of birth and NHS Number)****Overview of case (referring agency):****The risks:****Person’s view:****Would they like to be involved in future MARM meetings?****What actions have already been completed to mitigate the risk?****Review of mental capacity:** |
| **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:** |

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| **Person 4. (Name, date of birth and NHS Number)****Overview of case (referring agency):****The risks:****Person’s view:****Would they like to be involved in future MARM meetings?****What actions have already been completed to mitigate the risk?****Review of mental capacity:** |
| **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:** |

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| **Feedback from Agencies regarding this meeting:** |
| What worked? |
| What could have been done better? |

**Date of Next Meeting:**