**North Somerset Council**

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

**Meeting Agenda**

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

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| **Date of Meeting:** |
| **Attendees:** *Name and Agency* |
| **Apologies:** *Name and Agency* |

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| **Reminder: Confidentiality and Information Sharing**  The attendees to this MARM meeting accept the information sharing procedures their organisations signed up to in the MARM Information Sharing Agreement. What is discussed at this meeting should be treated as confidential; the sharing of an individuals’ personal information is allowed only for the purposes of MARM. |

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| **Person’s Details:**  Name:  D.O.B:  Address: |
| **Background and presenting circumstances:** |
| **What has been working well? Protective Factors Identified?** |
| **Person’s view:** |
| **New and relevant information from agencies:** |
| **Risk identification and mitigation** *the MARM Risk Management Plan will be updated with new risks and actions* |
| **Does this case need to remain open to MARM?** |
| **If yes, date of review meeting:** |
| **If no, complete ‘Closure Summary’ form.** |