**Hull and East Riding Safeguarding Adults Partnership Board Multi Agency Risk Management (MARM) Meeting Record**

**Section 1 – Details of the Multi-agency Adult Risk Management Meeting**

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| Lead/co-ordinating agency contact details | | | | | | | | | | | | | | | | | |
| MARM Case Reference Number (to be requested via the MARM Administrator) | | | | | |  | | | | | | | | | | | |
| Lead agency / co-ordinating agency | | | | | |  | | | | | | | | | | | |
| Name of chair | | | | | |  | | | | | | | | | | | |
| Name of agency | | | | | |  | | | | | | | | | | | |
| Contact details | | | | | |  | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | | | |
| email | | | | | |  | | | | | | | | | | | |
| MARM Risk Management Meeting details | | | | | | | | | | | | | | | | | |
| Date of meeting: | | | | | |  | | | | Time of meeting: | | | | | | |  |
| Venue name | | | | | |  | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | |
| Post code | | | | | |  | | | | | | | | | | | |
| Venue tel. number | | | | | |  | | | | | | | | | | | |
| Person at risk | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | |
| DOB |  | | | | Age |  | | | | | PIN/ID/NHS Number | |  | | | | |
| Address: |  | | | | | | | | | | Post code | |  | | | | |
| Telephone number |  | | | | | Mobile / other tel | | | | |  | | | | | | |
| GP details |  | | | | | | | | | | | | | | | | |
| Does the person at risk have any confirmed medical diagnosis which is relevant? | | | |  | | | | | | | | | | | | | |
| Are any people living at the address/sharing the accommodation? | | | | | | | | | | | | | | | | | |
| Name | | | | | | | DOB | | Relationship to person at risk | | | | | | | | |
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| Are any children living at the address? | | | | | | | | | | | | | | | | | |
| Name | | | | | | | DOB | | Relationship to person at risk | | | | | Subject to Child Protection Plan? | | | |
|  | | | | | | |  | |  | | | | | Yes/No | | | |
|  | | | | | | |  | |  | | | | | Yes/No | | | |
|  | | | | | | |  | |  | | | | | Yes/No | | | |
|  | | | | | | |  | |  | | | | | Yes/No | | | |
| Risks | | | | | | | | | | | | | | | | | |
| What is the risk of serious harm or death? | | | | |  | | | | | | | | | | | | |
| What are the public safety issues? | | | | |  | | | | | | | | | | | | |
| What other agencies are concerned? | | | | |  | | | | | | | | | | | | |
| Does the person have the capacity to understand the identified risk? | | | | | | | | | | | | | | | | Yes/No | |
| What are the views of the person at risk and what do they want? | | | |  | | | | | | | | | | | | | |
| What attempts have been made to involve the person at risk in this process? | | | |  | | | | | | | | | | | | | |
| MARM Criteria | | | | | | | | | | | | | | | | | |
| MARM criteria met? | | | | | | | | | | | | | | | Yes/No | | |
| Has the ‘What to Expect’ leaflet has been shared with the person at risk. | | | | | | | | | | | | | | | Yes/No | | |
| Does the person at risk want someone to support or represent them at the meeting?  If yes provide details | | | | | | | | | | | | | | | Yes/No | | |
| Name | | |  | | | | | | | | | | | | | | |
| Relationship | | |  | | | | | | | | | | | | | | |
| Contact details | | |  | | | | | | | | | | | | | | |
| Agency required | | | | | | | | | | | | | | | | | |
| Adult Care ☐ | | Fire ☐ | | | | | | Police ☐ | | | | EMAS ☐ | | | | | |
| Environmental  Health/Housing ☐ | | Community  Safety  Partnership ☐ | | | | | | Drug and Alcohol Service ☐ | | | | Children’s Social  Care ☐ | | | | | |
| NHS ☐ | | Domestic Abuse  Services ☐ | | | | | | Mental Health ☐ | | | | Probation ☐ | | | | | |
| GP ☐ | | Faith  Organisation ☐ | | | | | | Other ☐ | | | |  | | | | | |
| Please specify: | | | |
| Further information about required agencies (if necessary) | | | | | | | | | | | | | | | | | |
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**Section 2 – Management Meeting**

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| MARM Confidentiality Statement must be read out at the beginning of the meeting |

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| Date of Risk Management Meeting | |  | |
| Venue of meeting | |  | |
| Details of people attending the meeting | | | |
| 1.Name & position/role |  | | |
| Organisation and address |  | | |
| email |  | | |
| Contact tel |  | Agency Report submitted | Yes/No |
| 2.Name & position/role |  | | |
| Organisation and address |  | | |
| email |  | | |
| Contact tel |  | Agency Report submitted | Yes/No |
| 3.Name & position/role |  | | |
| Organisation and address |  | | |
| email |  | | |
| Contact tel |  | Agency Report submitted | Yes/No |
| 4.Name & position/role |  | | |
| Organisation and address |  | | |
| email |  | | |
| Contact tel |  | Agency Report submitted | Yes/No |
| 5.Name & position/role |  | | |
| Organisation and address |  | | |
| email |  | | |
| Contact tel |  | Agency Report submitted | Yes/No |
| 6.Name & position/role |  | | |
| Organisation and address |  | | |
| email |  | | |
| Contact tel |  | Agency Report submitted | Yes/No |

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| Is the person at risk present? | Yes/No | Does the person at risk understand the purpose of the meeting? | Yes/No |
| Are they represented or accompanied by someone? | Yes/No | Name &  relationship |  |
| What is important to the person at risk? (What does the person want from this process?) | | | |
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| What is important for the person at risk? | | | |
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| Other relevant information | | | |
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| ACTION PLAN | | | | | |
| Descriptions of risks | | Actions agreed to reduce the risk, by whom and when | | | Risk rating:  High/Medium/Low |
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| Description of any conflicts identified | | | | Name of person/agency with conflicting view | |
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| Desired outcomes of the person at risk | | | | | |
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| Outcome of the meeting | | | | | |
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| Review meeting required? | Yes/No | | If yes, date of next meeting |  | |

**Section 3 – Review Meeting**

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| Date of Risk Management Review Meeting | | |  | |
| Details of people attending the review meeting | | | |  |
| Name & position/role |  | | | |
| Organisation and address |  | | | |
| email |  | | | |
| Contact tel |  | Report submitted | |  |
| Name & position/role |  | | | |
| Organisation and address |  | | | |
| email |  | | | |
| Contact tel |  | Report submitted | |  |
| Name & position/role |  | | | |
| Organisation and address |  | | | |
| email |  | | | |
| Contact tel |  | Report submitted | |  |
| Name & position/role |  | | | |
| Organisation and address |  | | | |
| email |  | | | |
| Contact tel |  | Report submitted | |  |
| Other relevant information / minutes from the meeting | | | | |

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| ACTION PLAN  Update and actions | |  |
| Agency update and any outstanding actions | Action by whom | Date |
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| Additional actions | Action by whom | Date |
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**Section 4 – Closure of MARM**

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| --- | --- | --- | --- |
| Date of closure |  | | |
| Reason for closure / update from chair / evaluation of meeting | | | |
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| The actions that have been identified are legal, necessary and proportionate based on the information shared in this meeting. This is a true and accurate record of the MARM meeting.  The insertion of the MARM Chair’s name in this box replaces the normal handwritten signature to denote compliance with the above statement. | | | |
| Name |  | Date |  |
| Service user signature (if agreed) |  | | |