**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)  |  |