## AGENDA / Meeting Notes

## Multi-Agency Risk Management Meeting

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| **Date** |  |
| **Time** |  |
| **Location** |  |

This meeting is being held under the umbrella of the 4LSAB Multi-Agency Risk Management Framework. This process has been endorsed by the partner agencies of all the Local Safeguarding Adults Boards in Hampshire, Isle of Wight, Portsmouth and Southampton and has been incorporated into each agency’s standard operating procedures. For more information, please refer to the [4LSAB Multi-Agency Risk Management Framework](https://hampshiresab.org.uk/wp-content/uploads/2024/10/4LSAB-MARM-Multi-Agency-Risk-Management-Framework-June-2023-Final.pdf)

Timely and appropriate information sharing is at the core of this process and professionals need to refer both to the [4LSAB Information Sharing Guidance](https://hampshiresab.org.uk/wp-content/uploads/2024/10/4LSAB-Information-Sharing-Guidance-June-2024-vFINAL.pdf) as well as their own agency’s information governance policies and guidance.

There may be occasions when there are differing perspectives and judgements amongst professionals. When disagreements cannot be resolved, professionals should refer to the [4LSAB Escalation Protocol](https://hampshiresab.org.uk/wp-content/uploads/2024/10/4LSAB-Multi-Agency-Escalation-Protocol-June-2023.pdf).

The 6 Principles of adult safeguarding should be promoted throughout the Multi-Agency Risk Management Process by all participants irrespective of which agency is leading and coordinating the process.

All information shared at this meeting is confidential and privileged and is not shared outside of this meeting without the permission of the chair and the agency that provided the information.

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| **Chair and organisation** |  |
| **Minute Taker** |  |

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| 1. **Introduction**
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|  | Chair’s WelcomeIntroductionsPresent/Apologies |
|  |  |
| 1. **Current situation**
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|  | Summary of any care and support offered or in place |
|  | Individual agency perspectives of the concerns and risks to the adult/othersThe individual’s views and wishes and how they wish to be involvedThe individual’s strengths, including family and wider social network  |
| 1. **Mental Capacity**
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|  | Consideration of the individual’s mental capacity around the areas of unmanaged risk |
| 1. **Assessment of risk**
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|  | Collaborative and holistic assessment of presenting risks |
| 1. **Discussion**
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|  | Legal powers and remedies in use or potentially availableRationale for using/not using powers and remedies available  |
|   | Lead coordinating agency for the processIndividual named workers for each agency |
|   | Information sharing arrangements (with the adult’s permission, where possible) |
|  | Contingency and escalation plan |
| 1. **Shared risk management plan and actions**
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|  | Risk management plan, agreed actions, named leads |
|  | Confirm who will share the plan with the adultHow the individual will be involved and kept up to dateMonitoring and review arrangements |
|  |  |

***Please note this is not a verbatim record of the meeting, but a summary of information presented and discussed. Amendments will, therefore, only be circulated where the information recorded is factually incorrect, or where the meaning of what was actually said is substantially altered by the way it is recorded.***