

[insert date]

STRICTLY CONFIDENTIAL
Multi-Agency Risk Management Framework

Dear Colleague,

RE: SURNAME forename (D.O.B), address

You are invited to attend a Multi-Agency Risk Management Meeting regarding the above named service user, at [insert room and venue] on the [insert date] at [insert time].

The Risk Management Framework forms part of the Local Safeguarding Adult Board Policy and Procedures, and all agencies have made a commitment to attend and share relevant information under the 4LSAB Information sharing protocol.

The purpose of the meeting will be to consider the situation and clarify whether any further action can be taken, making any necessary recommendations to manage the adult's risks proportionately and effectively. The meeting will consider the following matters:

- Provide a summary of any care and support offered or in place
- Outline of the nature of the concerns and risks to the adult and others
- Consideration of the adult's mental capacity
- Produce a collaborative and holistic assessment of the risks
- Identify any legal powers and remedies potentially available
- Agree who will act as lead coordinating professional for the process
- Agree information sharing arrangements
- Agree a contingency and an escalation plan
- Identify who is best placed to engage with the adult at risk
- Consider how the adult will be involved and kept up to date
- Agree who and how to engage with the adult and relationship building
- Agree a SMART action plan, with timescales a named lead against each action
- Arrangements for on-going review and monitoring
- Arrangements for sharing the risk assessment with the adult

We request that this meeting is prioritised, however we understand this is not always possible. If a deputy must be sent, they must be fully briefed on the individual before attending and have authority to make decisions. Please can you confirm your attendance as soon possible.

Yours sincerely,

[INSERT NAME & TITLE]