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| Meeting Ref: |  |
| Date: |  |
| In attendance: |  |
| Apologies received: |  |

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| **Has mental capacity been confirmed?** | **Yes  No** |
| **Has the adult consented to the meeting?**  *(if no, please provide details)* | **Yes  No** |
| **Views and outcome wishes of the Adult:** | |
| **Which agencies have been involved with the adult:**  **What are the concerns?**  **What supporting factors are going well?**  **Where have services been refused and why?** | |
| **Risk Management Plan discussions:**  *(What is discussed regarding the risk, agreed actions to reduce risk, lead agency, timeframe expectations and any opposing views should be recorded here)* | |
| **Triggers for instigating Review of Plan Discussion:** | |
| **Does the adult agree with the risk management plan?** | **Yes  No** |
| **Timescale for Risk Management Plan Outcome Review:** | |
| **AOB:** | |