

Date:

Client Ref No.

STRICTLY CONFIDENTIAL

Dear Colleague,

Re: Multi-Agency Risk Management Meeting

Surname:

Forename:

D.O.B:

Address:

A multi-agency meeting has been called in respect of the above individual. **As you are the key representative in this person's life, you are encouraged to attend the meeting. If you are unable to attend, please could you either send a representative, or submit a confidential up to date report on the person's latest situation.**

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. All partner agencies have made a commitment to attend and share relevant information under the 4LSAB Information sharing protocol.

The meeting will take place on:

Date

Time

Location

Chair

This meeting is in response to concerns about unmanaged risks the individual named above is experiencing. The aim of the meeting is for agencies to share information about their concerns and risks and to agree a shared risk management plan.

Attendance is required from the following agencies/services:

Agency and Team 1

Agency and Team 2

Agency and Team 3

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 as possible.

Yours sincerely,

[INSERT NAME, TITLE AND AGENCY]