

MAPPA Procedure

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Contents

| | | |
|-----------|--|-----------|
| 1 | Purpose | 3 |
| 2 | Related documents..... | 5 |
| 3 | MAPPA Procedure | 5 |
| 3.1 | MAPPA Categories..... | 5 |
| 3.2 | MAPPA Levels..... | 7 |
| 3.3 | Mentally Disordered Offenders MDOs and MAPPA | 7 |
| 3.4 | Referrals to MAPPA..... | 8 |
| 4 | Attendance at MAPPA meetings..... | 9 |
| 5 | MAPPA record keeping | 11 |
| 6 | Information sharing | 11 |
| 7 | Disclosure | 12 |
| 8 | Media | 12 |
| 9 | MAPPA serious case review | 13 |
| 10 | Additional information..... | 13 |
| 11 | Potentially dangerous persons..... | 14 |
| 12 | How this procedure will be implemented..... | 15 |
| 12.1 | Training needs analysis | 15 |
| 13 | How the implementation of this procedure will be monitored..... | 15 |
| 14 | Document control | 16 |
| | Appendix 1 - Equality Analysis Screening Form..... | 17 |
| | Appendix 2 - MAPPA Screening checklist - MAPPA Q..... | 22 |
| | Appendix 3 – Local MAPPA Coordinators contact list | 25 |
| | Appendix 4 – MAPPA community flowchart | 28 |
| | Appendix 5 - Forensic In Patient MAPPA Notification (I Form & A Form MAPPA)..... | 29 |

1 Purpose

Following this procedure will help the Trust to adhere to MAPPA Guidance 2012 :-

- 1.1 The MAPPA Guidance 2012 (Version 4.5 updated July 2019) as issued by the Secretary of State under Section 325(8) Criminal Justice Act 2008, and is a statutory document. All Responsible Authorities and 'co-operating bodies' have a duty imposed by public law to have regard to the Guidance in exercising their functions under the Multi-Agency Public Protection Arrangements (MAPPA).
- 1.2 MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. Agencies at all times retain their full statutory responsibilities and obligations. They need to ensure that these are not compromised by MAPPA. In particular, no agency should feel pressured to agree to a course of action which they consider is in conflict with their statutory obligations and wider responsibility for public protection. (MAPPA Guidance 2012, Version 4.5).
- 1.3 The Responsible Authority is the primary agency for MAPPA. This is the police, prison and Probation Trust in each area, working together. The Responsible Authority has a duty to ensure that the risks posed by specified sexual and violent offenders are assessed and managed appropriately. (MAPPA Guidance 2012, Version 4.5).
- 1.4 Other bodies have a duty to co-operate with the Responsible Authority in this task. The duty to co-operate agencies ("DTC agencies") will need to work with the Responsible Authority on particular aspects of -
 - An offender's life (e.g. education, employment, health, housing, social care). The UK Border Agency became a DTC agency in 2011 – the first addition to the list since the scheme in the CJA 2003 was implemented
 - The principal responsibility for protecting the public from sexual and violent offenders rests with the criminal justice agencies. However, the effectiveness of public protection often requires more than just a criminal justice response. Other agencies, for example those providing help with employment and training, accommodation, and housing, play an important role in helping offenders to resettle and may help to reduce re-offending. The important contribution other agencies can make is also highlighted in cases where offenders have mental health problems or where they pose a risk of harm to children.
 - While the professional starting points and finishing points of all the agencies involved in MAPPA may be different, a formal means of co-operation is required when their responsibilities and expertise overlap. Without co-operation, there is a risk of collision – agencies unintentionally frustrating or compromising the work of one another, sometimes with dangerous consequences. Co-operation also ensures that all agencies involved know what the others are doing. Preventing collision, preventing decisions being made in ignorance of other agencies' actions, and enabling joint working, is fundamentally what the MAPPA duty to co-operate is about.

- The Strategic Management Board (“SMB”) should include representation at an appropriately-senior level from each of the DTC agencies in the area. This is not a statutory requirement but is highly recommended.

- The MAPPA responsible authorities and the duty to co-operate organisations are a means of enabling different agencies to work together. MAPPA is not a legal entity in itself but is a set of administrative arrangements. Authority rests with each of the agencies involved. While consensus may be reached and joint action agreed, they remain the responsibility of each agency. MAPPA does not aggregate the responsibility and authority of the agencies involved. Instead it clarifies the role each agency is to play.

1.5 The role of MAPPA is to ensure that all relevant agencies work together effectively to

- Identify all relevant offenders
- Complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies
- Devise, implement and review robust Risk Management Plans
- Focus the available resources in a way which best protects the public from serious harm. (MAPPA Guidance 2012, Version 4.5)

Each borough or MAPPA area should have a core mental health services representative to meet the general duty to co-operate. This person should have the authority to commit resources on behalf of their agency and possess relevant experience of risk and needs assessments. There should be continuity of personnel in order to sustain good working relationships. The core member may or may not have direct knowledge of the MAPPA case under discussion. Therefore, a representative of the patient’s clinical team should also be invited to attend MAPPA meetings to contribute on individual cases. Attendance in person is the expectation, particularly when mental health services are the lead agency, but if that is not possible video/telephone conferencing should be considered. Mental Health Trusts and University Health Boards (Wales) should prioritise attendance at MAPPA meetings where they are the lead agency and in cases involving transferred prisoners (see 26.71-26.72).

1.6 A MARAC is a Multi-Agency Risk Assessment Conference. The focus of the MARAC is the protection of the high risk victim of domestic abuse and a meeting is convened to share information to enable an effective risk management plan to be developed. Where an offender is already being managed at MAPPA Level 2 or 3, to avoid duplication of effort and resources, the MAPP meeting should take the lead over the MARAC. The Independent Domestic Violence Advisers will be invited to the MAPP meeting. The reason for this is that MAPPA is a statutory set of arrangements and therefore takes precedence over the MARAC. (MAPPA Guidance 2012, Version 4.5)

2 Related documents

This procedure describes what you need to do to implement [Mappa Guidance 2012 \[Version 4.5 updated July 2019\]](#)



The MAPPA Guidance defines MAPPA procedures which you can read, understand and undertake [MAPPA eLearning](#) training before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ [Schedule 15 of the Criminal Justice Act \[2003\]](#)
- ✓ [Confidentiality Code of Practice, 2003](#)
- ✓ [Confidentiality: NHS Code of Practice Supplementary Guidance, 2010](#)
- ✓ [TEWV Trust Information Governance Policy](#)
- ✓ [Potentially Dangerous Persons \(PDP\) Policy and Standard Operating Procedures - Durham Constabulary, 2009](#)

3 MAPPA Procedure

3.1 MAPPA Categories

3.1.1 **Category 1 offenders** – registered sexual offender as specified under part 2 of the Sexual Offences Act 2003.

3.1.2 **Category 2 offenders** – Violent and other sexual offenders. Those who are convicted of a relevant offence (murder or any of the offences in schedule 15 of the Criminal Justice Act 2003) [Schedule 15 of the Criminal Justice Act 2003 who receives the following sentences:](#)

- Imprisonment for a term of 12 months or more, including indeterminate and suspended sentences
- Detention in a young offender institution for a term of 12 months or more
- Detention during her Majesty's pleasure
- Detention for public protection under section 226 Criminal Justice Act 2003 – regardless of tariff
- Detention for a period of 12 months or more under section 91 of the Powers of Criminal Courts (Sentencing) Act 2000
- Detention under section 228 Criminal Justice Act 2003
- A detention and training order for a term of 12 months or more – regardless of the length of the custodial element.
- A hospital order – with or without restrictions or guardianship order

Those found not guilty of a relevant offence by reason of insanity or to be under a disability (unfit to stand trial) and to have done the act charged who receive a hospital order - with or without restrictions.

Those subject to a Disqualification Order imposed under sections 28-29A of the Criminal Justice and Court Services Act 2000. (those who are disqualified from working with children

- Other sexual offenders

Those who have been convicted of a sexual offence but should be considered under the MAPPA guidance where

- the sexual offence itself does not attract registration
- the sentence does not pass the threshold to registration where there is a disqualification order

3.1.3 Category 3 offenders – Those considered by the Responsible Authority to pose a risk of serious harm to the public which requires active inter-agency management.

- Be convicted of an offence or have received a formal caution or reprimand.
- The offence may have been committed in any geographical location, meaning that offenders convicted overseas may qualify
- A previous offence demonstrates a capacity for serious harm
- Offenders may show a pattern of offending behaviour indicating serious harm that was not reflected in the charge on which the offender was ultimately convicted
- The Responsible Authority must establish that the person has committed an offence which indicates that they are capable of causing serious harm to the public and requires a multi-agency approach at level 2 or 3 to manage the risks to the public.
- Offenders can only be identified in one of the three categories at a time. Offenders can only be considered for level 3 if they do not meet the criteria for level 1 or category 2.

The offence might not be one specified in Sch. 15 of the CJA 2003. (MAPPA Guidance 2012, Version 4.5)

3.1.4 Please note that:

- (a) The full list of Schedule 15 offences is available at <http://www.legislation.gov.uk/ukpga/2003/44/schedule/15>.

Offenders can only be identified in one of the three Categories at a time. Offenders can only be considered for Category 3 if they do not meet the criteria for Category 1 or Category 2. Offenders only fall into Category 2 if they do not meet the criteria for Category 1. However, an offender who ceases to meet the criteria of one Category can be identified in a different category if they meet the relevant criteria. For example an offender subject to a Disqualification Order for an offence listed both in Sch. 3 of SOA 2003 and sch. 4 Criminal Justice and Court Services Act 2000 will move from Category 1 to Category 2 at the expiry of his or her registration period.

3.2 MAPPA Levels

3.2.1 There are three levels of MAPPA management

3.2.2 **Level 1**

These cases are managed under ordinary agency management, with liaison and information sharing with other agencies if necessary and appropriate.

Ordinary agency management level 1 is where the risks posed by the offender can be managed by the agency responsible for the supervision or case management of the offender. This does not mean that other agencies will not be involved, only that it is not considered necessary to actively manage through MAPPA Conferencing.

All Cases being managed at level 1 must be reviewed in line with the Trusts CPA policy. Part of the review will consider disclosure. It is not necessary to inform the MAPPA Co-ordinator about disclosure decisions for level 1 offenders, but details must be recorded on the Trusts system and must be made available if required. A decision to disclose to a third party may result in a referral for level 2 or level 3 multi-agency management.

Any change in circumstances of Level 1 cases such as admission to hospital, transfer, leave etc the MAPPA Co-ordinator for the local area must be notified via a MAPPA I Form [See hyperlink to SGA intranet page for MAPPA I Referral Form.](#)

3.2.3 **Level 2**

Used in cases where it is determined that the management of the offender require active conferencing and multi-agency involvement. Level 2 MAPPA must offer 'Added Value' to the management of the case. This is what most people commonly understand as a "MAPPA case".

3.2.4 **Level 3**

The same arrangements as for level 2 but cases qualify for level 3 tend to be more demanding on resources and require the involvement of senior manager from all the agencies concerned. Used where it is determined that the management issues require:

- Active conferencing AND
- Senior Representation in order to be able to commit significant resources at short notice AND/OR
- Where there are significant media issues and/or public interest in the case

3.3 Mentally Disordered Offenders MDOs and MAPPA

3.3.1 The responsibility for identifying MAPPA eligible offenders falls to each agency that has a statutory role in their supervision or care; for mentally disorder offenders this is the mental health services.

3.3.2 The Mental Health Casework Section ("MHCS") in the Offender Management and Public Protection Group takes decisions on behalf of the Secretary of State in respect of restricted

patients under the MHA 1983. Queries about restricted patients or the transfer of prisoners to hospital should be addressed to the relevant caseworker; a contact list is available at:- <http://www.justice.gov.uk/contacts/noms/mental-health-unit>.

3.3.3 Psychiatric practitioners and supervisors are required to submit regular reports to MHCS for conditionally discharged patients. These reports must include information on the involvement of other agencies and MAPPA status.

3.4 Referrals to MAPPA

3.4.1 The safeguarding teams are the Trust single point of contact (SPOC) for MAPPA and they provide advice on all aspects of MAPPA.

3.4.2 All invites to attend MAPPA meetings will go through the Trust MAPPA single point of contact (SPOC) within the Safeguarding team. The safeguarding team will then involve relevant locality services (i.e. where the person resides) if required.

3.4.3 When a patient is a current user of Trust services the Care Team must refer to MAPPA if the person meets the MAPPA Categories outlined in paragraph 4 above and under the following circumstances:

- Following any concerns related to Public Protection raised at any contact in the community or otherwise.
- Following any concerns related to Public Protection raised during any period of unescorted, escorted, short or extended leave.
- 6 months prior to discharge of eligible offenders.
- On admission to Forensic in patient services if the patient meets the MAPPA multi agency management criteria. If not, a MAPPA I Form notification should be sent to the local MAPPA Co-ordinator. (See appendix 5)

3.4.4 In the event of any concerns re public protection, a decision to refer to MAPPA will be made on an individual case-by-case basis following multi-disciplinary discussions, preferably a CPA meeting, following a detailed risk assessment. (See Appendix 2 MAPPA Q Screening Checklist for referral to MAPPA Level 2 & 3). This will include the following considerations:

- The nature of the offence committed.
- Do two or more agencies need to meet to agree the inter agency risk management plan?
- **Does the offender/patient pose a current, active risk of harm to others**
- Will MAPPA Management at Level 2 or 3 'add value' to the management of the offender/patient that otherwise would be missing? Could the risk require Multi agency working with several duty to co-operate agencies MAPPA Guidance
- Is there a likelihood of media scrutiny and/or is public interest in the case very high and there is a need to maintain public confidence?

- 3.4.5 Discussion and decision making in relation to any referral to MAPPA may take place without the knowledge or participation of the patient concerned.
- 3.4.6 Where there may be some significant issues or concerns, it would be appropriate to discuss with the MAPPA Co-ordinator in the Public Protection Unit and invite them and the offender manager from the Probation Service to the relevant CPA meeting to facilitate discussion and effective decision making. The Trust Safeguarding Team should also be informed by email.
- 3.4.7 For service users living/or who would normally live in the Teesside area, Durham and Darlington, North Yorkshire or York and Selby referrals must be made to the MAPPA Co-ordinator in those areas. (See Appendix 3 Local MAPPA Co-ordinator contact details)
- 3.4.8 Service users who are from outside of the Trust area, but who are in hospital within our Trust, should be referred to the MAPPA coordinator who covers the location of the hospital where the service user is being assessed or treated.
- 3.4.9 All discussions and decisions around consideration for referral to MAPPA must be recorded on PARIS in the Safeguarding and Public Protection case notes. See Appendix 4 Community MAPPA Flowchart.
- 3.4.10 All inpatient services referrals should be completed on the MAPPA Referral Form A - [See hyperlink to SGA intranet page for the MAPPA A Referral Form](#) by the Responsible Clinician who is familiar with the patient and the risks they pose to the public around re-offending. A copy of the referral must be forwarded to the SGA Team within the Trust.
- 3.4.11 Where the risk to the public is high and cannot be managed within CPA. The MAPPA referral form must clearly indicate that the patient meets the criteria for referral to MAPPA.
- 3.4.12 Having received the MAPPA Form A, the MAPPA Co-ordinator must screen the referral to identify whether this is a case that can be effectively managed through ordinary agency management or whether it has met the threshold for Level 2 or 3 management.
- 3.4.13 The MAPPA Co-ordinator will provide the referring agency with a decision within 10 days of receipt of the MAPPA Form A as to whether the case has met the threshold for active multi-agency management at Level 2 or 3. Where the case has not met the threshold, the MAPPA Co-ordinator will provide reasons and may give suggestions for how the case can be managed at Level 1.

4 Attendance at MAPPA meetings

- 4.1 Once the MAPPA referral is accepted, staff from the care team that made the initial referral to MAPPA will be invited to attend the MAPPA meeting.
- 4.2 Before attending the MAPPA meeting all Trust staff must complete the [MAPPA eLearning](#) module on InTouch.

- 4.3 For all Level 2 meetings there is an expectation that the Care Coordinator and Team or Service Manager will prioritise their work to ensure attendance. For all Level 3 meetings the Trust is required to provide senior representation e.g. Consultant, Service Manager, Named Nurse Safeguarding Adults/Children as this may be when there is a perceived need to commit significant resources at short notice and/or where there are significant media and/or public interest issues.
The Service manager will make the decision whether to attend the MAPPa meeting where there may be a query around access to clinical services.
- 4.4 The invite to the initial MAPPa will also be copied to the safeguarding team. The safeguarding team will then forward a MAPPa information sharing template to the lead clinician. Staff will need to complete the template and return to the Safeguarding team.
- 4.5 The purpose of the MAPPa meetings is for agencies to identify and assess risks and agree a risk management plan. All agencies should do what they can within their powers to contribute to risk management.
- 4.6 At the MAPPa meeting all attendees will be asked to sign the register of attendees, this is also the confidentiality agreement.
- 4.7 Staff are required to share information relevant to the management of serious harm with other agencies within MAPPa. Information will be kept safely and securely and used by the appropriate personnel within those agencies for public protection purposes only. All attendees should therefore be prepared, have the authority to commit resources and take actions and be able to share information which is:-
- Pertinent to undertaking a multi-agency risk assessment
 - Identifies the likelihood of re-offending
 - Identifies serious risk of harm and their imminence
 - Identifies protective factors
 - Supports victim safety planning
- 4.8 During the meeting all multi agency partners will take part in making the decision on risk level and level of management. Actions will be agreed at the meeting and the MAPPa coordinator must be informed when actions are completed. These will need to be confirmed as achieved prior to the next review meeting if applicable.
- 4.9 At the end of the MAPPa meeting it will be agreed who will attend the next review meeting, if required clinical staff should liaise with the safeguarding team re attendance at future review meetings.
- 4.10 Following the meeting the patients risk assessment and management plan must be updated as a result of the MAPPa meeting.
- 4.11 A copy of the MAPPa risk management plans and minutes from level 2 and 3 MAPPa meetings describing the status of each offender/patient, the agencies delivering components of the plan, and the timescale will be issued by the MAPPa Co-ordinator to all

attendees of the meeting. Please see Record Keeping paragraph 5 below regarding secure storage of MAPPA minutes

- 4.12 When clinical services attend MAPPA meetings they must keep the Trust MAPPA SPOC informed within the safeguarding team.
- 4.13 It is a requirement within the current Trust Clinical Supervision policy that practitioners working with a MAPPA case bring these to clinical supervision sessions on a 3 monthly basis. The Trust safeguarding team are available to assist with specialist supervision if required.

5 MAPPA record keeping

- 5.1 A MAPPA alert will be recorded on the PARIS care record utilising the clinical alert register field and entering MAPPA, the date of the meeting in the reason field, the MAPPA category and level of management. The responsibility for recording MAPPA is the safeguarding team/Care Co-ordinator or member of staff attending the MAPPA meeting.
- 5.2 There is a section in PARIS central index under Safeguarding Public Protection, MAPPA, where the Safeguarding team will record a summary of risk and agreed actions from the meeting. Clinical staff should make an entry in PARIS safeguarding casenotes by selecting MAPPA as the casenote type.
- 5.3 Where clinical teams attend the MAPPA meeting the alert can be placed on PARIS but there will be a requirement to liaise with the safeguarding team so that the risk summary and actions can be recorded on PARIS by the safeguarding team.
- 5.4 For MAPPA meetings where the patient has been known to the Trust but is not current to services, the Trust Safeguarding Team will record an alert on the PARIS care record.
- 5.5 For patients who are not known to the Trust, information will be stored on the MAPPA database in the safeguarding team.
- 5.6 Written minutes of the MAPPA meeting should be stored within the third party information section of the paper case-notes. Electronic MAPPA minutes will be stored in the Safeguarding restricted folder and a summary record of risks and actions will be made on the patients PARIS record as described in paragraph 5.2 above. Staff can contact the Trust safeguarding team for further information or advice if required.

6 Information sharing

- 6.1 Caldicott Guardian requirements for information sharing will be adhered to at all times.

- 6.2 Where information is shared within MAPPA the communication policy of the Trust must be adhered to with regard to the use of secure email.
- 6.3 The Representative from the care team must have relevant experience of risk and needs assessment and should have the authority to commit the necessary agreed resources in order to effectively inform the discussions and decision making processes. The representative should know the service user to be able to contribute to the MAPPA meeting. (MAPPA Guidance 2012, Version 4.5)
- 6.4 All participants within MAPPA meetings should be prepared to share all information including fully researched historical records relating, to the service user and risks posed as necessary within the MAPPA meeting, to ensure a full and accurate assessment of risk and that the provision of effective management plans take place. A record of what information was shared at the meeting by the participant should be recorded. For Durham and Darlington a report will need to be forward one week prior to the MAPPA meeting.
- 6.5 Where there are concerns around sharing specific information, this should be discussed and clarified prior to the meeting with an appropriate senior manager or the Trust safeguarding team.
- 6.6 All documentation arising from a MAPPA meeting is subject to strict confidentiality restrictions. Any sharing of documentation arising from the meetings should not be shared without the permission of the MAPPA Chair.
- 6.7 MAPPA meetings discussions should not be shared with the subject without the agreement of the Chair. However offenders should be given the opportunity to contribute their views in writing to MAPPA meetings where it is safe to do so. This should be discussed during the risk assessment process when considering a MAPPA referral.

7 Disclosure

- 7.1 In relation to the proportionality requirement, the following criteria should be met before disclosing information about the offender to a third party:
- The likelihood and degree of harm which may arise as a result of the disclosure, including the potential impact on the offender, must be assessed. Information should be disclosed only where this is a necessary and proportionate step to protect the public.

8 Media

- 8.1 Where there is a significantly high profile media or potential media interest, staff must notify their line manager who will then contact the Trust MAPPA lead / Trust safeguarding team who will liaise with the MAPPA co-ordinator and Trust Communication Department to agree an appropriate joint media strategy. This joint strategy will then be agreed at a senior

manager level, including all the Responsible Authorities and any other involved agencies with a Duty to Co-operate.

9 MAPPA serious case review

- 9.1 MAPPA is designed to reduce the risk of further serious violent or sexual offending, but from time to time offenders do go on to commit such offences. When the most serious offences are committed, the SMB must consider commissioning a MAPPA Serious Case Review to examine whether the MAPP arrangements were applied properly, and whether the agencies worked together to do all they reasonably could to prevent further offending. There may be lessons for the future, or good practice to disseminate.

10 Additional information

- 10.1 Where issues or concerns arise that are not covered by this document, it is advisable to seek clarification from the Trust safeguarding team.
- 10.2 Where there is an identified need to communicate with, or share information with MAPPA Leads other than the Teesside or Durham or North Yorkshire, York /Selby then staff are to contact the Trust safeguarding team for further support and advice.
- 10.3 The Trusts Single Point of Contact (SPOC) for MAPPA is the Named Nurse Safeguarding Adults.
- Named Nurse Safeguarding Adults
Flatts Lane Centre
Normanby
Middlesbrough
Telephone Number 01642 516118
Fax Number 01642 516491
- 10.4 Each local area of the Trust has a MAPPA Co-ordinator from police or probation a list of contact details for each of the MAPPA Co-ordinators can be found in Appendix 3
- 10.5 The Ministry of Justice Mental Health Unit may also provide assistance and is well placed to facilitate contact between the Responsible Authority and other key agencies. Their role is particularly relevant in cases where prisoners' transfer to hospital (or need to) and cases where there is a danger that a prisoner or patient about whom the Secretary of State has concerns is likely to be released into the community.
- 10.6 The point of contact for the Ministry of Justice Mental Health Unit will be the relevant caseworker for that particular patient/prisoner.

Mental Health Unit
1st Floor, Cleland House
Page Street
London
SW1P 4LN
Telephone Number 020 33343555 (Main Switchboard)

- 10.7 This Procedure subsumes the **Memorandum Defining the Duty to Co-operate** and will be reviewed on a yearly basis / or following a scheduled update of the Governments MAPPA guidance.

11 Potentially dangerous persons

- 11.1 A Potentially Dangerous Person is a person who has not been convicted of, or cautioned for, any offence placing them in one of the three MAPPA categories, but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm.
- 11.2 MAPPA legislation does not provide the lawful authority for exchanging information on non-MAPPA persons. However many police forces have taken steps to agree local procedures with partner agencies for providing risk assessment and management of those individuals outside of MAPPA.
- 11.3 Potential PDP cases should be referred to the MAPPA co-ordinator using MAPPA/PDP Referral - [See hyperlink to SGA intranet page for the MAPPA A Referral Form \(North Yorkshire/York\)](#), [PDP Referral Form \(Teeswide\)](#) and [PDP Referral Form \(Durham and Darlington\)](#). A decision will be taken at a screening panel as to whether the case fits the criteria for MAPPA, the criteria for PDP or does not fit the criteria for either. Panels need to be aware of the impact that unconscious biases may have on their decisions. Evidence suggests that some groups of people may be viewed as more violent than others – these include men, some ethnic groups and bigger built people.
- 11.4 Following a decision by the screening panel that an individual meets the criteria for a PDP mirroring the existing MAPPA arrangements a professionals meeting will be convened. This meeting will be chaired by the MAPPA Co-ordinator/ Public Protection Unit and the Relevant Area Command Inspector where the subject resides.
- 11.5 In cases where the screening panel determine that the referral does not meet the criteria, the referring agency should be notified of this decision.
- 11.6 When an individual is classed as PDP the PPU will arrange a professionals meeting to discuss the risk management strategy. This will be arranged by the MAPPA Co-ordinator through the same Single Points of Contact allocated by agencies for MAPP meetings.
- 11.7 The decision to discharge an individual from classification of a PDP should only be taken by the Detective Superintendent HQ CID following a report which outlines the actions taken,

which has reduced the initial risk or identifies why the subject is considered to fall outside of PDP status. The report should be provided by the Detective Chief Inspector and after a collective decision by the professional.

12 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

12.1 Training needs analysis

| Staff/Professional Group | Type of Training | Duration | Frequency of Training |
|---|------------------|----------|-----------------------|
| Recommended for all clinical staff. Essential for any staff member attending a MAPPA meeting | e-learning | 1 hour | Once |

13 How the implementation of this procedure will be monitored

| Auditable Standard/Key Performance Indicators | | Frequency/Method/Person Responsible | Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). |
|---|-----|-------------------------------------|---|
| 1 | KPI | quarterly | Safeguarding and Public Protection Sub Group of the QUAC. |
| 2 | KPI | 6 monthly | Clinical Quality Review Group |

14 Document control

| | | |
|---|---|--|
| Date of approval: | 25 August 2020 | |
| Next review date: | 31 October 2023 | |
| This document replaces: | CLIN-0073-v4.1 MAPPA Procedure | |
| Lead: | Name | Title |
| | Margaret Brett | Named Nurse Safeguarding Adults |
| Members of working party: | Name | Title |
| | Forensic MAPPA RPIW members | |
| This document has been agreed and accepted by: (Director) | Name | Title |
| | Elizabeth Moody | Executive Director of Nursing and Governance |
| This document was approved by: | Name of committee/group | Date |
| | Safeguarding and Public Protection Sub Group (v4.1) | Feb 2019 |
| | Chief Nurse (v4.2) | 08 June 2023 |
| This document was ratified by: | Name of committee/group | Date |
| | | |
| An equality analysis was completed on this document on: | 30 March 2018 | |

Change record

| Version | Date | Amendment details | Status |
|---------|--------------|---|-----------|
| 4 | Feb 2019 | | Withdrawn |
| 4 | 27 Jun 2019 | Hyperlink on page 6 updated to latest MAPPA I Referral Form | Withdrawn |
| 4 | 02 Jul 2019 | Hyperlink on page 10 updated to latest MAPPA A Referral Form | Withdrawn |
| 4 | 20 Apr 2020 | Extended review date from 11 Feb 2020 to 11 Aug 2020 | Withdrawn |
| 4.1 | 25 Aug 2020 | Updated to reflect current MAPPA Guidance and links to updated MAPPA forms throughout. Also to update Teesside MAPPA contact page 28. | Published |
| 4.2 | 08 June 2023 | Updated to ensure hyperlink worked and update email address | Published |
| 4.2 | Aug 2023 | Review date extended to 31 Oct 2023 | Published |

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

| | | | | |
|---|--|-------------------------------------|-----------------------|--------------------------|
| Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc. | Nursing and Governance Safeguarding Adults | | | |
| Name of responsible person and job title | Karen Agar Associate Director of Nursing (Safeguarding) | | | |
| Name of working party, to include any other individuals, agencies or groups involved in this analysis | Safeguarding Adult Team Safeguarding and Public Protection meeting FMH services | | | |
| Policy (document/service) name | MAPPA procedure | | | |
| Is the area being assessed a | Policy/Strategy | <input type="checkbox"/> | Service/Business plan | <input type="checkbox"/> |
| | Procedure/Guidance | <input checked="" type="checkbox"/> | Code of practice | <input type="checkbox"/> |
| | Other – Please state | | | |
| Geographical area covered | Trust Wide | | | |
| Aims and objectives | Following this procedure will help the Trust to adhere to MAPPA Guidance 2012 Version 4.2 update November 2017 | | | |
| Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.) | April 2017 | | | |
| End date of Equality Analysis Screening (This is when you have completed the equality | 16/03/2018 | | | |

analysis and it is ready to go to EMT to be approved)

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders and support staff to follow the MAPPA guidance as identified by the Criminal Justice Act 2003 (“CJA 2003”).

They will support staff in the Multi-Agency Public Protection Arrangements to work together in partnership in dealing with these offenders.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

| | | | | | |
|---|--------|---|--------|--|--------|
| Race (including Gypsy and Traveller) | Yes/No | Disability (includes physical, learning, mental health, sensory and medical disabilities) | Yes/No | Gender (Men, women and gender neutral etc.) | Yes/No |
| Gender reassignment (Transgender and gender identity) | Yes/No | Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) | Yes/No | Age (includes, young people, older people – people of all ages) | Yes/No |
| Religion or Belief (includes faith groups, atheism and philosophical belief's) | Yes/No | Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) | Yes/No | Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) | Yes/No |

Panels are advised to be aware of the impact that unconscious biases may have on their decisions. Evidence suggests that some groups of people may be viewed as more violent than others – these include men, some ethnic groups and bigger built people. Panels may receive training on this issue to help mitigate the impact of such biases.

| | | | | |
|---|------------------------------|--|-----------|--|
| 3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not? | Yes Yes | | No | |
|---|------------------------------|--|-----------|--|

| | |
|--|--|
| Sources of Information may include: <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Report | <ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) |
|--|--|

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

The procedures highlight the requirements of the Trust as (A duty to cooperate agency) to implement the Criminal Justice Act 2003 (“CJA 2003”). The Government would have consulted with appropriate groups during the Consultation process prior to the Guidance being agreed
 However staff and patients were consulted via the RPIW process.

| | | | | | |
|---|---|---------------|--------|---------------------------------------|---------------------|
| No – Please describe future plans that you may have to engage and involve people from different groups | | | | | |
| | | | | | |
| 5. As part of this equality analysis have any training needs/service needs been identified? | | | | | |
| Yes/No | Please describe the identified training needs/service needs below | | | | |
| A training need has been identified for; | | | | | |
| Trust staff | Yes/No | Service users | Yes/No | Contractors or other outside agencies | Yes/No |
| Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so | | | | | |
| The completed EA has been signed off by: You the Policy owner/manager: <div style="text-align: right; margin-right: 50px;">Type name: Lesley Mawson</div> | | | | | Date: 30/03/2018 |

Your reporting (line) manager:

Type name: Elizabeth Moody

Date:
30/03/2018

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046

Appendix 2 - MAPPA Screening checklist - MAPPA Q



Name of Offender:

Date of Birth:

Step 1: Legality

Is the nominal a MAPPA Offender?

(Please note that offenders can only be identified in one of the three Categories at a time. Offenders can only be considered for Category 3 if they do not meet the criteria for Category 1 or Category 2. Offenders only fall into Category 2 if they do not meet the criteria for Category 1. However, an offender who ceases to meet the criteria of one Category can be identified in a different category if they meet the relevant criteria.)

Category 1. Registered Sex Offender (RSO) (W/M marker shown on PNC)

Schedule 3 SOA 2003:

- convicted/cautioned and within Notification period or
- subject of a SOPO

Category 2. Violent Offender (and 'other sexual offenders')

Murder or Schedule 15 of CJA 2003:

- sentenced to custody for 12 months or more (including indeterminate and suspended sentences)and on licence*, or
- s37/41 restricted hospital order patient conditionally discharged from hospital, or s37 unrestricted hospital order patient discharged from hospital on a community treatment order

Subject of a Disqualification Order

*This includes persons sentenced to 12 months or more who are also the subject of a s47 transfer to hospital or a s45A hospital direction who have been discharged from hospital (such persons may be subject to a Community Treatment Order while also on licence. MAPPA eligibility as a Cat 2 ends when the sentence expires).

Category 3. Other 'dangerous' offender

The offender:

- must have been convicted/cautioned for an offence that indicated they are capable of causing serious harm to the public, **and**
- poses a current risk of serious harm to the public that requires multi-agency management at Level 2 or 3

None of these categories apply: the offender is not a MAPPA nominal.

One of the three categories applies: proceed to step 2

Step 2:

Do two or more agencies need to meet and actively collaborate to develop and implement a Multi-Agency Risk Management Plan? (If Police and Probation are involved, then three or more agencies – unless extra police resources need to be committed and/or actively co-ordinated)

For Mental Health patients: as above and/or does the Care Programme Approach (CPA) process need to be reinforced in order to manage the risk?

Level 2 or 3 (Active Multi-Agency Management) should ‘add value’ to the management of the offender (i.e. Answer the question, “what is it that the increased level of management will additionally provide to the effective management of this case?”)

Issues and questions to be considered regarding L2 or L3 include:

- does the offender/patient pose a current, active risk of serious harm to others?
- is the amount and level of information available within different agencies such that a discussion will facilitate a better understanding?;
- is there a need to explore and reach a consensus (or record a formal difference) between agencies about the level of risk or risk management?;
- does the complexity of the case need a more co-ordinated approach to ensure agencies are clear about their respective roles and responsibilities?;
- would active multi-agency management assist in brokering the engagement of other agencies and services in developing a risk management plan?;
- for mental health patients;
 - is the nature of the risk such that it cannot be effectively managed through the CPA process?
 - is it likely that a tribunal might lead to discharge against the recommendation of the treating team?
- Would multi-agency management improve or expedite referrals for services under other agencies’ procedures?;
- would it support priority access to limited or specialist resources?;
- it is necessary to plan more complex third party disclosure (e.g. where there may be personal or community repercussions?;
- is there a need to plan for media or community impact/interest?;
- does the case require middle/senior management oversight outside normal processes?;
- are there any other issues that warrant a multi-agency approach?

In light of these considerations does this case require active Multi-Agency Management at MAPPA Level 2 or 3?

Yes: proceed to step 3.

No: the case can be managed at Level 1 (Ordinary Agency Management).

This decision should be endorsed by your line manager (or representative) – see step 4.

Step 3:

Is the case likely to attract a high level of media scrutiny and/or public interest in the management of the case and is there a risk of public confidence being damaged?

If 'yes': consider referral to Level 3

If 'no': does the case

- require input from a senior manager due to complexities (e.g. cross border issues)?, or
- does the likely seriousness and the imminence of the risk or the complexity of the case require input from special or higher level resources, perhaps at short notice, that can only be committed by senior managers?

Yes: consider referral to Level 3.

No: refer to Level 2.

Step 4:

Discuss this case with your line manager.

Decision not agreed:
Reason/s

Decision endorsed by line manager

Retain at Level 1, Ordinary agency management.

Refer into MAPPA (Level 2 or 3). Care Co-ordinator should complete the MAPPA referral form and send it to the MAPPA Administrator.

Offender Manager Date

Line manager Date

For more comprehensive information, refer to:

- 'MAPPA Guidance 2012 (Version 4.5) Issued July 2019, Sections 6.1 – 6.14 and Section 7, for details of MAPPA Categories and Management Levels
- NOMS Guidance, March 2011. 'MAPPA Level 1 – Ordinary Agency Management Best Practice'

Appendix 3 – Local MAPPA Coordinators contact list

The Central **Teesside** MAPPA Contact

Andrew Bake
MAPPA Co-ordinator
Middlesbrough Police Station Bridge Street West
Middlehaven
Middlesbrough
Telephone Number 01642 303122

MAPPA Admin telephone no:@ 01642 303123
If e-mail is not secure, please fax to 01642 244651
NEPS.teesvalley.MAPPA@justice.gov.uk

The Central **Durham** MAPPA Contact is

Steven Adair
MAPPA Co-ordinator
Darlington Probation
Corporation Road
Darlington
Telephone Number 01325 486231
Coordinators email address:
steven.adair@justice.gov.uk

MAPPA admin: NEPS.durham.MAPPA@justice.gov.uk &
MAPPA@durham.police.uk

The Central **North Yorkshire** MAPPA contact is

Pauline Stokell (Public Protection Manager) – based at York office
Clare Pickering (Public Protection Administrator (maternity Leave))
Jack Moore (Public Protection Administrator (Covering Maternity))
Her Majesty's Prison & Probation Service (HMPPS)
National Probation Service – North East Division
3rd Floor
Pavilion House
Pavilion Square
Scarborough
YO11 2JN
Telephone Number 01723 366341 ext 146
Clare.Pickering@justice.gov.uk

Jack.Moore@justice.gov.uk

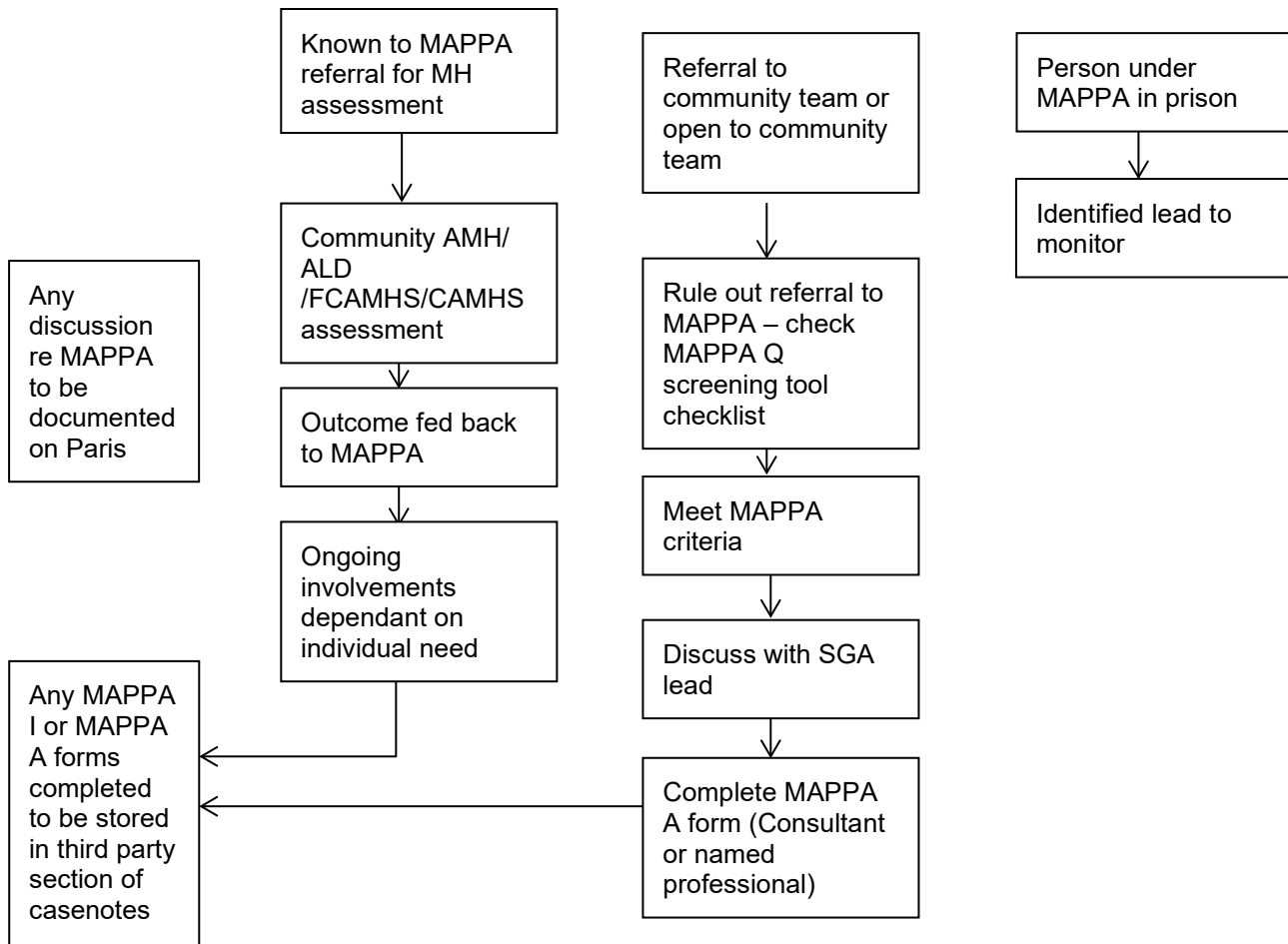
Harrogate Nation Probation Service
Gina Griffiths (MAPPA Co ordinator)
Helen Widdowson (Public Protection Administrator)
Offender Manager Unit
North Yorkshire police
Wiske
Harrogate Skipton Northallerton
Tel: 01609 789299
Tel Northallerton 01423 566764 ext 142

Sheena Horridge
MAPPA Administrator
North Yorkshire Police

Beth Eveleigh (Public Protection Administrator)
National Probation Service
Skipton Probation Office
Bunkers Hill, Skipton
BD23 1HU
Tel: 01756 794797
Fax: 01756 798614

Gina Griffiths
Harriett Sanderson (Public Protection Administrator) - based at Skipton office
MAPPA Co-ordinator
North Yorkshire
National Probation Service - North East Division
108 Lowther Street
York
YO31 7WD
(01904) 526000
(01609) 643522
07813359267
gina.griffiths@justice.gov.uk
harriet.sanderson@justice.gov.uk

Appendix 4 – MAPPA community flowchart

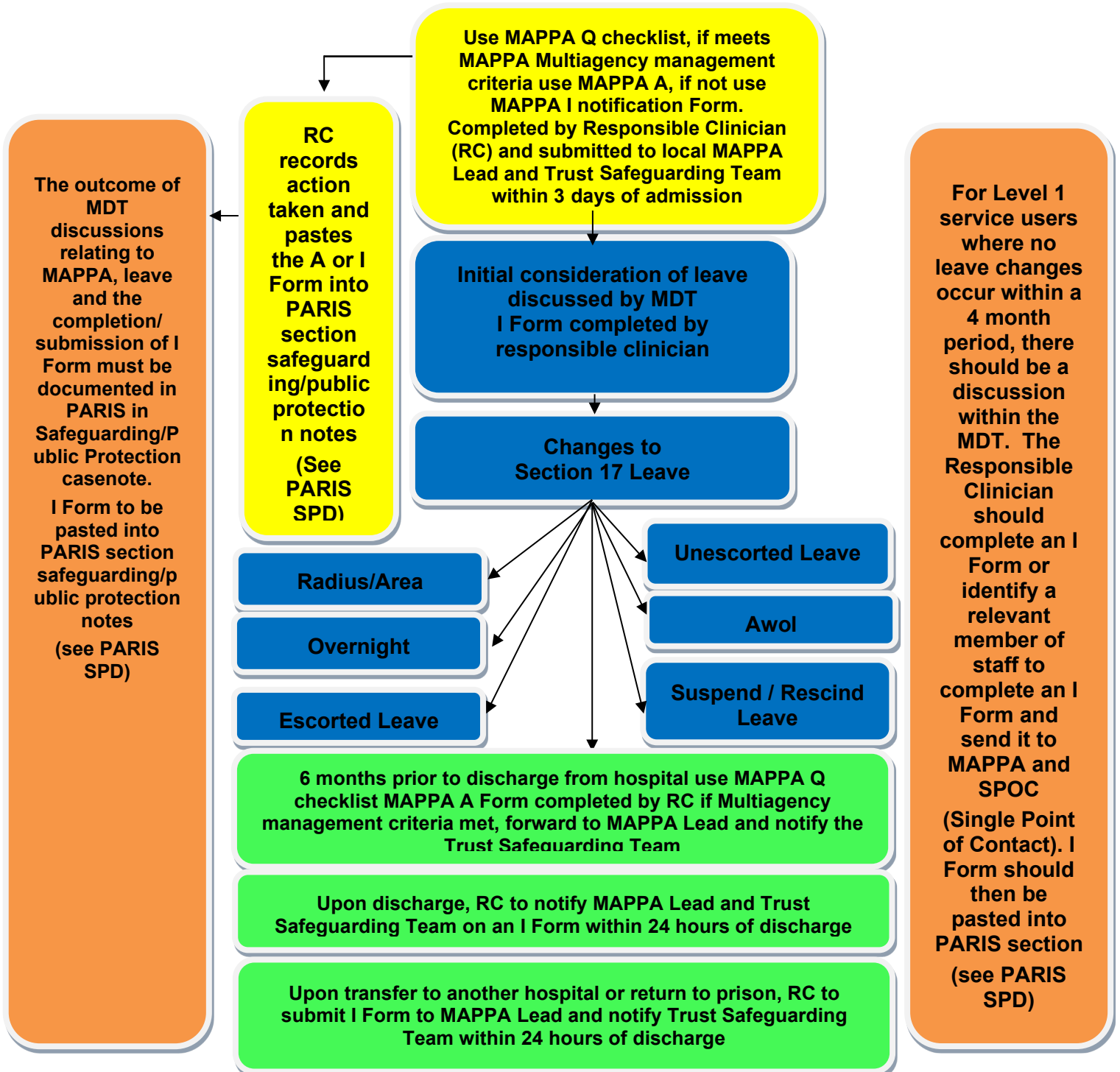


Please note: any change to circumstances relating to the individual managed under MAPPA must be reported by completing MAPPA I form. This includes change to Consultant / named professionals involved in their care / transfers and discharges.

Mental Health Assessments should never be CAMHS (tier-3) alone without FCAMHS (tier-4).

Those managed under level 2 or 3 will be reviewed as part of MAPPA meetings. Those managed under level 1 will be reviewed at least 4 monthly.

Appendix 5 - Forensic In Patient MAPPA Notification (I Form & A Form MAPPA)



| | |
|--|---------------------|
| | Admission process |
| | Leave process |
| | Generic information |
| | Discharge |
| | Notice |

NOTE: it is essential that any documentation regarding MAPPA should not be discussed or shared with service user or their family. Any requests to disclose MAPPA information including Subject Access Requests refer to the Data Protection Office.

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