**Document Title** | MAPPA (Multi Agency Public Protection Arrangements) and Public Protection Policy
---|---
**Reference Number** | NTW(C)25
**Lead Officer** | Gary O’Hare  
Executive Director of Nursing & Chief Operating Officer
**Author** | Jan Grey  
Associate Director Safer Care
**Ratified by** | Business Delivery Group
**Date ratified** | January 2017
**Implementation Date:** | January 2017
**Date of full implementation** | January 2017
**Review Date** | January 2020
**Version Number** | V03.2

<table>
<thead>
<tr>
<th>Review and Amendment Log</th>
<th>Version</th>
<th>Type of change</th>
<th>Date</th>
<th>Description of change</th>
</tr>
</thead>
</table>
| | V03 | Review | Jan 17 | Reviewed documentation  
Updating Sections 3, 4, 5, 9, 10, 11, 12, 16, 20, 21, 23  
Updated Standard Appendix A  
Removal of Appendix 2 – NTW Safeguarding Adults and Public Protection Committee |
| | V03.1 | Update | Nov 17 | Update due to clinical transition |
| | V03.2 | Update | May 18 | Legislative update due to GDPR |

This Policy supersedes the following Policy which must now be destroyed:

<table>
<thead>
<tr>
<th>Policy Reference Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTW(O)25 – V03.1</td>
<td>MAPPA Policy</td>
</tr>
</tbody>
</table>
# MAPPA (Multi Agency Public Protection Arrangements) and Public Protection Policy

<table>
<thead>
<tr>
<th>Section</th>
<th>Contents</th>
<th>Page No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Policy Statement</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>MAPPA - Organisational Bodies</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>MAPPA – Organisation within the Trust</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>MAPPA – Eligible Offenders and Public Protection</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Termination of MAPPA Status</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>MAPPA - Levels of Risk Management</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>Potentially Dangerous Person (PDP)</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Referral Process into MAPPA and the PDP Frameworks</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>Levels of Operational Management and MAPPA / PDP Meetings</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Closing the MAPPA Component of a CPA Case</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Confidentiality and Disclosure</td>
<td>11</td>
</tr>
<tr>
<td>13</td>
<td>Information Storage</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>ViSOR (Violent and Sexual Offender Register)</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Service User and Carer Involvement</td>
<td>14</td>
</tr>
<tr>
<td>16</td>
<td>Victim Considerations</td>
<td>14</td>
</tr>
<tr>
<td>17</td>
<td>Consideration of the needs of a Child</td>
<td>15</td>
</tr>
<tr>
<td>18</td>
<td>Request for Police Disclosure</td>
<td>16</td>
</tr>
<tr>
<td>19</td>
<td>Access to Legal Advice</td>
<td>16</td>
</tr>
<tr>
<td>20</td>
<td>Training</td>
<td>16</td>
</tr>
<tr>
<td>21</td>
<td>Identification of Stakeholders</td>
<td>16</td>
</tr>
<tr>
<td>22</td>
<td>Equality and Diversity</td>
<td>18</td>
</tr>
<tr>
<td>23</td>
<td>Implementation</td>
<td>18</td>
</tr>
<tr>
<td>24</td>
<td>Fair Blame</td>
<td>18</td>
</tr>
<tr>
<td>25</td>
<td>Monitoring Compliance</td>
<td>18</td>
</tr>
<tr>
<td>26</td>
<td>Fraud, Bribery and Corruption</td>
<td>19</td>
</tr>
<tr>
<td>27</td>
<td>Associated Documentation</td>
<td>19</td>
</tr>
</tbody>
</table>
### Standard Appendices

<table>
<thead>
<tr>
<th>Appendix No.</th>
<th>Description</th>
<th>Issue No.</th>
<th>Date Issued</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Equality Analysis Screening Toolkit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix B</td>
<td>Training Checklist and Needs Analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix C</td>
<td>Audit Monitoring Tool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix D</td>
<td>Policy Notification Record Sheet [click here]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Appendices – listed separately to Policy

<table>
<thead>
<tr>
<th>Appendix No.</th>
<th>Description</th>
<th>Issue No.</th>
<th>Date Issued</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>Memorandum Defining the Duty to Cooperate</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>MAPPA Guidance 2012 Version 4</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 2a</td>
<td>Guidance for Working with MAPPA and mentally Disordered Offenders</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Schedule 15 offences as specified in the Criminal Justice Act 2003</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Initial Notification of Offender/Patient Mental Health</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Flowchart of the MASPPAPDP Referral Process</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Multi-Disciplinary Case Review Agenda</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>MAPPA Referral for Level 2/3 Management</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>Potentially Dangerous Person (PDP) Referral</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>Leave/Discharge Notification Letterhead</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 10</td>
<td>Request for Police Disclosure</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Appendix 11</td>
<td>Safeguarding and Public Protection Training strategy 2016-2017</td>
<td>1</td>
<td>May 2018</td>
<td>Jan 2019</td>
</tr>
</tbody>
</table>

### Practice Guidance Notes – listed separate to Policy

<table>
<thead>
<tr>
<th>PGN No.</th>
<th>Description</th>
<th>Issue No:</th>
<th>Issue Date</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPPA-PGN-01</td>
<td>Victim’s Rights under MHA1983</td>
<td>V01 – Issue 2</td>
<td>Nov 17</td>
<td>Nov 18</td>
</tr>
</tbody>
</table>
1 Introduction

1.1 The development of Multi Agency Public Protection Arrangements (MAPPA) has given rise to a need for clarity and consistency within Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/NTW) in relation to the way that MAPPA obligations for health and social services are implemented. This Policy is a combination of the current policies and procedures that have been developed locally across the Northumberland, Tyne and Wear area. While the detail of some local policies may differ, the core principles are the same.

1.2 Multi Agency Public Protection Arrangements creates a Multi-Agency Framework in which rigorous Risk Assessment and Risk Management can take place, providing a foundation for defensible decision making in cases where there are public protection concerns. It has a statutory basis in the Criminal Justice and Court Services Act (2000) and the Criminal Justice Act (2003). These Acts/This Act established the Police, Probation and Prison Services as leads or “Responsible Authority” under MAPPA.

1.3 The Criminal Justice Act 2003 also created “Duty to Cooperate (DTC) agencies”, which include Health, Adult Services, Children’s Services, and a range of other agencies such as education, Job Centre Plus, Housing, Registered Social Landlords and UK Borders Agency.

1.4 A “Memorandum Defining the Duty to Co-operate” has been signed on behalf of the Trust by the Executive Director of Nursing & Chief Operating Officer, who is the Executive Director with Trust Board responsibility for MAPPA. (Appendix 1).

1.4.1 The Trust currently also provides services into Easington which falls into the Durham Area MAPPA Unit. Durham MAPPA and National Guidance will apply in this area.

2 Policy Statement

2.1 The Trust is committed to promoting best practice in regard to public protection and ensuring Trust compliance with local Multi-Agency Procedures.

2.2 The Policy also sets out the responsibilities and expectations of clinical staff in relation to Multi Agency Public Protection Arrangements and reinforces that staff must continue to refer to local, Multi-Agency Policies.

3 Multi Agency Public Protection Arrangements Organisational Bodies

3.1 Northumbria MAPPA Strategic Management Board (SMB) - The Strategic Management Board is responsible for monitoring and evaluating the systems and partnerships of MAPPA.
3.2 It has a legal obligation to produce an Annual Report to the National Offender Management Service (NOMS). It covers the boundaries of Northumbria Police and Northumbria Probation (which are co-terminus). All of the MAPPA “Duty to Cooperate” agencies are represented on the Northumbria Strategic Management Board. The Associate Director attends the Strategic Management Board on behalf of the Trust.

3.3 Durham MAPPA Strategic Management Board (SMB) - The Trust currently provides services into Easington which falls into the Durham Area MAPPA Unit. Durham MAPPA and National Guidance will apply in this area.

4 MAPPA Organisation within the Trust

4.1 NTW Safeguarding and Public Protection (SAPP) Committee

4.1.1 This Committee within the Trust reports to the Trust’s Quality and Performance Committee and is responsible for establishing Trust Policy regarding MAPPA, and for ensuring that MAPPA arrangements operate consistently and in line with Policy across the Trust.

4.2 Associate Director

4.2.1 Is the Trust representative at Northumbria Strategic Management Board and:

- Is the Trust lead on MAPPA and Public Protection issues supported by the Safeguarding and Public Protection Lead Practitioners

- Takes operational issues as appropriate to the MAPPA Strategy Management Board or the Trust SAPP Committee

- Responsible for updating and reviewing the Policy as new legislation, national and local developments occur

- Ensure any serious and untoward incident that falls under the categories listed within the Trust’s Incident Policy - NTW(O)05, shall ensure that the Incident and Claims Department are included in any communication

- Is responsible for co-ordinating audits within Public Protection and identifying good/poor practice

- Provides the Board of Directors with regular updates on the progress being made and any areas which require further development
4.3 Safeguarding and Public Protection Lead Practitioners

4.3.1 Act as the initial point of contact, often referred to as SPOC, (Single Point of Contact) for other agencies, regarding MAPPA issues across the Trust and are a source of advice and support within the Trust. They will:

- Facilitate and support the processing of all MAPPA and Potentially Dangerous Person (PDP) referrals and notifications to the appropriate MAPPA Office, and maintain a database for all MAPPA and Potentially Dangerous Person cases Trust wide
- Work with referring professionals/teams to ensure the quality and appropriateness of every referral are of a good standard
- Attend Multi-Disciplinary Case Review Meetings as part of the referral process where invited by Clinical Team
- Attend and support the Multi-Disciplinary Team in regards to MAPPA / Potentially Dangerous Person related issues
- Represent the Trust at all Level 2 Panel and Potentially Dangerous Person Meetings
- Liaise with Police, Probation and Prison Services in regard to information required to make an assessment of MAPPA category and level of risk
- Ensure timely data collection
- Take operational issues as appropriate to Associate Director
- Compile and complete agreed audits
- Provide supervision to practitioners as requested when managing MAPPA eligible offenders

4.4 Any issues or concern related to the operation of MAPPA should be brought to the attention of the Associate Director.

5 MAPPA-Eligible mentally disordered offenders - (Appendix 2 and 2a) –

5.1 Mentally disordered offenders who are MAPPA-eligible are those who are convicted of a specified sexual act or violent offence (Appendix 3) and sentenced to twelve months or more imprisonment, or detained in hospital subject to powers of the 1983 Mental Health Act. This means:

- Those sent direct to hospital by a court, to be detained under a Hospital order section 37 of the MHA 1983), with or without a Restriction Order (section 41 of the MHA 1983). This group includes those who are sexual offenders subject to notification requirements or found not guilty by reason of insanity
prisoners whose detention in hospital was directed by the sentencing court (sections 45A and 47 of the MHA 1983)

- other dangerous offenders – assessed as presenting a risk of serious harm and detained under Section 3 of the MHA 1983, OR s ‘notional 37’ of the MHA 1983 when the prison sentence has expired, and there is a past conviction for a violent of sexual offence, and indicators of potential increase in risk of serious harm to others that requires management at level 2 or 3

5.1.2 Relevant MAPPA-eligible mentally disordered offenders in the community subject to the powers of the MHA 1983 are:

- Those subject to conditional discharge under sections 37 and 41
- Those under a Community Treatment Order (CTO) made under section 17A of the MHA 1983
- Sexual or violent offenders who are required to register with police
- Offenders who are simultaneously subject to MHA powers and to registration requirements for a sexual offence

5.1.3 **MAPPA is relevant to any eligible person, regardless of age or gender.**

5.2 Practitioners can request Police information regarding convictions, arrests, intelligence to assist in Risk Assessment and Management. If it is understood that the patient may have a significant forensic history e.g. convictions for violent offence, weapons carrying etc, and/or a significant risk of harm to others, Practitioners should always request Police information. See Appendix 3.

5.3 MAPPA therefore equally applies to service users within young people’s services with a relevant **conviction where criminal responsibility can also be demonstrated.**

5.4 Relevant offences are under Schedule 15 of the Criminal Justice Act 2003 in the MAPPA Guidance 2012 (Appendix 3), are grouped into 3 categories, which are:

5.5 **Category 1: Registered Sex Offenders (RSO’s)**

5.5.1 Anyone currently subject to the notification requirements of the Sexual Offences Act 2003 **MUST** be included. It also includes:

- A person convicted of, cautioned for, or found to be under a disability and to have done the act charged or found not guilty by reason of insanity for an offence listed in Schedule 3 to the Sexual Offences Act will become subject to the notification requirements
• It is essential that the Police are notified in advance of the release or discharge of offenders who will be subject to the notification requirements in the community

5.6 Category 2: Violent Offenders and other Sexual Offenders

5.6.1 A) Anyone convicted of a relevant violent or sexual offence (Appendix 3) or murder who receive the following sentences:

• Imprisonment for 12 months or more (including indeterminate sentences and suspended sentences)

• Detention in a Young Offenders Institution for twelve months or more

• A Detention and Training Order (DTO) for 12 months or more

• Detained at Her Majesty's Pleasure

• A hospital Order (with or without restrictions) or Guardianship Order

B) 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 (with or without restrictions)

C) Those subject to a Disqualification Order. This Order disqualifies the offender from working with children

5.7 Category 3: Other Dangerous Offenders

5.7.1 This category contains offenders who do not meet the criteria for either Category 1 or Category 2 but who are considered by the Responsible Authority to pose a risk of serious harm to the public which requires active multi-agency management at Level 2 or 3.

5.7.2 It must also be established that the person has committed an offence which indicates that the person is capable of causing serious harm to the public. Any agency can refer a case to be considered for Category 3, it is the MAPPA Units decision to determine whether the offender meets the criteria.

• A person who has been cautioned for or convicted of an offence which indicates that he or she is capable of causing serious harm and which requires multi-agency management

• This might not be an offence under Schedule 15 of the Criminal Justice Act 2003

5.7.3 MAPPA is relevant to any eligible person, regardless of age or gender.
5.8 Identification and notification of MAPPA-eligible mentally disordered offenders –

5.8.1 Identification of a MAPPA Eligible Offender should occur within 3 days of admission to hospital. This should involve an alert being placed on RiO to this effect. Where a service user is automatically included within MAPPA or is a MAPPA eligible offender (para 5.5 and 5.6 refers) an Initial Notification Form (Appendix 4) needs to be completed and forwarded to the NTW SAPP Team at tawnt.mappa@nhs.net. This will be e-mailed to the Northumbria MAPPA Unit within 2 weeks of admission. The ‘New MAPPA Notification’ form must be completed on RiO (click on the left-hand icon ‘link to registration’, click on ‘MAPPA’, then click on ‘New MAPPA Notification’ and complete).

5.9 Any service user who is currently detained on a Hospital or Guardianship Order with a relevant violent or sexual offence (Appendix 3), and has not had a notification form submitted must have one submitted without delay.

5.10 Serious Harm

5.10.1 Is defined as a risk which is life threatening and / or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible. (Source: OASys Manual).

6 Termination of MAPPA Status

6.1 The period as offender remains a MAPPA offender varies significantly. Some will be MAPPA offenders for life and some for less than 6 months. The period will be dependant upon the offence committed and the sentence imposed. Offenders will cease to be MAPPA offenders in the following circumstances:

- **Category 1 Offenders**
  - Registered Sex Offenders - when the period of registration expires

- **Category 2 Offenders**
  - Violent and other Sexual Offenders - when the licence expires, the offender is discharged from the hospital order or guardianship order, or the disqualification order is revoked

- **Category 3 Offenders**
  - Other Dangerous Offenders – when a Level 2 or 3 MAPPA Meeting decides the risk of harm has reduced sufficiently, or the case no longer requires active multi-agency management
7 MAPPA Levels of Risk Management (Appendices 2 and 2a)

7.1 There are Three Levels of Risk Management that are decided upon on a case by case basis

7.1.1 A central MAPPA principle is that cases will be managed at the lowest appropriate level, determined by defensible decision-making. This principle applies to all categories of offender. This means that most cases will be managed at Level 1. The three different levels enable resources to be deployed to manage identified risk in the most efficient and effective manner. The central question in determining the correct level of MAPPA management is:

“What is the lowest level of case management that provides a defensible Risk Management Plan?”

7.2 The Levels of Risk Management are

7.2.1 Level 1 - “Ordinary Agency Management”
- 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 refer the case to a Level 2 or 3 MAPP Meeting;
- It is essential that information-sharing takes place, disclosure is considered, and there are discussions between agencies as necessary;
- The Responsible Authority and Duty to Co-operate Agencies who manage cases on a statutory basis must have arrangements in place to review cases managed at Level 1 in line with their own Policies and Procedures;
- Where it is Trust responsibility as the lead agency Level 1 Risk Management Meetings take place within care co-ordination arrangements convened by the Trust. The Care Co-ordinator or Ward / Team Manager should negotiate with the Police, Probation Services and other agencies whether they should attend the reviews and decide on the level of documentation appropriate to be shared with them.

7.2.2 Level 2 – Active Multi-Agency Management

7.2.2.1 The relevant MAPPA Area will convene these Meetings where the offender:
- Is assessed as posing a high or very high risk of serious harm; or
• The risk level is lower but the case requires the active involvement and co-ordination of interventions from other agencies to manage the presenting risks of serious harm; or

• The case has been previously managed at Level 3 but no longer meets the criteria for Level 3; or

• Multi-agency management adds value to the lead agency’s management of the risk of serious harm posed

7.2.3 Level 3 – Active enhanced multi-agency management

7.2.3.1 Probation (at Director level) convenes and chairs Level 3 MAPPA Meetings.

• Level 3 management should be used for cases that meet the criteria for Level 2 but where it is determined that the management issues require senior representation from the Responsible Authority and Duty-to-Co-operate agencies

• This may be when there is a perceived need to commit significant resources at short notice or where, although not assessed as high or very high risk of serious harm, there is a high likelihood of media scrutiny or public interest in the management of the case and there is a need to ensure that public confidence in the Criminal Justice System is maintained.

8 Potentially Dangerous Person (PDP)

8.1 In addition to the three categories of MAPPA there is a Potentially Dangerous Person Framework. This applies to individuals who do not have a relevant conviction or caution offence but are assessed as posing a serious risk of harm to the public. This category can include service users of the Trust.

8.2 Identifying an individual as a potential Potentially Dangerous Person case is based on the opinion of the Clinical Team and that he or she represents a potential risk of serious harm, and that this risk is current

9 Referral process into MAPPA and Potentially Dangerous Person Frameworks (Appendix 8)

9.1 Where staff assess that a service user may meet the criteria for inclusion in MAPPA Level 2/3 management or Potentially Dangerous Person Frameworks, a Multi-Disciplinary Case Review (Appendix 6) should take place where the Clinical Team can discuss the risks and agree upon a management strategy, including the sharing of information. In completing any referral, the referrer must:

• Estimate the likelihood of re-offending
• Estimate the risk of serious harm (when and to whom)
• Estimate the imminence of serious harm
• Identify those who need to be invited to the Meeting
• Identify the benefit of multi-agency management

9.1.1 The referral must demonstrate that there are specific issues that require inter-agency involvement, conferencing, information-sharing, Risk Assessment and management beyond what ordinary agency management can provide.

9.2 If the case review meeting identifies that a referral to MAPPA (Appendix 7) / PDP (Appendix 8) is pertinent, the relevant forms should be completed and forwarded to NTW MAPPA mailbox (ntawnt.mappa@nhs.net) who will forward it to the relevant MAPPA Unit.

The referrer must also complete a web-based incident report capturing the fact that a MAPPA/PDP referral has been submitted.

9.3 When a patient who is identified as MAPPA-eligible is being considered for discharge from hospital into the community, the responsible clinician must consider whether active multi-agency management is indicated, and complete and submit a MAPPA Level 2/3 referral (Appendix 7) if appropriate. This should be submitted to NTW MAPPA mailbox as above. Any MAPPA Meeting should, wherever possible, take place no later than 6 months before potential discharge. The responsible clinician should also confirm previous the level of risk management and ensure that there are no outstanding actions which need to be referred to Level 2/3 consideration. Support can be obtained from the relevant Safeguarding and Public Protection Lead Practitioner.

9.4 The referrer, often the Care Coordinator, is responsible for ensuring that relevant and comprehensive documentation is completed on the referral for MAPPA (Appendix 7) or PDP (Appendix 8) cases.

9.5 Referral information should contain the information required on the referral form – outline of convictions (if known), evidence based risk management plans and formulations, chronology of concerns. Referral must demonstrate the benefit of multi-agency involvement.

9.6 Referral forms must be completed electronically. The referrer must complete the referring agency details on the form; include their name and contact details, as well as the date of referral.

9.7 The completed referral form must be forwarded to the Safeguarding and Public Protection Lead Practitioner who will ensure that the form is e-mailed to the MAPPA Unit.
9.8 On receipt of a referral the Responsible Authority (Screening Panel) will decide whether the case meets the criteria for active multi-agency management at Level 2/3 or PDP, and a date for any Meeting. The Screening Panel considers the referral with other available data. The decision will be made within ten days of receipt of the referral form and this will be communicated to the NTW Safeguarding and Public Protection Lead Practitioner who will in turn inform and share the feedback with the referrer.

9.10 The SAPP Team will maintain a record of all MAPPA and PDP referrals and outcomes.

9.11 If there is disagreement within a team concerning the referral of a particular service user into the MAPPA or PDP Frameworks a Associate Director and the Group / Clinical Directors will make the ultimate decision in consultation with the Associate Director or Safeguarding and Public Protection Lead Practitioner. The discussions and decision should be noted in the patient’s clinical records.

10 Levels of operational management in MAPPA/PDP Meetings

10.1 Safeguarding and Public Protection Lead Practitioner Clinical Nurse Mangers and Ward / Team Managers should discuss on a case by case basis which of them is best placed to provide reports and attend MAPPA Meetings. This may be the Responsible Clinician, Psychologist, Ward Manager, Clinical Lead, or Care Co-ordinator.

10.2 Factors influencing this decision are likely to include:

a) The complexity and seriousness of the case
b) The level of resource approval likely to be required
c) The likelihood of press involvement

10.3 Where the case is active to the Trust relevant clinicians will be invited to attend and provide written reports to Meetings.

10.4 Cases not active to the Trust will be represented by Safeguarding and Public Protection Lead Practitioner.

- Please note that students/observers are not permitted to attend the meetings without prior agreement from the MAPPA Chairperson. This should be discussed with the Safeguarding and Public Protection Lead Practitioner in the first instance
- Professionals attending MAPP meetings must be actively involved in assessing and managing cases
10.5 Reports need to be completed within a 5 working day timescale upon receipt into the Trust and returned to the NTW MAPPA mailbox (ntawnt.mappa@nhs.net) who will forward it to the relevant MAPPA Unit.

10.5 Safeguarding and Public Protection Lead Practitioner will liaise with Clinical Nurse Managers and/or Associate Directors regarding cases where there is a higher level of risk.

- Further reading for Psychiatrists can be accessed at:

11 Closing the MAPPA component of a CPA Case

11.1 When MAPPA involvement in a case comes to an end, the Safeguarding and Public Protection Lead Practitioner will update records for cases managed at Level 2 and 3. Where the Trust has lead responsibility to manage cases at Level 1 the Team or Clinical Nurse Manager must complete the leave/discharge notification (appendix 5) and forward to the Safeguarding and Public Protection Team at NTAWNT.MAPPA@nhs.net for the MAPPA Unit to be notified and to enable Trust records to be updated.

12 Confidentiality and Disclosure

12.1 When requests for information are made by other agencies, staff need to consider policies relating to confidentiality, the Data Protection Act 2018, the Human Rights Act 1998 and their own professional Codes of Conduct.

- The statutory duty to co-operate for health and social services does not include a statutory duty to disclose

12.2 In cases where there is a high risk to the public, it will usually be the case that disclosure of information to the MAPPA Responsible Authority will be appropriate. However, this should only be as much as is necessary for the purposes of Risk Assessment and Risk Management. In determining the amount of information to disclose, reference should be made to the guidelines established in W v Egdell and others (1989):

- The risk must be real, immediate and serious
- The risk will be reduced by disclosure
- The disclosure is no more than is needed to reduce risk
- Damage to the public interest in respect to the breach of confidentiality is outweighed by the public interest of reducing risk
12.2.1 The 7 Caldicott Principles must also be considered when sharing personal confidential information.

12.3 The nature of any disclosure and the reasons for it should be noted clearly in the service user’s files.

12.4 If staff have concerns about any aspect of confidentiality or disclosure they should contact their Team or Clinical Nurse Manager/Community Clinical Managers. If there are issues for the Trust Caldicott Guardian, the Guardian should be approached only by Clinical Nurse Manager /Community Clinical Managers or above.

12.5 Disclosure at referral

- As referred to in 8.2, this should include information sufficient to enable agencies to determine the appropriateness of the referral to MAPPA

- The disclosure should be agreed by the Safeguarding and Public Protection Lead Practitioner and the Clinical Nurse Manager / Community Clinical Managers or Ward / Team Manager

12.6 Any information sent to Police or probation must be sent via secure e-mail.

12.7 Disclosure of NTW information for use in MAPPA Meetings (open cases)

12.7.1 Decisions on disclosure should be taken by the Clinical Team and Team Manager in negotiation, if appropriate, with the Clinical Nurse / Community Clinical Managers. Tribunal Reports or discharge summaries should not be routinely reproduced for MAPPA Meetings, and if used should be edited so that only relevant information is shared. Conversely MAPPA Minutes should not be included in information supplied to other agencies, e.g. Tribunal Reports or discharge summaries.

12.8 Request for information about closed cases

12.8.1 Safeguarding and Public Protection Lead Practitioner will make decisions regarding the appropriateness of disclosure from closed cases, if necessary in liaison with the Clinical Nurse Manager, Associate Directors.

12.8.2 Safeguarding and Public Protection Lead Practitioner will liaise with the Clinical Nurse Manager or relevant Ward / Team Manager to attend any MAPPA meetings being called in relation to closed cases from the Trust, where appropriate, and take responsibility for following through any actions relevant to their service.
12.9 Other aspects of disclosure

12.9.1 Section 17 Leave/Discharge Notification to Police (Appendix 9)

12.9.1.1 Police should be notified of patients Section 17 Leave arrangements if they come under one of the following categories:

- MAPPA eligible offenders – category 1 or 2 – see paras 5.4, 5.5 and 5.6
- Any other specific cases whereby it has been jointly agreed between the Police and the Care Team. This would likely include any being discussed currently under PDP arrangements. A rationale for this must be clearly recorded

12.9.1.2 The Police should be notified of the above patients being granted Section 17 leave only on the following occasions:

- When granted escorted leave for the first time (outwith any secure perimeter)
- When granted unescorted leave for the first time
- When any significant changes are made to the leave. This does not include an extension/reduction to the time permitted on leave, or change of agreed location
- On discharge into the community, whether by the Secretary of State of the Tribunal - advance notice should be given to the Police
- The Patient has been transferred to a different hospital
- The patient has been transferred to prison
- The patient receives an absolute discharge and is no longer liable for detention

12.9.1.3 On granting leave under the above conditions, a MAPPA Unit Leave and Discharge Notification Letter (Appendix 9) – should be sent direct by secure email to:

Mappa.HQ@northumbria.pnn.police.uk

12.9.1.4 When a patient is to be transferred or discharged, the Notification form (Appendix 9) should be sent to the SAPP team to ensure the Trust has a record of those they are responsible for managing. The SAPP team will then forward to the MAPPA Unit.

NTAWNT.MAPPA@nhs.net
12.9.1.5 Where an “out of area” service user who is automatically included within MAPPA arrangements has Section 17 Leave, details of the leave together with any conditions should be faxed to the MAPPA Unit who will ensure that the information is forwarded to the appropriate MAPPA Unit for the area where the leave will take place.

12.9.1.6 The relevant local NTW out of hours services should have available via RIO, relevant risk related information Level 2/3 MAPPA cases if there is potential for them to become involved with the patient.

12.9.1.7 Consideration must be given as to whether there are any issues relating to victims which impact on whether leave should be granted and the conditions to which it should be subject (See Section 16 and associated Practice Guidance Note).

13 Information Storage

13.1 In order to comply with the Data Protection Act 2018 and in recognition of the sensitivity of service user records all information should be held securely in accordance with Trust Policy.

13.2 MAPPA documentation is confidential to those attending and should not be circulated more widely without the agreement of the Chair of the Meeting.

14 ViSOR (Violent and Sexual Offender Register)

14.1 VISOR is an electronic system which is managed, accessed and updated by the three Responsible Agencies – Police, Prison and Probation. It provides a central store for up-to-date information about offenders.

14.2 Mental Health Services must provide relevant data for updating VISOR cases when they become aware the person is subject to MAPPA. This is often when a Level 2 or 3 meeting is convened. In these cases, the MAPP Meeting will identify new information which should be entered on VISOR.

14.3 Mental Health Services must provide relevant data for updating VISOR cases in the other cases (Level 1 management, or if information is pertinent to an offenders Risk Assessment and Risk Management Plan outwith Level 2 or 3 MAPP Meeting).

14.4 Category 1 (Registered Sexual Offenders) – All Category 1 offenders will have a ViSOR Record and a nominated Police Offender Manager who is the owner of the record. The mental health professional should contact the Police Safeguarding Team to inform them that they are involved in the case, provide contact details, and obtain details of the Police Officer responsible for managing the risk (RMO - Risk Management Officer). The Police and Mental Health Services will be expected to work closely together to manage the case, with each informing the other of any significant changes or developments. The Police have responsibility to keep VISOR updated.
Category 2 (Violent and other Sexual Offenders) – Mental Health Services must ensure that the MAPPA Coordinator is kept informed of significant changes and events, for example, the date of discharge from hospital and proposed address.

Category 3 (Other Dangerous Offenders) – the MAPP Meeting will identify which new information should be entered on ViSOR, e.g Risk Assessments, change of personal circumstances. Mental Health Services must supply this promptly to relevant ViSOR staff.

Service User and Carer Involvement

Tribunals etc it can be down to clinical decision as to whether they are to be informed, particularly if a Tribunal is coming. They can submit a ‘not to disclose’ request to the Tribunal if they wish, but must provide relevant MAPPA info to the Tribunal Judge

Victim Considerations

Victim’s Rights (See Trust policy, NTW(C)25 – MAPPA, practice guidance note MAPPA-PGN–01 - Victim’s Rights under Mental Health Act 2007.

The Victim Liaison Unit (VLU, Probation Trust) should identify victims of restricted and non-restricted patients, and establish whether they wish to take up their rights under the Domestic Violence, Crime and Victims Act 2004 and the Mental Health Act 2007, which allows them to make representations when discharged in being considered for the patient/offender, and receive information about relevant discharge conditions.

The Hospital Managers have a responsibility to:

• identify relevant patients/offender
• maintain records of victims who have asked to make representations or receive information
• invite and pass on representations from victims
• give victims required information
• inform new hospital management where patients are transferred or assigned
17 Consideration of the needs of a Child

17.1 A child or young person who is convicted of a serious sexual or violent offence (as set out in Schedule 15 to the Criminal Justice Act 2003) may be a MAPPA offender. The law also requires his or her needs as a child to be considered. It is important that all statutory agencies that have a responsibility for children and young persons take this into account.

17.2 Whenever a child or young person is being discussed at a MAPPA Meeting, the meeting must ensure that it considers its responsibilities to safeguard and promote the welfare of children as well as the risk of harm the young offender presents to others. Children’s Services should always be represented at these MAPPA Meetings.

17.3 MAPP Meetings consider the risk of harm to any children linked to the offender or victim to allow for assessment of risk by Children’s Social Care.

18 Request for Police Disclosure (Appendix 10)

18.1 Practitioners can request Police information regarding convictions, arrests, intelligence to assist in Risk Assessment and Management.

If it is understood that the patient may have a significant forensic history e.g. convictions for violent offence, weapons carrying etc, and / or a significant risk of harm to others, Practitioners should always request Police information. (Appendix 10).

19 Access to Legal Advice

19.1 Requests for legal advice should be in accordance with the Trust’s Procedure for Accessing Legal Advice - NTW(O)16.

20 Training and Supervision

20.1 Training will be determined by the Trust-wide SAPP Group in collaboration with the Training Academy.

20.2 Training and supervision is available to all clinical staff who have direct contact with patients and service users managed under MAPPA. This includes Clinical Nurse Managers, Associate Directors, Group Directors, Safer Care Group and Clinical and Information Governance.

21 Identification of Stakeholders

21.2 This is an existing Policy which has undergone a review with only minor changes therefore did not require Trust-wide Consultation.
• North Locality Care Group
• Central Locality Care Group
• South Locality Care Group
• Corporate Decision Team
• Business Delivery Group
• Safer Care Group
• Communications, Finance, IM&T
• Commissioning and Quality Assurance
• Workforce and Organisational Development
• NTW Solutions
• Local Negotiating Committee
• Medical Directorate
• Staff Side
• Internal Audit

22  Equality and Diversity Assessment

22.1  In conjunction with the Trust's Equality and Diversity Lead this Policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

23  Implementation

23.1  Taking into consideration all the implications associated with this policy, it is considered that a target date of January 2017 is achievable for the contents to be implemented within the organisation.

23.2  The Safeguarding and Public Protection Group will receive the outcomes of the policy monitoring and agree with the Head of Safeguarding Adults and Public Protection, any action planning if gaps are identified.

24  Fair Blame

24.1  The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

25  Monitoring Compliance

25.1  Any potential changes to Trust policy documentation will be presented as an agenda item to the Safeguarding Public Protection Group by the Head of Safeguarding Adults and Public Protection.
25.2 It is highly recommended that the Strategic Management Board should include representation at an appropriately senior level from the Trust under the Duty to Co-operate arrangements. The Strategic Management Board member provides an update at the bi-monthly Safeguarding and Public Protection Group Meetings.

25.3 Serious Case Review (SCR) recommendations and action plans agreed by MAPPA SMB are monitored by the Safeguarding and Public Protection Group and Board of Directors.

26 Fraud, Bribery and Corruption

26.1 In accordance with the Trust’s NTW(O)23 - Fraud, Bribery and Corruption Policy, all suspected cases of fraud and corruption should be reported immediately to the Trust’s Local Counter Fraud Specialist or to the Executive Director of Finance.

27 Associated Documentation

- NTW(O)01 - Development and Management of Procedural Documents
- NTW(O)09 – Records Management Policy and PGN’s
- NTW(O)16 – Accessing Legal Advice
- NTW(O)29 – Confidentiality Policy
- NTW(O)35 - Data Protection Policy
- NTW(C)04 – Safeguarding Children Policy
- NTW(C)20 – Care Coordination (CPA) Policy and additional PGN’s
- NTW(C)24 – Safeguarding Adults at Risk Policy
- NTW(C)54 – Domestic Violence Policy
### Equality Analysis Screening Toolkit

<table>
<thead>
<tr>
<th>Names of Individuals involved in Review</th>
<th>Date of Initial Screening</th>
<th>Review Date</th>
<th>Service Area / Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Rowlands</td>
<td>November 2016</td>
<td>November 2019</td>
<td>Trust wide</td>
</tr>
</tbody>
</table>

**Policy to be analysed**

- Is this policy new or existing?
  - NTW(C)25 MAPPA Policy – V03: Existing

**What are the intended outcomes of this work?** Include outline of objectives and function aims

- To set out the responsibilities and expectations of clinical staff in relation to MAPPA / PDP
- To clarify what is MAPPA, who it applies to

**Who will be affected?** e.g. staff, service users, carers, wider public etc

- Staff

**Protected Characteristics under the Equality Act 2010.** The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Impact Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</td>
</tr>
<tr>
<td>Sex</td>
<td>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</td>
</tr>
<tr>
<td>Race</td>
<td>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</td>
</tr>
<tr>
<td>Age</td>
<td>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</td>
</tr>
<tr>
<td>Gender reassignment (including transgender)</td>
<td>Human Rights Issues.</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</td>
</tr>
</tbody>
</table>
Carers

Policy is neutral in impact follows national guidelines and considers Human Rights Issues.
<table>
<thead>
<tr>
<th>Other identified groups</th>
<th>Policy is neutral in impact follows national guidelines and considers Human Rights Issues.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How have you engaged stakeholders in gathering evidence or testing the evidence available?</strong></td>
<td>Through engagement with standard Policy Consultation Procedures</td>
</tr>
<tr>
<td><strong>How have you engaged stakeholders in testing the policy or programme proposals?</strong></td>
<td>Policy will go out to consultation, comments received will be incorporated in a final draft that will be submitted for approval by the Trust-wide Policy Group</td>
</tr>
<tr>
<td><strong>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</strong></td>
<td>Through the Policy Consultation Procedures</td>
</tr>
<tr>
<td><strong>Summary of Analysis</strong></td>
<td>Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.</td>
</tr>
<tr>
<td></td>
<td>Policy follows National Best Guidance and is considered to be neutral in its impact</td>
</tr>
<tr>
<td><strong>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic</strong></td>
<td></td>
</tr>
<tr>
<td>Eliminate discrimination, harassment and victimisation</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Advance equality of opportunity</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Promote good relations between groups</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>What is the overall impact?</td>
<td>Neutral</td>
</tr>
<tr>
<td>Addressing the impact on equalities</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?</td>
<td></td>
</tr>
</tbody>
</table>

Manager’s signature: Christopher Rowlands  
Date: November 2016
### Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a new policy with new training requirements or a change to an existing policy?</td>
<td>Review of existing Policy</td>
</tr>
<tr>
<td>If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.</td>
<td>Yes, currently training strategy in place regarding MAPPA</td>
</tr>
<tr>
<td>Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice? Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Resolutions etc. Please identify the risks if training does not occur.</td>
<td>Training needs required as Best Practice to assist in fulfilling Trust ‘Duty to Co-operate’ responsibilities</td>
</tr>
<tr>
<td></td>
<td>Risks</td>
</tr>
<tr>
<td></td>
<td>Process is not understood</td>
</tr>
<tr>
<td></td>
<td>Referrals not made to reduce risk to the public of serious harm</td>
</tr>
<tr>
<td></td>
<td>Information is not shared to reduce risk of serious harm</td>
</tr>
<tr>
<td></td>
<td>MAPPA eligible offenders are not identified and appropriate Risk Management Plans are not identified</td>
</tr>
<tr>
<td></td>
<td>MAPPA serious case reviews</td>
</tr>
<tr>
<td>Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.</td>
<td>- Clinical staff who have direct contact with patients and service users.</td>
</tr>
<tr>
<td></td>
<td>- Clinical Nurse Managers and Group Directors</td>
</tr>
<tr>
<td></td>
<td>- Safer Care Group</td>
</tr>
<tr>
<td></td>
<td>- Clinical and Information Governance</td>
</tr>
<tr>
<td>Is there a staff group that should be prioritised for this training / awareness?</td>
<td>No</td>
</tr>
<tr>
<td>Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session, E Learning</td>
<td>Delivered by Safeguarding Adults Trainer Practitioner and MAPPA Practitioner Leads</td>
</tr>
<tr>
<td></td>
<td>Sessions will be 2 ½ hours face to face training and consist of power point and group work</td>
</tr>
<tr>
<td></td>
<td>Sessions regarding the policy update will be delivered to Service, clinical and ward managers to cascade to ward staff.</td>
</tr>
<tr>
<td>Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Admin needs etc.</td>
<td>Safeguarding Adults Practitioner Lead Philip Battista</td>
</tr>
</tbody>
</table>
## Appendix B – continued

### Training Needs Analysis

<table>
<thead>
<tr>
<th>Staff/Professional Group</th>
<th>Type of training</th>
<th>Duration of Training</th>
<th>Frequency of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical staff who have direct contact with patients and service users.</td>
<td>Face to face</td>
<td>2 ½ hours</td>
<td>3 yearly</td>
</tr>
<tr>
<td>Clinical Nurse Managers, <strong>Associate Directors</strong> and Group Directors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safer Care Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical and Information Governance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Copy of completed form to be sent to:**
Training and Development Department,  
St. Nicholas Hospital

**Should any advice be required, please contact:**- 0191 245 6677 (internal 56677)
### Monitoring Tool

**Statement**

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, Policy Authors are required to include how monitoring of this policy is linked to Auditable Standards / Key Performance Indicators will be undertaken using this framework.

<table>
<thead>
<tr>
<th>NTW(C)25 – MAPPA - Monitoring Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Auditable Standard / Key Performance Indicators</strong></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>1 Process in place for discussion of any changes in MAPPA guidance and government legislation requiring potential policy amendments</td>
</tr>
<tr>
<td>2 Nominated Trust representative attends MAPPA SMB</td>
</tr>
<tr>
<td>3 Any Serious Case Reviews undertaken, associated recommendations and action plan are monitored</td>
</tr>
<tr>
<td>Auditable Standard/Key Performance Indicators</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>4. When a patient who is MAPPA eligible is being considered for discharge from hospital, the clinician must consider whether active multi-agency management is indicated and a MAPPA level 2/3 referral should be submitted to NTW MAPPA.</td>
</tr>
</tbody>
</table>

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.