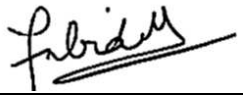
Birmingham and Solihull Mental Health NHS Foundation Trust

Multi Agency Public Protection Arrangements

Policy number and category	**CG 44**	**Corporate Governance**
Version number and date	**5**	**August 2024**
Ratifying committee or executive director	**Trust Board / Clinical Governance Committee**	
Date ratified	**April 2024**	
Next anticipated review	**April 2027**	
Executive director	**Medical Director**	
Policy lead	**Consultant Forensic Psychiatrist**	
Policy author *(if different from above)*		
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

POLICY CONTEXT

Management of risk, including risks posed by patients to others, is a core task for mental health services. Mental Health Trusts have a statutory duty to cooperate with local Multi Agency Public Protection Arrangements (MAPPA). This means that all staff working with patients and carers should understand which patients are eligible for management under MAPPA, should, as necessary, identify, notify and refer such patients, and should contribute to multiagency risk management plans.

POLICY REQUIREMENT (see Section 2)

- The Trust will be represented on the West Midlands MAPPA strategic management board, there will be a Trust MAPPA lead to provide a single point of contact for case-related matters and there will be an identified Trust MAPPA administrator to facilitate information sharing.
- All MAPPA-eligible patients will be identified within the clinical records system and when appropriate they will be notified or referred to the MAPPA coordinator. Information will be shared with MAPPA agencies when it is lawful, necessary and proportionate to do so. For patients being managed at level 2 or 3, clinical staff will contribute to the development of multi-agency risk management plans.

CONTENTS

1 INTRODUCTION

1.1 Rationale (Why)

1.1.1 The Criminal Justice Act 2003 provides for the establishment of multi-agency public protection arrangements (MAPPA) in each criminal justice area of England and Wales. Local criminal justice agencies and other bodies are required to work together in partnership in order to protect the public from serious harm by violent and sexual offenders.

1.1.2 The MAPPA framework is set out in detail in the MAPPA Guidance, published by the Ministry of Justice. It has 4 main functions: 1) to ensure that offenders who pose a high risk of harm to others are identified; 2) to share information among those agencies involved in managing that risk; 3) to assess the risk of serious harm; 4) to manage that risk.

1.1.3 Designated agencies are required to identify those individuals who may be liable to management under MAPPA by virtue of their caution or conviction and their sentence, to notify the local MAPPA coordinator of the agency's involvement to enable appropriate sharing of information about risk, and to cooperate with other agencies in assessing risk and developing risk management plans.

1.1.4 Health organisations are among those organisations with a statutory duty to cooperate with MAPPA and mental health trusts are among those organisations with a responsibility to identify patients who are MAPPA-eligible.

1.2 Scope (Where, When, Who)

1.2.1 The duty to cooperate with MAPPA is an obligation for the Trust as an organisation, rather than for mental health professionals as individuals. All members of staff working with patients and carers need to be aware of this policy, to know how and when it might impact on their practice, and to understand how conflicts between the organisation's statutory obligations and an individual's professional obligations should be resolved.

1.2.2 Considering whether to share information is particularly important when an offender is to move out of a supervised or contained environment into a community setting. This may include unescorted leave of absence under section 17 of the Mental Health Act 1983, discharge from inpatient status and also release from prison.

1.2.3 Very few of the patients receiving care from BSMHFT will, at any one time, come within the MAPPA definition of a violent or sexual offender and thereby be eligible for management under MAPPA. Occasionally, there will be patients who pose a very serious risk of harm, but who are not violent or sexual offenders for MAPPA purposes. While management of these latter cases will not be within the formal MAPPA framework, the same principles should underpin risk management.

1.3 Principles (Beliefs)

1.3.1 The Trust positively supports individuals with learning disabilities and ensures that no one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive

episode of care whilst in our services. Information is shared appropriately in order to support this.

1.3.2 Risk management is a core task for mental health services. Among BSMHFT patients, a high risk of criminal offending or causing serious harm to other people is unusual; other risks are much more common. But in a minority of cases of mental disorder there is an identifiable risk to others, which may or may not be related directly to the patient's mental state.

1.3.3 Effective risk assessment and management depends on the quality of information underpinning it. Reviews into homicides or other serious incidents of violence perpetrated by those with mental disorder often find that there were problems in communication between agencies.

1.3.4 Appropriate sharing of information between the agencies involved with an individual is important for accurate risk assessment. Often patients will consent to this. While all patients have a right to receive confidential medical treatment, this right is not absolute and under certain circumstances clinical staff have a duty to breach confidentiality.

1.3.5 By virtue of section 325 of the Criminal Justice Act 2003, BSMHFT has a statutory duty to cooperate with the Responsible Authority (see glossary), in establishing local arrangements for assessment and managing risks posed by MAPPA offenders. The required cooperation is reciprocal and only extends to the extent that such cooperation is compatible with the existing functions of the Trust.

1.3.6 Over and above the duty to cooperate, BSMHFT also has a responsibility to identify, notify and refer MAPPA offenders.

1.3.7 The MAPPA regulations provide no additional authority for mental health practitioners to share information or breach confidentiality. Decision making about sharing information or breaching confidentiality must conform to existing frameworks.

2 POLICY (What)–

2.1.1 All staff working with patients and carers should be aware of this policy. Every team should have sufficient knowledge of the policy and associated resources to be able to fulfil the Trust's obligations.

2.1.2 All BSMHFT patients who are MAPPA-eligible will be identified promptly. The MAPPA eligibility of such a patient will be recorded within the clinical records system in such a way as to ensure that the current MAPPA category and the level of management can be identified easily.

2.1.3 For all patients identified as MAPPA-eligible, notification or referral to the relevant MAPPA coordinator(s) will be considered and actioned as appropriate.

2.1.4 BSMHFT staff working with MAPPA eligible patients will work collaboratively with other MAPPA agencies, within the usual parameters of their clinical work, in order to assist in the development of effective risk management plans.

2.1.5 Where a BSMHFT patient is being managed at level 2 or 3, the clinical team will ensure that there is appropriate clinical representation at relevant MAPP meetings.

3 PROCEDURE

2.1 Roles and representation

2.1.1 There will be Trust representation at the MAPPA Strategic Management Board, which is able to provide a senior managerial and clinical perspective, and is of sufficient seniority to be able to contribute to developing and maintaining effective inter-agency public protection procedures and protocols on behalf of the Trust and to address the practical and resource implications of MAPPA.

2.1.2 There will be a named senior clinician, who will be the MAPPA lead for the Trust. The MAPPA lead will

- act as a single point of contact with the Responsible Authority for operational matters
- have overall responsibility for this policy and monitor practice
- maintain the MAPPA resource pages on the intranet, and provide information about MAPPA procedures to clinical staff when required
- be a source of advice for clinical staff on case-related matters

2.1.3 There will be an identified Trust MAPPA administrator who will facilitate the sharing of information between clinicians and MAPPA coordinators.

2.1.4 The MAPPA resources pages on the Trust intranet will include the names and contact details of the Trust MAPPA lead and the Trust MAPPA administrator, and the necessary forms to be used when notifying, referring and sharing information about a MAPPA-eligible offender.

2.1.5 The governance arrangements will be via Secure Care and Offender Health Clinical Governance committee.

2.2 Identification of MAPPA-eligible patients

2.2.1 Mental Health Trusts, along with police, prison, probation, and youth offending services, are required to identify patients who are MAPPA-eligible offenders and to record this within their internal case management system, so as to ensure that both MAPPA category and level of management can be identified easily.

2.2.2 There are four categories of MAPPA eligible offenders. The categories are listed in the appendix 2.

2.2.3 There are 3 levels of management: 1. ordinary agency management; 2. active multi-agency management; 3. active enhanced multi-agency management. These levels are described further in appendix 1. The majority of MAPPA eligible patients will be managed at level 1.

2.2.4 Responsible Clinicians in charge of the patient's treatment must ensure that where a patient is MAPPA eligible, this is recorded on the MAPPA eligibility form on RiO as soon after sentencing or admission as is practical and at least within 2 weeks.

2.2.5 Where a patient is identified as MAPPA eligible, the care team must decide when to notify and whether to refer. This should be discussed within a multidisciplinary forum.

2.2.6 If a care team, having considered this policy, is uncertain whether or not a patient is MAPPA-eligible, then the case should be discussed with the Trust MAPPA lead.

2.3 Notification of MAPPA-eligible patients

2.3.1 A patient who has been identified as MAPPA-eligible must be notified to the MAPPA coordinator well in advance of the patient having unsupervised access to the community. They should be notified both to the MAPPA coordinator for the area that they come from and also for the area to which they will return or in which they will be unsupervised in the community, if these are not the same.

2.3.2 The exact timing of notification is a matter for the multidisciplinary team to consider. This consideration should begin as soon as a patient has been identified as MAPPA-eligible. The MAPPA Guidance suggests that notification should occur at least 6 months in advance of the patient having unsupervised access to the community.

2.3.3 The team should take into account the level of risk associated with the case, the guiding principles around confidentiality, the likely time period until the patient will have community access, the possibility of the patient gaining access to the community precipitously and the importance of ensuring that notification occurs reliably.

2.3.4 When the team decides to notify, a designated member of the care team should be tasked to discuss this with the patient and to complete form MAPPA I.

2.3.5 The patient should be told about the MAPPA process and the obligations of the Trust. They should be told what information will be disclosed on the notification form, and under what circumstances additional information would be shared. Whether or not the patient consents to such information sharing should be recorded within the clinical records.

2.3.6 If the patient does not consent, the care team should consider whether or not to breach confidentiality in the public interest. If the team decides that it is not appropriate to breach confidentiality or there is an irresolvable difference of opinion within the team, then the case should be discussed with the Trust MAPPA lead (see also paragraph 2.9 below).

2.3.7 The notification form MAPPA I requires the patient's name, gender, ethnicity, date of birth and last address; details related to their detention in hospital; the offence and sentence that renders them MAPPA-eligible; whether their victims have asked for information to be provided to them and contact details for the person completing the form.

2.3.8 The completed notification form (MAPPA I) should be sent to the Trust MAPPA administrator, who will forward it to the relevant MAPPA coordinator. In most cases this will only be the West Midlands MAPPA coordinator. The person completing the notification form must inform the MAPPA administrator if the notification form also needs to be sent to the MAPPA coordinator for another area – that is the area from which the patient comes or the area in which they will be unsupervised in the community.

2.3.9 The care coordinator must ensure that the date of notification and the level of management have been recorded on the RiO Record of MAPPA-eligibility form.

2.4 Management of patients at Level 1

2.4.1 Most MAPPA-eligible patients will be managed at level 1. This is known as "ordinary agency management" and means that the risks posed can be managed effectively by one lead agency, in this case BSMHFT. Other agencies might be involved, but

active multiagency management through MAPP meetings at level 2 or 3 is not required.

2.4.2 It may still be necessary to share information with police, probation and other MAPPA agencies, depending on the nature of the case.

2.4.3 With regard to a detained patient, the responsible clinician and the care team must consider whether or not it is necessary to inform the MAPPA coordinator of significant events or changes in circumstances at each stage of care that may involve a move outside of a secure perimeter or a directly supervised hospital environment. It is expected that this will include communicating that:

- transfer to another hospital is planned
- transfer to another hospital has occurred
- unsupervised leave in the community is being planned
- discharge from inpatient care is being planned
- discharge from inpatient care has occurred
- a patient has absconded or escaped from hospital
- a patient in the community has changed address

In some cases it may be necessary to communicate other information, such as when escorted community leave or a mental health tribunal is anticipated. It will not generally be necessary to communicate each occurrence of leave in the community or other day-to-day details of care.

2.4.4 The MAPPA resources pages contain a “Form for informing MAPPA coordinator of a change in circumstances”, which may be used, if desired, to share information. The information should either be sent directly to the MAPPA coordinator from a secure email address, or sent to the Trust MAPPA administrator for forwarding securely.

2.4.5 Each time information is shared, consent from the patient should be sought, and the sharing of information should be recorded within the care record.

2.4.6 The care team must periodically review whether management at level 1 remains appropriate or whether active multi-agency management is required. This should be considered at each CPA review and whenever there is a significant change in the patient’s circumstances or change in their risk, particularly when discharge to a community setting is anticipated.

2.4.7 For patients managed at level 1, the care team should manage any necessary disclosures of information to third parties. There is no need to involve the MAPPA coordinator, unless this is necessary to assist with the disclosure process.

2.5 Referral for management at level 2 or 3

2.5.1 Where level 1 ordinary agency management is not sufficient to manage effectively the risks associated with a MAPPA-eligible patient, the patient should be referred for active multi-agency management at level 2 or 3.

2.5.2 The characteristics of level 2 and 3 cases are set out in the appendix. The decision to refer should be taken at a multi-disciplinary meeting attended by the consultant psychiatrist and the care coordinator, unless this is impractical.

2.5.3 The care team should allocate the task of referral to a specific individual who will discuss this with the patient unless it is inappropriate to do so, complete the referral form MAPPA A and forward this to the Trust MAPPA administrator, who will forward it to the MAPPA coordinator.

2.5.4 On receiving the referral, the MAPPA coordinator will decide whether or not it is appropriate to convene a level 2 or 3 MAPP meeting and will communicate this decision within 10 days, giving the date of a MAPP meeting where this is appropriate.

2.5.5 If a team is uncertain whether a referral is appropriate or there is disagreement within the team, the case should be discussed with the Trust MAPPA lead (see also paragraph 2.9). Alternatively, the anonymised case may be discussed with the MAPPA coordinator.

2.5.6 Where a patient is being managed at MAPPA level 2 or 3 the care team must ensure appropriate representation at the relevant MAPP meetings in order to share information and contribute to the multi-agency risk management plan. The team's representative must be of sufficient seniority and have sufficient familiarity with the case to be able to make decisions about what information is appropriate to be shared and to explain this to a MAPP meeting.

2.5.7 Unless it is inappropriate to do so, the attendance and the nature of the information that might be shared should be discussed in advance with the patient. In each case, this discussion, or the reasons why it has not occurred, should be recorded within the clinical records.

2.5.8 The representative of the care team must ensure that their attendance at the meeting and actions directly relevant to the clinical functions of BSMHFT staff are recorded within the clinical record (see also paragraph 2.9 below).

2.5.9 The MAPP panel will agree what information can be fed back to the offender (patient). Trust representatives at MAPPPs should ensure that this is clearly established.

2.6 Exit from MAPPA

2.6.1 For each patient subject to MAPPA management, the care team should be aware of when the patient's MAPPA eligibility will end and plan for this.

2.6.2 Where the MAPPA eligibility of a patient being managed at level 1 is due to expire, the care team should consider whether the case may then come within category 3 and warrant referral for active multi-agency management at level 2 or 3.

2.6.3 When the MAPPA-eligibility of a patient being managed at level 1 ends, the care team must inform the MAPPA coordinator of this and record the patient's exit from MAPPA on the RiO Record of MAPPA eligibility form.

2.7 Storage of records relating to MAPPA

2.7.1 For patients who are MAPPA-eligible offenders, their MAPPA category and current level of management must be recorded within the clinical records and must be readily identifiable. Each period of MAPPA eligibility should be recorded on the RiO Record of MAPPA Eligibility form. The form should be completed each time a patient is identified as MAPPA eligible, is notified or referred, when their level of management changes and when the period of MAPPA eligibility ends.

2.7.2 Forms completed by clinicians for the purposes of initial notification or referral (i.e. MAPPA I and MAPPA A forms respectively) should be filed within the risk documentation section of the ICR and they should uploaded into RiO.

2.7.3 Minutes of MAPP meetings for patients being managed at level 2 or 3 should not be retained by BSMHFT. Staff who attended the meeting, or who receive the minutes, should record the occurrence of the meeting within the clinical notes and include the information that is directly relevant to the clinical functions of mental health staff, including the assessment and management of risk. Having received minutes of a MAPP meeting and ensured that all appropriate risk and clinical information is included in the clinical record and that the minutes reflect the actions agreed at the meeting, the minutes of the MAPP meeting should be securely destroyed using the confidential waste bins provided.

2.7.4 Care should be taken not to include within the clinical record operational information relating to other MAPPA agencies, or third party information that is not required for the delivery of effective mental healthcare to the patient. Where it is necessary to include third party information, it must be flagged as third party information.

2.8 Where there are serious risk concerns but the patient is not MAPPA eligible

2.8.1 MAPPA eligibility is primarily determined by criminal offence and sentence. While very few BSMHFT patients pose a serious risk to other people, occasionally a clinician will have serious concerns about risks posed by a patient who does not fulfil the criteria for MAPPA-eligibility. Such a case cannot be managed within the formal MAPPA framework.

2.8.2 However, the principles on which MAPPA are founded are still applicable and MAPPA agencies may still have a role in managing risk to protect the public. It is still necessary

- to ensure that comprehensive risk assessments are undertaken,
- to consider information sharing with other agencies or individuals, potentially including breaching confidentiality
- to involve other agencies in care planning meetings where appropriate, so as to develop joint risk management plans.

2.8.3 Clinicians should consider discussing such a case with the Trust MAPPA lead and/or the MAPPA coordinator to consider whether the patient should be referred as a category 3 offender, or whether the MAPPA coordinator can assist with risk management in some other way.

2.9 Information sharing, disclosure and uncertainty

2.9.1 MAPPA provides a formal framework to facilitate effective collaboration and appropriate sharing of information between agencies. It provides no additional authority to share confidential person identifiable information.

2.9.2 Regardless of whether or not it is occurring within the MAPPA framework, information sharing must have lawful authority, be necessary, be proportionate, be done in ways which ensure the safety and security of the information shared and be accountable. In considering whether to share information, health professionals must have regard to the guidance provided by relevant Trust policies, professional bodies and statute.

2.9.3 For patients who are being managed at level 1, the information required by the initial notification form (MAPPA I) is usually sufficient in the first instance. More information is likely to be necessary for patients managed at level 2 or 3. However the amount of information that should be shared will be dynamic and will depend on information shared by other agencies. Therefore this has to be judged clinically on an individual basis at a particular time, according to the perceived level of risk and the relevance of the information to the identified risks.

2.9.4 Information will often be shared with the MAPPA coordinator by email but clinicians must ensure that this is within a secure email network. Information should not be sent to the MAPPA coordinator from a Trust email account and a Trust email address should not be provided to the MAPPA coordinator for return of information. Transfer of information may occur securely between an nhs.net account and a gsi.gov.uk account. Alternatively clinicians may send information to be shared to the Trust MAPPA administrator within the Trust email network, for forwarding securely.

2.9.5 Offenders have neither direct involvement in MAPP meetings, nor a right to see the minutes of them. Intended sharing of personal information should be discussed with the patient in order to gain their consent, or if appropriate to inform them that information will nonetheless be shared in the public interest, unless to do so would be impracticable, or would put you or others at risk of serious harm, or would prejudice the purpose of sharing the information.

2.9.6 Where a patient is MAPPA eligible but the clinicians concerned do not think that information should be shared, or where there is disagreement about this between members of the care team, or where the care team is not certain whether or what information should be shared, the case should be raised promptly with the Trust MAPPA lead or the Caldicott Guardian for further discussion.

2.9.7 If such discussions do not lead to resolution, the Trust MAPPA lead and the Caldicott Guardian will decide whether the Trust should share information, obtaining and taking into account legal advice if necessary.

4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
All clinical staff	Are responsible for ensuring that their practice is compliant with the Trust MAPPA policy as set out in this document.	
Clinical Directors, Associate Directors & Team Managers	To be aware of the MAPPA policy, to ensure that sufficient staff have adequate knowledge of MAPPA and to support staff in working within the policy.	
MAPPA Lead	To provide a single point of contact for the responsible authority for operational and case-related matters To provide case-specific advice or guidance to clinical staff on the interface with MAPPA Review and development of MAPPA policy and practice Provision of training for those staff who need to work within MAPPA	

Executive Director & Caldicott Guardian	Supports the MAPPA lead in relation to information sharing and confidentiality matters and reports to the Trust Board on MAPPA performance	

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation		January 2023
Number of versions produced for consultation		1
Committees or meetings where this policy was formally discussed		
Circulated to MAC membership		
Where else presented	**Summary of feedback**	**Actions / Response**
	No changes suggested	

6 REFERENCE DOCUMENTS

Ministry of Justice (2012) *MAPPA Guidance 2012 (Version 4.4 [Updated Mar 2019]*

Department of Health (2003) *Confidentiality: NHS Code of Practice*

General Medical Council (2017) *Confidentiality*

7 BIBLIOGRAPHY

Ministry of Justice (2012) *Guidance for working with Mentally Disordered Offenders* Match 2012

Ministry of Justice (2012) *MAPPA level 1 – ordinary agency management best practice* March 2012

Royal College of Psychiatrists (2013) Guidance for working with MAPPA

BSMHFT Confidentiality Policy IG01

8 GLOSSARY

8.1.1 In each criminal justice area, the **Responsible Authority** for MAPPA comprises the police, the probation trust and the prison service.

8.1.2 Identification, notification and referral are 3 distinct processes:

- **Identification** is the process by which the Trust recognises and signals internally that a patient is MAPPA-eligible.

- **Notification** is the process by which the fact of the existence of a MAPPA-eligible offender, who is being managed by a mental health service, is made available to other MAPPA agencies.
- **Referral** is the process by which an agency raises the level of management of a case from level 1 to level 2 or 3.

8.1.3 MAPPA language distinguishes between disclosure of information and sharing of information:

- **Sharing of information** occurs between MAPPA agencies that are involved in the management of a MAPPA offender
- **Disclosure** is the release of information to a third party, i.e. not the offender and not the MAPPA agencies. It would include giving information to victims or potential victims for example.

9 AUDIT AND ASSURANCE

Monitoring will occur through RIO MAPPA eligibility forms and clinical audits within respective clinical areas/directorates.

Element to be monitored	Lead	Tool	Freq	Reporting Arrangements
Attendance at MAPPA meetings	MAPPA coordinator	Attendance record	Annual	MAPPA strategic board and a copy is shared with BSMHFT MAPPA lead.
Completion of MAPPA eligibility forms	Respective Clinical directorates	RIO forms		

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Policy	**MAPPA policy**		
Person Completing this policy	Sajid Muzaffar	**Role or title**	Psychiatrist
Division	Secure care	**Service Area**	Secure Care
Date Started	March 2024	**Date completed**	March 2024
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
BSMHFT is a duty to cooperate agency under statutory arrangements. The policy clarifies our responsibilities and procedures to fulfil them			
Who will benefit from the policy?			
Patients subject to MAPPA			
Does the policy affect service users, employees or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
no. it applies to anyone subject to MAPPA. MAPPA eligibility is decided by statutory criteria			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
no			
Does it involve a significant commitment of resources? ***How will these reduce inequality?***			
Yes.			
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)			

The courts decide the sentence which in turn decides eligibility for MAPPA. This policy is about fulfilling the responsibilities of BSMHFT as a duty to cooperate agency				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this policy promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*			*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age	xx			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	x			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	x			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	x			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				

Pregnancy or Maternity	x			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	x			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	x			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights	x			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				

If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
How will any impact or planned actions be monitored and reviewed?				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis				

Appendix 2– Categories of MAPPA-eligible offender

MAPPA eligibility is primarily a function of offence and sentence. On receiving a notification, the MAPPA coordinator will ensure that the criteria are met; if they are not, the notifier will be informed and no information about the offender will be retained by the MAPPA coordinator.

There are 3 categories:

Category 1 – Registered Sex Offenders

- *Any patient who is currently a registered sex offender*
    - Applies to anyone convicted of, cautioned for, found not guilty by reason of insanity of, or found unfit to plead in relation to an offence listed in schedule 3 of the Sexual Offences Act 2003
    - The notification period varies according to sentence:
        - Indefinite if imprisonment for more than 30 months or restricted hospital order
        - 10 years if imprisonment for between 6 and 30 months.
        - 7 years if imprisonment for less than 6 months or unrestricted hospital order

Category 2 – violent and other sex offenders

- *An individual who has committed murder or a schedule 15 offence, and*
    - Schedule 15 of the Criminal Justice Act 2003 lists over 150 offences (see below)
    - Committed means convicted of, found not guilty by reason of insanity of, or found unfit to plead and to have done the act
- *Was sentenced under section 37 or to more than 12 months imprisonment, and*
    - Includes both guardianship orders and hospital orders, whether restricted or not.
    - Note a sentence of 52 weeks does not qualify as this is less than 12 months
    - If a sentence of more than 12 months is suspended, the individual is MAPPA-eligible while they are still subject to probation supervision
- *Whose eligibility has not ended*
    - Eligibility ends with expiry of the sentence of imprisonment, so an individual who has been released on license may be eligible
    - When an unrestricted patient becomes informal, so if a s37 is discharged onto SCT, he remains MAPPA eligible until the period of SCT ends
    - When a restricted patient is absolutely discharged, so conditionally discharged patients are eligible.

Category 3 – other dangerous offenders

- *Cautioned for or convicted of an offence,*
    - It need not be a schedule 15 offence
- *Which indicates that he is capable of causing serious harm*
    - Serious harm is defined as “an event which is life threatening and/or traumatic, from which recovery, whether physical or psychological, can be expected to be difficult or impossible”
- *The risk of which requires multiagency management*
    - Active multi-agency management would enhance the risk management plans of the lead agency.

Category 4- Terrorist Offenders:

A person falls within this category if

- they are required to comply with the notification requirements set out in Part 4 of the Counter-Terrorism Act 2008 (CTA 2008)

- they have been convicted of a relevant terrorist offence and received a qualifying sentence or disposal for that offence.

- they have been found to be under a disability and to have done the act charged/found not guilty by reason of insanity (or equivalents in Scotland and Northern Ireland) of a relevant terrorist offence with a maximum sentence of more than 12 months and received a hospital order (with or without restrictions) or guardianship order under MHA 1983 for that offence

or

- they have committed an offence and may be at risk of involvement in terrorism-related activity (discretionary Category 4)

- A person will be subject to notification requirements under Part 4 CTA 2008 if they are aged 16 or over and have been convicted (or found to be under a disability and to have done the act charged or found not guilty by reason of insanity) of an offence under s.41 or s.42 CTA 2008 and who receive a qualifying sentence , a hospital order or a guardianship order.

- A relevant terrorist offence is an offence listed in Sch 19ZA of CJA 2003, a corresponding service offence, or an offence with a terrorist connection. An offence with a terrorist connection is one that the court has determined has been aggravated by having a terrorist connection under s.31 CTA 2008 or the court has determined to have a terrorist connection under:

- s.69 of the Sentencing Code,

- s.238(6) of the Armed Forces Act 2006,

- s.30 of CTA 2008, or

- s.32 of CTA 2008.

A qualifying sentence includes:

- Imprisonment for a term of 12 months or more (including indeterminate sentences). A sentence of 52 weeks is less than 12 months and would not therefore qualify an offender for Category 4.

- Detention in youth detention accommodation for a term of 12 months or more (including indeterminate sentences). The whole term of a DTO is used to determine whether it is a qualifying sentence.

- A suspended sentence with a term of 12 months or more.

An offender has committed an offence and may be at risk of involvement in terrorism-related activity (discretionary Category 4) if:

1. the person has either:

- a conviction for any offence (current or historic, within the UK or abroad); or

- received a formal caution (adult or young person) or reprimand/warning (young person) for any offence; or

- been found not guilty of any offence by reason of insanity; or

- been found to be under a disability (unfit to stand trial) and to have done any act charged against them.

and

2. the Responsible Authority believes that they may be or become involved in terrorism-related activity. This risk does not have to relate to the offence for which they received the disposal in paragraph above. The offence can be any offence. It does not have to be related to terrorism and may have been committed abroad .

Discretionary Category 4 offenders will be identified by Counter-Terrorism Police and the Probation Service National Security Division.

Termination from MAPPA:

Offenders will cease to be MAPPA managed offenders in the following circumstances:

- Category 1 - when the period of notification expires. In the most serious cases, offenders will be subject to lifetime notification requirements.
- Category 2 - when the licence expires, the offender is absolutely discharged from the hospital or guardianship order or when the Community Treatment Order expires. An offender on licence for a consecutive or concurrent sentence will remain subject to MAPPA until the whole sentence has expired. An offender does not remain automatically subject to MAPPA as a result of Post Sentence Supervision.
- Category 3 - when a Level 2 or 3 MAPPA meeting decides that the risk of harm has reduced sufficiently, or the case no longer requires active multi-agency management.
- Category 4 - for offenders subject to notification requirements, when the period of registration expires; for offenders at risk of involvement in terrorism related activity, when they no longer require multi-agency management; for other Category 4 offenders, when the licence expires, the offender is absolutely discharged from the hospital or guardianship order or when the Community Treatment Order expires. An offender on licence for a consecutive or concurrent sentence will remain subject to MAPPA until the whole sentence has expired. An offender does not remain automatically subject to MAPPA as a result of Post Sentence Supervision.

All Category 1, 2 and 4 offenders managed at Level 2 or 3 who are coming to the end of their notification requirements or period of licence must be reviewed and considered for registration as a Category 3 or discretionary Category 4 offender. Registration as a Category 3 or discretionary Category 4 offender should only occur if they meet the criteria and continue to require active multi-agency management.

1. Criminal Justice Act 2003 Schedule 15

This schedule specifies over 150 violent and sexual offences. While murder is not included, murder has the same effect with respect to MAPPA eligibility.

Aiding, abetting, counselling, procuring or inciting the commission of a specified offence, or conspiring or attempting to commit a specified offence are also included.

Common violent offences which are specified include making threats to kill, robbery, aggravated burglary, arson, affray, wounding, assault occasioning actual bodily harm, wounding and certain offences involving firearms and terrorism.

Common specified sexual offences include rape, assault by penetration, sexual assault, indecent assault, incest, possession of indecent photographs of children, exposure and voyeurism.

The full list of specified offences can be found in the primary legislation **http://www.legislation.gov.uk/ukpga/2003/44/schedule/15**, or on the Trust MAPPA resources pages of the intranet.

2. Levels of Management under MAPPA

The MAPPA Guidance states that the central question in determining the correct MAPPA level is "What is the lowest level of case management that provides a defensible risk management plan?"

The appropriate level of management correlates with level of risk but is not determined just by risk.

- The level of risk is the likelihood of serious harm happening:
    - Low – evidence does not suggest a likelihood
    - Medium – there are identifiable indicators; harm is unlikely unless there is a change in circumstances
    - High – potential event could happen at any time and the impact would be serious
    - Very high – imminent risk of serious harm. Potential event is more likely than not to happen imminently and the impact would be serious

Level 1 cases are those for whom the risks can be managed effectively by the lead agency. Information sharing and discussions between agencies may still be warranted, but it is not necessary to refer the case to a level 2 or 3 MAPP meeting

Level 2 cases are those in which

- 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 coordination 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

Level 3 cases are those

- that meet the criteria for level 2 management, and in which
- the management issues require senior representation from the Responsible Authority and Duty-to-Cooperate 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.

Appendix 3 - Flowchart of management of a MAPPA-eligible patient