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Title: Multi Agency Public Protection Arrangements (MAPPA) Policy – including Potentially Dangerous Persons (PDP)

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1 Introduction

Multi-Agency Public Protection Arrangements (MAPPA) were established from the Criminal Justice Act (CJA) 2003. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders.

MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. Agencies retain their full statutory responsibilities and obligations at all times.

This policy must be read in conjunction with the **MAPPA Guidance** (updated January 2024) and specifically **Chapter 26 – Mentally Disordered Offenders and MAPPA**.

The most up to date version of the MAPPA Guidance is accessible on the MAPPA website: <https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome>

The relevant legislation uses the term “offender”, so this policy refers to “offender” and “patient” interchangeably.

This policy is critical to the delivery of ‘Our Journey to Change’ and our ambition to co-create personalised care that improves the lives of people with mental health needs, learning disability or autism. It helps us deliver our strategic goals as follows:

- This policy supports the Trust to co-create a great experience for all patients, carers and families, from its diverse population, by enabling access to the right care for service users and giving them choice and control to achieve their goals as part of a risk management plan.
- This policy supports the Trust to co-create a great experience for our colleagues by providing the information required to outline responsibilities the Trust must adhere to as per the MAPPA Guidance.
- This policy supports the Trust to be a great partner by working alongside multi-agencies to share an understanding of our communities and how we can work together to protect the public whilst supporting the individuals in our services.

2 Why we need this policy

2.1 Purpose

The purpose of this policy is to adhere to the Trusts responsibilities, under MAPPA Guidance, to ensure that the risks posed by specified sexual and violent offenders are assessed and managed appropriately.

2.2 Objectives

The Trust has a statutory supervisory/care role in relation to certain MAPPA offenders.

It is essential that Trust staff are able to:

- Identify all offenders who meet the MAPPA eligibility criteria and fall within MAPPA through a mental health outcome (both those in hospital and those in the community).
- Undertake a comprehensive risk assessment and ensure robust Risk Management Plans are in place
- Assess the required level of MAPPA management
- Refer for Level 2 and 3 management, where required.
- Focus the available resources in a way which best protects the public from serious harm
- Communicate with victims of serious sexual and violent offences when the offender is detained as an unrestricted mental health patient.
- Provide data of the cases they manage for the MAPPA Annual Report

3 Scope

3.1 Who this policy applies to

This policy applies to all staff working within the Trust, including agency staff and volunteers, and they must comply with their roles and responsibilities. Key roles and responsibilities are outlined in **Section 3.3**.

3.2 Component Bodies

The operation of MAPPA relies on component bodies working through an agreed process with MAPPA offenders, making provision as needed for particular groups, subject to regulation and review.

- **Responsible Authority (RA)** – primary agency for MAPPA – police, prison and probation service in each area, working together.
- **Duty to co-operate agencies (DTC)** – have a duty to work with the Responsible Authority on particular aspects of an offender's life.
- **Strategic Management Board (SMB)** – supervises the MAPPA arrangements in their area including monitoring, performance, compliance and producing the annual MAPPA report.

The Trust is a DTC agency and may have a role to play in protecting the community from the risks presented by individual MAPPA offenders.

MAPPA and the duty to co-operate enable different agencies to work together.



MAPPA are not a legal entity but are a set of administrative arrangements. Authority rests with each of the agencies involved. Each agency will act in its own sphere and fulfil its own responsibilities but has a duty to share information and co-ordinate action with MAPPA partners.

3.3 Trust Roles and Responsibilities

Role	Responsibility
Trust Board	<ul style="list-style-type: none"> • Overall responsibility for ensuring the Trust delivers high quality services that are efficient, effective and safe.
Chief Executive	<ul style="list-style-type: none"> • Ensure that the Trust engages with the MAPPA policy and meets its obligations as a “duty to co-operate” agency.
Chief Nurse	<ul style="list-style-type: none"> • Responsible for governance systems and the organisational focus on MAPPA. • Ensure the Trust complies with MAPPA guidance and compliance with this policy. • Overall strategic responsibility for MAPPA. • Reports to the Trust Board on all aspects of MAPPA. • Monitors representation from the Trust on MAPPA Strategic Management Boards and associated sub-groups.
Medical director, general managers and associate medical directors, associate	<ul style="list-style-type: none"> • Will support the delivery of the MAPPA guidance and this policy across the Trust.

directors of therapies and Group Directors of Nursing and Quality.	<ul style="list-style-type: none"> • They will ensure staff are aware of this policy and implement the Trusts Duty to Co-operate responsibilities, in line with MAPPA guidance, throughout their work areas. • Ensure access to and engagement of training and supervision by their staff. • Disseminate new and relevant information gained at the Trusts Safeguarding and Public Protection group to all staff.
Associate Director of Nursing - Safeguarding	<ul style="list-style-type: none"> • Responsible for the operational management of the Safeguarding & Public Protection team who act as the Single Point of Contact (SPOC) for all MAPPA related work. • Ensuring the MAPPA guidance is fully delivered within the Trust and in partnership with other agencies through local arrangements. • Ensure the Trust has representation at all MAPPA Strategic Management Boards and associated sub-groups and they have sufficient seniority to enable them 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. • Delivering corporate support to the Trust for professional governance and assurance issues relating to nursing and MAPPA. • Providing professional support to the Trust in relation to research and development initiatives as they relate to MAPPA. • Provides the Quality and Assurance Committee with yearly annual reports for assurance that the Trust are upholding their MAPPA responsibilities.
Named Nurse / Professional Safeguarding Adults	<ul style="list-style-type: none"> • Leading the development, implementation and monitoring of MAPPA for Trust, in liaison with partner agencies. • Actively participate in MAPPA multi-agency sub-groups representing the Trust. • Work closely with Named/Designated Professionals for safeguarding to influence the development of policies and procedures developed locally, regionally and nationally.

	<ul style="list-style-type: none"> • Provide assurance to Trust Board and external assessors regarding effective and efficient MAPPA strategy/guidance implementation. • Provide highly specialised advice and guidance to Trust staff in relation to Safeguarding Adults and Public Protection. • Ensure effective supervision processes are in place for staff managing complex cases. • Responsible for ensuring the provision of MAPPA training that meets the needs of our staff. • Ensure up to date policy is in place and appropriate quality assurance tools i.e. audit • Attendance at all Level 3 MAPPA cases
Trust Safeguarding & Public Protection team	<ul style="list-style-type: none"> • Acts as the core MAPPA meeting member to meet the general duty to co-operate and has the authority to commit resources on behalf of the Trust, in conjunction with clinical services, and possesses relevant experience of risk/needs assessment, as well as analytical and team-working skills. • Actively participate in MAPPA Level 2 meetings and contribute to risk management plans to reduce the risk to the public. • Provide information, expertise and advice to the MAPPA process to enable robust risk assessment and care planning for patients. • Act as a source of advice on the MAPPA process for specific mental health service users • Act as a liaison worker between the MAPPA and frontline / involved healthcare clinicians, facilitating their presence at meetings or ensuring information / reports are provided where their attendance is not possible • Timely recording of MAPPA information within the Electric Care Records as per policy • Offer support and advice to the person/s making the referral in all MAPPA cases
All employees of the Trust	<ul style="list-style-type: none"> • To ensure they are aware of their responsibilities in line with this policy and the MAPPA guidance as a Duty to Cooperate agency. • Staff who are involved with an offender must attend MAPPA meetings and be in a position to make an active

contribution to the discussion and of sufficient seniority to allocate the appropriate level of resources.

4 Policy

4.1 MAPPA Categories

Offenders are placed into one of four MAPPA categories according to their offence and sentence.

- Category 1 – Subject to sexual offender notification requirements (Part 2 of the Sexual Offences Act 2003)
- Category 2 – Violent offender or other sexual offender (Schedule 15 or 4a of the Criminal Justice Act 2003)
- Category 3 – Other dangerous offender
- Category 4 – Terrorist or terrorist risk offender

See **Appendix 3** for further detail.

This responsibility falls to the agency that has the leading statutory responsibility for each offender.



- Offenders may be sentenced for offences that fall into more than one category but for the purposes of MAPPA they will only be identified under one category at any one time.
- Those who meet the criteria for Category 1 or Category 4 will be identified under that Category even if they also meet the criteria for Category 2.
- Offenders who meet the criteria for Category 1 and Category 4 will be identified as Category 4.
- Offenders will only be identified under Category 3 if they do not meet the criteria for another category.
- Offenders who cease to meet the criteria for one category can be identified under a different category if they meet the relevant criteria.
- Offenders in any other category can be identified under Category 3 at the point their eligibility under Category 1, 2 or 4 ends.

4.2 MAPPA Identification

Patients who are subject to MAPPA may be detained in hospital under the MHA 1983 either:

- having been sent there directly by the court making a hospital order (s.37), with or without a restriction order (s.41); or
- if detention in hospital was directed by the court combined with a custodial sentence (hybrid orders) (s.45A), with a limitation direction; or
- detention was directed by the Secretary of State for a convicted prisoner serving over 12 months, to be transferred into hospital from prison (s.47), with or without a restriction direction (s.49).

Patients subject to MAPPA in the community and to the MHA 1983 are:

- offenders who have been conditionally discharged from hospital
- offenders under a community treatment order made under s. 17A
- offenders subjected to a guardianship order by the court (s.37)

Offenders subject to MAPPA may also be admitted into the Trust through a civil route.

- If you are aware that the patient is a MAPPA managed offender you must inform the lead agency if known, or otherwise the local MAPPA Coordination unit.
- If a patient admitted through a civil route is displaying worrying behaviour and you are concerned about a possible risk to the public, you must contact the police to check whether the patient is a MAPPA offender or has any previous convictions that suggest they may need MAPPA management under Category 3 or the Potentially Dangerous Persons (PDP) route – **see Section 4.20** of the policy.

4.3 MAPPA Lead Agency

The lead agency is the agency with the main statutory authority and responsibility to manage a MAPPA offender in the community. It has the primary responsibility for referring the offender to Level 2 or Level 3 MAPPA management or for continuing management at Level 1.

The lead agency will not always be a member of the Responsible Authority.

The Trust is the lead agency for patients subject to a:

- Hospital Order (s37 and s37/41)
- S37 Guardianship or Community Treatment Order (following discharge from a Section 37) who are not (or who are no longer) supervised by the Probation Service or Youth Offending Team (YOT).



If the patient is also a registered sex offender (Category 1) the police need to be consulted throughout the patient's detention.

4.4 MAPPA notification

Early notification serves to support the Trusts awareness of MAPPA; the identification of MAPPA offenders and the tracking of MAPPA patients.

Notification is necessary because the MAPPA Coordination unit does not have routine access to case records of MAPPA offenders detained by the Trust.

Once a patient is subject to the MHA through a criminal justice route, they must be identified as a MAPPA case by Trust services. This applies to the following MHA Sections and have a MAPPA qualifying offence:

- Unrestricted hospital orders (s.37)
- Restricted hospital orders (ss.37 and 41)
- Guardianship orders (s.37) – Local Authority or other such person as they may approve
- Hospital and limitation directions (s.45A)
- Transfer to hospital from prison during a determinate or indeterminate prison sentence (ss.47 - 49)
- Remand to hospital (s.35, 36 or 38) – only if MAPPA eligible

A formal notification to the relevant MAPPA Coordinator for the local area and the area the patient is from should be made using the **MAPPA I** form which is part of the overall MAPPA document set – **see Appendix 4**.

This must be emailed to the relevant MAPPA Coordinator(s) and the Trust Safeguarding & Public Protection team. An **alert** must be added to the patients Electronic Care Record to reflect that the person is a MAPPA eligible offender – **see Appendix 9**.



The **MAPPA I** form must be one continuous form of all notifications made to the MAPPA Coordinator therefore it is important to source the latest **MAPPA I** form from the Trust Safeguarding & Public Protection/MAPPA Coordinator team if it is not readily available to you.

Notifications through use of the **MAPPA I** form must be completed at significant points through a patient's journey:

- within three days of admission
- prior to first escorted leave where there is a high risk of absconding, very high risk of harm or significant public interest and prior to extended leave of absence
- prior to first unescorted leave
- after first Care Programme Approach (CPA)/Care and Treatment Plan (CTP) meeting where discharge is discussed
- prior to discharge

- where patient no longer meets the criteria for MAPPA (i.e. absolute discharge / end of CTO)

additionally:

- change of address / move out of area
- significant changes in leave (routine notifications to MAPPA about every single leave trip or variation in leave arrangements are not required)

The MAPPA Coordinator will use Part 2 of the **MAPPA I** to inform the Responsible Clinician of any information held by other agencies that is relevant to the management of the offender's risk.



- A copy of the absconsion plan should be included in the **MAPPA I**.
- Significant changes to leave and discharge plans should consider the views of MAPPA and information provided in response to the **MAPPA I** from the MAPPA co-ordinator.

On receipt of this form back from the MAPPA Unit, the Responsible Clinician should check the information received, and then:

- Ensure that the information is stored securely
- Update the risk assessment
- Update the risk management plan



Information provided on the **MAPPA I** must not be shared with the patient without consulting the MAPPA Unit and must be taken into consideration for any Subject Access Requests.

4.4.1 Mental Health responsibilities and ViSOR

Sharing the information within the **MAPPA I** form and in MAPPA meetings, allows the Responsible Authority agencies to keep their system, Violent and Sex Offender Database (ViSOR), up to date to facilitate the secure exchange and storage of information.

4.4.2 MAPPA and Tribunals

The lead agency is responsible for ensuring that all relevant information about a patient's risk is presented in its evidence to the Tribunal. Social circumstances report should include the following information:

- whether the patient is subject to MAPPA supervision

- whether the patient is known to the police, probation or youth offending team (and if so, why and which area);
- the patient's MAPPA level;
- the name of the Chair of any MAPPA meeting concerned with the patient; and
- the name of the lead agency's representative.



Reports must not quote information from a MAPPA meeting as a source of information. Where a specific piece of information that has been shared at a Level 2 or 3 MAPPA meeting is necessary, the report writer must first consult the agency that provided it to seek approval to use the information in a report.

4.5 Exit from MAPPA

It is important to identify when an offender is no longer subject to MAPPA supervision. The criteria for an offender being discharged from MAPPA are different for each of these categories:

- Category 1 offenders: when their period of registration expires. In the most serious cases registration is for life. However, Registered Sex Offenders can seek a review of registration 15 years from the date of their first notification.
- Category 2 offenders: when a s.37 patient is discharged (unless on a CTO) or a s37/41 patient is absolutely discharged. Where a s.45A or s.47 patient no longer requires treatment in hospital, and they are not remitted back to prison, they may be released on licence. MAPPA ceases to apply when the licence expires (unless referred into category 3).
- Category 3 offenders: where the case no longer requires active multi-agency management at level 2 or 3.

Part 4 of the **MAPPA I** should be completed for Level 1 patients and sent to the relevant MAPPA Coordinator when the patient is no longer subject to MAPPA.

4.6 Levels of Management

There are three levels of MAPPA management:

- **Level 1** – the risks posed by the offender are manageable by the lead agency without the need for formal multi agency MAPPA meetings. The lead agency is confident that their risk management plan is sufficiently robust to manage the identified risks and there are no barriers to the implementation of agreed multi-agency actions.
- **Level 2** - Cases should be considered for Level 2 management where:

Formal multi-agency meetings would add value to the lead agency's management of the risk of serious harm posed and one, or more, of the following applies:

- The offender is assessed as posing a high or very high risk of serious harm;
 - Exceptionally, 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;
 - The case has been previously managed at Level 3 but no longer requires Level 3 management.
- **Level 3** – is for cases that meet the criteria for Level 2, but where 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 high likelihood of media scrutiny or public interest in the management of the case.

4.6.1 Lead agency case management transfers

Offenders will only be subject to MAPPA in one geographical area at a time. This is usually the area where the offender is living, as that is where the risk is likely to be greatest. However you may want to transfer to another MAPPA area if they are only living in that area for a short space of time, provided that both MAPPA areas agree to the arrangement.

As a lead agency you may need to transfer cases from the Trust to another or between departments of the Trust. Such transfers must be conducted in line with the **Admissions Transfer and Discharge Policy** and **Internal Transfer Procedure**.

If the patient is being transferred out:

- Level 1 cases – send the **MAPPA G** form to new MAPPA area – which screens and sets out the basis on which they have been identified as a Level 1 offender.
- Level 2 & 3 cases – will be instigated by the MAPPA Coordinator and a MAPPA meeting involving both areas must take place as soon as possible.

If the patient is being transferred in:

- Level 1 cases – receive and record the **MAPPA G** form on the patients electronic care records – review and consider the level of management following the transfer.



Transfers should be expedited to mitigate risk and minimise disruption to the risk management plan.

4.7 Screening

The lead agency is responsible for ensuring MAPPA offenders are screened to determine the MAPPA level. The decision on the level must be informed by up to date multi-agency information gathered by the lead agency.

Where the Trust is the lead agency you must:

- request and gather information from all agencies working with the offender
- set a proposed level of management

Completion of the **MAPPA Q – screening** is recommended as best practice.

When assessing the appropriate MAPPA Level, the lead agency must consider:

- the nature of previous offending
- previous compliance with supervision
- the tendency to reoffend including how quickly this occurred.



Cases should be managed at the lowest level that provides a defensible risk management plan. High risk cases may be managed at Level 1, if the risks are manageable by the lead agency and decisions are clearly recorded, defensible and kept under review.

4.8 Level 1 Management

Where the Trust is the lead agency, at each CPA review (as minimum), you must:

- review Level 1 cases to ensure it is still appropriate and to develop a risk management plan.
- consider if a referral to Level 2 or 3 is necessary.
- record the outcome of Level 1 reviews on the patient electronic care records

The decision to manage at Level 1 should be reviewed when there is:

- a change in circumstances
- significant information is received from another agency
- there is an escalation in risk.



- If a patient absconds from the hospital whilst on leave then the **Missing Patients Procedure** must be followed.
- The absconcion plan must include a contingency plan that covers out of hours absconsions and sets out who will be responsible for contacting the Victim Liaison Officer (VLO).

It is good practice to give consideration to a referral to Level 2 or 3 at the following stages:

- first unescorted leave
- discharge plans are being made

Use the **MAPPA Q** form to aid your decision.



Patients must be referred to MAPPA Level 2 or 3 when it is clear that the CPA is not equipped to deal with the risks identified.

The lead agency is responsible for making a referral to MAPPA at Level 2 or 3 where appropriate.

4.9 Making a referral to MAPPA Level 2 or 3

If MAPPA management at Level 2 or 3 is believed to be required, a formal referral must be made using the **MAPPA A** (for Durham & Darlington and Tees) or the **MAPPA AB** (for North Yorkshire & York).

This must be emailed to the relevant MAPPA Coordinators and the Trust Safeguarding & Public Protection team notified, both can be contacted for advice before making a referral.

In completing a referral, the referring agency must:

- include the reason for referral and demonstrate that there are specific issues that require inter-agency involvement beyond that provided by Level 1 management
- 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.
- Include the lead agency risk assessment and plan

The MAPPA Coordinator will provide the referring agency with a decision as to whether the case meets the criteria for multi-agency management at Level 2 or 3 **within 10 days** of receipt of the MAPPA A and the date for the Level 2 or 3 meeting.

If a case does not meet the criteria for Level 2 or 3 management, the MAPPA Coordination unit should provide the lead agency with the reasoning for this decision.



Where an urgent meeting is required and the case cannot wait until the next scheduled meeting, the lead agency must contact the MAPPA Coordinator directly to arrange it.



Agencies, other than the lead agency, can make a referral into MAPPA. This should be discussed with the lead agency in the first instance.

4.10 Information sharing

The SMB in each area has an Information Sharing Agreement in place which sets out how agencies will share information with each other, so that they are following a common set of rules and security standards as far as possible. The Trust is signed up to these agreements.

For guidance on information sharing principles, refer to the Trusts **Sharing Information and Confidentiality Policy**.

4.11 Risk Assessment

Once offenders have been identified as MAPPA offenders, the next stage is to assess the risk they pose. This could be the risk of reconviction, reoffending, or serious harm. The assessment of risk and the identification of the factors that have contributed to offending and that support reform are the starting points for all work with offenders.

4.11.1 Categorisation of risk

HMPPS defines serious harm 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 level of risk of serious harm is the assessed likelihood of this event happening. The levels used in MAPPA are:

- **Low:** current evidence does not indicate a likelihood of causing serious harm.
- **Medium:** there are identifiable indicators of serious harm. The offender has the potential to cause such harm but is unlikely to do so unless there is a change in circumstances.
- **High:** there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.
- **Very High:** there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently, and the impact would be serious.

This provides risk levels for all MAPPA offenders.

4.12 Risk Management Plan

Having assessed the level of risk the offender poses, MAPPA agencies need to manage that risk into a robust Risk Management Plan.

There should be only one risk management plan – that of the lead agency which is devised with the support of MAPPA and must include contingency plans and licence conditions. This should then be reflected onto the lead agency's system, considering any sensitive information, as agreed at the MAPPA meeting.

Level 1 Risk Management Plans must:

- be shared with all relevant agencies following a review.
- ensure that any identified risks are managed robustly at the appropriate level of MAPPA management.
- include actions to monitor and where possible change the behaviour and attitudes of the offender in order to minimise the risk of serious harm.
- relate to current and expected future risks and should draw upon information from all relevant agencies within MAPPA.

Level 2 and 3 Risk Management Plans must:

- set out all the single and multi-agency actions agreed at the MAPPA meeting to manage those risks.



- Human rights must be balanced against public protection however, restrictions must still be lawful, legitimate and proportionate.
- Where the offender is a child or young person, their needs and vulnerabilities need to be considered but should not take precedence over protecting the public.

4.13 Housing and Employment

Settled housing and productive use of time are two of the most important protective factors against re-offending and risk of serious harm.

4.13.1 Housing

For MAPPA offenders at level 2 or 3, who are aged 25 to 34 and are therefore exempt from the shared accommodation rate, the lead agency should send **MAPPA P** to the Single Point of Contact for housing benefit in the area when exploring accommodation.

4.13.2 Employment

The lead agency must complete a **MAPP A J** to inform the Department for Work and Pensions (DWP) of any restrictions that would render some types of employment or training unsuitable for the offender and when these restrictions will cease.

This must be done:

- prior to the offender's release from hospital
- once licence conditions have been set
- as soon as a court applies an order or sexual harm prevention order

You only need to submit a MAPP A J if DWP are involved with or are going to be involved with the patient.

A new **MAPP A J** must be sent whenever the restrictions or lead agency changes. It is the responsibility of the new lead agency to notify DWP of any changes.

Details for the Single Point of Contact for both the Housing and DWP can be sought from the relevant MAPP A Administrator – **see Appendix 8**.

4.14 Particular Groups

4.14.1 Victims

The rights of victims are set out in the Domestic Violence, Crime and Victims Act 2004 (DVCA 2004).

When managing risk of a MAPP A offender, you must ensure that you identify any victims and their rights are considered. Victim safety planning must be included as part of the Risk Management Plan specifically when considering leave and discharge into the community.

Staff must follow the guidance set out in [Chapter 40 of the Mental Health Act 1983: Code of Practice \(2015\)](#). Chapter 22 of the MAPP A Guidance provides additional guidance.

In some cases, the victim may also have been referred to Multi-Agency Risk Assessment Conference (MARAC) and have an Independent Domestic Violence Adviser (IDVA) to support them. The work of MARAC and MAPP A should be co-ordinated in such a way as to provide the most effective response to the victim and ensure that a robust Risk Management Plan is in place.

For further information re MARAC, refer to the Trust **Domestic Abuse Procedure**.

4.14.2 Children and Young People

Offenders aged under 18 are subject to the same procedures as other MAPPA offenders, but additional considerations apply. There is a statutory duty to have regard to the needs of the offender as a child.

Whenever a child is discussed at a MAPPA meeting, the meeting must ensure that it considers its responsibilities to safeguard and promote the welfare of that child and how their life may be impacted by the behaviour of an offender, as well as the risk of harm the child presents to others.

Children's Services and Youth Offending Services should always be represented at these MAPPA meetings. Considering the needs of the child is not incompatible with the protection of the public and the aims of MAPPA.

For further information re safeguarding children, refer to the Trust **Safeguarding Children Policy**.

4.14.3 Managing Terrorism and Extremism

Offenders motivated by extremism may be convicted of a range of offences in different contexts, which are driven by ideologies that cause harm to individuals and communities. Some, but not all, will be convicted under specific terrorism legislation i.e. an offence under the Terrorism Act 2000, the Anti-Terrorism Crime and Security Act 2001, the Terrorism Act 2006 or the Counter Terrorism Act 2008, or an offence of conspiring, attempting, aiding, abetting, counselling, procuring or inciting a terrorism legislation offence (known as TACT offenders or terrorism offenders).

The Probation Service manages TACT and TACT connected offenders which provide an enhanced level of management and intervention for the most high-risk, complex and high-profile offenders in the community.

4.14.4 Foreign National Offenders

All Foreign National Offenders who are MAPPA offenders are identified at the time of sentence. MAPPA processes for foreign national offenders living in the community are the same as for UK citizens.

As nationality is self-declared [Annex J of PSI 52/2011](#) contains questions that can be used by staff to help them correctly establish nationality.

A Home Office Immigration Enforcement MAPPA Single Point of Contact (SPOC) will attend and contribute at MAPPA meetings.

4.15 Domestic Abuse and Stalking

Offenders may be convicted of an offence which requires mandatory MAPPA management where the circumstances of the offence involved domestic abuse.

Perpetrators of domestic abuse can be referred to MAPPA by any agency, as a Category 3 offender, even if they have not been convicted of or cautioned for a violent offence.

Staff will also need to be alert to offenders who are victims of domestic abuse and may need support in accessing services.

Screening and Level Setting

In considering the correct level of management, practitioners must pay particular attention to repeat and high risk domestic abuse perpetrators for MAPPA Level 2 or 3 management, using Category 3 where necessary. A history of domestic abuse toward one or more partners is a significant risk factor within a risk assessment. This can be in the context of a current relationship or following a separation.

Level 2 or 3 management should also be actively considered for those with convictions for stalking or who display stalking behaviours, using Category 3 where necessary.

MAPPA management at Level 2 or 3 may not be necessary if the risk is being effectively managed through another forum. These forums may also be used where perpetrators are not eligible for MAPPA.

Multi-Agency Risk Assessment Conferences (MARAC)

A MARAC is a meeting where information on high-risk domestic abuse cases is shared between various agencies, including police, probation, health and children's services. Where MAPPA are primarily concerned with the management of the risks posed by the offender, MARACs are primarily concerned with the protection of victims.

4.16 Disclosure

There are arrangements for the disclosure of information to the public about individual offenders in particular circumstances.

Disclosure of information about the patient to third parties, such as a victim or employer, is possible, but it must be necessary for public protection, proportionate and in compliance with the law.

Decision to disclose

All MAPPA offenders must be risk assessed to identify anyone who may be at risk of serious harm from them. The risk assessment / Risk Management Plan must identify how these risks will be managed.

- As part of this process, consideration must be given in each case to whether the disclosure of information about an offender to others should be made to protect victims, potential victims, staff, and other persons in the community.
- The likelihood and degree of harm that might arise as a result of the disclosure, including the potential impact on the offender, must be assessed.



Disclosure will take place only when the need to protect the public outweighs the offender's right to privacy.

The purpose of the disclosure must be specified and recorded in all cases.

- Before disclosure is made the alternatives must be considered and found to be inappropriate or ineffective.
- An informed decision must be made about how much information to disclose.
- Personal information can only be disclosed if it is limited to what is necessary for the assessment and management of risk.
- Information that could be used to identify a victim should not be shared unless disclosure is necessary to manage risk.

Level 1

Disclosure must be considered as part of each review. It is not necessary to inform the MAPPA Coordinator about disclosure decisions for Level 1 offenders, but details of the decision making must be recorded in the patients electronic care records and must be made available if required.

Consideration of disclosure to a third party may result in a referral for Level 2 or 3 management so that all information to inform the decision is fully shared and plans to manage the disclosure can be made on a multi-agency basis. It is good practice to refer on for complex disclosures.

Professional guidance issued to medical practitioners supports necessary and proportionate disclosure and sharing of information (see https://www.gmc-uk.org/guidance/ethical_guidance/30608.asp).

Level 2 and 3

Disclosure to a third party must be considered at all Level 2 or 3 MAPPA meetings. Any decision to disclose should be agreed by all agencies at the meeting.

Disclosure Schemes

The Government has introduced a number of schemes designed to improve disclosure to the public. These schemes do not change the law on disclosure but provide a framework for disclosure to take place. Although these schemes often involve MAPPA offenders, they are police schemes and operate independently of MAPPA. The schemes include:

- Child Sex Offender Disclosure Scheme
<https://www.gov.uk/government/publications/child-sex-offender-disclosure-scheme-guidance>;
- Domestic Violence Disclosure Scheme
<https://www.gov.uk/government/publications/domestic-violence-disclosure-scheme-pilot-guidance>; and
- Common Law Police Disclosure Scheme
<https://www.gov.uk/government/publications/common-law-police-disclosure>.

4.17 MAPPA meetings

The Responsibility Authority and the MAPPA Coordinator are permanent members of MAPPA meetings. The chair of these meetings will be probation services (usually the MAPPA Coordinator) or the police.

The Trust as a Duty to Cooperate agency is invited to attend for any offender in respect of whom they can provide additional support and management.

The Trust Safeguarding & Public Protection team, as the SPOC for MAPPA, receive these invites and coordinate the attendance and sharing of information with clinical services representatives prior to the meeting.

4.17.1 Preparing for meetings

Attendees should be provided with the original referral information (MAPPA A) prior to the first meeting and the background information document (MAPPA B) prior to subsequent meetings. Additional information from other agencies will be provided at the meeting.

Before attending a MAPPA meeting, you must:

- read the information about the offender, (MAPPA B) the referral (MAPPA A) and the minutes from the previous MAPPA meetings
- check the electronic care record for the offender
- prepare an update if the offender is known to them or their agency – this is completed by the Trust Safeguarding & Public Protection team in conjunction with clinical services when required.

Attendees are expected to be fully engaged in the meeting and to add value to the Risk Management Plan.

4.17.2 Attending meetings

An effective Level 2 or Level 3 meeting requires agency representatives to be able to make decisions that commit resources on behalf of their agency and possess relevant experience of risk and needs assessments.

The Trust representation

- The Trust Safeguarding & Public Protection team attend **all** MAPPA meetings to provide continuity of personnel to sustain good relationships. Named Nurse/Professionals attend Level 3 meetings; Senior Nurse/Professionals attend Level 2. Clinical services may be invited to give specific input alongside this.
- **Patients open to Trust services** – the Care Coordinator or Lead Professional must attend all MAPPA meetings. If the patient has not yet been allocated, then the appropriate person from the clinical team must attend.

Trust representatives must prioritise attendance when TEWV is the lead agency, and in cases involving transferred prisoners.

4.17.3 Representing Offenders' Views

Patients should know that they are being managed through MAPPA, what MAPPA is, and what this means for them. The MAPPA leaflet '**Information for Offenders**' should be used for this purpose. Access to interpreters and translation services for people whose first language isn't English must be in a place to ensure their understanding.

However, there may be very exceptional cases where information about MAPPA should be withheld from the patient on the grounds that it may increase their risk. This is a decision for the lead agency and must be discussed at a MAPPA meeting. The reason(s) for withholding information about MAPPA management should be clearly recorded in the MAPPA meeting minutes and the electronic care records.

Neither offenders nor their representatives are allowed to attend MAPPA meetings. However, offenders' views on their risk management should actively be sought and fed into the meeting. This can be by a written communication or via the lead agency.

If the patient is dissatisfied with a decision about their management agreed at a MAPPA meeting, all attempts should be made to resolve this informally. If this is not possible, any complaint should be pursued in the first instance through the lead agency's complaints procedure.

For further information re complaints, refer to the **Trusts Complaints Policy**.

4.17.4 Management of MAPPA meetings

The purpose of the meeting is for agencies to identify and assess risks and agree a risk management plan. To support this, attendees must arrive at the meeting prepared and able to share information which:

- Is pertinent to undertaking a multi-agency risk assessment.
- Identifies the likelihood of re-offending.
- Identifies serious risk of harm issues and their imminence.
- Identifies protective factors.
- Supports victim safety planning.

MAPPA reviews for offenders managed in the community should be held at least every 16 weeks for Level 2 cases and at least every 8 weeks for Level 3 cases. The appropriate level of MAPPA management should be considered at the end of every meeting.

Agencies should always re-refer an individual if they warrant a higher level of MAPPA management because of changing circumstances.

4.17.5 Remote meetings

MAPPA meetings may be conducted remotely using an approved communication and collaboration tool, such as MS Teams. This can be used with or without video.

- The meeting should not be recorded by any agency other than the minute taker for the sole purpose of taking minutes
- Documents must not be shared over these tools but attendees can show a document by sharing their screen
- Attendees must be identified prior to the meeting and only those who are supposed to be at the meeting can be admitted
- All attendees must:
 - think about their surroundings and make sure they can speak privately by being on their own or using a headset
 - make sure the meeting cannot be picked up by a smart hub
 - make sure their monitor cannot be seen by anyone else, including from a window
 - adjust their background to make sure nothing inappropriate is shown on camera etc.

4.17.6 MAPPA management of sensitive information

There will be occasions when MAPPA meetings will need to consider and manage exceptionally sensitive information, e.g., in cases of terrorist offenders, high-profile offenders and offenders or victims under the management of the United Kingdom Protected Persons Service (UKPPS).

In these instances, the MAPPA meeting Chair will ensure safe and secure management of any such information between partners including vetting levels, pre-meetings, restricted membership and management of meeting minutes.

4.17.7 Core Groups and Professionals' Meetings

The MAPPA meeting may decide that MAPPA management at Level 2 or 3 should be underpinned by a Core Group of professionals involved in the management of the case.

A Core Group will be established by, and accountable to, the MAPPA meeting. Core Groups undertake specific tasks as directed by the MAPPA meeting, and report on progress at subsequent MAPPA meetings.

The lead agency may also decide that a small group (Professionals' Meeting) will be responsible for reviewing the Risk Management Plan for MAPPA offenders at any Level.

The group will generally comprise of three or four people who are actively engaged in working with the offender. It will always include the referrer, who will be responsible for coordinating and managing meetings, and completing meeting notes, which should be stored on the lead agency's case management system.

Information shared at these professionals' meetings is shared under MAPPA but it is important to distinguish them from formal MAPPA meetings.

4.18 MAPPA meeting minutes

MAPPA meeting minutes are recorded by the MAPPA administrator on a **MAPPA C** form and stored on ViSOR.

The minutes of a Level 2 MAPPA meetings are distributed within **10 working days** and minutes of a Level 3 MAPPA meeting within **5 working days** via secure email to all agencies who attended / invited.

Attendees wishing to ask for amendments and corrections must notify the Chair promptly.



Official MAPPA meetings should **not be stored** within patients records (electronic or paper records). If they are required then these can be requested from the Trust Safeguarding & Public Protection team or MAPPA Coordinator.

- The Trust Safeguarding & Public Protection team will record a summary of the MAPPA meeting within the patients electronic care records. This summary will

include information that is pertinent to mental health services to inform future clinical care/risk assessment.

- The Trust Safeguarding & Public Protection team will create (or amend) the alert on the electronic care record which will highlight the Category, Level, Level of risk and Lead Agency.
- The clinical service representative will record a progress note entry for their attendance signposting to where the summary is recorded.

A paperless approach should be adopted with MAPPA minutes.

- Staff should avoid printing off minutes whenever possible.
- If minutes are printed off, e.g. in preparation for meetings, then they should be shredded at the earliest opportunity.



Minutes should not be taken to / from any face-to-face MAPPA meetings, these are strictly controlled by the MAPPA Administrator.

An attendee receiving the minutes is entitled to share them within their own agency, if necessary. However;

- they should not be shared widely within the Responsible Authority and Duty to Cooperate agencies, and
- must not be shared with anyone outside the agency without the agreement of the MAPPA meeting Chair including for court purposes

4.18.1 Referencing MAPPA information in Reports

Where an offender is being managed in MAPPA, this can be referenced in reports however the purpose of MAPPA must be properly explained and its contribution to risk management is set out.

Where a specific piece of information that has been shared at a Level 2 or 3 MAPPA meeting is necessary, you must seek approval of the agency that provided this information and the content must be attributed to them.

Information from a MAPPA meeting must not be quoted as a source of information.

4.19 Critical Public Protection Cases

The Probation Service can refer cases for Critical Public Protection Case (CPPC) registration.

The referral criteria for CPPC registration is:

- the case is being managed at MAPPA Level 3;

and one, or both, of the following applies:

- the offender is assessed as presenting a very high risk of serious harm, and the likelihood of a sexual or violent offence is imminent when the offender is in the community
- the offender has a high public profile and attracts or is likely to attract significant national media interest.

If a case requires referring to CPPC, this will be discussed and agreed within the MAPPA meeting.

4.20 Potentially Dangerous Persons (PDP)

A Potentially Dangerous Person is a person who has **NOT** been convicted of, or cautioned for, any offence placing them in one of the four MAPPA categories, but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause **serious harm**.

Definition of Serious Harm – “Harm which is life threatening or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.”

These types of individuals could benefit from active multi agency management.

4.20.1 Referral

The Police have primary responsibility for coordinating the management of PDPs.

To refer an individual as a PDP, complete the PDP referral form (specific to Durham & Darlington and for Cleveland, complete a MAPPA AB for North Yorkshire & York).

This must be emailed to the email address on the referral and the Trust Safeguarding & Public Protection team notified (cc into email), who can also be contacted for advice before making a referral.



If the individual being referred is under 18 years of age, staff should consider making a safeguarding children referral.

On receipt of a PDP referral, the Police will develop an intelligence profile to inform risk assessment which will include a search of national databases and partner agency checks. The police will seek clarification on what the agency's view is on the risk presented and what actions they are currently undertaking or intend to undertake to manage the risk.

The decision to accept the referral or not will be communicated to the referring agency follow assessment and must be recorded within the patients electronic care record.

4.20.2 Managing PDPs

Police forces determine how PDPs are managed and this may include a multi-agency meeting.

The management of PDPs follow the same principles of MAPPA for multi-agency working, risk management, recording and victims' considerations. Staff should follow these when applying them to PDP.

4.20.3 Deregistration of a PDP

A suitably qualified inspector or above can decide to deregister a PDP if the PDP becomes eligible for MAPPA management or:

- there are no longer reasonable grounds for believing that there is a risk of them causing serious harm
- no additional reason has been raised that suggests it is necessary to continue to manage the individual as a PDP

4.21 Escalation

It should be escalated where there are differences in professional opinion about any part of the MAPPA/PDP process including, but not limited to;

- the appropriate level the offender should be managed at
- the effectiveness of the risk management plan.

This can be done by:

- discussion with the lead agency
- escalated through line management and seek support from the Trust Safeguarding & Public Protection team.
- discussion with the MAPPA Co-ordination Unit.

The MAPPA Co-ordination Unit, on behalf of the Responsible Authority, will determine whether offenders meet the criteria for referrals.

4.22 MAPPA Serious Case Reviews

MAPPA is designed to reduce the risk of further serious violent or sexual offending, but occasionally offenders do go on to commit such offences. When the most serious offences are committed, the SMB must consider commissioning a MAPPA Serious Case Review (SCR) to examine whether the MAPP arrangements were applied properly, and whether

the agencies worked together to do all they reasonably could to prevent the further offending. There may be lessons for the future, or good practice to disseminate.

The SMB Chair must commission an SCR when both of the following conditions apply;

- the MAPPA offender (in any category) was being managed at Level 2 or 3 when the offence was committed or at any time in the 28 days before the offence was committed; and
- the offence was murder, attempted murder, conspiracy to commit murder, manslaughter, rape, attempted rape or conspiracy to commit rape.

Other serious offences may also require an SCR.

It is difficult to prescribe discretionary criteria, as much will depend on the circumstances of the case, but an SCR might be commissioned when not to do so would undermine public confidence in MAPPA, where there has been a significant departure from the MAPPA Guidance or there are issues that need to be addressed in the operation of MAPPA and:

- a MAPPA Level 1 offender is charged with an offence (listed as above);
- an offender being managed at any level is charged with a serious offence listed in [Appendix 6](#) of the MAPPA Guidance; or
- it would otherwise be in the public interest to undertake a review, e.g. following an offence that results in serious physical or psychological harm to a child or adult at risk but is not an offence listed in Appendix 6 of the MAPPA Guidance.

As an internal review of the lead agency's management of the case is likely to be conducted under these circumstances, careful consideration should be given to the additional value that would be gained by conducting a discretionary SCR. This is especially relevant for Level 1 cases that have never been managed at Level 2 or 3 or where there has been limited multi-agency involvement at Level 1. Agencies should share learning from internal reviews with the relevant SMB Chair.

The **MAPPA N** form must be used for both mandatory and discretionary SCRs to assist decision making and to keep the SMB and be discussed with the Trust Safeguarding & Public Protection team before submitting to the MAPPA Coordinator.

The Trust Associate Director of Nursing (Safeguarding), or deputy, forms part of the SCR panel. The Trust Safeguarding & Public Protection team, in conjunction with clinical services, coordinate all requests for information and review, inclusive of individual management reports and single agency actions/learning which is then monitored within the Trust Safeguarding & Public Protection sub group.

4.23 Governance of MAPPA

There are a number of national and regional structures that are in place to support the effective operation of MAPPA.

Strategic Management Board (SMB)

The SMB includes senior representatives from each of the Responsible Authority and Duty to Co-operate agencies. Representatives have sufficient seniority to enable them to contribute to developing and maintaining effective inter-agency public protection procedures and protocols on behalf of their agency and to address the practical and resource implications of MAPPA.

The SMB meets every 4 months to monitor the work of MAPPA locally.

Assurance that the Trust complies with statutory MAPPA guidance is monitored by the Trusts Safeguarding & Public Protection subgroup.

5 Definitions

Term	Definition
Multi Agency Public Protection Arrangements (MAPPA) / Guidance	Multi Agency Public Protection Arrangements – a framework to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm.
Responsible Authority (RA)	Primary agency for MAPPA – police, prison and probation service in each area, working together.
Duty to Cooperate (DTC)	Agencies who have a duty to work with the Responsible Authority on particular aspects of an offender's life.
Strategic Management Board (SMB)	Supervises the MAPPA arrangements in their area including monitoring, performance, compliance and producing the annual MAPPA report.
MAPPA Document Set	The forms used as part of the MAPPA process.
MAPPA Offender	Is someone who satisfies the criteria set out in sections 325 and 327 of the CJA 2003 and is therefore liable to management under MAPPA.
Single Point of Contact (SPoC)	Single Point of Contact for any given agency.
Lead Agency	Agency responsible for the offenders care & treatment

Violent and Sex Offender Register (ViSOR)	A national database recording details of people who pose a serious risk of harm to the public.
Risk	Is either risk of reconviction, or risk of re-offending, or risk of serious harm.
Risk Management Plan (RMP)	Is the risk assessment used within MAPPA Level 2/3 meetings. For Level 1 meetings it is individual agencies approved risk assessment tool.
Terrorism	A violent action against people or property, designed to create fear and advance a political, religious or ideological cause.
Extremism	Vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths.
Multi-Agency Risk Assessment Conference (MARAC)	A meeting where information on high-risk domestic abuse cases is shared between various agencies to inform a safety plan.
Critical Public Protection Case (CPPC)	MAPPA level 3 cases that require additional oversight as the offender is assessed as presenting a very high risk of serious harm.
Potentially Dangerous Persons (PDP)	Individuals whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm and could benefit from active multi agency management.
Serious Case Reviews (SCR)	Review of MAPP arrangements to establish if they were lessons for the future, or good practice to disseminate.

6 Related documents

Trust policies and procedures referenced within this policy are listed below and can be found within the **policies and procedures section of the Trust intranet** – just input the title in the search bar:

- Admissions Transfer and Discharge Policy
- Domestic Abuse Procedure
- Internal Transfer Procedure
- Missing Patients Procedure
- Complaints Policy
- Safeguarding Children Policy

- Sharing Information and Confidentiality Policy

7 How this policy will be implemented

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
MAPPA Policy to be published on the Trust intranet & public facing website	Available for all Trust staff and the public to access	1 week following policy ratification	Policies & Procedure team in conjunction with the Safeguarding & Public Protection team	Evidence of being available on Trust intranet / public facing website
MAPPA Policy to be cascaded via members of the Safeguarding & Public Protection (S&PP) sub-group and care group Quality Assurance & Improvement Group (QAIG)	Members of the S&PP sub-group and care group QAIG to further communicate to their services/teams	2 weeks following policy ratification via email 3 months via sub-group	Safeguarding & Public Protection team	Minutes for the S&PP sub-group and care group QAIG
MAPPA Policy to be cascaded via Safeguarding Link Professionals	Safeguarding Link Professionals to further communicate to their services/teams	2 weeks following policy ratification via email	Safeguarding & Public Protection team	Safeguarding Link Professional e-mail round up
MAPPA Policy to be included in Trustwide S&PP e-bulletin	Enhance further awareness of the publication	1 month following policy ratification	Safeguarding & Public Protection team	Trustwide S&PP e-bulletin
To develop/record a bespoke MAPPA awareness session outlining the key points within the policy	To enhance staff awareness of the significant points within the policy that is accessible at all times.	6 months following policy ratification	Safeguarding & Public Protection team	Recorded awareness package published on intranet

7.2 Training needs analysis

The Trust is responsible for training and supervising our own staff.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Trust staff	Safeguarding level 1, 2 & 3 training includes basic awareness of MAPPA	Varied	Every 3 years
Safeguarding & Public Protection team	e-learning http://mappa-elearning.co.uk/sign-in.php	2 hours	Every 3 years
All Trust Staff	e-learning http://mappa-elearning.co.uk/sign-in.php	2 hours	Prior to attendance at first MAPPA invite

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	The following key performance indicators will be monitored: - 100% attendance at MAPPA SMB - 100% attendance at MAPPA Level 2 & 3 meetings	Quarterly, through CITO data collection, by the Safeguarding & Public Protection team. And Bi-annually, through CITO data collection, by the Safeguarding & Public Protection team.	Safeguarding & Public Protection Sub-Group of the Quality and Assurance Committee. And Clinical Quality Review Group / Quality & Performance Meeting.
2	MAPPA Policy audit	Frequency to be monitored and determined yearly as part of the Clinical & Effectiveness Audit programme by the Safeguarding & Public Protection team.	Safeguarding & Public Protection Sub-Group of the Quality and Assurance Committee.

The Responsible Authority, through the SMB, monitor and evaluate multi-agency performance through quantitative and qualitative data in the context of national Key Performance indicators.

The Trust Safeguarding & Public Protection team contribute to this work, on behalf of the Trust, by:

- Attendance at all MAPPA SMBs and associated sub-groups
- Providing data from the Trust in relation to MAPPA cases
- Contribute to multi-agency audits
- Contribute to MAPPA SCR's and subsequent recommendations and action plans

8.1 MAPPA Annual Reports and National Statistics

The CJA 2003 requires each Area to publish information annually on the operation of MAPPA at the local level.

The Trust has a responsibility must ensure that the MAPPA Coordinator has access to, or is supplied with, the relevant data about the offenders we are responsible for.

Once published the MAPPA annual reports, for the areas that the Trust covers, will be communicated into the Trust via the Safeguarding & Public Protection sub-group of the Quality & Assurance Committee and the Care Group Quality Assurance & Improvement groups.

9 References

- MAPPA Guidance <https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome>
- Anti-Terrorism Crime and Security Act (2001)
- Counter Terrorism Act (2008)
- Criminal Justice Act (2003)
- Domestic Violence, Crime and Victims Act (2004)
- Mental Health Act (1983)
- Mental Health Act 1983 Code of Practice published (2015)
- Sexual Offences Act (2003)
- Terrorism Act (2000)
- Terrorism Act (2006)
- Sexual Offences Act (2003)

- Annex J of Prion Service Instruction 52/2011
- General Medical Council (2023) Good medical practice
- Child Sex Offender Disclosure Scheme
- Common Law Police Disclosure Scheme
- Domestic Violence Disclosure Scheme
- General Medical Council (2023) Good medical practice
- Human Rights Act 1998

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	18 November 2024
Next review date	20 March 2027
This document replaces	MAPPA Procedure CLIN-0073-v5.2
This document was approved	Chief Nurse (for immediate publication) - 18 November 2024
This document was approved	Safeguarding and Public Protection meeting - minuted for information - 21 November 2024
This document was ratified by	Management Group
This document was ratified	17 December 2024 (retrospective formal ratification)
An equality analysis was completed on this policy on	n/a
Document type	Public
FOI Clause (Private documents only)	Not applicable

Change record

Version	Date	Amendment details	Status
v5	20 March 2024	Converted from MAPPA Procedure CLIN-0073-v4.2 to this MAPPA (& PDP) Policy. Full review and rewording throughout in line with updated MAPPA Guidance with the addition of the Potentially Dangerous Persons (PDP) process.	Withdrawn
v5.1	30 May 2024	Amended to add to section 4.20.1 that when a referral is made to PDP, the Trust Safeguarding & Public Protection team is cc'd into the email and can also be contacted for advice. Added PDP referral email addresses to Appendix 9.	Withdrawn
v5.2	20 Aug 2024	Added to section 4.22 the criteria for discretionary SCRs and the responsibility to submit a MAPPA N form when required.	Ratified
v5.3	18 Nov 2024	Updated useful contacts appendix. Added Appendix 10 – Record Keeping / Storage (Approved for immediate publication by Chief Nurse 18 Nov 2024 – noted for information only at Safeguarding and Public Protection meeting of 21 Nov 2024 and retrospective formal ratification at MG 17 Dec 2024.)	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Safeguarding & Public Protection – Nursing & Governance
Title	MAPPA (Multi Agency Public Protection Arrangements) Policy including PDP (Potentially Dangerous Persons)
Type	Policy
Geographical area covered	All areas of the Trust
Aims and objectives	The purpose of this policy is to adhere to the Trusts responsibilities, under MAPPA Guidance, to ensure that the risks posed by specified sexual and violent offenders are assessed and managed appropriately.
Start date of Equality Analysis Screening	09 October 2023
End date of Equality Analysis Screening	31 October 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Multi-Agency Public Protection Arrangements (MAPPA) are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO

	<ul style="list-style-type: none"> • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	The Trust must be free from discrimination and committed to equal access to services for all people with protected characteristics. This means that all actions undertaken or recommended by the MAPPA agencies, and all policies and procedures, will be based on assessments of individual risks and needs.
Describe any positive impacts	In undertaking their work, the MAPPA agencies will be sensitive and responsive to individual differences and needs. They will integrate this understanding into the delivery of their functions to ensure that nobody is disadvantaged due to having a protected characteristic. To assist in achieving this, each Responsible Authority have plans in place and implemented to ensure that issues of diversity are addressed.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references within body of the policy.

Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Consultation for this policy has been made with the Safeguarding & Public Protection team, the Safeguarding & Public Protection sub group of the Quality and Improvement Committee and for full consultation in the Trust.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No further training has been identified from this equality analysis however training requirements for MAPPA is identified within the body of the policy.
Describe any training needs for Trust staff	Not applicable
Describe any training needs for patients	Not applicable
Describe any training needs for contractors or other outside agencies	Not applicable

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	Policy
2.	Rationale		
	Are reasons for development of the document stated?	Yes	Within section 1 & 2.
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	Through consultation process.
	Is there evidence of consultation with stakeholders and users?	Yes	Through consultation process. Targeted professions for the consultation included: Head of Information Governance and Data Protection Digital and Data Services Consultant Psychiatrist (LD Forensics) MAPPA Coordinator for Tees, NYY & D&D MAPPA Senior Policy Adviser, National MAPPA team
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	This will replace the MAPPA Procedure.
4.	Content		
	Is the objective of the document clear?	Yes	Section 2.
	Is the target population clear and unambiguous?	Yes	Section 3.
	Are the intended outcomes described?	Yes	Section 2.
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	Throughout and in Section 9.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Are key references cited?	Yes	Section 9.
	Are supporting documents referenced?	Yes	Throughout and in Section 6.
6.	Training		
	Have training needs been considered?	Yes	Section 7.2
	Are training needs included in the document?	Yes	Section 7.2
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	Sections 7.1 & 8.
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	Appendix 1.
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Appendix 1. v5
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	Safeguarding and Public Protection Sub-Group of the Quality and Assurance Committee.
10.	Publication		
	Has the policy been reviewed for harm?	Yes	No harm impact identified.
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Not Applicable	

Appendix 3 – MAPPA Categories

Taken from MAPPA guidance:

Category 1 Offenders: Registered Sexual Offenders (RSO)

This Category includes offenders required to comply with the notification requirements set out in Part 2 of the Sexual Offences Act 2003 (SOA 2003). These offenders are often referred to as being on the "Sex Offenders' Register."

A person who is

- convicted of,
- cautioned for,
- 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 Sch.3 of the SOA 2003 will become subject to the notification requirements of Part 2 of the Act.

Category 2 Offenders: Violent Offenders and Other Sexual Offenders

This category includes offenders convicted under Part 1 or Part 2 of Schedule 15 or Section 327 (4A) of the Criminal Justice Act 2003 (CJA 2003) who received a qualifying sentence or disposal for that offence;

And, they receive one of the sentences listed below in respect of that conviction.

- Imprisonment for a term of 12 months or more (including indeterminate sentences).
- Detention in youth detention accommodation for a term of 12 months or more (including indeterminate sentences).
- Suspended sentences with a term of 12 months or more.
- A hospital order (with or without restrictions) or guardianship order under the Mental Health Act 1983 (MHA 1983).

The full list of Schedule 15 offences is available here

<http://www.legislation.gov.uk/ukpga/2003/44/schedule/15> or easier to read version [here](#).

Category 3 Offenders: Other Dangerous Offenders

This Category contains offenders who have committed an offence indicating that they are capable of causing serious harm and require multi-agency management at Level 2 or 3. The offence does not have to be one specified in Sch.15 of the CJA 2003;

a. 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

b. the offence for which they received the disposal indicates that the person may be capable of causing serious harm to the public.

Category 4 Offenders: Terrorist Offenders

A person falls within this category if:

- a.** they are required to comply with the notification requirements set out in Part 4 of the Counter-Terrorism Act 2008 (CTA 2008);
- b.** they have been convicted of a relevant terrorist offence and received a qualifying sentence or disposal for that offence;
- c.** they have been found to be under a disability and to have done the act charged/found not guilty by reason of insanity 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
- d.** they have committed an offence and may be at risk of involvement in terrorism-related activity (discretionary Category 4).

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 under s.31 CTA 2008.

A qualifying sentence includes:

- Imprisonment for a term of 12 months or more (including indeterminate sentences).
- Detention in youth detention accommodation for a term of 12 months or more (including indeterminate sentences).
- 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:

- a.** 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

b. the Responsible Authority believes that they may be or become involved in terrorism-related activity.

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

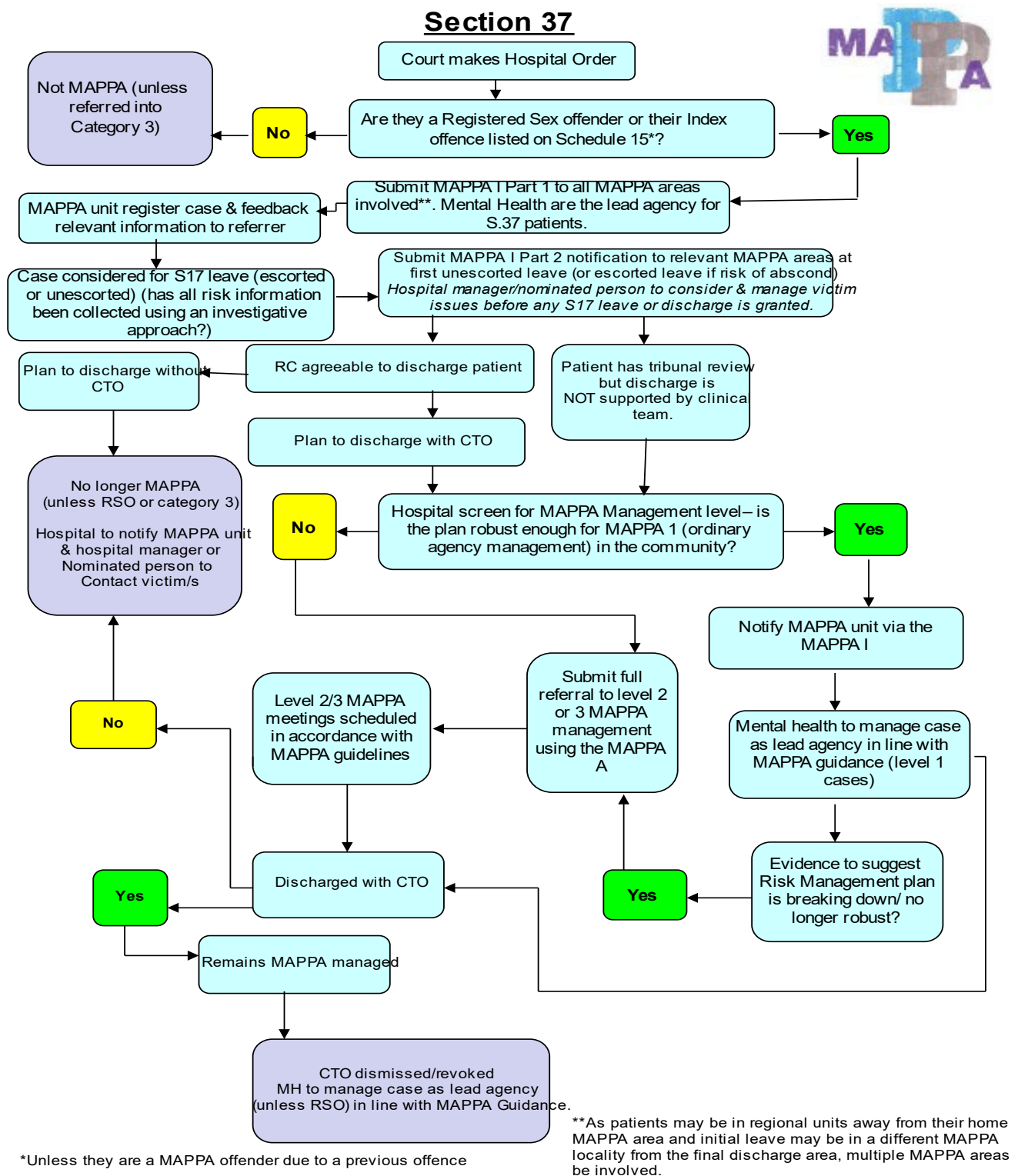
Appendix 4 – The Document Set

- **MAPPA A. Referral to MAPPA Level 2/3**
- **MAPPA B. Background Information for Level 2/3 meeting**
MAPPA A or AB should be used by all referring agencies.
- **MAPPA C. Level 2 and 3 MAPPA meeting minutes**
- **MAPPA D. MAPPA Agenda**
- **MAPPA E. Confidentiality & Equality Statement**
- **MAPPA F. Prison report**
- **MAPPA G. Transfers**
This should be completed once the lead agency transfer policy has been followed, and sent to the local MAPPA Coordinator.
- **MAPPA H. YOS Notification**
- **MAPPA I. Mental Health Notification**
The mental health service should send the notification MAPPA I for all patients who are liable to MAPPA management to the relevant MAPPA Coordinator.
- **MAPPA J. DWP Notification**
To inform Jobcentre Plus of any restrictions placed upon the offender with regard to employment or training.
- **MAPPA K. Case Audit**
- **MAPPA L. Meeting Audit**
- **MAPPA M. Executive Summary**
- **MAPPA N. Serious Further Offence Notification**
- **MAPPA O. MAPPA Serious Case Review report**
- **MAPPA O2. Protected Characteristics**
- **MAPPA P. Housing Exemption Notification**
The lead agency should send MAPPA P to the Single Point of Contact for housing benefit in the area.
- **MAPPA Q. Screening**
Lead agency to screen for most appropriate level of MAPPA management.
- **MAPPA R. Foreign Nationals**
- **MAPPA S. Level setting escalation**

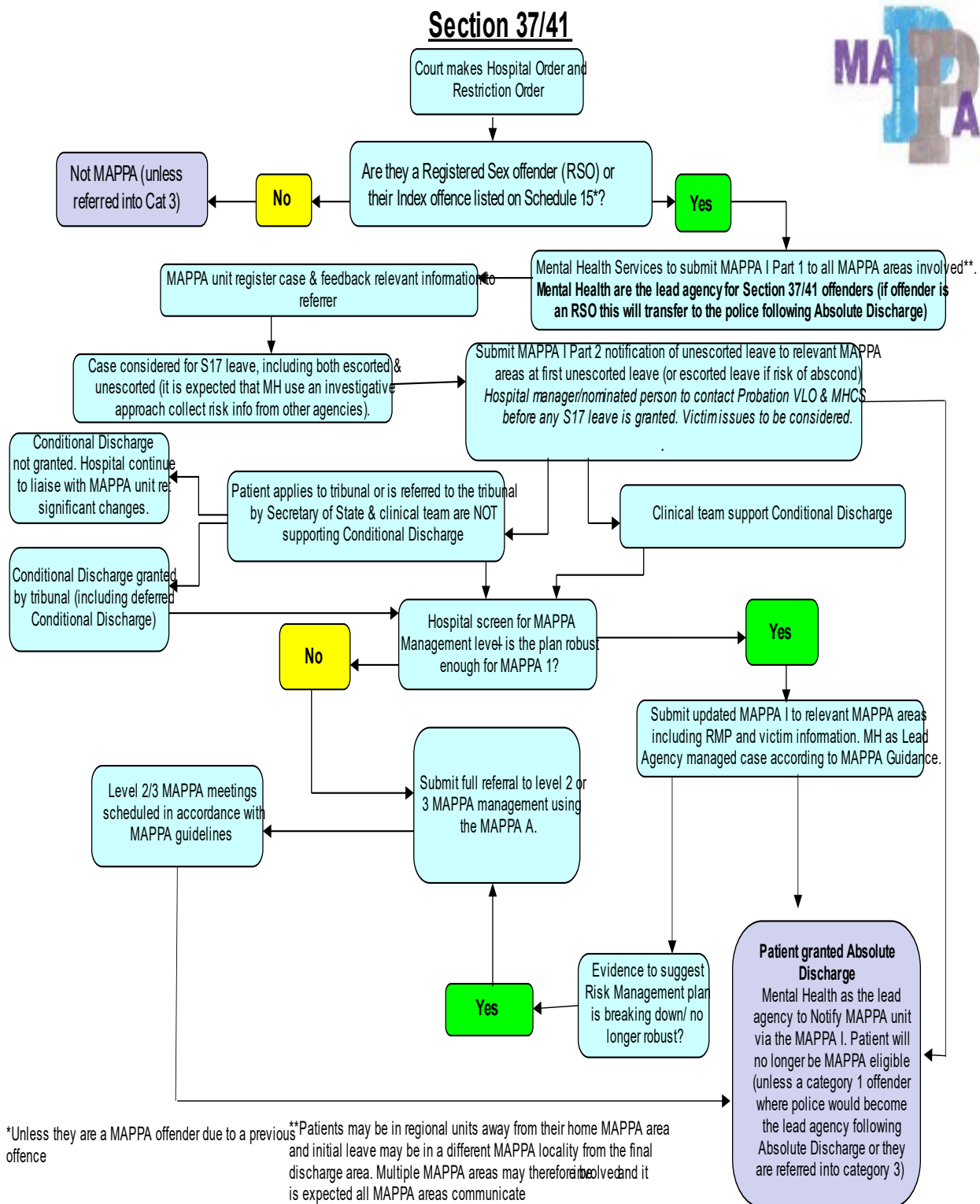
Access to MAPPA forms relevant to mental health services, including the MAPPA leaflet '**Information for Offenders**' and PDP forms can be accessed on the [Trust T Drive](#):

T:\Safeguarding and Public Protection\POLICIES AND PROCEDURES\MAPPA POLICY

Appendix 5 – MAPPA Mental Health Flowchart – Section 37

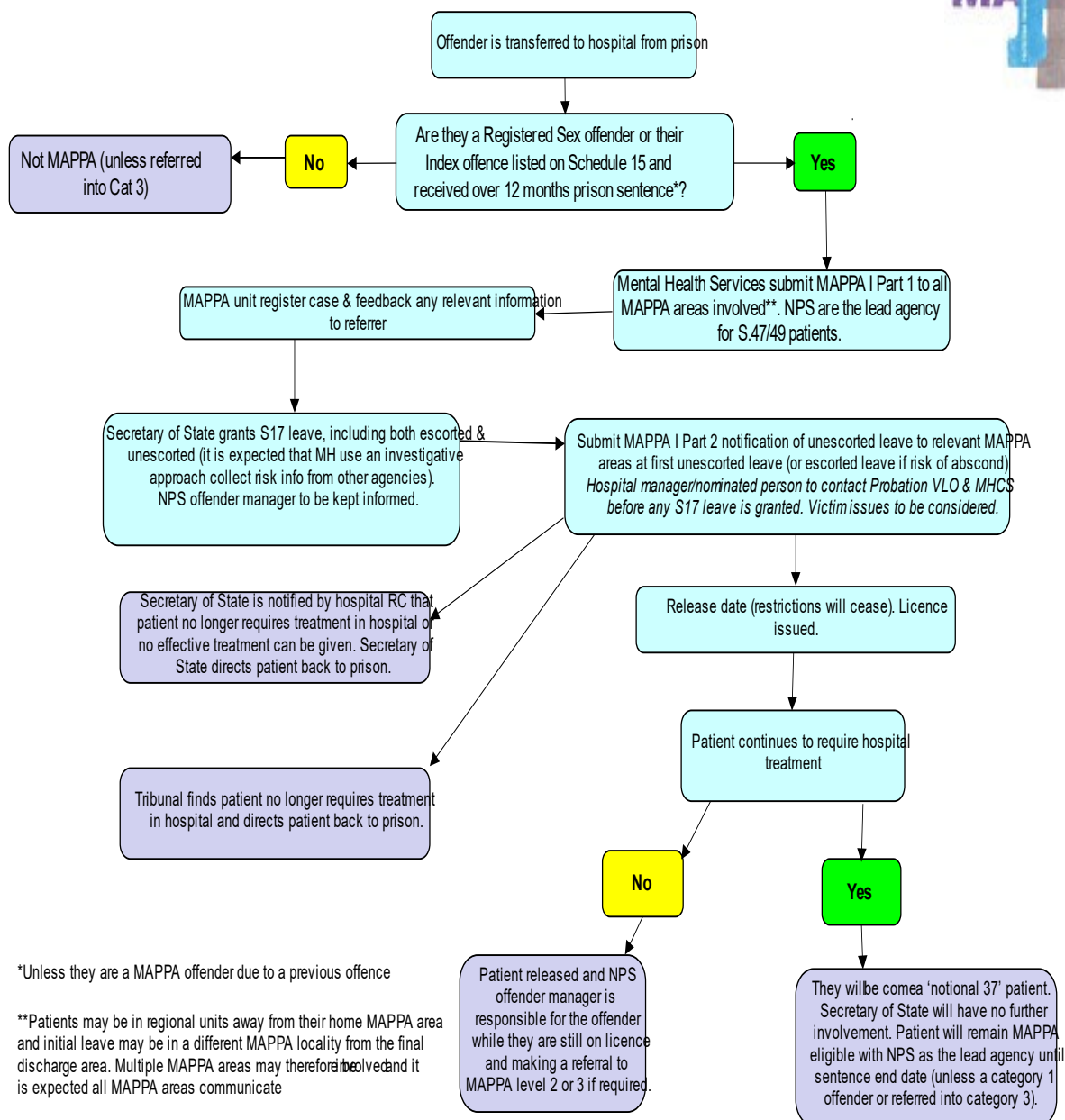


Appendix 6 – MAPPA Mental Health Flowchart – Section 37/41



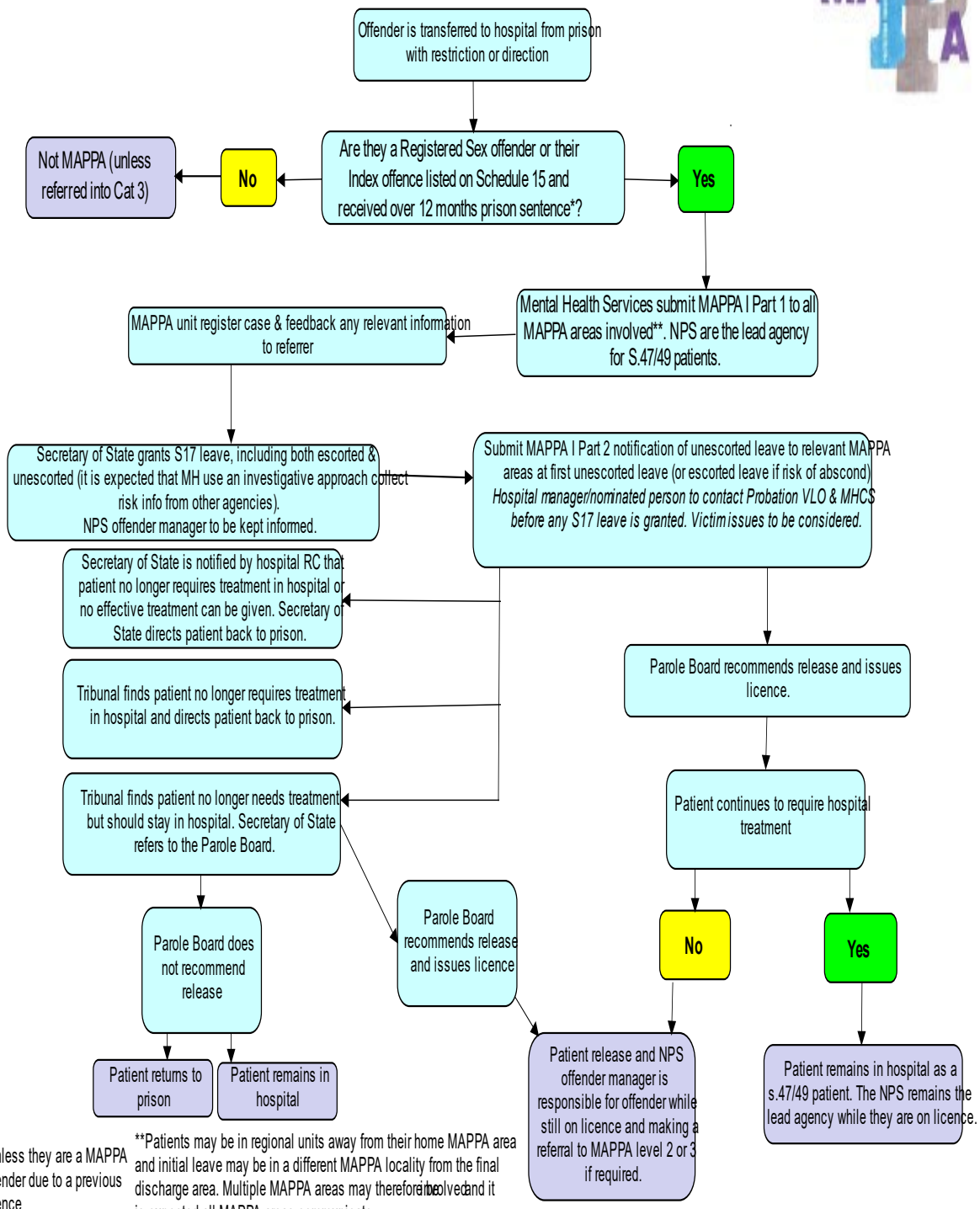
Appendix 7 – MAPPA Mental Health Flowchart – Section 47/49 Determinate Sentence

Section 47/49 Transfer (determinate sentence)



Appendix 8 – MAPPA Mental Health Flowchart – Section 47/49 Indeterminate Sentence

Section 47/49 Transfer (indeterminate sentence)



Appendix 9 – Useful Contacts

Trust Safeguarding & Public Protection Team

Contact Number	Email addresses	Poster
01642 516118	TEAWVNT.Safeguarding-MAPPA@nhs.net TEWV.safeguardingadults@nhs.net TEAWVNT.safeguardingchildren@nhs.net	T:\Safeguarding and Public Protection\RESOURCES

MAPPA Coordinators

Area	Name	Email	Contact Number
Cleveland	Andrew Bake	andrew.bake@justice.gov.uk	07547972992
Durham & Darlington	Sophie Townsend	Sophie.Townsend1@justice.gov.uk	07966233637
North Yorkshire & York	Gina Griffiths	gina.griffiths@justice.gov.uk	07840012057

MAPPA Administration

Area	Email
Cleveland	NEPS.teesvalley.MAPPA@justice.gov.uk
Durham & Darlington	NEPS.durham.MAPPA@justice.gov.uk & MAPPA@durham.police.uk (USE ONLY the police email for PDP referrals)
North Yorkshire / York	YatHPS.yorknorthyorkshire.MAPPA@justice.gov.uk

PDP Referrals

Area	Email	Contact Number
Cleveland	force.intelhub@cleveland.pnn.police.uk	01642 301775
Durham & Darlington	MAPPA@durham.police.uk	
North Yorkshire / York	YatHPS.yorknorthyorkshire.MAPPA@justice.gov.uk	

Appendix 10 – Record Keeping / Storage

In order to assist with correct recording, all agencies should have clear case management coding systems or a flagging process in place. This should ensure that both MAPPA categories and levels of management can be identified easily.



- All information in relation to MAPPA must be referenced within the patients electronic care records

ALERT – an alert must be placed on the electronic care records when it is identified that the patient is a MAPPA eligible offender.

This must include the Category, Level, Level of Risk, Lead Agency and whether the patient is aware of their MAPPA status (if applicable)

- Clinical Services will add this within 3 days of admission when MAPPA eligible offenders are identified through the admission process
- The Trust Safeguarding & Public Protection team will add/amend this for MAPPA eligible offenders who are identified/managed through MAPPA L2/3 meetings



- If a patient is referred into the Trust and there is an alert on the electronic care records then this must be reviewed to reflect its accuracy.

For patients where the Trust is the Lead Agency:

Forms:

MAPPA A or A/B MAPPA G MAPPA J MAPPA P

- Must be stored on the patients electronic care records by *acquiring an attachment under the category Safety & Risk Assessments – attachment type MAPPA (choose correct form)*
- Entries must be made to evidence the communication with the MAPPA Coordinator within progress notes tagged with *Safeguarding*.

MAPPA Q:

- Must be stored on the patients electronic care records by completing an *e-form – under the category Safety & Risk Assessments – MAPPA Q – MAPPA Screening*.



- The MAPPA I and MAPPA C form must not be uploaded to the patients electronic care records due to the sensitivity of information included within these.

MAPPA I:

- Must be one continuous form of all notifications made to the MAPPA Coordinator (and on receipt back from the MAPPA Coordinator).

- When the form is sent (and received) to the MAPPA Coordinator, the Trust Safeguarding & Public Protection team is to be copied into the email TEAWVNT.Safeguarding-MAPPA@nhs.net
- The Trust Safeguarding & Public Protection team will store the most up to date version of the MAPPA I form within a secured shared drive. Clinical services will be able to access a copy upon request from the team (or directly from the MAPPA Coordinator).
- Entries must be made to evidence the communication with the MAPPA Coordinator/Trust Safeguarding & Public Protection team within progress notes tagged with *Safeguarding*.

MAPPA C. Level 2 and 3 MAPPA meeting minutes

- See section 4.18 for further guidance.

Recording MAPPA risks in safety summary

Patient is open to TEWV services:

- Relevant information shared from MAPPA, in terms of risks, is to be reflected in the persons safety summary by the clinical team (inclusive of alerts).

Patient is known but closed to TEWV:

- Relevant information shared from MAPPA, in terms of risks, is reflected in the MAPPA Meetings Minutes e-form and the MAPPA alert signposts staff to read this information.
- Information inputted into the safety summary is to create a relevant alert i.e. no lone working, access to firearms etc – this is done by the Trust Safeguarding & Public Protection team SPOC.