Mersey Care NHS
NHS Foundation Trust

Policy & Procedure: Health Risk Assessment Management Meetings (HRAMM)

Policy Number:	**SD15**
Scope of this Document:	**All staff in clinical areas**
Recommending Committee:	**CROMP Clinical Risk Offender Management Process**
Approving Committee:	**Executive Committee**
Date Ratified:	**July 2016**
Next Review Date (by):	**June 2018**
Version Number:	**Version 2**
Lead Executive Director:	**Medical Director**
Lead Author(s):	**MAPPA Lead** **Operational Manager CJLDT**

Version 2 – July 2016

Quality, recovery and wellbeing at the heart of everything we do

SD15 Health Risk Assessment Management Meetings (HRAMM)

Further information about this document:

Document name	SD15 Health Risk Assessment Management Meetings (HRAMM)
Document summary	Mersey Care as an NHS Foundation Trust is committed to continually assessing and managing the risk of dangerousness in conjunction with partner agencies. It is now evident that most risk management is being coordinated through well structured risk management reviews incorporating multi-agency under the Care Programme Approach. However this policy will support those people who present with needs that sit outside of CPA and MAPPA and require a more formal approach to risk management.
Author(s) Contact(s) for further information about this document	MAPPA Lead (Mark Sergeant) mark.sergeant@merseycare.nhs.uk Operational Manager for CJLDT (Gary Smith) gary.smith@merseycare.nhs.uk Tel: 0151 255 0040
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust Trust Offices, V7 Building Kings Business Park, Prescot Merseyside, L34 1PJ www.merseycare.nhs.uk
To be read in conjunction with	https://mappa.justice.gov.uk/connect.ti/MAPPA/view?objectId=271411
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
V1	Mark Sergeant, Gary Smith, Consultation with National Probation Service	August 2014
V2	Gary Smith, Rebecca Jones, Brian Harrison, Consultation with National Probation Service	June 2016

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

2. CONTENTS

3. EXECUTIVE SUMMARY

3.1 Mersey Care NHS Foundation Trust is committed to the effective management of risk through a proactive, multi-disciplinary/multi-agency approach incorporating Care Programme Approach (CPA, CPA Risk Review) Health – Risk Assessment and Management (H-RAMM) and Multi-Agency Public Protection Arrangements (MAPPA).

3.2 The Criminal Justice Act 2003 extends and strengthens MAPPA by identifying the Police, National Probation Service and the Prison Services (Prison and Probation collectively National Offender Management Service-NOMS) as the bodies responsible for implementing MAPPA arrangements and by placing a duty to cooperate with the Responsible Authority on a number of other agencies such as Health, Housing, and Social Care etc. Mental Health is also a Lead Agency within MAPPA as they have statutory responsibility for the management of MAPPA nominals.

3.3 This policy is Mersey Care's response to providing risk management in accordance with national MAPPA guidance (version 4 May 2012), and links in and reinforces Mersey Care's commitment to effective risk management. Please note that MAPPA is undergoing a National review and updated information and revision of the Mental Health Chapter is currently underway and due to be released imminently (June / July 2016) and will be available via MAPPA co-ordinator and on the National MAPPA website – MAPPA.justice.gov.uk.

4. INTRODUCTION

4.1 Rational- Why?

The purpose of this policy is to enhance the Trust's mechanism of risk management and to provide a procedure and supportive framework to manage and co-ordinate risk that falls within and external to risk structures,

for example CPA & MAPPA. The policy provides information and guidance to enable Mersey Care NHS Foundation Trust staff to:

- To identify the **immediacy, severity, likelihood and nature** of dangerousness, whilst taking into account those individuals who are subject to CPA that present with complex and often worrying behaviours and escalating concern. CPA may not provide the multi-agency response for managing this individual with such complex and escalating concerns.
- Facilitate a process which may lead to minimising and managing dangerousness and/or offending. Ensure public protection
- Develop defensible practice
- Encourage proactive rather than reactive risk management plans for the benefit of the service user, carers, staff and the public
- Provide a system for the sharing of confidential information across agencies, within existing policies and protocols, for example: Caldicott NHS Code of Confidentiality 2003, Section 115 Crime and Disorder Act 1998, Data Protection Act 1998
- Recording accurate information in relation to the process using methods such as minutes and relevant data collection.
- Provide a central point of information within Mersey Care in relation to H-RAMM, MAPPA & CPA Risk Reviews

4.2 Scope – Who, Where, When

This policy applies to all clinical areas of Mersey Care NHS Foundation Trust. The central point of referral for H-RAMM and/or MAPPA is the Criminal Justice Liaison & Diversion Team (CJLDT). The CJLDT will signpost the referral as appropriate, discuss with the referrer, facilitate and lead the H-RAMM process.

4.3 Principles – Beliefs

Mersey Care NHS Foundation Trust supports the need for a proactive rather than a reactive, multi-disciplinary and multi-agency procedure for risk

assessment and management.

Developing and maintaining this process will ensure that there is a central point for the recording and storing of information from a number of agencies and professionals for Mersey Care service users in relation to H-RAMM & MAPPA policy

5. DUTIES

5.1 Medical Director

The Medical Director has delegated responsibility to ensure that a Policy & Procedure on the management of MAPPA and H-RAMM is in place; that it is implemented effectively and systems are in place for the effective monitoring of the standards contained within the policy.

5.2 Operational Manager

Duties include:

- Undertaking appropriate review of the H-RAMM Policy ensuring necessary consultation with partners
- Ensuring the H-RAMM process is managed effectively
- Ensuring that the H-RAMM process is reviewed effectively including monitoring of the policy through the mechanisms defined in the policy
- To promote and consider all matters risk related within MAPPA/H-RAMM and CPA Risk through the CROMP (Clinical Risk Offender Manager Process). This is a forum of lead professionals from each clinical area that meet bi-monthly to discuss all operational and clinical risk related issues that fall within the parameters of HRAMM/MAPPA and clinical risk.

5.3 Criminal Justice Liaison & Diversion Team

Duties Include:

- Triage the H-RAMM referral to identify the most appropriate framework (i.e. referral onto MAPPA, CPA Risk Review or H-RAMM)
- Completion of the 'Panic now' tool
- Co-ordination and attendance at the H-RAMM including chairing of the meeting, adherence to the standardised agenda and ensuring engagement of all present within the meeting
- Ensuring conclusion of the H-RAMM process with agreement of all

partner agencies involved in the risk management process

- The Chair of the meeting will ensure that the group consider the appropriateness of the service user being advised that he/she is subject to multi-agency review as per policy

5.4 Risk Administration (Risk administrator to the HRAMM process)

Duties Include:

- Co-ordination of H-RAMM including the ensuring a suitable venue and the invitation of appropriate individuals
- The taking of formal minutes and distribution of these to participants subsequent to conclusion of the meeting prior to an agreed follow-up meeting
- Ensuring actions are completed within an agreed timeframe during the H-RAMM process to ensure robust risk management strategy is in place.
- Subsequent to any final H-RAMM, the administrator will need to ensure that any outstanding actions have been completed and advise the Chair accordingly
- Ensure all agencies are aware of the need to store minutes in non-disclosure sections of the persons record

5.5 All Staff (Clinical & Medical and Admin staff involved in the process)

Duties Include:

- Ensuring that they are familiar with the corporate Policy (SD15) and Procedure for the management of MAPPA and H-RAMM and are read in conjunction with the Memorandum of Understanding.
- Ensuring that they access the most up to date version for use and application (on the Trust web site) and seek every opportunity to keep up to date with content.
- Adhering to the standards and requirements of the policy.
- Ensuring that, where appropriate and when CJLDT are invited, there is dialogue within CPA Risk Review meetings in relation to

risk communicate appropriately with the Criminal Justice Liaison & Diversion Team in relation to a potential referral and fully complete all referral documentation in line with criteria.

- Care Coordinators and responsible clinicians (Consultant psychiatrists) must be involved in the HRAMM process.

6. Process

6.1 H-RAMM is a health co-ordinated risk assessment and management framework for those service users who have the potential for high-risk taking behaviours across Mersey Care NHS Foundation Trust. The policy is developed to support those service users who do not fit the criteria for MAPPA, are subject to CPA, but may be displaying complicating factors which are causing increasing concern that fall outside of CPA Risk Management. The process involves multi agency partnerships with the aim of sharing reasonable and proportionate or relevant and not excessive information in line with Caldicott principles and Trust policies, identifying risks and co-ordinating a multi-agency action plan.

6.2 Any referral for an H-RAMM meeting will be submitted to the CJLDT, and can be made by any service within Mersey Care NHS Foundation Trust where the service user is subject to CPA, although referrals can also be received from dedicated Mental Health leads from partner agencies such as Police or the National Probation Service/CRC, though this must be discussed with the Care Coordinator or Responsible Clinician (RC) from Health where applicable.

6.3 The CJLDT has the responsibility for facilitating the process and in conjunction with the initiating referrer and others if necessary, for agreeing the appropriateness of an H-RAMM.

6.4 If after consultation, it is considered that the service user is believed to be MAPPA eligible, the CJLDT practitioner will make a referral to Merseyside's MAPPA Manager for their consideration. This person is

responsible for MAPPA across the Merseyside region; they are not an employee of the Trust.

6.5 The MAPPA Manager's role is to demonstrate public accountability, consistency in assessment and adherence to government expectations in relation to MAPPA. It is also to quality assure the MAPPA process by confirming that assessments are supported by appropriate evidence and are defensible and proportionate.

6.6 HRAMM meetings should be multi-disciplinary & multi-agency in their approach. The meetings must be given **high priority** and all professionals involved in the care of the service user will have a **duty to co-operate** with the H-RAMM process. The Criminal Justice Act 2003 ensures this responsibility is extended to all agencies involved and individuals external to Mersey Care NHS Foundation Trust.

6.7 The CJLDT has the responsibility for the administration of the H-RAMM process and maintenance of an H-RAMM & MAPPA database. This database will be shared on a monthly basis with the CROMP and Adverse Incidents group in Local Services.

6.8 It is the responsibility of each practitioner to be proactive in the early identification of high risk individuals through the gathering of information, intelligence and utilising an investigative approach. Following multi-disciplinary team reviews where it is agreed that the Service Users needs/challenges are no longer being managed effectively through CPA Risk Reviews, then the procedure for H-RAMM would begin with an initial referral to the CJLDT. **The referral is made by making an initial telephone call to a member of the team to discuss appropriateness**, and then completing and submitting a H-RAMM referral form via e-mail to the generic Criminal Justice account if advised to do so (criminaljustice@merseycare.nhs.uk). For a copy of the referral, please see Appendix 1**.**

6.9 If it is apparent that the referral meets the MAPPA criteria and is MAPPA eligible (see Memorandum of Understanding), then the referrer will be advised to complete a MAPPA referral (Appendix 8) and notification if not already completed (Appendix 9). The referral will be forwarded to the Merseyside

6.10 MAPPA Coordinator by CJLDT and they will triage the referral and consider suitability for MAPPA. When a decision has been taken by the MAPPA Coordinator, this will be communicated back to the referrer via CJLDT.

6.11 When deciding to refer an individual for the H-RAMM process, the following points need to be considered in justifying the referral:

- Evidence of early warning signs/increasing risk and or patterns of behaviour, such as the use of/or presence of weapons, or a known, named potential victim identified as at risk.
- Offending behaviour linked to dangerousness and/or increased contact with Police. For example; threats, possession of weapons & assault.
- Regular contact with Police not resulting in arrest- for example Section 136 of the Mental Health Act 1983.
- Regular reporting of high-risk incidents within the community.
- History of non-concordance with treatment/services and/or difficulty in engaging service users leading to increased levels of dangerousness.
- Safeguarding children & vulnerable adult concerns
- Service users who are considered to be at high risk of radicalisation from extremist groups
- Hospital Orders- for example Sections 37 & 37/41 of the Mental Health Act 1983- moving into the local community.
- Restraining or Injunction Orders involving staff, other service users

and Trust property.

- Information from Adverse Incidents involving dangerous behaviour.
- History of High Secure, Regional Secure, Low Secure and PICU service users.
- Those new to services from prison, with an index offence of dangerousness which is not MAPPA eligible or a service user who has been subject to an Indeterminate Sentence for Public Protection or is subject to Life Licence
- Subject to CPA Risk Review with complicating factors which cause greater concern. Evidence that those individuals who are subject to CPA are presenting with complex and worrying behaviours and escalating concern

6.12 Upon receipt of the referral form, the CJLDT will consider the referral and request any further information they require, such as Management of Police Information checks (MoPI), prison information, Probation/Court information, and will use the **Panic Now** tool (appendix 6) and decide with the referrer how to progress. The CJLDT will continue to keep the referrer informed of developments at all times during the process by the way of e-mail and telephone.

6.13 As a result of the H-RAMM referral, a decision will be made in collaboration with the referrer/MDT and one of the following recommendations will be made in writing:

- To continue with the current provision of CPA Risk Reviews
- To begin the H-RAMM process and co-ordinate a H-RAMM meeting
- A referral will be made to the MAPPA manager for consideration to a Multi-Agency Public Protection Process (MAPPP)
- That a referral is suspended through joint consultation to allow the referrer to gather more information
- Joint agreement that the referral is withdrawn by the referrer due to a change of circumstances that has reduced the immediacy of risk (i.e.

admission to hospital)

6.14 At any time, a further referral can be made should the circumstances change and the risk escalates.

When an H-RAMM process has been initiated and the circumstances change considerably and the risks are no longer imminent (i.e. admission to hospital/secure environment) then consideration can be given to withdrawing the H-RAMM referral. CJLDT must rationalise the decision and write to the initiating referrer explaining the decision.

When does H-RAMM not apply?

- When the service user is MAPPA eligible
- When already subject to MAPPA meetings
- When the service users needs and risks can be met and managed through an existing CPA Risk Review
- When the person subject to referral does not have an open episode of care to Mersey Care NHS Foundation Trust
- When the service user's primary presenting problem is not mental disorder but relates extensively to drugs, alcohol.

If a decision is taken not to co-ordinate a H-RAMM, then the CJLDT will communicate this in writing with the reasons for the decision. The report will be recorded in the H-RAMM database within Mersey Care's electronic patient record system.

6.15 If the decision is made to facilitate a H-RAMM, then it is the responsibility of CJLDT to co-ordinate the process. The meeting must be convened to reflect the urgency of the risks, and where possible within 7 working days of the referral being accepted and given priority by the referrer. The meetings should be held in a non-clinical area with appropriate facilities.

6.16 The CJLDT have responsibility for chairing a H-RAMM meeting. It will

be the responsibility of the CJLDT and the initiating referrer to co-ordinate attendance, and **no additional attendee's to the meeting will be allowed without prior approval of the Chair**. Following the principals of MAPPA guidance, only under exceptional circumstances should family/carers of the service user or the service user themselves be invited to attend, as this could cause conflict between partners supporting the risk management process when disclosing data protected information. Any requests for attendance should be brought to the Chair at the first meeting for discussion. All appropriate representatives and professionals will be invited to attend in writing.

6.17 It is important to identify if any other factors are present (if not identified in the initiating referral) and therefore the agenda see (Appendix 2) will include other issues such as safeguarding (child protection/vulnerable adults), fire setting, sex offending and identification under potentially dangerous person (PDP).

The core group of individuals who should attend can include:

- Representative(s) of the CJLDT
- Appropriate and relevant medical staff
- Appropriate and relevant team managers and practitioners
- Senior divisional manager(s) where appropriate
- Care Coordinators
- Appointed deputies
- Other agencies- for example Police, National Probation Service/ CRC, Prison, Housing, Social Care, Safeguarding, Youth Offending Service, Addictions Services, Veterans Services, Women's Turnaround Services
- Representatives from staff currently involved in care if outside the organisation- for example, the service user is in an out-of-area private bed or external PICU
- Voluntary or Independent sector agencies

Others who may be invited to attend include various members of the Trust such as Trust Board Members, forensic psychiatry representatives and any other professionals.

6.18 H-RAMM meetings will follow a set agenda: for a copy of this agenda please see Appendix 2.

6.19 All those in attendance at the H-RAMM meeting will be expected to contribute to the meeting, share information that is reasonable and proportionate, and co-operate in the formulation of a risk management plan. It is the responsibility of the chair to ensure the meetings proceed within time frames, outline and co-ordinate information so that action points and areas of responsibility can be assigned.

6.20 At the initial H-RAMM meeting, it is the responsibility of the **initiating referrer** to present the information which led to the referral. It will be the responsibility of other individuals and agencies attending to bring information that is relevant, appropriate and proportionate to the management of risk relating to the service user.

6.21 The appropriate exchange of information is important to the process, and whilst H-RAMM meetings will be predominantly attended by employees of Mersey Care NHS Foundation Trust, other agencies will be invited to attend. The H-RAMM process complies with guidance and legislation provided by the Department of Health (**NHS Code of Practice and Confidentiality 2003**), the Human Rights Act 1998, the Data Protection Act 1998, Section 115 of the Crime & Disorder Act 1998, and the Department of Constitutional Affairs Public Sector Data Sharing Act 2003.

6.22 There will be a dedicated minute taker provided by the CJLDT, who will attend all H-RAMM meetings. The minutes taken will be circulated within 7 working days; however this will be variable depending on the urgency of the case and all attendee's will receive a copy. The minutes will follow a standardised format and include an outlined risk management plan with action points.

6.23 The HRAMM minutes are currently held in the 'Non Disclosure' section of WinDip.

6.24 Due to the sensitive information and potential risk to a third party, the minutes will not be subject to general distribution outside of the meeting without prior agreement of the chair. There will be an expectation that information will be disclosed to the individual subject to H-RAMM unless it is identified that disclosure may have a detrimental effect on the individual's mental health and/or well-being, or increase the risk to others.

6.25 The chair will conclude the meeting with a summary of the HRAMM action points and agreed risk management plan. Individuals are responsible for any action points with which they are assigned. Any decisions in the risk management plan detailed in the meeting should immediately be changed and recorded within CPA documentation. All efforts should be made to agree a risk action management plan based on a majority consensus. Any professional at the meeting who has an alternative viewpoint on the level of risk or proposed actions and cannot agree with the majority, a record of their views will be captured.

6.26 No changes should be made in the risk management plan unless under exceptional circumstances. The Chair must then be contacted (or operational Manager for CJLDT), and the decision for change documented appropriately.

6.27 A decision will be made at the conclusion of the meeting on whether to hold a H-RAMM review meeting. If agreed, a further date will be set as appropriate to reflect concerns and the immediacy of risk. All attendees have a responsibility to attend review dates or send a nominated deputy who can actively contribute to the decision making process and be assigned actions.

6.28 A database of individuals who have been/ are subject to H-RAMM will be held in the Mersey Care's electronic patient record system and CROMP database. This database will assist partner agencies in the identification of Potentially Dangerous Persons (PDP's) and may be placed on violent offender and sex offender register (VISOR). The criteria for identification

will be an on going process for Merseyside police which CJLDT on behalf of Mersey Care NHS Foundation Trust will assist.

6.29 All individuals subject to H-RAMM or MAPPA processes will be identified on the Mersey Care's electronic patient record system database by being marked with a **red stripe** in the warnings system, and will have an up-to-date risk management and crisis plan accessible through Mersey Care's electronic patient record system.

7. DEVELOPMENT & CONSULTATION PROCESS

7.1 In reviewing this policy, to reflect amendments to MAPPA protocols on a two-yearly basis, the CJLDT will work in consultation with key stakeholders and appropriate external agencies including Merseyside Police Service, National Probation Service/CRC and service users.

7.2 The policy will take into account national and local guidance. Information about the process will form part of the MAPPA Strategic Management Board dataset.

7.3 The H-RAMM policy will continue to be promoted across the organisation at any appropriate opportunities.

8. TRAINING AND SUPPORT

8.1 The CJLDT administer an in house training programme to CJLDT practitioners around the HRAMM process and the assessment of suitability for referrals, including the use of the 'panic now' assessment tool.

8.2 The CJLDT lead periodic awareness training sessions with members of staff within Mersey Care NHS Foundation Trust related to the HRAMM process, modes of referral, triggers to referral and action planning

process.

9. MONITORING COMPLIANCE WITH THE POLICY

9.1 The CJLDT HRAMM risk administrator will monitor compliance of this policy during both the HRAMM referral and meeting stage by completing the 'HRAMM Referral Process Evaluation Sheet' and the 'HRAMM Post Meeting Evaluation Sheet'. Compliance with the policy will be overseen by the Operational Manager for HRAMM and any issues in relation to compliance will be escalated through existing governance arrangements. Copies of these documents can be found in the Appendix section of the policy. See Appendix 7.

10. REFERENCES

Crime and Disorder Act 1998 (ISBN 0 10 543798 0)
Published by HMSO (1998)

Criminal Justice Act 2003 (ISBN 0 10 544403 0)
Published by HMSO (2003)

Data Protection Act 1998 (ISBN 0 10 542998 8)
Published by HMSO (1998)

Department of Constitutional Affairs Public Sector Data Sharing Act (2003)

Directory of Learning and Development Opportunities
Published by Mersey Care NHS Foundation Trust (2004)

Policy & Procedure for the Care Programme Approach
Published by Mersey Care NHS Foundation Trust (2008)

Human Rights Act 1998 (ISBN 0 10 544298 4)
Published by HMSO (1998)

Mental Health Act 1983
Published by HMSO (1983)

Multi Agency Public Protection Arrangements

Taken from the Criminal Justice & Court Services Act 2000

Published by HMSO (2000)

NHS Code of Practice (Confidentiality)
Published by Department of Health (2003) (33837)

Policy and Procedure for the Reporting, Management and Review of Adverse Incidents (including serious and untoward incidents and near misses) *published by* Mersey Care NHS Foundation Trust (2004)

Standards for Clinical Business Units (CBU's) as a duty to co-operate (DTC) agency to support Multi Agency Public Protection Arrangements (MAPPA)

Crime and Disorder Act 1998 *published by* HMSO

(ISBN 0 10 543798 0)

Criminal Justice Act 2003 *published by* HMSO (ISBN 0 10 544403 0)

Criminal Justice and Court Services Act 2000 *published by* HMSO (ISBN 0 10 544300 X)

Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 (c. 25) *published by* HMSO (ISBN 0105425915)

Data Protection Act 1998 *published by* HMSO (ISBN 0 10 542998 8)

Department of Health: Care Programme Approach (90) 23/LASSL (90)11 *published by* HMSO (1990)

Effective Care Coordination Policy *published by* Mersey Care NHS Trust (2004)

Human Rights Act 1998 *published by* HMSO (ISBN 0 10 544298 4)

Mental Health Act 1983 *published by* HMSO (1983)

NHS Code of Practice (Confidentiality) *published by* Department of Health 2003 (33837)

Sex Offenders Act 1997 *published by* HMSO (1997) (ISBN 0 10 545197)

Appendix 1 – Initiating referral form for H-RAMM

Referral Form for Initiating H-RAMM

Date and time of Referral:

Client's name:

X Number:

DOB:

Current Address/location (if inpatient):

1. Does the client have a history of offending? **If Yes, please provide additional details below e.g. arson, criminal damage, assault domestic violence, drunk and disorderly, theft etc.**

YES	NO	Currently Unknown

2. Does the client have a history of violence using weapons?

If Yes, please provide additional details below

YES	NO	Currently Unknown

3. Is the client currently going through the Criminal Justice System?

YES	NO	Currently Unknown

4. Is the patient currently subject to any form of supervision?

YES, Currently on Probation	YES, Currently on Bail	YES, Currently Subject to MHA	NO

5. Does the client have a formal diagnosis?: If Yes, please provide additional details below

YES	NO	Currently Unknown

6. What is the client's current mental state? For example, is the client currently floridly psychotic, suffering from active delusions/paranoia?

7. Does the client have any history of violence as an inpatient?

8. Provide a timeline of the most recent high risk events, i.e. acts of aggression, carrying weapons, alcohol/drug abuse, etc. (Information available via Datix)

9. Is the client currently compliant with their medication and or treatment plan?

If no please provide details including any crisis plans.

YES	NO	Currently Unknown

10. Has a recent CPA review taken place? **If Yes, please provide date below**

YES	NO	DUE

11. Please provide any other relevant information, for example, nature of risk(s), perceived level of risk, risk to others, how imminent is the risk?

Please remember to include an updated risk assessment with your referral.

12. Please provide a list of professionals involved in the service user's care who should be invited to the H-RAMM:

Referred by:

Name:

Department:

Contact Number:

Appendix 2 – Agenda template for H-RAMM meetings

Agenda Template for H-RAMM meetings

Held on At Re Name DOB Address

1. **Introductions by chair**
2. **Purpose of H-RAMM** *(opening statement, terms of the meeting)*
3. **Present & Apologies**
4. **Confidentiality statements** *(opening statement,)*
5. **Reasons for calling the meeting & summary of referral information** *(nature of risks believed to be present)*
6. **Risk assessment** *(health, probation, police, other)*
7. **Any identified or potential victims** (*family, index incident / offence)*
8. **Details of offending / or other behaviours**
9. **Additional information** *(any safeguarding children issues, fire setting, sexual offending, other)*
10. **Diversity considerations** *(have all aspects of diversity been considered, language, gender etc)*
11. **Human Rights considerations** *(consider legality of actions are they reasonable, proportionate, relevant not excessive)*
12. **Summary of risks** *(identify all risks, agreement or dissention from panel*
13. **H-RAMM Action plan**
14. **Media & Communication**
15. **Action points for participants** (*key agencies / personal involved*)
16. **Decision to disclose or not and reasons** *(must be mindful of disclosure to tribunals)*
17. **Summary of H-RAMM risk management plan**
18. **Decision to hold a review and include on database**
19. **Distribution List**

Appendix 3 – attendance register for H-RAMM meetings

Attendance register for H- RAMM Meetings

DATE: **.....**

NAME	DISCIPLINE & WORK LOCATION	PHONE NUMBER & E-MAIL ADDRESS

You are signing this attendance register to confirm your presence and also that you understand and agree to the terms of reference for HRAMM meetings and the opening statements.

Appendix 4 – H-RAMM opening statement

H-RAMM Opening Statement Declaration

All agencies and disciplines invited have a number of considerations

- To share information that is reasonable and proportionate to this process.
- Assess the level of risk – to whom, in what circumstance, what implication and what immediacy
- Devise a risk management plan to manage & minimize the risk and review the clinical plan of care.
- To agree actions by the relevant disciplines.
- Identify the need for review and place on risk database

- I am required to discuss issues of confidentiality and disclosure of information. These meetings are reserved by the Trust under guidance given by MAPPA for individuals who are seen as potentially dangerous and who may pose a threat to the public. It is not for those people who are currently subject to the provisions met by MAPPA. It is therefore vital that information & intelligence regarding a person be shared when a person is considered to be dangerous.
- Information disclosed at this meeting must remain confidential within this meeting and information will only be disclosed pertaining to the imminent risk to others. Minutes of the meeting will be taken and all attending parties will receive a copy of the meeting, these must be stored securely & not disclosed outside of this meeting.
- **No disclosure of the H-RAMM Meeting Minutes Executive Summary or full minutes should be made without the permission of the H-RAMM chair. If a Summary is submitted in evidence to the Mental Health Review Tribunal then disclosure to another party including the patient or their representative will be governed by the MHRT Rules and the MHRT will make a decision as to whether the document is disclosed by applying those rules.**

Appendix 5 – H-RAMM minutes template

Mersey Care NHS
NHS Foundation Trust

Criminal Justice Mental Health Liaison & Diversion Service

South Sefton Magistrates Court

Merton Road

Bootle

L20 3XX

Tel: 0151 255 0040

criminaljustice@merseycare.nhs.uk

Secure: mcn-tr.Criminal-Justice@nhs.net

Strictly Private and Confidential

FOR RESTRICTED SECTION - NOT TO BE SHOWN TO SUBJECT

Health Risk Assessment and Management Meeting (H-RAMM) review minutes.

Held on: at:

Re: D.O.B:

Address:

Present:

Apologies:

PURPOSE of H-RAMM:

- The purpose of the meeting is to share information that is seen to be reasonable and proportionate to the health risk assessment and management meeting.
- Assess the level of risk, to whom, in what circumstances, implications and immediacy.
- Devise a risk management plan.
- To agree actions to be undertaken.
- Identify the need for placement on a risk database and:
- Set a review date if appropriate.

REASONS FOR HOLDING H-RAMM REVIEW (DATE):

REVIEW OF ACTIONS:

CHRONOLOGY/SUMMARY OF RISK RELATED INFORMATION:

CURRENT INFORMATION:

RISK MANAGEMENT PLAN:

As H-RAMM meetings are convened at short notice, the Criminal Justice Liaison & Diversion Team acknowledges that dedicating time to attend can be difficult to manage in terms of personal workload. However, this process is facilitated by the CJLDT on behalf of the trust and therefore requires due cooperation and dedication to the process. For the purpose of sharing information and reducing the **nature, immediacy, severity** and **likelihood** of dangerousness posed by an individual, attempts should be made to ensure representation by those invited is made by either self, or nominated representative with extensive knowledge of the subject and decision making authority.

MEDIA ASPECTS:

IDENTIFIED POTENTIAL VICTIMS:

DIVERSITY CONSIDERATIONS:

HUMAN RIGHTS:

SAFEGUARDING CHILDREN/VULNERABLE ADULTS:

ADDITIONAL INFORMATION:

Key Contacts:

ACTIONS:

DECISION TO DISCLOSE:

H-RAMM meetings lead with the premise that the service user subject to H-RAMM will be notified of the meeting unless there is good reason not to.

NEXT H-RAMM MEETING:

DISTRIBUTION:

As per attendance & apology list

No disclosure of the H-RAMM Meeting Minutes Executive Summary or full minutes should be made without the permission of the H-RAMM chair. If a Summary is submitted in evidence to the Mental Health Review Tribunal then disclosure to another party including the patient or their representative will be governed by the MHRT Rules and the MHRT will make a decision as to whether the document is disclosed by applying those rules.

Appendix 6 – Panic Now risk assessment tool

Mersey Care NHS
NHS Foundation Trust

RISK FRAMEWOK FOR VIOLENCE

PRESENCE & RELEVANCE OF MAJOR RISK FACTORS	
HISTORICAL FACTORS	*CODING*
H1: PREVIOUS VIOLENCE	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N
H2: YOUNG AGE AT FIRST VIOLENT INCIDENT	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N
H3: RELATIONSHIP INSTABILITY	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N
H4: EMPLOYMENT PROBLEMS	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N

H5: SUBSTANCE USE PROBLEMS		*PRESENCE*		
		Y	?	N
		RELEVANCE		
		Y	?	N
H6: MAJOR MENTAL ILLNESS		*PRESENCE*		
	Definite			
	Provisional	Y	?	N
		RELEVANCE		
		Y	?	N
H7: PSYCHOPATHY		*PRESENCE*		
	Definite			
	Provisional	Y	?	N
		RELEVANCE		
		Y	?	N
H8: EARLY MALADJUSTMENT		*PRESENCE*		
		Y	?	N
		RELEVANCE		
		Y	?	N
H9: PERSONALITY DISORDER		*PRESENCE*		
	Definite			
	Provisional	Y	?	N
		RELEVANCE		
		Y	?	N

H10: PRIOR SUPERVISION FAILURE	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N

OTHER H FACTOR:	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N

CLINICAL FACTORS	*CODING*
C1: LACK OF INSIGHT	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N
C2: NEGATIVE ATTITUDES	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N
C3: ACTIVE SYMPTOMS OF MAJOR MENTAL ILLNESS	*PRESENCE*
	Y ? N
	RELEVANCE
	Y ? N

C4: IMPULSIVITY	*PRESENCE*

	Y ? N *RELEVANCE* Y ? N
C5: UNRESPONSIVE TO TREATMENT	*PRESENCE*
	Y ? N *RELEVANCE* Y ? N
OTHER C FACTOR	*PRESENCE*
	Y ? N *RELEVANCE* Y ? N

RISK MANAGEMENT FACTORS *Institutional Plans* *Community Plans*	*CODING*
R1: PLANS LACK FEASIBILITY	*PRESENCE*
	Y ? N *RELEVANCE* Y ? N
R2: EXPOSURE TO DESTABILIZERS	*PRESENCE*
	Y ? N *RELEVANCE* Y ? N

R3: LACK OF PERSONAL SUPPORT	*PRESENCE*

	Y ? N *RELEVANCE* Y ? N
R4: NON-COMPLIANCE WITH REMEDIATION ATTEMPTS	*PRESENCE*
	Y ? N *RELEVANCE* Y ? N
R5: STRESS	*PRESENCE*
	Y ? N *RELEVANCE* Y ? N
OTHER R FACTOR:	*PRESENCE*
	Y ? N *RELEVANCE* Y ? N

CHARACTERISATION OF SPECIFIC RISKS

	SCENARIO 1	SCENARIO 2	SCENARIO 3	SCENARIO 4
NATURE What to whom? What kind of violence is anticiapted? *Generate all possible scenario's based on what has happened before or has been threatened*				
SEVERITY How serious will the assault be? *Previous convictions?*				
IMMINENCE How soon will it happen after he/she leaves court/custody?				
FREQUENCY/DURATION How long will it last? How often will it happen before he/she is caught?				
LIKELIHOOD How likely is it that each of the scenario's generated will actually happen?				

PANIC NOW INDICATORS

IMMINENCE INDICATORS Eg: Sudden none compliance, sudden change in condition/symptoms of acute mental illness, verbal reports or good intelligence of near misses, poor stress management where previously good	
SEVERITY INDICATORS Eg: Carrying of weapons (or good intelligence to that effect), threats to kill.	
VICTIM INDICATORS Eg: Planning or intent, individual previously targeted, threats to kill or injure, potential victim responsible for perceived restriction in liberty.	

Appendix 7 – H-RAMM evaluation

H-RAMM REFERRAL PROCESS EVALUATION SHEET

THIS DOCUMENT SHOULD BE COMPLETED DURING THE REFERRAL PROCESS AND IS USED TO MONITIOR COHERENCE WITH THE TRUST POLICY (SD15)

1) CONTACT: WAS A TELEPHONE CONVERSATION HELD WITH THE INITIATING REFERRER PRIOR TO RECEIVING THE REFERRAL?	

2) REFERRAL FORM APPROPRIATENESS: HAS THE REFERRAL BEEN COMPLETED ON THE OFFICIAL TEMPLATE (ATTACHED TO THE POLICY ON THE TRUST WEBSITE OR REQUESTED VIA CJLT)?	

3) CRITERIA INCLUSION: DOES THE REFERRAL IDENTIFY IMMEDIACY, LIKELIHOOD, SEVERITY OF RISK AND HAVE ALL SECTIONS OF THE REFERRAL BEEN COMPLETED SUFFICIENTLY?	

4) PANIC NOW: HAS THE RESPONSIBLE CLINICIAN FOR HANDLING THE REFERRAL COMPLETED THE 'PANIC NOW' TOOL USED TO CREATE SCENARIOS TO ASSIST WITH THE DECISION MAKING PROCESS?	

5) MOPI/PROBATION/DATIX: HAVE RELEVANT REQUESTS FOR SUPPORTING INFORMATION BEEN REQUESTED AIMED TO SUPPORT THE DECISION MAKING PROCESS AND FOR INFORMATION SHARING?	

6) 7-DAY COORDINATION: IF THE REFERRAL IS ACCEPTED AS H-RAMM, HAS THE COORDINATION OF A MEETING BEEN MET WITHIN THE 7 WORKING DAY TIMEFRAME? FOR REFUSED REFERRALS PLEASE GO TO PART 8.	

7) INVITES BY PROFESSION: HAVE ALL RELEVANT AGENCIES/INDIVIDUALS WITH DECISION MAKING AUTHORITY BEEN INVITED?	

8) REFUSED REFERRALS: HAS A LETTER BEEN COMPLETED WITH SUFFICIENT INFORMATION EXPLAINING THE REASONS FOR THE REFUSAL? HAS THIS BEEN SENT TO THE REFERRER WITHIN 7 DAYS?	

SIGNATURE OF CHAIR AND DATE:		

H-RAMM POST MEETING EVALUATION SHEET

THIS DOCUMENT SHOULD BE COMPLETED AFTER EACH H-RAMM MEETING AND IS USED TO MONITOR COHERENCE WITH THE OFFICIAL TRUST POLICY (SD15)

1) APPROPRIATENESS OF VENUE: COMMENTS ON ACCESSIBILITY, LOCATION, SIZE ETC.	

2) REVIEW ATTENDANCE REGISTER: UNINVITED ATTENDEE'S, APOLOGIES, ATTENDEE'S DETAILS PROVIDED ETC	

3) RESPONSIBILITY OF THE CHAIR: INTRODUCTIONS REQUESTED, OPENING STATEMENT, AGENDA ADHERED TO ETC	

4) ATTENDANCE PARTICIPATION: HAVE ALL ATTENDEE'S CONTRIBUTED OR BEEN ASKED FOR THEIR OPINION?	

5) HAS THE CJLT PROVIDED A SUITABLE MINUTE TAKER AND HAVE MINUTES BEEN TAKEN CORRECTLY AND REFLECTIVE OF THE INFORMATION	

DISCUSSED?	

6) HAS THE CHAIR CONDUCTED THE MEETING CORRECTLY AND ENSURED THAT INFORMATION GATHERING AND A RISK MANAGEMENT PLAN HAVE BEEN ADDRESSED?	

7) H-RAMM DISCLOSURE: HAS A DISCUSSION BEEN HELD REGARDING THE DISCLOSURE OF H-RAMM TO THE SERVICE USER? HAVE ALL ATTENDEE'S BEEN ASKED FOR THEIR OPINION?	

8) REVIEW DATE: HAS A REVIEW DATE BEEN SET AND IF SO, HAS IT BEEN SCHEDULED WITHIN A SUITABLE TIMEFRAME?	

9) POST H-RAMM ACTIONS: HAS THE INDIVIDUAL BEEN RED-STRIPED ON e-PEX? HAVE ALL ACTIONS ASSIGNED BEEN CARRIED OUT PRIOR TO REVIEW DATES ETC?	

10) H-RAMM MINUTES: DISTRIBUTED WITHIN 7 DAYS OF THE MEETING? STORED APPROPRIATELY IN RESTRICTED ACCESS SECTIONS OF PERSONAL FILES?	

SIGNATURE OF CHAIR AND DATE:		

Appendix 8

REFERRAL TO MAPPA LEVEL 2/3 - MAPPA A

In order to ensure that the referral is processed quickly and that all information is available to the Coordinator please ensure the following:

1. Every applicable question is answered with as much information as possible.

2. As the Lead Agency, you should already have a comprehensive Risk Assessment and Risk Management Plan in place, or proposed. The details of this should be recorded in Section 5 of the referral.

If your referral is accepted and taken to an initial MAPP Level 2/3 meeting, the meeting will focus on the Lead Agency Risk Management Plan that is already in place. Other agencies present will be asked to contribute and add value to your current/proposed Risk Management Plan.

The MAPP Level 2/3 meeting will not devise the Risk Management Plan for you, therefore it is essential that this part of the referral is completed as fully as possible.

	REFERRAL TO MAPPA LEVEL 2/3 **Fields marked with * are mandatory**	**MAPPA A**

Name of MAPPA Area:	
Which level are you referring to?	Please Select
Lead Agency at time of referral	

1. CATEGORY OF OFFENDER

***All agencies**

The offender can only fall into <u>one</u> of the MAPPA Categories summarised below. Please place an 'X' against only one of the following three categories.

1. Registered Sexual Offender	☐
2. Violent or other sexual offender: – who has been sentenced to 12 months or more custody for an offence under Sch.15 of the Criminal Justice Act 2003; or – who has been sentenced to 12 months or more custody and is transferred to hospital under s.47/49 of the Mental Health Act 1983; or – who has been detained in hospital under s.37 of the Mental Health Act 1983 with or without a restriction order under s.41.	☒
3. Other dangerous offender – has been cautioned for or convicted of an offence which indicates that he or she is capable of causing serious harm **AND** which requires multi agency management. This might not be for an offence under Sch.15 of the Criminal Justice Act 2003.	☐

2. OFFENDER INFORMATION

Last name:		***All agencies**
First name:		***All agencies**
Date of birth:		***All agencies**
Aliases (including nicknames):		**All agencies**
Prison:		**All agencies**
Prison number:		**All agencies**
Last known address before sentence:		**All agencies**
Proposed release address:		***All agencies**
Current address if in community:		***All agencies**
Gender:		***All agencies**
Ethnicity:		***All agencies**
PNC ID:		**Police / Probation**
ViSOR Reference (must be completed for all Registered Sexual Offenders):		**Police / Probation**
Agency unique identifier:		**All agencies**

3. CONVICTION / CAUTION INFORMATION

Index offence / Relevant caution:		***All agencies**
Date of conviction / caution:		***All agencies**
Sentence:		**All agencies**

Brief offence(s) details:		***All agencies**
Relevant previous convictions and pattern of offending:		**All agencies**
Other relevant information:		**All agencies**
Relevant dates		
Automatic Conditional Release Date:		**YOT / Probation**
Parole Eligibility Date:		**YOT / Probation**
Non-Parole Date:		**YOT / Probation**
Licence Expiry Date:		**YOT / Probation**
Sentence Expiry Date:		**YOT / Probation**
Home Detention Curfew:		**YOT / Probation**
Community Order end date:		**YOT / Probation**
Disqualification Order:	Please Select	***Police**
Imprisonment for Public Protection	Please Select	***Probation**
Extended Sentence for Public Protection:	Please Select	***Probation**
Lifer:	Please Select	***YOT / Probation**
Mental Health review date(s):		**Mental Health**
Sexual Offences Prevention Order:	Please Select	***Police/Probation**
Sexual Harm Prevention Order	Please Select	***Police/Probation**
Sexual Risk Order	Please Select	***Police/Probation**
Registered Sex Offender Notification end date:		**Police/Probation**
Violent Offender Order:	Please Select	***Police**
4. DETAINED IN HOSPITAL		**Mental Health**
Name of responsible clinician:		
Hospital:		
Earliest possible discharge date:		
Proposed release address:		
Name/contact details of Forensic Social Worker:		
Date of next tribunal:		
Please indicate the basis for detention from the options below		
Guardianship order – s.7/s.37 MHA 1983:	Please Select	
Hospital order – s.37 MHA 1983:	Please Select	
Restriction order – s.41 MHA 1983:	Please Select	
Transfer from prison – s.47 MHA 1983:	Please Select	
5. RISK ASSESSMENT		
RM 2000 Risk of Reconviction [complete for all sexual offenders]		**Police / Probation**

	Level	Date of assessment
RM 2000 Sexual:		
RM 2000 Violent:		
RM 2000 Combined:		

ARMS – Active Risk Management Systems					
	V High	**High**	**Medium**	**Low**	**Date completed**
Risk of sexual re-offending:					

OASys Risk of Reconviction				**Prison / Probation**
	1 year %	**2 year %**	**Band**	**Date completed**
OGP:				
OVP:				
OGRS3:				

OASys Risk of serious harm – (1) Risk in the Community					**Prison / Probation**
	V High	**High**	**Medium**	**Low**	**Date completed**
Children:					
Public:					
Known adult:					
Staff:					
Prisoners:					

OASys Risk of serious harm – (2) Risk in Custody					**Prison / Probation**
	V High	**High**	**Medium**	**Low**	**Date completed**
Children:					
Public:					
Known adult:					
Staff:					
Prisoners:					

SARA Assessment [complete for all domestic abuse offenders]				**Probation**
	High	**Medium**	**Low**	**Date completed**
Risk to partner:				
Risk to others:				

ASSET Risk of serious harm [complete for all offenders under 18]					**YOT**
	V High	**High**	**Med**	**Low**	**Date completed**
Risk of serious harm:					
ASSET risk of reconviction					**Date completed**

Mental Health/ Psychological Risk tool	**Mental Health**
	Date completed

The following two sections (Risk Assessment Summary and Risk Management Plan) should be completed in as much detail as possible, as the MAPP Level 2/3 meeting will use this information to determine what added value other agencies can provide to the Lead Agency Risk Management Plan.

Lead Agency Risk Assessment Summary **PSNLI**	***All agencies**

Pattern

- What is the Pattern of offending / offences?
- How often?
- Who is at risk - current and potential future victims
- Victim targets – (age/gender/vulnerability etc)
- How? (Grooming, Predatory, DA, substance misuse, weapons, vehicles, pets, hobbies, profession etc)
- Pattern / Triggers or early warning signs?
- Environmental patterns
- Patterns of Relationships (Domestic, Intimate, Social, Criminal etc)
- Patterns of Mental Health / Health
- Patterns of substance misuse linked to offending.
- Positive Patterns – Offence Free periods / protective factors that have worked.
- What are the Protective Factors (Internal / External)
- Modus Operandi

Seriousness

- Consider both current and pre-convictions and the levels of seriousness of these offences.
- What is the breadth of this offenders offending potential?
- Start thinking about both Imminence and impact at this stage – what is going to happen first?

Nature

- What is the Nature of the offending;
- Sexual?
- Violent?
- Domestic Abuse / Violence?
- Physical?
- Psychological?
- Emotional
- Grooming?
- Predatory?
- Familial?
- Arson?
- Substance misuse?
- Racially motivated?
- Extremism tendencies / links?
- Mental Health linked?
- Consider combinations and Modus Operandi

Likelihood

- What is the likelihood of the offender complying with requirements (both restrictive and rehabilitative)?
- Is the offender likely to re-offend or breach requirements?
- Evidence of motivation and compliance, or lack of.
- Evidence based - Did it happen last time?

Imminence + Impact

- What is the imminence of the offender re-offending or breaching requirements?
- When is risk likely to be greatest
- Will the first breach be an offence, if so what (link to seriousness)?
- What is the potential impact to known victims and or the public?
- Evidence based - How quickly did it happen last time?
- Is there a specific victim or target which enhances both imminence and impact?
- Differentiate between offence types (one offence may be more imminent than another)

Lead Agency Risk Management Plan	**4 Pillars RMP Grid**	***All agencies**

Supervision *(Visiting regime, aspirations of offender, what will supervision focus on, accommodation?)*

How motivated is the offender to comply with the requirements of the order/licence and/or RMP and how will motivation be encouraged?

If the offender lacks motivation, what could the agencies do to improve it?

What will success look like for the offender?

What will supervision focus on in order to promote social capital (in other words how will the offender be encouraged / supported in obtaining protective factors such as employment, pro-social networks, qualifications etc.)?

Monitoring & Control *(Licence conditions, surveillance, other control measures)*

What controls will be put in place to manage risk when it is greatest, as identified via PSNLI? (What is going to happen first?)

How will we monitor when risk is greatest, particularly the early warning signs and triggers identified in PSNLI?

Interventions *(Programme eligibility, counselling, medication, mental health, peer mentoring etc)*

Is there specific intervention work around nature of the offending identified in the PSNLI that can be undertaken (Motivation, internal inhibitors, external inhibitors, victim compliance)?

How will we promote the protective factors identified in PSNLI?

Victim Safety *(Third party disclosure, C & YPS engagement etc)*

How do we protect current and potential victims, identified in PSNLI?

6. RELEVANT INFORMATION

***All agencies**

Reason for referral:

What inter-agency work has been undertaken so far?

How will active multi-agency management add value to the management of the risk(s) of serious harm?

Diversity Considerations linked to risk of serious harm

Add any other relevant information (e.g. media handling, disclosure, medical issues etc)

7. VICTIM CONCERNS

All agencies

Outline any concerns about the victim of the index offence or potential victims:	
Has the victim taken up the Victim Liaison Service?	Please Select
If YES: Give contact details of VLO	
Are there any domestic abuse concerns? If YES, answer questions 'a' to 'e' below.	Please Select
a. What are they?	
b. Has the victim been referred to MARAC?	Please Select
c. Has a meeting been held/Is a meeting due to be held?	Please Select
d. Date of meeting (if known)	
e. Actions from MARAC	

8. SAFEGUARDING

All agencies

THE VOICE OF THE CHILD

Are there Children involved in the case or affected by it? (this may not necessarily be registered as a child protection case)

If so, even if you are working with the adult ensure that you outline below what you know about the child's lived experience, their views about their situation, their wishes and feelings. This may involve you liaising closely with colleagues in another agency who have direct contact with the child or children.

Child Protection Concerns (continue on additional sheet if required)	
Are there any child protection concerns? If YES, answer questions 'a' to 'c' below.	**Please Select**
a. what are they?	
b. is there an allocated social worker? If so, please give details.	
c. is the child or children currently subject to a Child Protection Plan?	**Please Select**

Child 1	
Surname:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
Address:	

Child 2	
Surname:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
Address:	

Child 3	
Surname:	
First name:	
Date of birth:	
Gender:	
Relationship to offender:	
Address:	

Vulnerable Adult Concerns (continue on additional sheet of required)	
Name:	
Date of birth:	
Gender:	
Does this person live with the offender?	
Relationship to offender:	

Name of social worker (if relevant):		
9. REFERRING AGENCY INFORMATION		
Referring agency:		
Name:		
Grade:		
Office:		
Telephone number(s):	(w)	(m)
Email address:		
Date sent to line manager:		
Endorsement by line manager (where required by your area)		
Name:		
Grade:		
Office:		
Telephone number(s):	(w)	(m)
Email address:		
Date endorsed by line manager:		
10. ADDITIONAL MAPPA INVITEES		**All agencies**
Invitee 1		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 2		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 3		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 4		
Name:		

Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 5		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Invitee 6		
Name:		
Agency:		
Address:		
Email address:		
Telephone number(s):	(w)	(m)
Once completed, please send this form to the MAPPA Co-ordination Unit: **ONLY USE SECURE E-MAIL** **NWNPS.merseyside.mappa@probation.gsi.gov.uk** **If e-mail is not secure, please fax to: *0151 286 6900***		
Date sent:		

11. MAPPA CO-ORDINATION UNIT DECISION (for official use only)

Screened by:	
Name:	
Title:	
Area:	
Date referral received:	
MAPPA qualifying offender?	Please Select
If NO, return form to referring agency line manager.	
Comments:	
Does referral meet threshold for Level 2/3? If YES, which level?	
If NO, return form to referring agency line manager.	
Comments:	
Date referral accepted/rejected:	
Date referring agency notified:	

Meeting to which referral is to be taken:	
Actions from Screening Meeting	

Appendix 9

INITIAL NOTIFICATION OF MAPPA-ELIGIBLE PATIENT (MENTAL HEALTH) **MAPPA I**

Part 1 identification **to be completed at admission to hospital**

1. CATEGORY OF OFFENDER	
The patient must fall into one of the MAPPA Categories summarised below. Please tick one box below.	
1. Registered sexual offender	
2. Violent or other sexual offender who has been sentenced to 12 months or more custody for a Schedule 15 offence under the Criminal Justice Act 2003 and is transferred to hospital under s.47/49 MHA 1983, or is detained in hospital under s.37 with or without a restriction order under s.41	

2. OFFENDER INFORMATION	
Last name:	
First name:	
Date of birth:	
Aliases:	
Last known address before hospitalisation:	
Gender:	
Ethnicity:	

3. DETAINED IN HOSPITAL	
Name of responsible clinician:	
Hospital:	
Please indicate the relevant section of Mental Health Act	

Part 2 Notification of Discharge Planning **to be completed at stage at which the patient is assessed as ready to take unescorted leave.**

4. Details of	
Details of community leave arrangements (include dates and addresses)	
Details of permanent release / discharge if known (include dates and addresses)	
Date of next CPA if applicable:	
Date of next tribunal if applicable:	

5. CONVICTION / CAUTION INFORMATION

Index offence:	
Date of conviction / caution:	
Sentence:	

6. VICTIM CONCERNS

Has the victim asked to be kept informed of relevant dates and decisions by the Hospital Managers?	YES / NO
If YES:	
Please state what information has been provided	

7. CONTACT DETAILS OF LEAD CLINICIAN

Glossary of Terms:

2. GLOSSARY OF TERMS

CPA (Care Programme Approach) - The original process for planning, monitoring and reviewing care of those with serious mental illness implemented in 1991

CROMP – Clinical Risk Offender Management Process

Dangerousness - No legal definition of dangerousness, however defined in the English Oxford Dictionary as 'likely to cause harm or problems' or 'liability or exposure to harm, risk or peril'.

MAPPA - 'Multi Agency Public Protection Arrangements' are those formal arrangements set down by the Criminal Justice and Court Services Act 2000 and which are co-ordinated at a local level by the police, probation and prison services.

MAPPP - Multi Agency Public Protection Panels pertain to the meetings that are coordinated to discuss an individual.

CMHT - 'Community Mental Health Teams' are teams, which comprise multi disciplinary groups of professionals and have responsibilities for supporting service users and families within the community.

MHA - 'Mental Health Act 1983' directs the legal mechanism pertaining to detention of those with mental disorder

Confidentiality - Confidentiality maintains a service users right to privacy and is guarded by law.

Disclosure - Exposure of service user information in relation to dangerousness, which is reasonable and proportionate.

H-RAMM – 'Health Risk Assessment and Management Meeting' is advised through the MAPPA protocol and guides this policy. It is for those people who have a serious mental illness that can be managed at a local level by relevant authorities and by those who are known to Mersey Care NHS Trust.

Defensible - Decisions that are justifiable, valid and are sound in practice

Defensive - Practice that is not to be self-protective, cynical, distrustful or, aggressive

Panic Now – Risk assessment tool adopted from the principals of HCR 20 for the specific purposes of HRAMM.

MAPPA Coordinator- the responsible authorities appoint a senior individual to coordinate arrangements under MAPPA.

Care Coordinator - A care coordinator is the main point of contact and support when a service user needs on-going mental health care. They keep in close contact with the service user while receiving mental health care and monitor how that care is delivered. They are also responsible for carrying out an assessment to work out the service user's health and social care needs under the care programme approach (CPA).manager

Implementation Plan

IMPLEMENTATION PLAN

• The CJLDT manager will ensure that all relevant Clinical Division practitioners are made aware of the new referral form (2013) and will provide any support needed to complete the form.

• The CJLDT continue to involve service users in H-RAMM policy reviews and Equality Impact Assessments. The CJLDT are committed to involving service users in order to ensure Human Rights and Equality factors are addressed.

• H-RAMM is a means of communication with multi-agencies who also have a responsibility to contribute to the effective management of risk, i.e. MAPPA. H-RAMM seeks the input of key agencies such as Police, Probation and Social Services, and this joint partnership working goes from strength to strength.

• The policy will continue to be subject to 2 yearly reviews, earlier if necessary due to the complex nature of risk management and changes in legislation.

• The CJLDT have a commitment to ensuring practitioners are fully aware of the benefits of risk management, and are committed to ensuring that one-to-one guidance remains a focal point of any potential referral. A telephone conversation can play a key part of ensuring the suitability or need for submitting a referral, and therefore practitioners are encouraged to contact the CJLDT.

• New referral documentation for the referral process and the H-RAMM process will ensure that the CJLDT are regularly auditing procedures to ensure that both the CJLDT and individuals from multi-agencies are contributing sufficiently and as expected to risk management. This documentation gives scope for audit in the future and the opportunity to provide conclusions and recommendations for future policy reviews.

IMLEMENTATION PLAN FOR: Health Risk Assessment and Management Meetings (HRAMM) Policy & Procedure **DATE: 28.06.16** **AUTHOR: Mark Sergeant (MAPPA Lead) & Gary Smith (CJLDT Operational Manager)**			
	Issues identified / Action to be taken	**Lead**	**Time-Scale**
1. Co-ordination of implementation • How will the implementation plan be co-ordinated and by whom? *Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.*	The CJLDT manager will ensure that all relevant Clinical Division practitioners are made aware of the new referral form and will provide any support needed to complete the form. CJLDT practitioners will support and advise referrers on how to make a referral, what additional information is required and any further actions necessary, they will also update on outcomes and involve in the HRAMM process at every relevant stage.	CJLDT Operational and Team Managers Gary Smith, Rebecca Jones, Sadie Canning-Dossor	Achieved and on-going
2. Engaging staff • Who is affected directly or indirectly by the policy? • Are the most influential staff involved in the implementation? *Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.*	This policy affects mental health service users open to Mersey Care NHS Foundation Trust, all members of clinical staff within the Trust and the CJLDT practitioner, who are the primary lead's in the processing and management of referrals. H-RAMM is a means of communication with multi-agencies who also have a responsibility to contribute to the effective management of risk, i.e. MAPPA. H-RAMM seeks the input of key agencies such as Police, Probation and Social Services, and this joint partnership working goes from strength to strength.	CJLDT Operational and Team Managers Gary Smith, Rebecca Jones, Sadie Canning-Dossor	Achieved and on-going
3. Involving service users and carers • Is there a need to provide information to service users and carers regarding this policy? • Are there service users, carers, representatives or local organisations who could contribute to the implementation? *Involving service users and carers will ensure that any actions taken are in the best interest of services users and carers and that they are better informed about their care.*	The CJLDT continue to involve service users in H-RAMM policy reviews and Equality Impact Assessments. The CJLDT are committed to involving service users in order to ensure Human Rights and Equality factors are addressed. The CJLDT is in the process of developing a service user carer advisory group who will be involved in future reviews of policies related to Liaison and Diversion services.	CJLDT Operational and Team Managers Gary Smith, Rebecca Jones, Sadie Canning-Dossor	Achieved and on-going – advisory group is in process of being set up, time frame specific to this is December 2016

4. Communicating • What are the key messages to communicate to the different stakeholders? • How will these messages be communicated? *Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.*	The CJLDT have a commitment to ensuring practitioners are fully aware of the benefits of risk management, and are committed to ensuring that one-to-one guidance remains a focal point of any potential referral. A telephone conversation can play a key part of ensuring the suitability or need for submitting a referral, and therefore practitioners are encouraged to contact the CJLDT. The CJLDT administer an in house training programme to CJLDT practitioners around the HRAMM process and the assessment of suitability for referrals, including the use of the 'panic now' assessment tool. The CJLDT lead periodic awareness training sessions with members of staff within Mersey Care NHS Foundation Trust related to the HRAMM process, modes of referral, triggers to referral and action planning process.	CJLDT Operational and Team Managers Gary Smith, Rebecca Jones, Sadie Canning-Dossor	Achieved and on-going
5. Resources • Have the financial impacts of any changes been established? • Is it possible to set up processes to re-invest any savings? • Are other resources required to enable the implementation of the policy eg. increased staffing, new documentation? *Identification of resource impacts is essential at the start of the process to ensure action can be taken to addess issues which may arise at a later stage.*	There is a resource implication for H-RAMM, but this is met by funding from the CCG. New referral documentation for the referral process and the H-RAMM process will ensure that the CJLDT are regularly auditing procedures to ensure that both the CJLDT and individuals from multi-agencies are contributing sufficiently and as expected to risk management. This documentation gives scope for audit in the future and the opportunity to provide conclusions and recommendations for future policy reviews.	CJLDT Operational and Team Managers Gary Smith, Rebecca Jones, Sadie Canning-Dossor	Achieved and on-going

6. Securing and sustaining change • Have the likely barriers to change and realistic ways to overcome them been identified? • Who needs to change and how do you plan to approach them? • Have arrangements been made with service managers to enable staff to attend briefing and training sessions? • Are arrangements in place to ensure the induction of new staff reflects the policy? *Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy*	Yes, this has been explored and addressed, in part by awareness raising sessions, and changes made to referral documentation, as well as in house training. All new staff within the CJLDT are given training sessions and shadowing opportunities to develop their understanding of the H-RAMM process.	CJLDT Operational and Team Managers Gary Smith, Rebecca Jones, Sadie Canning-Dossor	Achieved and on-going
7. Evaluating • What are the main changes in practice that should be seen from the policy? • How might these changes be evaluated? • How will lessons learnt from the implementation of this policy be fed back into the organisation? *Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.*	This policy supports effective risk management which is key to quality service provision. The policy will continue to be subject to 2 yearly reviews, earlier if necessary due to the complex nature of risk management and changes in legislation. All policy reviews will be approved by the executive committee and medical director.	CJLDT Operational and Team Managers Gary Smith, Rebecca Jones, Sadie Canning-Dossor	Achieved and on-going
8. Other considerations	None at present.		

Equality and Human Rights Analysis

Title: Health Risk Assessment and Management Meetings (HRAMM) Policy and Procedure
Area covered: Trust wide

What are the intended outcomes of this work? This policy ensures the Trust has risk structures (i.e. CPA & MAPPA) and a robust risk assessment and management process to support the health, safety and well-being of service users, carers, staff and members of the public . It also ensures the trust is able to meet its responsibilities under *'a duty to cooperate'* CJA 2003 and operates with defensible practises.
Who will be affected? Mersey Care NHS Foundation Trust staff members, patients, service users, and indirectly, carers and members of the public

Evidence

What evidence have you considered?

Whilst developing the policy :

- *Criminal Justice Act 2003*
- *Equality and Human Rights Information available via Mersey Care NHS Foundation Trust Website*
- *Criminal Justice and Court Services Act 2000 published by HMSO (ISBN 0 10 544300 X)*
- *Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 (c. 25) published by HMSO*
- *Data Protection Act 1998 published by HMSO (ISBN 0 10 542998 8)*
- *Department of Health: Care Programme Approach (90) 23/LASSL (90)11 published by HMSO (1990)*
- *Care Programme Approach (CPA) Policy published by Mersey Care NHS Foundation Trust*
- *Human Rights Act 1998 published by HMSO (ISBN 0 10 544298 4)*
- *Mental Health Act 1983 published by HMSO (1983)*
- *NHS Code of Practice (Confidentiality) published by Department of Health 2003 (33837)*
- *Sex Offenders Act 1997 published by HMSO (1997) (ISBN 0 10 545197)*

Disability (including learning disability)

Attitudinal, physical, and social barriers have been considered. Where there are physical, Mental Health and Learning Disabilities within the HRAMM panel group, every effort is made to address these, an d the majority of meetings will be held within the clinical premises local to the care team utilising tools in place to support the variety of abilities within the panel group. Not all disabilities are visible. We have considered:

- Accessibility – venue – location – signage
- Disability Awareness Training for staff delivering service or project.
- Hearing Loops
- Referral System – partnership working
- Language including BSL users
- Plain English – Easy Read
- Visual Impairment

Any issues highlighted will be addressed and supported through Mersey Care NHS Trust and the CJLDT

Sex
See cross cutting.

Race.
Issues in relation to ensuring people where English is a second language and ensuring they are able to fully understand and participate in any processes need to be in place.

Age
See cross cutting.

Gender reassignment (including transgender).
See cross cutting.

Sexual orientation
See cross cutting.

Religion or belief
See cross cutting.

Pregnancy and maternity
After consideration there are no issues highlighted related to pregnancy or maternity apart from those linked to disability which would be addressed as above

Carers
After consideration there are no issues highlighted related to caring responsibilities

Other identified groups
There is a specific reference to veterans within the policy.

Cross Cutting
There is a need to have a system in place to ensure no discriminatory influences are in place in relation to who should or should not be placed on a H-RAMM .

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	*Not engaged*
Right of freedom from inhuman and degrading treatment (Article 3)	*Supportive of a HRBA – this process is used in situations where there is a significant risk to an individual or members of the public, it is used as the least restrictive option, and a multi-agency approach is employed to meet the needs of the individual whilst managing risk, which can often prevent increased risk, entry into offending behaviour, arrest and criminalisation, therefore indirectly supporting the right of freedom from inhumane or degrading treatment*
Right to liberty (Article 5)	*Supportive of a HRBA - this process is used in situations where there is a significant risk to an individual or members of the public, it is used as the least restrictive option, and a multi-agency approach is employed to meet the needs of the individual whilst managing risk, which can often prevent increased risk, entry into offending behaviour, arrest and criminalisation, therefore indirectly supporting the right to liberty*
Right to a fair trial (Article 6)	*Supportive of a HRBA - this process is used in situations where there is a significant risk to an individual or members of the public, it is used as the least restrictive option, and a multi-agency approach is employed to meet the needs of the individual whilst managing risk, which can often prevent increased risk, entry into offending behaviour, arrest and criminalisation, therefore indirectly supporting the right to a fair trial*
Right to private and family life (Article 8)	*Supportive of a HRBA – the policy sets out a structure to consider any interference with a person's human rights to be considered explicitly and ensure proportionality* *This policy refers to holding risk meetings which can have significant impact upon a person's treatment and actions of key professionals without the person present. The process detailed within the policy includes decision making, without the individual present which may include interference with their human rights.* *The policy ensures a strict process is followed to ensure that interference with rights is proportionate to the risk posed to the public or specific individuals.*

Right of freedom of religion or belief (Article 9)	*Not engaged*
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	*Not engaged*
Right freedom from discrimination (Article 14)	*Supportive of a HRBA - this process is used in situations where there is a significant risk to an individual or members of the public, it is used as the least restrictive option, and a multi-agency approach is employed to meet the needs of the individual whilst managing risk, which can often prevent increased risk, entry into offending behaviour, arrest and criminalisation, therefore indirectly supporting the right to freedom from discrimination*

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*
Consultation, engagement and support from MAPPA co-ordinator, CJLDT management team and data analyst, support and consultation from Equality and Human Rights Lead Meryl Cuzak.

Summary of Analysis

Eliminate discrimination, harassment and victimisation

The policy author's and review team believe that this policy contributes to the elimination of discrimination, harassment and victimisation.

Advance equality of opportunity

The policy author's and review team believe that this policy contributes to the advancement of opportunity.

Promote good relations between groups

The policy author's and review team believe that this policy contributes to the promotion of good relationships between groups.

What is the overall impact?

Dependant upon the area considered, the overall impact of this policy is believed to be positive as it contributes to effective risk management, and aligns well with Mersey Care NHS Trust's CARE values of continuous improvement, accountability, respect and enthusiasm. It can have a positive and beneficial impact upon individual's lives, and contributes to public protection.

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

The main priority for the CJLDT at present is to develop the CJLDT service user/carer advisory group to support this agenda.

Action planning for improvement

Details in the action plan below.

For the record

Name of persons who carried out this assessment:

Sadie Canning-Dossor
Meryl Cuzak
Rebecca Jones

Date assessment completed:

28.06.2016

Name of responsible Director:

Dr David Fearnly

Date assessment was signed:

28.06.2016

Action plan template

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	To put a system in place to ensure an annual protected characteristic analysis of who has been placed on H-RAMM to ensure any possible indirect/institutional discrimination may be identified and addressed. This will be monitored by the Bit portal	July 2017	Brian Harrison
Engagement	Develop a service user /carer advisory group.	July 2017	Sadie Canning-Dossor
Increasing accessibility	To have a system in place to ensure any meetings / information provided to people has considered: • Accessibility – venue – location – signage • Disability Awareness Training for staff delivering service or project. • Hearing Loops • Referral System – partnership working • Language including BSL users • Plain English – Easy Read • Visual Impairment.	July 2017	Brian Harrison Rebecca Jones

July 2016 – Version 4