

**TRUST-WIDE CLINICAL SERVICE BASED POLICY
 DOCUMENT**

**HEALTH-RISK ASSESSMENT
 MANAGEMENT MEETINGS (H-RAMM)**

Policy Number:	SD15
Scope of this Document:	All staff in clinical areas
Recommending Committee:	MOM: MAPPA Operational Meeting
Approving Committee:	Executive Committee
Date Ratified:	August 2019
Next Review Date (by):	August 2021
Version Number:	Version 5
Lead Executive Director:	Executive Director of Nursing & Operations
Lead Author(s):	Liaison & Diversion Operational Manager Liaison & Diversion Analyst

**TRUST-WIDE CLINICAL SERVICE BASED POLICY
 DOCUMENT**

2019 – Version 5

*Striving for perfect care
and a just culture*

TRUST-WIDE CLINICAL SERVICE BASED POLICY DOCUMENT

HEALTH-RISK ASSESSMENT MANAGEMENT MEETINGS (H-RAMM)

Further information about this document:

Document name	HEALTH-RISK ASSESSMENT MANAGEMENT MEETINGS (SD15)
Document summary	<p>Mersey Care as an NHS Foundation Trust is committed to continually assessing and managing the risk of dangerousness in conjunction with partner agencies.</p> <p>Risk is being coordinated through a robust structured risk management process that incorporates CPA, H-RAMM and MAPPA. 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.</p>
Author(s) Contact(s) for further information about this document	<p>Mark Sergeant Lead for Offender Health Telephone: 0151 478 6550 Email: mark.sergeant@merseycare.nnhs.uk</p>
Published by Copies of this document are available from the Author(s) and via the trust's website	<p>Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ</p> <p>Trust's Website www.merseycare.nhs.uk</p>
To be read in conjunction with	Multi-Agency Public Protection Arrangements (SD46)
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Trust, 2015. All Rights Reserved	

Version Control:

Version History:		
Version 1	Circulated to the National Probation Service	August 2014
Version 2	Circulated to the National Probation Service	June 2016
Version 3	Circulated to the National Probation Service	August 2017
Version 4	Policy Group / Executive Committee	May 2018
Version 5	Policy Group / Executive Committee	August 2019

SUPPORTING STATEMENTS

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

SAFEGUARDING IS EVERYBODY'S BUSINESS

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

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / 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 / 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 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 Foundation 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 Foundation 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 Foundation 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 Foundation 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

Contents

Section	Page No
1. Purpose and Rationale	5
2. Outcome Focused Aims and Objectives	5
3. Scope	6
4. Definitions	6
5. Duties	7
6. Process	9
7. Consultation	15
8. Training and Support	16
9. Monitoring	16
10. Equality and Human Rights Analysis	17

1. PURPOSE AND RATIONALE

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 sit outside of CPA and MAPPA and require a more formal approach to risk management. The policy provides information and guidance to enable Mersey Care NHS Foundation Trust staff to:

- 1.1.1 To identify the **nature, severity, imminence, frequency/duration** and **likelihood** of dangerousness, whilst taking into account those individuals who are subject to CPA that present with complex and often worrying behaviors and escalating concern. CPA may not provide the multi- agency response for managing this individual with such complex and escalating concerns.
- 1.1.2 Facilitate a process which may lead to minimising and managing dangerousness and/or offending.
- 1.1.3 Ensure public protection / minimise risk
- 1.1.4 Develop defensible practice
- 1.1.5 Encourage proactive rather than reactive risk management plans for the benefit of the service user, carers, staff and the public
- 1.1.6 Provide a system for the sharing of confidential information across agencies, within existing policies and protocols, for example: Caldecott NHS Code of Confidentiality 2003, Section 115 Crime and Disorder Act 1998, Data Protection Act 1998

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 H-RAMM, in conjunction with MAPPA, aims to manage the risk posed by individuals to the public, including previous victims, from serious harm. H-RAMM is designed to support Mersey Care NHS Foundation Trust staff to manage service users whose risk cannot be managed under CPA but do not meet the criteria for risk management under MAPPA.

It aims to do this by ensuring staff can effectively:

- 2.1A Identify escalating risk based on the factors of **nature, severity, imminence, frequency/duration** and **likelihood** of dangerousness.
- 2.1B Devise, implement and review robust risk management plans.
- 2.1C Focus the available resources in a way which best protects the public from serious harm.

3. SCOPE

- 3.1 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. DEFINITIONS

Care Programme Approach	CPA provides a framework for the assessment, care, support, planning and review of people referred to secondary care mental health services provided by the Trust.
MOM (MAPPA Operational Meeting)	An operational group chaired by the Single Point of Contact for MAPPA on behalf of Mersey Care NHS Foundation Trust
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 Panels pertain to the meetings that are coordinated to discuss an individual.
Community Services / Inpatient Services	Community Services and Inpatient Services comprise of multi disciplinary groups of professionals that have responsibilities for supporting service users and families within the community and inpatient settings.
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
---------------	---

5. DUTIES

5.1 Executive Director of Nursing and Operations – The director of nursing has delegated responsibility to ensure that a Policy & Procedure on the management of 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 for Criminal Justice Liaison & Diversion – duties include:

5.2A Undertaking appropriate review of the H-RAMM Policy ensuring necessary consultation with partners

5.2B Ensuring the H-RAMM process is managed effectively

5.2C Ensuring that the H-RAMM process is reviewed effectively including monitoring of the policy through the mechanisms defined in the policy

5.2D To promote and consider all matters risk related within H- RAMM and risk management processes through the MOM (MAPPA Operational Meeting). 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:

5.3A Triage of the H-RAMM referral to identify the most appropriate framework (i.e. referral onto MAPPA, CPA Risk Review or H-RAMM)

5.3B Completion of the 'Panic now' tool

5.3C 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

5.3D Ensuring conclusion of the H-RAMM process with agreement of all partner agencies involved in the risk management process

5.3E The Chair of the meeting will ensure that the group considers the appropriateness of the service user being advised that he/she is subject to multi-agency review as per policy

5.4 Project Support Officer (to the H-RAMM process) – duties include:

5.4A Co-ordination of H-RAMM including the ensuring a suitable venue with appropriate facilities and the invitation of appropriate individuals

5.4B The taking of formal minutes and distribution of these to participants subsequent to conclusion of the meeting prior to an agreed follow-up meeting

5.4C Ensuring actions are completed within an agreed timeframe during the H-RAMM process to ensure a robust risk management strategy is in place.

5.4D Subsequent to any final H-RAMM, the minute taker will need to ensure that any outstanding actions have been completed and advise the Chair accordingly.

5.4E 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 & admin staff involved in the process) – duties include:

5.5A Ensuring that they are familiar with the corporate Policy (SD15) and Procedure for the management of H-RAMM.

5.5B Adhering to the standards and requirements of the policy.

5.5C Risk management should be discussed within CPA Risk Review meetings. Where considered appropriate for CJLDT to be involved, due to escalating or medium/high risk, CJLDT are contacted and a referral discussed.

5.5D Care Coordinators and responsible clinicians (Consultant psychiatrists) must be involved in the HRAMM process.

6 PROCESS

- 6.1 H-RAMM is a health coordinated risk assessment and management framework for those service users who have the potential for escalating risk behaviors 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 and none-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 relevant and none excessive information in line with Caldecott principles and Trust policies, identifying risks and coordinating 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 for service users that are subject to CPA/none 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, CJLDT will make a MAPPA referral to Merseyside's MAPPA Coordinator for their consideration. This person is responsible for MAPPA across the Merseyside region; they are not an employee of the Trust.
- 6.5 HRAMM meetings should mimic the principles of MAPPA in that they should be multi-disciplinary & multi-agency in their approach, be given priority and all professionals involved in the care of the service user will have a duty to co-operate with the H-RAMM process.
- 6.6 The CJLDT has the responsibility for the administration of the H-RAMM process and will provide guidance on the storage of non-disclosure minutes produced from meetings.

6.7 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). Click [here](#) for a copy of the referral

6.8 If it is apparent that the referral meets the MAPPA criteria and is [MAPPA eligible](#), then the referrer will be advised to complete a MAPPA referral The Merseyside MAPPA Coordinator 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 in an expedient manner that reflects the risk.

6.9 Factors to consider when initiating a referral:

6.9.1 When deciding to refer an individual for the H-RAMM process, the following points need to be considered in justifying the referral however not all will be applicable:

6.9.2 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.

6.9.3 Offending behaviour linked to dangerousness and/or increased contact with Police. For example; threats, possession of weapons & assault.

6.9.4 Regular contact with Police not resulting in arrest- for example Section 136 of the Mental Health Act 1983 with associated risk behaviours.

6.9.5 Evidence of high demand and/or frequent attendance that has risk associated behaviours.

6.9.6 Regular reporting of high-risk incidents within the community (datix).

6.9.7 History of non-concordance with treatment/services and/or difficulty in

- engaging service users leading to increased levels of dangerousness.
- 6.9.8 Safeguarding children & vulnerable adult concerns
- 6.9.9 Service users who are considered to be at high risk of radicalisation from extremist groups
- 6.9.10 Hospital Orders- for example Sections 37 & 37/41 of the Mental Health Act 1983- moving into the local community.
- 6.9.11 Restraining or Injunction Orders involving staff, other service users and Trust property.
- 6.9.12 History of High Secure, Regional Secure, Low Secure and PICU service users. 6.8K Those new to services from prison, with an index offence of dangerousness which is not MAPPA eligible or a service user who is subject to Life Licence
- 6.9.13 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 behaviors and escalating concern

6.10 Consideration of referral

- 6.10.1 Upon receipt of the referral form, the CJLDT will identify a lead that 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 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. CJLDT have 7 working days to accept and coordinate a review but have to be cognizant to respond expediently in accordance with the level of risk.
- 6.10.2 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 communicated to the referrer:
- 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 **nature, severity, immediacy, frequency / duration** and **likelihood** of risk (i.e. admission to hospital)

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

6.10.4 Any referral must be made in an expedient manner to reflect the level of risk.

6.11 When does H-RAMM not apply?

6.11.1 When the service user is MAPPA eligible

6.11.2 When already subject to MAPPA meetings

6.11.3 When the service users needs and risks can be met and managed through an existing CPA Risk Review

6.11.4 When the individual does not have an open episode of care with Mersey Care NHS Foundation Trust

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

6.12 Coordinating a meeting

6.12.1 If the decision is made to facilitate an 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 within 7 working days of the referral being accepted and given priority by the referrer. The meetings should be held in an appropriate non- clinical area with facilities that consider diversity needs.

6.12.2 The CJLDT have responsibility for chairing an 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. The care team should continue to engage the service user and their family in the management of risk where it is safe to do so.

- 6.12.3 It is important to identify if any other factors are present (if not identified in the initiating referral) and therefore the [agenda](#) will include other issues such as safeguarding (child protection/vulnerable adults), fire setting, sex offending).

6.13 Attendance at meetings

The core group of individuals who should attend can include:

- 6.13.1 Representative(s) of the CJLDT
- 6.13.2 Appropriate and relevant medical staff
- 6.13.3 Appropriate and relevant team managers and practitioners
- 6.13.4 Senior divisional manager(s) where appropriate
- 6.13.5 Care Coordinators
- 6.13.6 Appointed deputies
- 6.13.7 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
- 6.13.8 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
- 6.13.9 Voluntary or Independent sector agencies
- 6.13.10 Others who may be invited to attend include various members of the Trusts such as Trust Board Members, forensic psychiatry representatives and any other professionals.

6.14 Holding an HRAMM meeting

- 6.14.1 H-RAMM meetings will follow a set [agenda](#)
- 6.14.2 All those in attendance at the H-RAMM meeting will be expected to

contribute to the meeting, share information that is relevant and not excessive, and co-operate in the formulation of a risk management plan. It is the responsibility of the chair to ensure the meetings proceed within agreed time frames, outline and co-ordinate information so that action points and areas of responsibility can be assigned.

- 6.14.3 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.
- 6.14.4 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.
- 6.14.5 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 reflecting the agenda and include an outlined risk management plan with action points.
- 6.14.6 The HRAMM minutes should be held in the 'Non Disclosure' section of WinDip or an alternative, secure provision that cannot be accessed by individuals not associated with an individuals care.
- 6.14.7 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.

- 6.14.8 The chair will conclude the meeting with a summary of the H- RAMM 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 recorded.
- 6.14.9 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.
- 6.14.10 A decision will be made at the conclusion of the meeting on whether to hold an H- RAMM review. 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.
- 6.14.11 All individuals subject to H-RAMM processes will be identified Mersey Care's electronic patient record systems via recording an alert, and will have an up-to-date risk management and crisis plan accessible through Mersey Care's electronic patient record system.

7 CONSULTATION

- 7.1 The CJLDT will work in consultation with key stakeholders and appropriate external agencies including Merseyside Police Service, National Probation Service/CRC and service users to ensure changes in MAPPA legislation and documentation are reflected in this policy.
- 7.2 The policy will take into account national and local guidance.
- 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 ensure that practitioners who are involved in offender health have a full understanding of the HRAMM process and the assessment of suitability for referrals, including the use of the 'panic now' assessment tool.
- 8.2 The CJLDT lead will periodically provide 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

- 9.1 The CJLDT Operational Manager has responsibility, supported by the project support officer and Liaison & Diversion Analyst to ensure the policy is reviewed regularly and any amendments made.
- 9.2 The HRAMM process will be reviewed annually through audit looking at specific areas of practice to support the development of the process. An audit tool will be used for this process.

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

10 Equality and Human Rights Analysis

Title: Health-Risk Assessment Management Meetings (H-RAMM)

Area covered: All clinical areas of Mersey Care NHS Foundation Trust

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

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? *e.g. staff, patients, service users etc*

Mersey Care NHS Foundation Trust staff members, patients, service users, and indirectly, carers and members of the public

Evidence

What evidence have you considered?

- *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, and 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
- **There is a section in the referral form and in the HRAMM opening statement asking for disclosure if appropriate and necessary, of any relevant issues related to disability, equality, diversity and human rights of the service user, Carer, staff involved and others attending meeting, so that this can be considered and any reasonable adjustments can be made**

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

(Cross Cutting with all areas)

Sex

(Cross Cutting with all areas)

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

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

(Cross Cutting with all areas)

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

(Cross Cutting with all areas)

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

(Cross Cutting with all areas)

Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

(Cross Cutting with all areas)

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

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

(Cross Cutting with all areas)

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

After consideration there are no issues highlighted related to caring responsibilities other than those described above

(Cross Cutting with all areas)

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

There is a specific reference to veterans within the policy.

(Cross Cutting with all areas)

Cross Cutting implications to more than 1 protected characteristic

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 .

(Cross Cutting with all areas highlighted in first point and carried through)

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>Use not engaged if Not applicable</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>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</i>
Right to liberty (Article 5)	<i>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</i>
Right to a fair trial (Article 6)	<i>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</i>

Right to private and family life (Article 8)	<p><i>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</i></p> <p><i>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.</i></p> <p><i>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.</i></p>
Right of freedom of religion or belief (Article 9)	<i>Not engaged</i>
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	<p><i>Supportive of a HRBA - this process is used for those people subject to HRAMM where language may be a barrier, an information leaflet available about the HRAMM process is currently in development and there will be efforts made to have this available in easy read and various languages. In addition, in situations where there is an attendance at meetings of professionals with needs around language and, as long as this is disclosed, every effort will be made to make reasonable adjustments so that they can contribute to the process in equity with other panel members.</i></p>
Right freedom from discrimination (Article 14)	<p><i>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</i></p>

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

Consultation, engagement and support from MAPPA coordinator, CJLDT manager and practitioner, support and consultation from Equality and Human Rights Lead Meryl Cuzak.

--

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

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 Foundation Trust's CARES 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 (see action plan) is to design a service user/carer information leaflet on HRAMM, and develop easy read versions as well as versions available in other languages

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

Action Plan from last review:

- 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 – **achieved and on-going**
- Develop a service user /carer advisory group – **this has been achieved**
- 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 – **this is in partial completion and is being supported by the development of information leaflets for service users and carers, easy read and various language versions are being explored, and we have included equality, diversity and human rights questions in both the referral form and opening statement in order to identify needs and make reasonable adjustments**

Action plan from June 2018 review below.

For the record

Name of persons who carried out this assessment:

Sadie Canning-Dossor (Criminal Justice Liaison & Diversion Operational Manager)

Date assessment completed:

04th August 2019

Name of responsible Director:

Trish Bennett

Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	Audit of a randomly selected cohort of H-RAMM subjects to monitor compliance with the following: 10.1.1.1 An initial meeting held within 7 working days of receipt of referral 10.1.1.2 Completeness of referral process documentation including a forensic history request and the Panic Now tool 10.1.1.3 Review of stakeholder attendance and their commitment to the process 10.1.1.4 Monitor compliance with assigned actions and completeness	Annually or dependant on number of accepted referrals	Lead for Offender Health Liaison & Diversion Operational Manager Liaison & Diversion Analyst
Engagement	Engagement / Awareness sessions with staff identified to support the offender health function to enable the following skills: 10.1.1.5 take ownership of referral and make a decision to accept / decline 10.1.1.6 Complete supporting documentation (Panic Now tool) 10.1.1.7 Support the Project Support Officer in convening a meeting within 7 working days 10.1.1.8 Chair a meeting following a set agenda and	Every 6 months	Lead for Offender Health Liaison & Diversion Operational Manager Liaison & Diversion Analyst

	<p>ensure relevant actions are assigned</p> <p>10.1.1.9 Have confidence that the risk identified is being appropriately managed</p>		
<p>Increasing accessibility</p>	<p>10.1.1.10 Information leaflet for service users developed and ratified and is available; can be translated</p>	<p>Annually</p>	<p>Lead for Offender Health Liaison & Diversion Operational Manager Liaison & Diversion Analyst</p>