

STANDARD OPERATING PROCEDURE MULTI-AGENCY TASKING AND CO-ORDINATION (MATAAC)

Document Reference	SOP24-030
Version Number	1.0
Author/Lead Job Title	Chloe Greechan Safeguarding Practitioner
Instigated by:	Rosie O’Connell, Head of Safeguarding and Named Professional for Adult Safeguarding
Date Instigated:	
Date Last Reviewed:	26 March 2024
Date of Next Review:	March 2027
Consultation:	Rosie O’Connell, Head of Safeguarding and Named Professional for Adult Safeguarding
Ratified and Quality Checked by: Date Ratified:	Safeguarding Learning & Development Forum 26 March 2024
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Domestic Violence and Abuse Policy

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	26 March 2024	<i>New SOP. Approved at Safeguarding Learning & Development Forum (26 March 2024).</i>

Contents

1. INTRODUCTION.....	3
2. SCOPE	3
3. DUTIES AND RESPONSIBILITIES	3
4. PROCEDURES.....	4
4.1. MATAc Preparation.....	4
4.2. MATAc Information Sharing (Nominal).....	4
4.3. MATAc Record Keeping.....	5
4.4. Storage of MATAc minutes	5
4.5. Supervision.....	5
5. REFERENCES.....	6
Appendix A: Equality Impact Assessment	7

1. INTRODUCTION

Services representing Humber Teaching NHS Foundation Trust at the Multi-Agency Tasking and Co-ordination (MATAC) meeting are expected to have a consistent approach, in regard to sharing of information and recording the outcomes of the meeting to ensure that updated information and the assessment of risk is well understood by services involved with the adult/child/family care.

Service users discussed within MATAC may be referred to as Nominals. The title of Nominal refers to people who are repeat Domestic Abuse (DA) perpetrators with more than one victim.

The overall purpose of MATAC is to ensure that agencies work in partnership to engage serial domestic abuse perpetrators in support, take enforcement action where required and to protect vulnerable and intimidated victims and their families through:

- Agreement of the risk and response level, in each case and whether, and in what form action may be needed.
- Sharing of information to increase the safety, health and well-being of victims – adults and their children.
- Constructing jointly and implementing a risk management plan that provides professional support to those at risk and that reduces the risk of harm.
- Reducing repeat victimisation.
- Swiftly and robustly responding where MATAC nominals do not engage.
- Frequently reviewing risk to the victim(s) and family.

The purpose of this Standard Operation Procedure (SOP) is to provide a consistent approach for all attendees at the Hull and East Riding MATAC. The SOP will support attendees to provide consistent information sharing and record keeping. The SOP will also highlight the arrangements for supervision for those representing Humber Teaching NHS Foundation Trust due to the nature of information discussed, supervision and support will be in line with the Trust's commitment to a trauma informed approach.

2. SCOPE

This document is aimed at Humber Teaching NHS Foundation Trust practitioners who represent their relevant services at the Hull and East Riding MATAC either as consistent representatives or those who provide cover in their absence. This document will also be relevant to students who may have the opportunity to shadow attendance at MATAC and be familiar around the expectations and support available.

3. DUTIES AND RESPONSIBILITIES

Executive Director of Nursing, Allied Health and Social Care Professionals and Medical Director

Responsible for ensuring that this standard operating procedure (SOP) is reviewed, approved, and monitored by the appropriate Trust-wide group.

Divisional Clinical Leads and General Managers

Responsible for ensuring staff adherence to the standard operating procedure and, where required, that there is Divisional representation at MATAC.

Trust Safeguarding Team

Will report, give advice, and provide assurance to the Trust Board on all matters relating to MATAC.

MATAC representatives

All MATAC representatives and those who cover in their absence, should familiarise themselves with the contents of this standard operating procedure and adhere to the recommended actions. MATAC representatives are agreed by the Trust's Safeguarding Team.

4. PROCEDURES

This is detailed instruction which must be followed, or steps which must be taken to implement the document.

4.1. MATAC Preparation

Administration time should be provided for staff members attending a MATAC meeting. Preparation may consider a victim, perpetrator and children linked to the cases discussed, and would include reviewing the electronic patient records of those linked to the cases discussed. It is the responsibility of the MATAC chair to ensure agendas are circulated to MATAC representatives prior to the meeting so that records can be reviewed.

4.2. MATAC Information Sharing (Nominal)

Decisions on information sharing by the MATAC representative must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

To assist with your decisions use the Information Commissioner's Office data sharing checklist [data_sharing_checklists.pdf \(ico.org.uk\)](https://ico.org.uk/data_sharing_checklists.pdf).

Considerations for information shared by Humber Teaching NHS Foundation Trust should be relevant and proportionate in regard to a MATAC Nominal and can include:

- Any current and historical support such as Mental Health, substance use and any other Humber Teaching NHS Foundation Trust Related Service and outline of any concerns.
- Where there are identified Health/Mental Health needs but a history of non-engagement or non-attendance with health services.
- Information regarding diagnosis and medication if relevant and proportionate to share.
- Current or recent hospital admissions.
- Details of contacts with health practitioners.
- Non-attendance/non-engagement for appointments by the nominal

Victims and Children linked to Nominal

- Any current and historical support such as Mental Health, substance use and any other Humber Teaching NHS Foundation Trust Related Service and outline of any concerns relevant and proportionate to the discussion.
- Where there are identified Health/Mental Health needs but a history on non-engagement with health services
- Information regarding diagnosis and medication if relevant and proportionate to share.
- Current or recent hospital admissions.
- Any recorded pregnancies linked to the nominal.
- When sharing information regarding children, please ensure this is relevant and proportionate. For example, if there is no contact with the Nominal, the sharing of the child's health information would not be relevant or proportionate.
- This may also apply to adults linked to the Nominal, such as adult children or relatives.

4.3. MATAC Record Keeping

Following the MATAC meeting; if the service user identified as the Nominal is known to Humber Teaching NHS Foundation Trust services the following information should be recorded:

- The clinical records should be flagged (as stated below) according to electronic patient record system that the service user has been discussed within MATAC as outlined below. Where there are multiple reminders/alerts, please ensure only the most up to date remains on the system.

The following statements should also be recorded within each MATAC clinical entry and as part of any attached minutes.

'Discussed at Multi-Agency Tasking and Co-ordination (MATAC) on (insert dates), strictly confidential information, take care on disclosure'.

- Any bail or licence conditions, warrants for arrest for the service user identified as the Nominal.
- Details of any risk and recommendations, particularly if any recommendation or action is a direction for HTFT.

Victims and Children (ONLY if they are having contact with service user identified as the Nominal):

- If they are having contact, any bail, licence or warrants for arrest.

It **would not** be appropriate to record in the records of a service user in the following circumstances;

- A child who has no contact with the recorded nominal.
- A child who is no longer in the care of either victim/nominal as they are looked after by foster carer/family member and no unsupervised contact takes place.
- A historic victim who has no contact with the recorded nominal.

This may also apply to adults linked to the Nominal, such as adult children or relatives.

4.4. Storage of MATAC minutes

MATAC minutes are sent out following the meeting and contains information of all nominals, victims, children discussed. Given only a small proportion of these are open to Humber Teaching NHS Foundation Trust services, we need to ensure information held is proportionate and necessary.

- Minutes are held by Humber safeguarding team and can be requested as required.
- Minutes are stored securely within the V drive and kept for no longer than a period of 12 months.

4.5. Supervision

It is important that all MATAC representatives are supported in their role and have access to both clinical/professional supervision as well as safeguarding supervision. Such arrangements can be agreed separately and may be delivered by the representative's clinical team or by the Trust Safeguarding Team.

5. REFERENCES

[Reference 1 - MATAC Operating Protocol](#)

[Reference 2 - MATAC Confidentiality Agreement](#)

Appendix A: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: MATAAC SOP
2. EIA Reviewer: Chloe Greechan, Safeguarding Practitioner, Humber Teaching NHS Foundation Trust
3. Procedure

<p>Main Aims of the Document, Process or Service</p> <p>The overall purpose of MATAAC is to ensure that agencies work in partnership to engage serial domestic abuse perpetrators in support, take enforcement action where required and to protect vulnerable and intimidated victims and their families through:</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
--	--	--

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	Individual will be treated equally regardless of age
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	Individuals will be treated equally regardless of need
Sex	<p>Men/Male Women/Female</p>	Low	Individuals will be treated equally regardless of gender
Marriage/Civil Partnership		Low	There is no negative or positive impact due to individuals' marriage/civil partnership arrangements
Pregnancy/ Maternity		Low	There is no negative or positive impact due to pregnancy or maternity circumstances
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	Individual will be treated equally regardless of race, ethnicity, culture or nationality

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no impact on faith groups
Sexual Orientation	Lesbian Gay men Bisexual	Low	There is no negative or positive impact because of sexual orientation
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no negative or positive impact because of gender reassignment processes

Summary

<p>Please describe the main points/actions arising from your assessment that supports your decision.</p> <p>This SOP and other associated guidance for the management of allegations against staff is applied equally to all victims and perpetrators. Abuse can be a concern for anyone therefore the approach to identifying, reporting on and management should remain consistent and comparable across all groups.</p>	
EIA Reviewer: Chloe Greechan	
Date completed: 5/2/2024	Signature: C Greechan