The State Hospitals Board for Scotland

Transfer/Discharge Care Programme Approach (CPA) and Multi Agency Public Protection Arrangements (MAPPA)

Annual Report to Clinical Governance Committee 01 October 2020 to 30 September 2021

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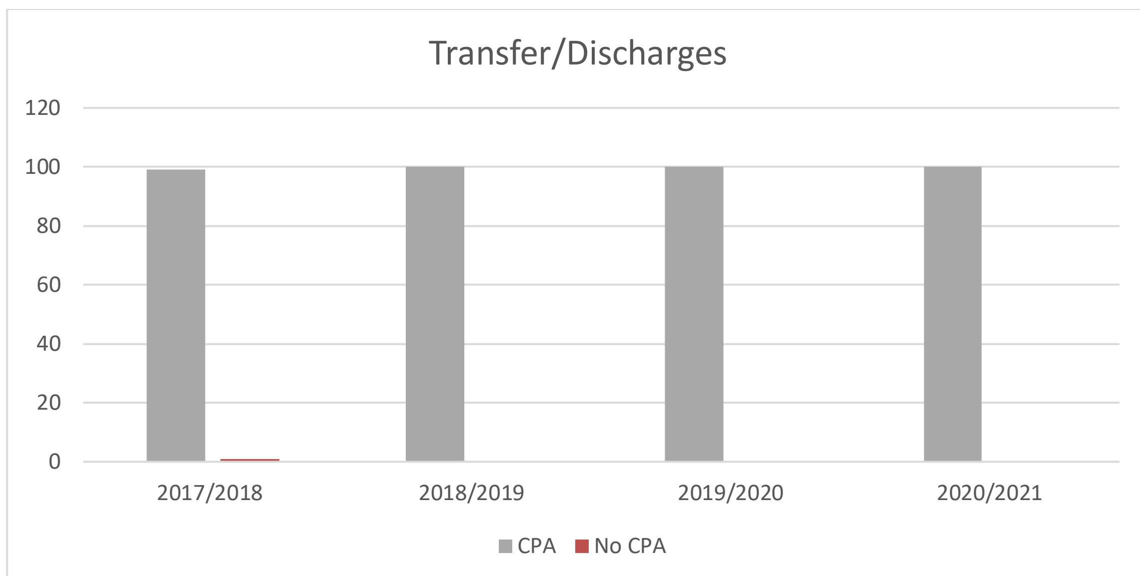
1. Introduction

The Care Programme Approach (CPA) is a structured process for the management of risk and the care and treatment planning of patients. This is achieved in a manner which is patient focussed and consistent with the principles of Recovery. It relies for its effectiveness on inter-agency communication and partnership working. The CPA values which form the principles of The State Hospitals Board for Scotland Clinical Model, including multi-disciplinary working and patient participation, are critical for the successful implementation of CPA.

The State Hospital adopted CPA as the principle mechanism for the planning of transfers or discharges in 2003. As part of the Local Delivery Plan, The State Hospitals Board for Scotland adopted a target of 100% of all discharges and transfers to be managed by the CPA process. Fig 1 reflects the successful implementation of CPA at The State Hospital.

There is a need for the transfer pathway and risk management arrangements to be facilitated by the CPA process and/or Multi-Agency Public Protection Agency (MAPPA), for a relatively small number of high profile patients. The Social Work Service continues to provide The State Hospital's single point of contact with MAPPA.

Fig. 1 - The application of CPA for patient transfers/discharges.



2. Governance Arrangements

Transfer/Discharge CPA (T/D CPA) and MAPPA arrangements are managed in partnership with South Lanarkshire Health & Social Care Partnership (SLH&SCP) Adult and Older People Services, as part of the Service Level Agreement between both parties.

CPA and MAPPA matters are also considered by the Organisational Management Team and the Clinical Governance Group.

The Responsible Medical Officer (RMO) maintains overall responsibility for CPA and the chairing of all transfer/discharge CPA meetings, CPA Reviews and CPA Contingency Planning meetings. Social work management have maintained an overview of the process, with active intervention when required to support the service

administrator and to ensure the consistency and quality of the Transfer/Discharge CPA approach.

Governance arrangements have been strengthened by enhanced partnership working between medical records and social work. Information in relation to forthcoming court dates and Mental Health Tribunals is now provided to social work on a regular basis. This allows the social work service to carry out relevant enquiries and to alert the patient's RMO, if it appears that there is a reasonable possibility that the patient may not return to The State Hospital after the court hearing, or have their detaining order revoked by the MHT. The purpose of this intervention is to minimise the risk of a patient being discharged or transferred from The State Hospital on an unplanned basis, without a contingency planning meeting or transfer/discharge CPA meeting having taken place.

Transfer/discharge Governance arrangements were strengthened in December 2016 by the introduction to the Variance Analysis Tool of specific fields relating to the transfer/discharge CPA. This is now well embedded in practice and provides clear information in relation to multidisciplinary performance, at this key point of the patient's care pathway.

3. Key areas of work

3.1 Application of Transfer/Discharge CPA

There were a total of 32 patients transferred/discharged during the review period with the LDP target being achieved all cases. During this timeframe there were also 2 deceased patients.

A total of 33 meetings were held during this period, which consisted of 4 Pre-CPA, 25 CPA, 1 CPA Review and 3 Contingency Planning meetings.

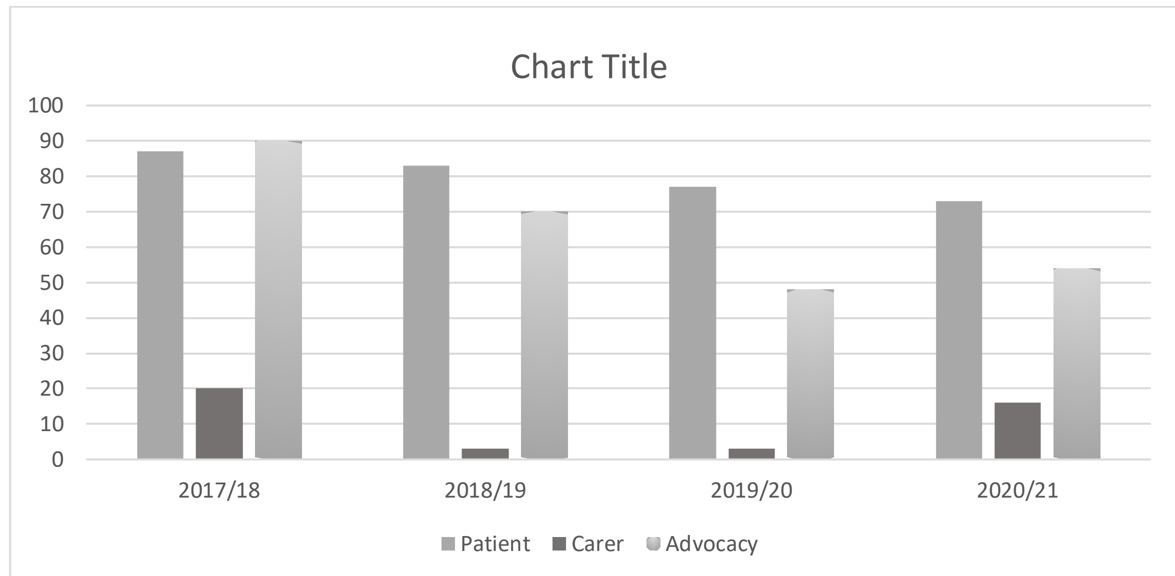
Pre-CPA meetings are required[1] when there is a need to discuss victim issues; police matters, or other such sensitive information in advance of the CPA meeting.

3.2 Patient and carer involvement in meetings

The Clinical Model requires patients to be actively encouraged to engage in the planning and evaluation of their care. Patient participation at transfer/discharge CPA meetings has continued at a high level. This reflects the importance attached to patients having an investment in their own care planning and is illustrated in Figure 2.

[1] CPA Guidance CEL 13 (2007)

Fig. 2 - Patient and Carer participation in CPA Meetings and CPA Reviews



All patients are encouraged to be involved and participate, in consultation with the RMO and Multi-disciplinary Team (MDT) in preparation for their transfer/discharge CPA. The patient's views are reflected in the report and considered within the planning and preparation for transfer/discharge. All patients are invited and encouraged to attend.

73% of patients, which equates to 19 patients, attended their CPA meeting, which is a decrease from the previous reporting period. For those patients who chose not to attend it is acknowledged practice that following the meeting, the care and treatment plan and notes of the meeting are shared with the patient. This ensures that the patient's views have been properly represented, and that the patient understands his own responsibilities as part of his recovery.

Carer attendance is encouraged, monitored and reviewed. With the patient's consent carers are invited to attend the CPA, and the meeting date is shared with the Person Centred Improvement team, who contacts the carer to ascertain if there are any support needs which could be accommodated in order to promote attendance. As is evident in Figure 2 carer attendance has decreased during this reporting year. Processes have been reviewed to ensure as much carer attendance and participation as possible. Carer feedback forms have been updated and pre paid envelopes for the return of these forms are now provided.

It should be noted that the proportion of patients transferred with Named Persons or other family members who are closely involved in their care, can vary from patient to patient and year to year. This may to some extent account for variation in carer attendance from year to year. A continued effort to promote carer participation remains a focus for the coming year. The current set of Equality Outcomes include one outcome dedicated to supporting meaningful involvement of patients and carers within the CPA process. Social Work has engaged with the Person Centred Improvement team to identify opportunities to enhance involvement in the CPA process and will continue to liaise in relation to the development of a proposed Carer's Strategy.

3.3 Patients/Stakeholder feedback

CPA meetings acknowledge the need for a person centred approach. It is important to ensure that patients are relaxed and that the meetings are conducted in plain English. For those patients who require it, a full interpretation and translation service is provided.

A total of 21 Patient Experience Feedback forms were sent out with only 4 being returned.

The feedback form comprises of a set of multiple yes/no questions in relation to patient & carer engagement, knowledge and understanding of the process and care & treatment plan.

With the patient's consent the Named Person/Carer is invited to attend the meeting. If the Named Person/Carer attended the meeting, a feedback form is posted together with their copy of the minute from the meeting. During this reporting period 8 forms were posted with none being returned.

The feedback form comprises of a set of multiple yes/no questions in relation to carer engagement, knowledge and understanding of the process and care & treatment plan.

3.4 Multi-disciplinary working

Table 1 reflects attendance at Annual/Intermediate and Transfer/Discharge meetings for the reporting period.

Table 1 Multidisciplinary team attendance in Annual/Intermediate and Transfer/Discharge CPA meetings

LDP Target/ Annual and Intermediate	Discipline	Annual/ Intermediate	Transfer/Discharge CPA
100%	RMO/Medical	97%	82%
80%	Social Work	87%	78%
80%	Keyworker/Associate KW	67%	18%
100%	Nursing (Other)	98%	66%
80%	OT	78%	64%
60%	Pharmacy	72%	42%
100%	Psychology	87%	73%

While it is desirable it is not essential for full multi-disciplinary team attendance at CPA meetings. It should be noted that in preparation for the transfer/discharge meeting the full multi-disciplinary team have been involved in the weekly clinical team meetings and, where applicable, attended and provided a report for the annual/intermediate CPA. Notwithstanding this, improving multi-disciplinary attendance at CPA meetings has been highlighted as a priority for the current review year.

4. MAPPA

Direct intervention in relation to individual patients who have reached a point in their care and treatment plan where a transfer/discharge CPA and MAPPA actions are required, is a primary focus of the service's activity. In addition, strategic engagement has continued during the reporting period. This has included the service manager attending the MAPPA Strategic Oversight Group, and the team leader representing the service at the MAPPA Operational Group.

4.1 State Hospital MAPPA Notifications

Notifications are required to be made 'immediately' on admission for those patients admitted on a Restriction Order (CORO, TTD and Hospital Direction). A total of 38 patients were admitted to The State Hospital during the reporting period. 20 of those patients admitted were restricted upon admission.

Community Justice Authorities (CJAs) have been notified of those patients who became restricted patients during the reporting year.

4.2 MAPPA Change of Circumstances

CJAs have been notified of those patients whose legal status has changed as well as those who have been either discharged or transferred to another hospital.

4.3 MAPPA Referrals and Meetings

For State Hospital patients, the purpose of a MAPPA referral is to ensure that there is an opportunity for full multi-agency consideration of public and victim safety issues. This normally occurs when a patient is either being considered for a move to a non-secure environment or is discharged to the community. The potential exists for a MAPPA meeting to be convened to consider the public safety and victim issues which may arise from a patient outing for clinical, rehabilitation or compassionate reasons.

There have been no MAPPA referrals during the reporting period.

4.4 MAPPA Consultations

The role of MAPPA Single Point of Contact (SPOC) is undertaken by the Social Work Service. In effect, the Mental Health Manager, the Social Work Team Leader, and individual Social Workers have consulted with MAPPA as required.

4.5 MAPPA Expansion

Section 10 of the Management of Offenders etc. (Scotland) Act 2005 (the 2005 Act), requires the Police, Local Authorities, Health Boards and the Scottish Prison Service as the Responsible Authorities to establish multi-agency arrangements to assess and manage the risk posed by certain categories of offender.

Section 10(1)(e) extends these arrangements beyond registered sex offenders and mentally disordered restricted patients to also include those offenders who, by reason of their conviction, are assessed as posing a risk of serious harm to the public. This has introduced a new risk of serious harm offender category. Responsible authorities are required to consider the application of the new category to individual offenders, where they themselves assess that it is necessary and proportionate to protect the public from risk of serious harm.

The Scottish Government's National MAPPA Guidance has been in place since March 2016, and clearly identifies the criteria whereby an offender who has not committed a sexual offence, may be considered to pose a risk of serious harm to the public and included in the new category. The target group includes:

- offenders who are required to be subject to supervision in the community by any enactment, order, or licence
- offenders who are assessed by the responsible authorities as posing a high or very high risk of serious harm to the public at large and
- the risk is assessed as requiring active multi-agency management at MAPPA level 2 or 3.

Whilst an offender is a patient in The State Hospital it is considered unlikely that they would meet all aspects of the above criteria, as single agency management, level 1, via the CPA process is effective in terms of ensuring public safety is maintained. It is important however to consider whether or not patients who have committed serious non sexual offences might meet the criteria for the new category. Particular consideration must be given when they are newly admitted, their legal status is likely to change, and when consideration is being given to the patient transferring to an alternative setting.

During the review period no patients have been identified as potentially meeting the risk of serious harm category, however all patients remain under consideration in this regard, and consultation takes place with the relevant MAPPA Co-ordinators as appropriate.

5. Areas of good practice

5.1 Patient Involvement

Consistent with the Clinical Model, efforts are made at every meeting to ensure that the meetings are as person centred as possible, in order to maximise patient involvement.

The Patients Advocacy Service is very proactive and support patients' participation when requested. Out of the meetings the Patients Advocacy Service attended 28.

The principles of recovery form an important part of the Clinical Model and the CPA process. The care plan may address aspiration, belief and personal responsibility which are evidenced in some of the patient comments. Plans may also include matters associated with social inclusion. Opportunities are taken to involve the patient in his care and treatment and to enable the patient to take more personal responsibility with regards to his own needs and managing risks. However, due to matters associated with public protection and victim issues, it is often necessary to have a 'Pre-CPA' meeting which the patient cannot be party to.

5.2 Inter-agency working

Receiving services have usually been represented by the receiving Consultant Psychiatrist and a senior nurse. It is less likely that there will be psychiatric representation from the receiving facility for patients returning to prison, as in most instances the transferring patients will not be formally under psychiatric care.

Public protection and effective liaison with the police/MAPPA is critical with regards to restricted patients. The police/MAPPA and the Scottish Government Restricted Patients Team are invited to all meetings for restricted patients. It is necessary to confirm to Police Scotland any compelling reasons for police participation as they require to focus their resources on patients returning to the community. In many instances police liaison can be appropriately limited to enquires made by the Social Work service prior to the pre-transfer/discharge CPA, with a view to any relevant information being shared with the outgoing and receiving services usually at the pre-CPA meeting. Video Conference equipment is also frequently used to minimise travelling time for parties who require to be a part of the transfer/discharge process.

6. Progress from last Annual Report

	Achieved/In progress/ not achieved	**Progress to date**
Multi-disciplinary attendance	Achieved	Attendance levels from the various disciplines continue to be variable. Most disciplines achieve high attendance rates.
Carer involvement	Ongoing	
Variance Analysis Tool	Ongoing	CPA Administrator will ensure discharge VAT is available at the meeting for completion

7. Future Areas of Work

Future areas of work stated in previous report	Achieved/In progress/ not achieved	Progress to date