



## 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 2021 to 30 September 2022

	Page
1. Introduction	2
2. Governance Arrangements	2
3. CPA Key areas of work	3
3.1 Application of Transfer/Discharge CPA	3
3.2 Patient and carer involvement in meetings	3
3.3 Patient/Stakeholder Feedback	4
4. MAPPA	5
4.1 State Hospital MAPPA Notifications	5
4.2 MAPPA Change of Circumstances	5
4.3 MAPPA Referrals	5
4.4 MAPPA Consultations	6
4.5 MAPPA Risk of Serious Harm	6
5. Areas of Good Practice	6
5.1 Patient Involvement	6
5.2 Inter-agency working	6
6. Progress Review from last Annual Report	6
7. Future areas of work	8

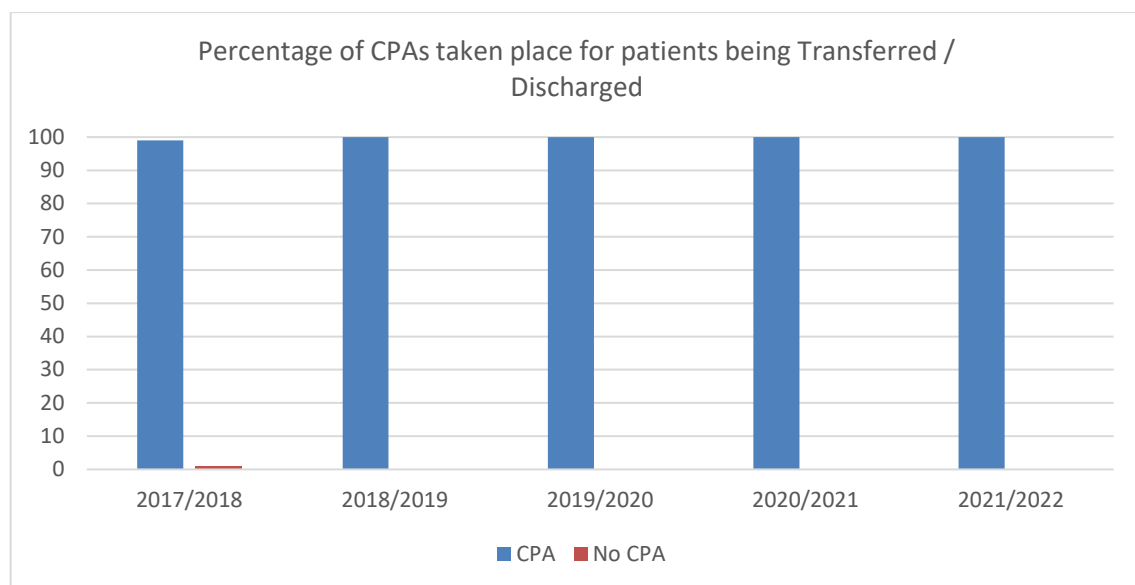
## 1. Introduction

The Care Programme Approach (CPA) is a structured process for the care and treatment planning of patients and the management of risk. This approach promotes a model of working which is patient focussed and consistent with the principles of Recovery. In order to operate effectively, the CPA process relies upon positive 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 performance and governance issues are also considered by the Hub Leadership Teams, 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 maintain 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.

Medical Records work in partnership with Social Work and RMOs to ensure information relating to forthcoming court dates and Mental Health Tribunals (MHTs) are communicated at an early stage and with regular updates. This supports the effective implementation of the CPA process and allows for enquiries to be made in relation to the potential outcomes of court hearings or MHTs and information shared with relevant parties where it appears that there is a reasonable possibility of the patient not returning to The State Hospital following their court hearing or where their detaining order may be 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 continue to be supported by the Clinical Quality Department and the continued utilisation of the Variance Analysis Tool with specific fields relating to the transfer/discharge CPA. This provides clear information in relation to multidisciplinary performance at this key stage of the patient's care pathway.

### **3. Key areas of work**

#### **3.1 Application of Transfer/Discharge CPA**

35 patients were transferred or discharged during the review period with the LDP target being achieved all cases. This represents an increase of 3 patients being transferred compared to the previous reporting period and reflects a return to pre-Covid levels of transfer activity. One patient died over the course of the 12 month reporting period.

A total of 40 meetings were held during the review period which was an increase from the previous reporting period. This consisted of 2 Pre-CPA, 36 CPA, 3 Contingency Planning meetings and 1 CPA was held under the auspices of the Early Discharge Protocol. Pre-CPA meetings are required<sup>1</sup> when there is a need to discuss victim issues; police matters, or other such sensitive information in advance of the CPA meeting.

In June 2022, the CPA Administrator retired after 40 years of service within The State Hospital. This has had an impact on service delivery which has been absorbed by the Social Work service and medical secretaries. Recruitment is now underway in relation to this post which is crucial to the Transfer/Discharge CPA process.

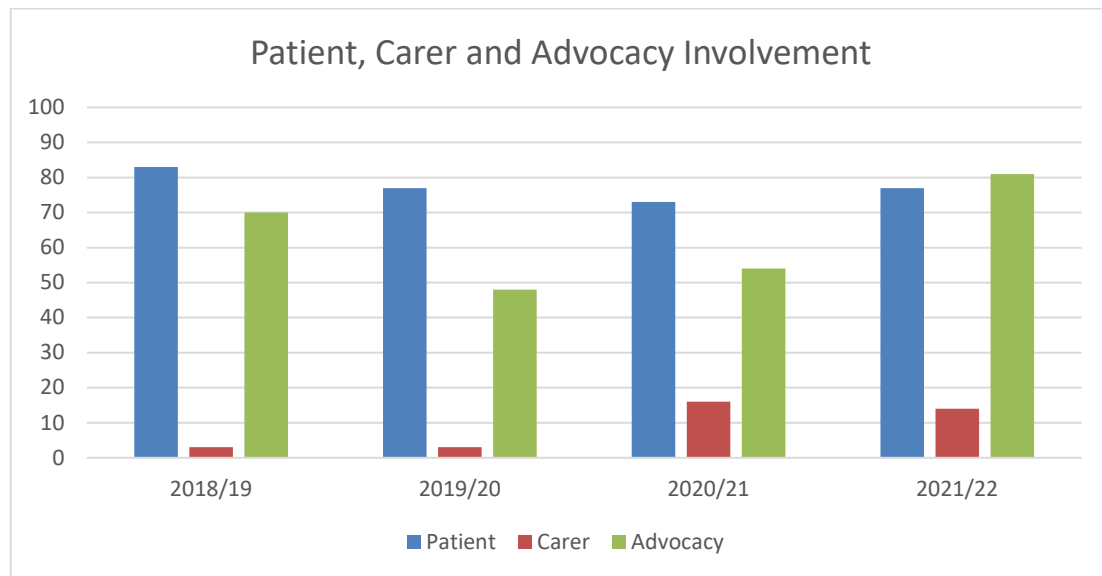
#### **3.2 Patient and carer involvement in meetings**

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.

---

<sup>1</sup> 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.

77% of patients attended their CPA meeting, which is an increase of 4% 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. Positively, advocacy involvement in CPAs has risen to 81%.

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 contact 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 remained low, primarily as a result of many patients having no identified carer. However, once this is accounted for, the attendance of carers at Transfer / Discharge CPA meetings rises to nearer 40%. Where a carer is known, the Social Work service had contact with them prior to the Discharge CPA in 80% of cases.

### **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 using accessible communication. For those patients who require it, a full interpretation and translation service is provided.

During the reporting period, a total of 23 Patient Experience Feedback forms were sent out. 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. 7 forms were returned, which is an increase from the previous reporting period. These forms indicated a general level of satisfaction with the Transfer / Discharge CPA process.

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 4 forms were posted with only one being returned. As such, it is not possible to evidence carer satisfaction in terms of Transfer / Discharge CPA processes at this time and further work is required to better understand the views of carers in this respect.

#### **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 Social Work Team Leader attending the Lanarkshire MAPPA Operational Group on a monthly basis and the National MAPPA Health Group on a 6 monthly basis. The State Hospital has continued to meet its responsibilities in relation to MAPPA in the reporting period.

There are currently issues pertaining to MAPPA information sharing at a national level due to concerns raised by Police Scotland. Police Scotland have sought to limit disclosure of information solely to MAPPA meetings. Partner agencies have raised concerns about the potential impact on practice and risk management. The issue has been subject to significant scrutiny over the past year and changes have been delayed until 2023.

##### **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 29 patients were admitted to The State Hospital during the reporting period. 25 of those patients admitted were restricted upon admission and notifications provided to MAPPA in all cases.

Community Justice Authorities (CJAs) have also been notified of all patients whose status changed and who subsequently became restricted patients during the reporting year.

##### **4.2 MAPPA Change of Circumstances**

CJAs have been notified of all 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.

One MAPPA Level 2 Meeting was planned during the reporting period and as a consequence of a Contingency Planning Meeting which took place. However, the

MAPPA meeting was subsequently cancelled as the patient remained within The State Hospital.

#### 4.4 MAPPA Consultations

The role of MAPPA Single Point of Contact (SPOC) is undertaken by the Social Work Service. In effect, the Social Work Manger, Team Leader, Administrator and individual Social Workers have consulted with MAPPA as required throughout the review period.

#### 4.5 MAPPA Risk of Serious Harm Category

During the review period no patients have been identified as potentially meeting the 'risk of serious harm' category as defined by Section 10(1)(e) of the Management of Offenders etc (Scotland) Act 2005. 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 to ensure that the meetings are as person centred as possible, in order to maximise patient involvement. Patients attended 77% of meetings during the reporting period.

The Patients Advocacy Service continues to be very proactive and support patients' participation when requested. Advocacy support was available to all patients in respect of Transfer / Discharge CPAs and advocacy partners participated in 81% of meetings held during the reporting period which is a significant increase from the previous reporting period.

#### 5.2 Inter-agency working

Receiving services have been well represented in Transfer / Discharge CPAs. This has been the case in instances of patients progressing to less secure settings and for those returning to prison.

As previously noted, positive inter-agency working is a critical part of Transfer / Discharge and MAPPA processes within The State Hospital.

### 6. Progress from last Annual Report

Previously Identified Areas of Work	Achieved/In progress/not achieved	Progress to date	Future Work
Stakeholder Feedback methods to be reviewed.	In progress	Increased dialogue with identified carers. Increased advocacy representation at CPAs.	Feedback forms to be adapted to ensure accessibility. Follow up contact to take place following forms being sent.

<b>MAPPA Training materials to be identified uploaded Learnpro. Training to be and to</b>	In progress	Training materials identified but require review to ensure relevance to TSH.	Complete review and make available via Learnpro.
<b>MHPSG to report on progress in relation to CPA Processes and Paperwork to CGG.</b>	Achieved	Update was provided.	Developmental work now being aligned with progress in relation to the new Clinical Model.
<b>MAPPA Policy and DPIA to be concluded.</b>	Not achieved.	Ongoing uncertainty in respect of MAPPA practice arising from Police Scotland concerns has delayed this.	Work to be recommenced on resolution of this issue.
<b>Data analysis in respect of Carer Involvement will be reviewed.</b>	Achieved	Data analysis now differentiates between patients who have a carer and those who do not. Involvement is also considered beyond attendance at meetings.	Progress to be reviewed in February 2023.

## 7. Future Areas of Work

<b>Identified areas of work</b>	<b>By When</b>	<b>By Whom</b>
<b>Feedback forms to be adapted to ensure accessibility.</b>	February 2023	Social Work / PCIT
<b>MAPPA Policy and DPIA to be concluded.</b>	June 2023	Mental Health Manager / IG and Data Security Officer
<b>Complete review of identified MAPPA training materials and make available via Learnpro.</b>	March 2023	Learning and Development Team Mental Health Manager
<b>Data analysis in respect of Carer Involvement will be reviewed.</b>	February 2023	Mental Health Manager

		Clinical Quality Department
<b>Recruitment of CPA Administrator</b>	January 2023	Social Work Manager Business Development Manager