



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 2022 to 30 September 2023

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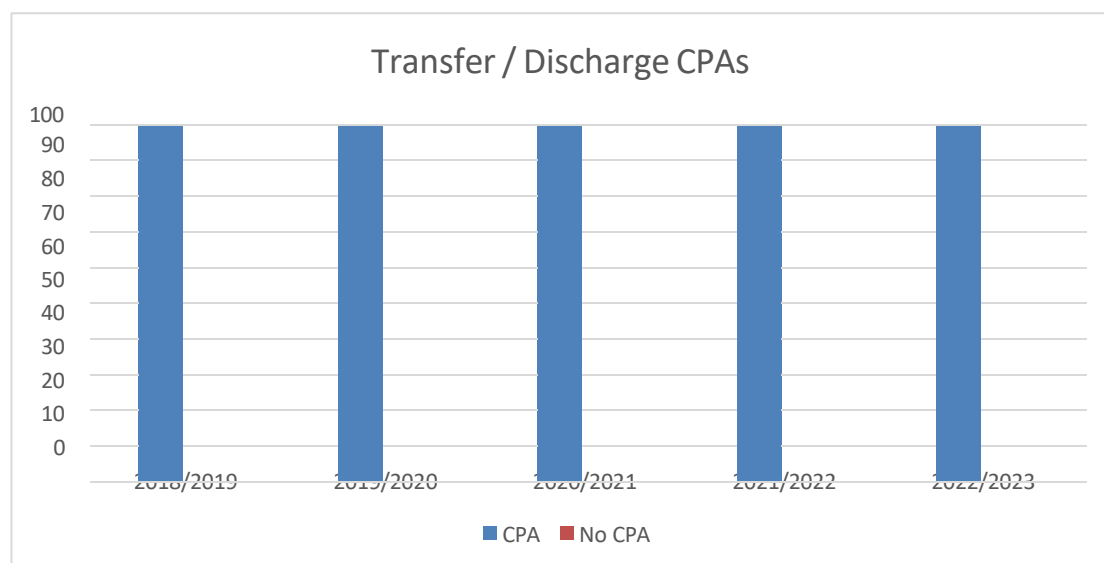
1. Introduction

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 (LDP), 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 Arrangements (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 Service 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 ensure the consistency and quality of the Transfer/Discharge CPA approach and to support the service administrator.

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. Relevant information is shared with key stakeholders 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

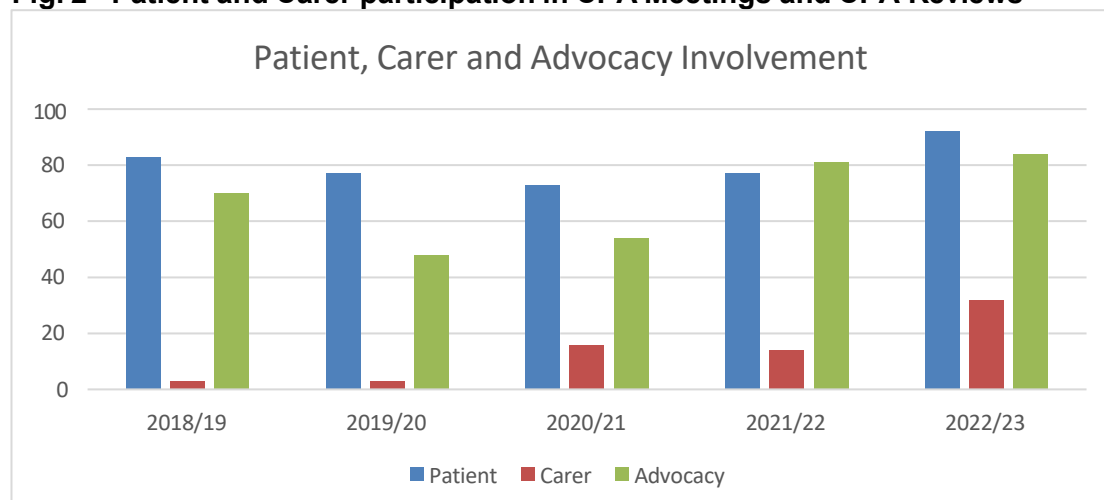
28 patients were transferred or discharged during the review period with the LDP target being achieved all cases. This represents a reduction of 8 patients being transferred compared to the previous reporting period. Sadly, two patients died over the course of the 12-month reporting period.

A total of 31 meetings were held during the review period which was a decrease of 10 from the previous reporting period. This consisted of 26 CPA, 4 Contingency Planning meetings and 1 CPA was held under the auspices of the Early Discharge Protocol.

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.

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.

92% of patients attended their CPA meeting, which is an increase of 15% from the previous reporting period and the highest recorded over the past 5 years. This reflects the efforts of clinical teams and keyworkers to emphasise the importance of the process and encourage participation. In 8% of meetings, the patient chose not to attend. For these patients it is acknowledged practice that, following the meeting, the care and treatment plan and minute is 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 attendance continues to be a key feature of CPAs and advocacy involvement has risen to 84% over the reporting period. This again provides assurance that the voice of the patient is a key part of the CPA process.

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 shown in Figure 2, carer attendance has also increased in this period from 14% to 32%. However, not all patients have carers, or choose to invite them to their meetings. In those cases where there is a carer invited, they participated in 72% of meetings.

3.3 Patients/Stakeholder feedback

CPA meetings acknowledge the need for a person centred approach. It is important to ensure that patients are fully involved 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 22 Patient Experience Feedback forms were sent to patients following their meeting. 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. 6 forms were returned and in all cases highlighted that the patient had been able to attend and participate in the meeting and that following the CPA they were clear about the next steps in their care and treatment.

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 Manager attending the Lanarkshire MAPPA Operational Group on a monthly basis. The State Hospital has continued to meet its responsibilities in relation to MAPPA in the reporting period.

Previous issues pertaining to MAPPA information sharing have continued to be raised at a national level. Police Scotland have sought to limit disclosure of information solely to MAPPA meetings. Partner agencies had raised concerns about the potential impact on practice and risk management. The issue has been subject to continued scrutiny and changes postponed until 2024. Changes are taking place in relation to the ViSOR information system which is planned to be replaced in 2024 by MAPPS. This will have implications in terms of access and screening across user groups. Developments in this respect continue to be monitored.

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 21 patients were admitted to The State Hospital during the reporting period. 8 of those patients admitted were restricted upon admission and notifications provided to MAPPA in all cases.

4.2 MAPPA Change of Circumstances

MAPPA authorities 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. 28 patients were discharged and of these 18 were restricted and relevant notifications were provided to MAPPA colleagues on every occasion.

Notifications have also been made for all patients whose status changed and who subsequently became restricted patients during the reporting year. This applied to 8 patients during the reporting period.

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.

MAPPA colleagues participated in contingency planning meetings for one patient during the review period. A MAPPA Level 2 Meeting was subsequently held as the Mental Health Tribunal directed the patient's release. Appropriate information was shared and partners contributed to the development of a robust risk management plan in advance of the patient's discharge.

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 Manager, Team Leader, Administrator and individual Social Workers have consulted with MAPPA as required throughout the review period.

4.5 MAPPA Other 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. This category refers to the 'critical few', individuals not required to comply with sex offender notification requirements or not restricted patients, who have been convicted of an offence and are considered by the responsible authorities to pose a risk of serious harm to the public at large. However, all patients remain under consideration in this regard and consultation takes place with the relevant MAPPA Coordinators as appropriate.

5. Areas of good practice

5.1 Patient Involvement

Patients remain at the centre of the CPA processes within The State Hospital and clinical teams work to support patient involvement and encourage active participation. As noted, patients attended their Transfer / Discharge CPA meeting on 92% of occasions. This is the highest level of involvement over the past 5 years. As the new Clinical Model continues to be established, patient participation will continue to be closely monitored.

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 84% of meetings held during the reporting period which represents an 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.

5.3 Contingency Planning

Contingency planning continues to be used effectively within the hospital in those circumstances where the outcome of legal proceedings is uncertain. Colleagues from within the hospital and across health boards and local authorities have participated in these meetings to ensure robust planning to support patient and public safety in the event of a patient being discharged contrary to clinical opinion.

6. Progress from last Annual Report

Previously Identified Areas of Work	Achieved / In Progress / Not Achieved	Progress to date	Future Work
Feedback forms to be adapted to ensure accessibility.	Not achieved	Work has commenced to review forms and support is offered with completion following CPA meetings.	Work to be completed to ensure forms are fully accessible.
MAPPA Policy and DPIA to be concluded.	Not achieved	Engagement with MAPPA colleagues at local and national level.	Complete work in line with revised national guidance following transition to MAPPS.
Complete review of identified MAPPA training materials and make available via LearnPro.	Not achieved	Training materials reviewed and compared with local and national materials.	Finalise updates and make available via LearnPro
Data analysis in respect of Carer Involvement will be reviewed.	Achieved	Carer participation is now better understood and reflected in data.	Continue to monitor and support carer engagement.
Recruitment of CPA Administrator	Achieved	New CPA Administrator commenced post in January 2023.	

7. Future Areas of Work

Identified areas of work	By When	By Whom
Feedback forms to be adapted to ensure accessibility.	February 2024	Social Work / PCIT
MAPPA Policy and DPIA to be concluded.	June 2024	Mental Health Manager / IG and Data Security Officer
Complete review of identified MAPPA training materials and make available via LearnPro.	March 2024	Learning and Development Team Mental Health Manager
CPA Policy and Procedure to be reviewed.	January 2024	Mental Health Manager