

THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE COMMITTEE

Date of Meeting:	14 November 2024
Agenda Reference:	Item No:
Sponsoring Director:	Medical Director
Author(s):	Social Work Mental Health Manager
Title of Report:	CPA / MAPPA 12 Monthly Report
Purpose of Report:	For Noting

1. SITUATION

Transfer/Discharge CPA arrangements and the provision of contact with MAPPA are administered from within the Social Work Service as part of the Service Level Agreement with South Lanarkshire Health and Social Care Partnership. This report provides an overview of CPA and MAPPA activity for the period from 1 October 2023 until 30 September 2024.

2. BACKGROUND

Direct intervention in relation to individual patients who have reached a point in their care and treatment where a transfer/discharge CPA is required is a primary focus of the activity of the service. Delivery of statutory MAPPA interventions where required are a key element of service delivery. Operational and strategic engagement has continued over the reporting period. The State Hospital has continued to meet Local Delivery Plan targets during the reporting period.

3. ASSESSMENT

The report evidences successful implementation of the principles of the Clinical Model and highlights a number of key areas of work:

- Governance Arrangements
- CPA performance
- MAPPA interventions
- Patient and Carer Involvement
- Stakeholder Feedback
- Progress Update

5. RECOMMENDATION

The Committee is invited to note the following recommendations:

- CPA Procedures Review to be concluded by Social Work Manager – March 2025
- MAPPA Policy and DPIA to be concluded – June 2025

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	The report is consistent with the current policy and operational objectives.
Workforce Implications	None
Financial Implications	None
Route to Committee Which groups were involved in contributing to the paper and recommendations.	Clinical Governance Group
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	The report comments on stakeholder experience.
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications, full DPIA included

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 2023 to 30 September 2024

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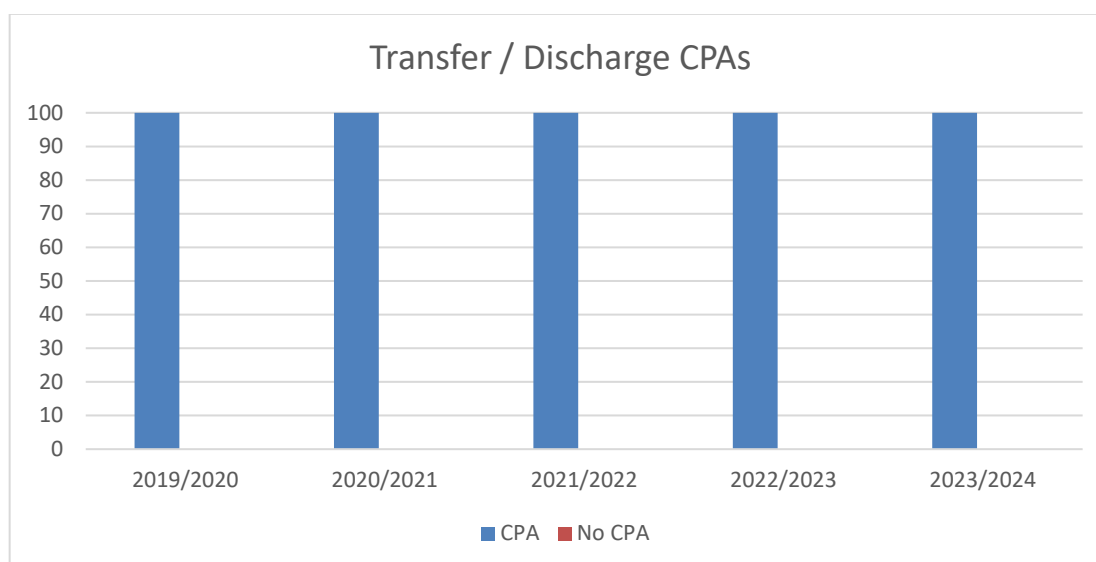
1. Introduction

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

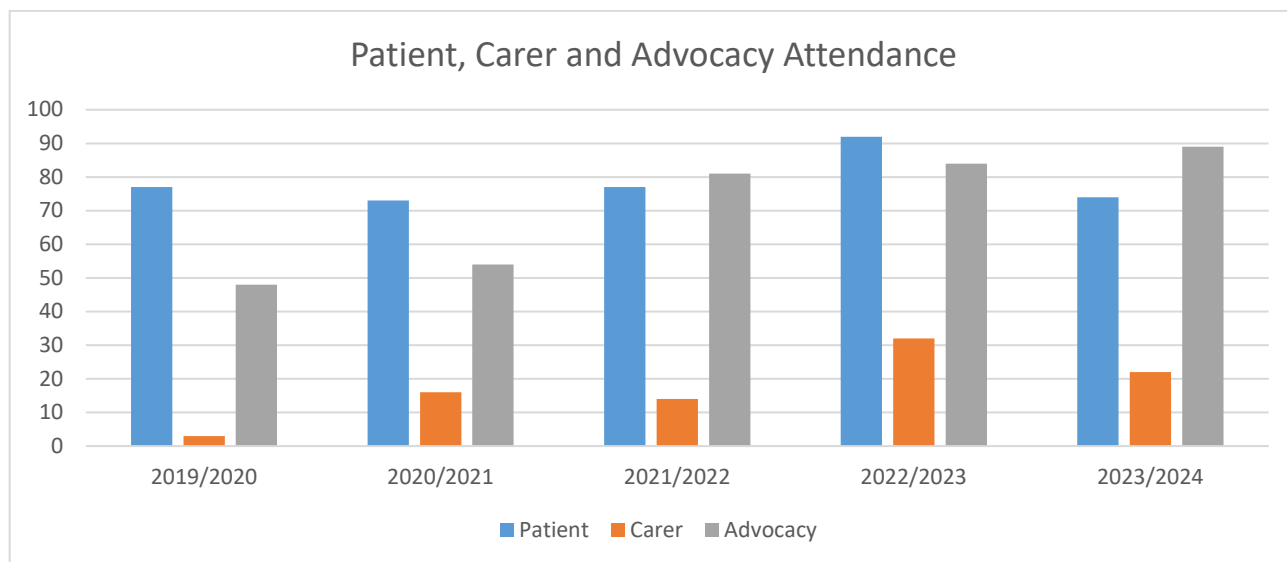
37 patients were transferred or discharged during the review period with the LDP target being achieved in all cases. This represents an increase of 12 patients being transferred compared to the previous reporting period. Sadly, one patient died over the course of the 12 month reporting period.

A total of 40 meetings were held during the review period which was an increase of 9 from the previous reporting period. This consisted of 36 CPA and 4 Contingency Planning meetings. In this reporting period there were no CPAs held under the auspices of the Early Discharge Protocol, though this remains a key consideration.

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, Carer and Advocacy participation in Transfer/Discharge CPA Meetings



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.

74% of patients attended their transfer/discharge CPA meeting. This represents a decrease of 18% from the previous reporting period. Whilst this is a considerable fall, it is of note that the previous reporting period covered a considerably smaller number of meetings and attendance rates had been a significant increase from expected patterns of attendance. This year's figures are more in line with previous levels and whilst this would not cause concern, clearly there is an opportunity to further encourage patient attendance.

In 26% 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 89% 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 decreased in this period from 32% to 22%. 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 73% of meetings which is a slight increase on the previous year's figure. During a carer engagement exercise in May, one carer out of thirty spoken to expressed some dissatisfaction with the timing of CPAs as being a barrier to their participation.

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 24 Patient Experience Feedback forms were sent to patients following their meeting. 9 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. Completion of forms continues to be encouraged where possible.

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 bi-monthly basis. The State Hospital has continued to meet its responsibilities in relation to MAPPA in the reporting period.

Developments are continuing in relation to the ViSOR information system which has been planned to be replaced in 2024 by MAPPS. This will have implications in terms of access and screening across user groups. There have been delays to the implementation of the system and concerns raised in relation to enhanced staff vetting requirements in order to access the system. State Hospital staff have received training in the new system and the national position continues 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 33 patients were admitted to The State Hospital during the reporting period. 13 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. 13 patients were restricted upon admission and on each occasion the relevant MAPPA authority was notified. 37 patients were discharged and, of these, 23 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.

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

5. Areas of good practice

5.1 Consistency of Practice

As previously noted, the Local Delivery Plan target of 100% has been achieved once more. This reflects the commitment of staff across the hospital and the efforts of the CPA Administrator in conjunction with RMOs, Clinical Teams, Medical Records and external partners.

5.2 Patient and Carer 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 have been given the opportunity to attend their Transfer / Discharge CPA meeting and have chosen to do so on 74% of occasions. Where there is an identified carer, they have attended on 73% of occasions. Ongoing work is required to support and encourage attendance.

The Patient 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 89% of meetings held during the reporting period which represents an increase from the previous reporting period.

5.3 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. In relation to prison transfers, health services within prisons are always well represented. It can be more challenging to gain representation from hall staff with variation of practice across the estate. This is an area in which we would look to deliver greater consistency and will liaise with our SPS colleagues over the coming months.

5.4 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
MAPPA Policy and DPIA to be concluded.	In progress	Engaged with IG and Data Security Officer and external stakeholders. Changes to MAPPA at national level are pending and policy awaiting clarification before concluding.	Complete Policy and DPIA.
Complete review of identified MAPPA training materials.	Achieved	MAPPA is covered within Turas module on forensic care, via a MAPPA Scotland briefing on Youtube and in-person training is available via the local MAPPA Coordinator	
CPA Policy and Procedure to be reviewed.	In Progress	CPA Policy has been reviewed and approved in June 2024. Review of procedures is in progress.	Work being undertaken by the Mental Health Practice Steering Group in relation to CPA documentation and processes to be completed prior to conclusion of procedures review.

7. Future Areas of Work

Identified areas of work	By When	By Whom
Complete review of CPA Procedures	March 2025	Mental Health Manager / MHPSG
MAPPA Policy and DPIA to be concluded	June 2025 Pending progress of national developments	Mental Health Manager / IG and Data Security Officer