

The State Hospitals Board for Scotland



Annual Report 2020/21

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1. Foreword

On behalf of the Board, I have pleasure in presenting this year's introduction to our 2020/21 Annual Report.

Without doubt, this has been another year in which we were touched in some way by the continuing Covid-19 pandemic. I will not minimise the challenge this presented us, but we are well equipped to deal with infections of this kind, with tried and tested procedures to ensure the best possible protection of our patients, staff, carers, volunteers and the public.

We are proud of the way all staff across the Hospital have worked together and embraced new ways of working to get us through these toughest of times and rapidly evolving situation. This outstanding collective and collaborative effort has enabled our focus to remain on recovery and remobilisation in a safe and clinically prioritised way, and the restarting of some services safely and sustainably.

Despite pandemic challenges that will remain a feature of the coming year, they did not hinder our recovery journey. The State Hospital won the 2020 Psychiatric Team of the Year Award for Quality Improvement, the Healthy Working Lives 'Gold Award' was achieved for the 13th consecutive year, there was a significant reduction in sickness absence from 5.92% last year to 5.30% this year, and as per previous years all statutory financial targets were met.

The National Everyone Matters Pulse Survey saw The State Hospital achieve a response rate of 48% which was the ninth highest out of the 22 Health Boards.

Stakeholder stories continued to be high on the Board's agenda, resulting in changes to service delivery which patients, carers and volunteers said were making a real difference to their experience.

Mental health continued to be a core national clinical priority. To this end, we welcomed the Barron Report which details the new vision for the delivery of forensic mental health services in Scotland, and have considered the recommendations and their impact on The State Hospital and wider forensic network.

Work on our new clinical model was paused during the year due to the ongoing pandemic, and we look forward to restarting this in the coming year.

The Mental Welfare Commission for Scotland carried out an unannounced visit in August 2020. The subsequent report was favourable with no recommendations for improvement.

There have been a number of changes to Board membership in year. We acknowledge the retiral of Terry Currie, Chair at the end of December 2020 and the appointment of Vice Chair, David McConnell as Interim Chair from 1 January 2021. The recruitment process for a permanent Chair was completed in year with Non-Executive Director, Brian Moore being appointed as Chair effective from 5 July 2021.

Additionally, at the beginning of 2021 we welcomed Catherine Fallon, Pam Radage and Stuart Currie as Non-Executive Directors succeeding Bill Brackenridge, Nicholas Johnston and Elizabeth Carmichael.

We express our sincere thanks to all departing Board members for their valuable contribution made over the years.



Gary Jenkins
Chief Executive

2. The State Hospitals Board for Scotland

Located in South Lanarkshire in central Scotland, The State Hospital is the high secure forensic mental health resource for patients from Scotland and Northern Ireland. The principal aim is to rehabilitate patients, ensuring safe transfer to appropriate lower levels of security through a range of therapeutic, educational, diversional and recreational services including a Health Centre.

There are 144 high-secure beds for male patients requiring maximum secure care: 12 beds specifically for patients with a learning disability, and four for emergency use. Wards are in four units (hubs and clusters) with each unit comprising three 12-bedded areas (i.e. 36 beds per hub).

Patients

- Patients are admitted to the Hospital under The Mental Health (Care and Treatment) (Scotland) Act 2003 / 2015 and other related legislation because of their dangerous, violent or criminal propensities. Patients without convictions will have displayed seriously aggressive behaviours, usually including violence.
- Around 73% of patients are 'restricted' patients within the jurisdiction of Scottish Ministers. That is a patient who because of the nature of his offence and antecedents, and the risk that as a result of his mental disorder he would commit an offence if set at large, is made subject to special restrictions without limit of time in order to protect the public from serious harm. This number also includes patients undergoing criminal court proceedings who are also subject to the supervision of the Scottish Ministers.
- During 2020/21 there were 36 patient admissions and 35 patient discharges.
- All patients are male with an average age of 39.
- The average length of stay is just over five years, with individual lengths of stay ranging from less than one month to over 33 years.

Staff

- As at 31 March 2021, The State Hospital employed 653 staff (576.87 wte) within its 60-acre campus.

Vision

"To excel in the provision of high secure forensic mental health services, to develop and support the work of the Forensic Network, and to strive at being an exemplar employer."

Values and Aims

The State Hospital has adopted the core values of NHS Scotland which are:

- Care and compassion.
- Dignity and respect.
- Openness, honesty and responsibility.
- Quality and teamwork.

Primary twin aims are:

- Provision of high quality, person centred, safe and effective care and treatment.
- Maintenance of a safe and secure environment that protects patients, staff and the public.

Standards and Guidelines of Care

The Annual Operating Plan (AOP) focuses primarily on performance, high-level finance and workforce - drawing together key planning assumptions which reflect local priorities. Performance targets are aligned with the three Quality Ambitions in the national NHS Scotland Healthcare Quality Strategy: person centred, safe and effective. Outcomes are measured against agreed targets and achieved through an incremental continuous improvement approach by way of the existing governance structure, e.g. Board and Committee Structures / Executive Appraisal. Due to the Covid-19 pandemic, the Hospital's provisionally agreed AOP for 2020/21 was replaced by the 2020/21 Remobilisation Plan.

This report also covers work relating to the NHS Scotland 2020 Workforce Vision:

"We will respond to the needs of the people we care for, adapt to new, improved ways of working, and work seamlessly with colleagues and partner organisations. We will continue to modernise the way we work and embrace technology. We will do this in a way that lives up to our core values. Together, we will create a great place to work and deliver a high-quality healthcare service which is among the best in the world."

3. Safe



*Patient
Accommodation
(Wards)*

“There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate clean and safe environment will be provided for the delivery of healthcare services at all times.”

3.1 HIGH QUALITY PATIENT CARE AND TREATMENT

Clinical Governance

Clinical Governance is the framework to support the Board’s statutory responsibility to deliver high quality care.

The Clinical Governance Committee ensures that the quality of care is underpinned by the effectiveness of clinical care and treatment, and that this evolves to meet the needs of both patients and staff. The Committee is supported by the Clinical Governance Group which has a quality assurance / improvement remit, and the Clinical Forum which continues to act as a professional advisory group.

The Clinical Governance Annual Report for 2020/21 provides a comprehensive overview of clinical governance activity.

Forensic Network Medium and High Secure Care Review Visit – Action Plan

From the original 37 actions, six of the 10 outstanding actions were closed off during the year with work in progress to complete the remaining four.

Clinical Governance Group

As well as overseeing the reports that go to the Clinical Governance Committee, other key pieces of work in 2020 included MCCB / Copyright issues, challenges with the completion of PANSS, Skye Activity Centre quarterly reports, trauma informed care, approval of the Clinical Effectiveness Annual Report and the Person Centred Improvement Service 12 month update report, reports on exceptional circumstances and the Hospital’s response to Covid-19.

Risk and Resilience

The Risk & Resilience Annual Report 2020/21 highlights positive outcomes captured during the year:

- A significant reduction of incidents reported via Datix (the Hospital's electronic incident reporting system) from 1,435 in 2019/20 to 943 in 2020/21.
- Improved delivery of Cat 1 and 2 reports ensuring timely completion.
- Strong evidence on learning from incidents, with local action being taken to minimise recurrences.
- High compliance with all aspects / forms of risk and resilience training.
- Completion of implementation of RSM audit recommendations.
- Continued development of the Corporate Risk Register and Local Risk Registers.
- Effective monitoring of risk information by groups and committees, and regular monitoring of patient-specific risks by clinical teams.
- Continued support to the Covid-19 Support Team in response to the pandemic.
- Root Cause Analysis Training completed.

Covid-19 Response

Throughout 2020/21, The State Hospital responded to the unprecedented global pandemic through the prioritisation of strategies to protect the health and wellbeing of patients and staff, and to minimise as far as possible, the risk of transmission of the virus through staff and patient populations. Governance structures and operational actions were taken to meet the twin aims of health protection and prevention of infection, and to assure the Board on the situational analysis including Board governance, the incident command structure, and national guidance.

Within this framework and to provide Board assurance, the following areas were continually monitored, reviewed and reported on:

- Interim Clinical and Support Services Operational Policy.
- Infection Control.
- Clinical Care Guidance for Covid-19 patients.
- Personal Protective Equipment.
- Patient Flow.
- Attendance Management.
- Planning for Extreme Loss of Staff.
- Staff Recruitment.
- Staff Health and Wellbeing.

- Staff Testing for Covid-19.
- Communication.
- Impact of response to Covid-19 on business continuity.

The Corporate Risk Register was updated during the year to include the risk of Covid-19 with all risks on the register being reviewed in respect of this. A desktop planning exercise was undertaken in May 2020 to test the Hospital's Extreme Loss of Staff Plan. The Medical Emergency Policy and Procedure also underwent extensive review in relation to Covid-19 with the revised policy being launched in June 2020.

Informed by The State Hospital Road Map, a Remobilisation Plan was developed outlining the Hospital's approach to remobilisation for the period August 2020 to March 2021. A Recovery & Innovation Group was established to oversee key actions within the plan including patient, carer and volunteer engagement as well as communication and digital technology.

The State Hospital maintained links with National Board colleagues and contributed to the National Board Recovery Plan. Collaborative working with the Scottish Government and the wider Forensic Network to enable patient flow across the forensic estate was ongoing.

EU Exit

A presentation was delivered to the Board in October 2020 on The State Hospital's preparedness for exit from the EU. This included an overview of national Reasonable Worst Case Scenarios (RWCS) from Covid-19 and economic instability to supply chains and capacity challenges. RWCS affecting The State Hospital related to food supplies, fuel, water, chemicals, medicines, and the NHS workforce. In response to these issues, the Hospital continued to build on work already undertaken by reviewing RWCS plans and maintaining links with both the Scottish Government Health Resilience Unit and Lanarkshire Resilience Partnership.

Duty of Candour

The State Hospital has robust systems in place to ensure that all incidents which may cause potential or actual harm are identified, investigated and where appropriate action taken to prevent a recurrence. During 2020/21 there were no incidents that met the criteria for Duty of Candour. The Duty of Candour Annual Report 2020/21 is due to be published in October 2021.

Realistic Medicine

In addition to other quality improvement workstreams, a Realistic Medicine Action Plan was developed in March 2021 to help the Hospital develop and improve as a service. The action plan covered a broad range of projects and initiatives which will be taken forward in 2021/22:

- Improving Observation Practice (IOP).
- Skye Centre activity redesign.
- Patient and carer centred improvement projects.
- Clinical outcome measures.
- Review of Care Programme Approach (CPA) processes.
- Staff wellbeing initiatives.
- Quality Improvement (QI) training.
- Engaging with the wider Forensic Network.

Child and Adult Protection

Work and priorities are overseen and driven by the Child and Adult Protection Forum within The State Hospital and as part of South Lanarkshire Council's Multi-Agency Child Protection Framework. Education and awareness sessions for staff are ongoing.

During the reporting period of 1 October 2019 to 30 September 2020:

- All commitments in respect of the Keeping Children Safe agenda were met with child contact assessments, reviews and child protection summaries being completed and stored electronically for easy access by clinical teams.
- Of the patients who are parents, three had some form of contact with their child. In total, 26 patients were authorised to have some form of child contact which is consistent with previous years.
- Child visits reduced to 28 attributable to the Covid-19 pandemic. In order to mitigate the impact of this, 11 patients had child contact via video visits with this figure expected to increase.
- 13 child contact applications were received, and four children were removed from the list as a result of patient transfers or a transition to adult visiting.
- At 30 September 2020, 74 children were approved to have some form of contact with a State Hospital patient - an increase of 18 from last year.
- No patients under the age of 18 years were admitted.
- There were two notifications of Child Protection concerns which were managed appropriately.

All Adult Support and Protection referrals and inquiries proceeded in accordance with policy and procedure and no patient was negatively impacted as a consequence.

From 1 October 2019 to 30 September 2020, there were 12 Adult Protection inquiries; a significant reduction from the previous year.



Infection Control

The focus of the year was on minimising the risk of Covid-19 transmission. A Covid-19 Support Team was established with the Senior Nurse for Infection Control playing a critical role. In terms of Test & Protect, the Covid-19 Support Team acted on symptoms rather than waiting until a positive result was obtained. This enabled quick identification of contacts and interventions which contributed to low infection rates. During the year, 265 staff tests were conducted, of which 42 staff tested positive for Covid-19. One patient was required to be treated out with The State Hospital due to complications of Covid-19.

During March and April 2020 there were five Covid-19 outbreaks on wards with eight patients confirmed as positive at this time. In January 2021 there was an outbreak involving two wards with four patients testing positive. In February 2021 an outbreak on two wards saw two patients testing positive.

A programme of Face Fit testing ran from April to October 2020. A Covid-19 Vaccination Programme for patients and staff commenced in December 2020 with positive results in uptake.

Additionally:

- A Scientific and Technical Advisory Group (STAG) was formed in April 2020 to ensure operational compliance with all relevant guidance **and current scientific literature**.
- An Interim Clinical Operational Policy was introduced to ensure infection prevention and control measures were prioritised.

- The Infection Control Committee resumed in July 2020 with a review of the work programme.
- A Covid-19 audit tool was developed and implemented from November 2020.
- A peer vaccinator model was introduced for seasonal flu vaccination with positive results.
- In January 2021 voluntary lateral flow device testing was introduced for staff who had direct / social interactions with patients.
- An Equality Impact Assessment & Data Protection Impact Assessment (DPIA) for the suite of infection control policies was approved in March 2021.
- 55 infection control incidents were recorded in year. Of these, 40 were clinical waste Incidents of which 36 related to laundry.
- A number of infection control clinical audits were undertaken in year, suggesting that staff were responding positively and complying with policy and guidance.
- A key focus during the year was on the correct use of Personal Protective Equipment (PPE) and staff completion of infection control online modules.

The Infection Control Annual Report 2020/21 summarises core activity over the last 12 months.



Information Technology

Another significant achievement in 2020/21 related to The State Hospital becoming a digitally enabled organisation. Key successes within this workstream were in respect of migration to Office 365 for all staff, and as a result of the Covid-19 pandemic, accelerated implementation of Microsoft Teams and remote working. Work also commenced across the site to implement Windows 10.

Medical Education

The General Medical Council (GMC) Quality Improvement Framework for Undergraduate and Postgraduate Medical Education in the UK sets out expectations for the governance of medical education and training.

The continuing high standard of undergraduate and postgraduate medical training provided by The State Hospital was acknowledged during the year with the award of a Good Practice Recognition from NHS Education for Scotland for the training provided to Core Trainees, for the second consecutive year.



Security

Following the outbreak of Covid-19, it was anticipated the Security Refresh project would be suspended. However, following the Covid-19 construction sector guidance issued on 6 April 2020, a revised phased programme was developed and progressed during the year. Work included the installation and testing of Fibre Network across the site, the installation of CCTV in patient areas, and the tubestile replacement programme which was completed ahead of schedule.

4. Effective



Campus

“The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.”

4.1 EFFICIENT AND EFFECTIVE USE OF RESOURCES

Corporate Governance and Accountability

The State Hospitals Board for Scotland (the Board) is the governing body of the Hospital and is accountable to Scottish Ministers through the Scottish Government for the quality of care and the efficient use of resources. Non-Executive and Executive Directors make up the Board and Board members share collective responsibility for the Board’s decisions and performance.

The Board allocates resources and monitors organisational and executive performance, delegates operational matters to management and oversees senior management arrangements and appointments.

The Board has a statutory responsibility to embrace the three strands of statutory governance:

- Clinical governance ensures continuous improvement in the quality of services, safeguarding high standards of care and creating an environment in which excellence in clinical care can flourish.
- Staff Governance focuses on how staff are managed, and feel they are managed.
- Corporate Governance is the system by which organisations are directed and controlled. The focus is on structures and processes for decision making and accountability, controls, and behaviours at the top of organisations. Corporate governance arrangements are set out in Standing Orders, Standing Financial Instructions and the Scheme of Delegation.

The Audit Committee oversees arrangements for internal and external audit of the Board's financial and management systems and considers the Board's overall systems of internal control.

The Clinical Governance Committee, Audit Committee, Staff Governance Committee and the Remuneration Committee support the Board in its work. A range of supporting frameworks, strategies and action plans are in place to ensure delivery of high standards of governance.

During 2020/21 the Board met seven times; all meetings were held virtually with agendas, papers and minutes being easily accessible via The State Hospital's website. The Audit Committee met five times, both the Clinical Governance Committee and Staff Governance Committee met four times, and the Remuneration Committee met three times.

During 2020/21, due to the circumstances of the Covid-19 crisis, the structure of management meetings to support key corporate governance policies was reviewed and updated. A new interim structure of Corporate Management Team, Organisational Management Team and Hospital Management Team was piloted.

A Board Seminar on the development of the Blueprint for Good Governance for The State Hospital took place in November 2020. This supported linkage to the 'Once for Scotland' approach nationally and the key aspects of the refreshed approach through 'Active Governance'.

See Appendix 1 for Board Members' and Senior Managers' Interests 2020/21, Appendix 2 for Board and Standing Committee Membership (31 March 2021), and Appendix 3 for 'At A Glance' Key Performance Indicators 2020/21.

Audit Committee

The Audit Committee oversees arrangements for internal and external audit of the Board's financial and management systems and considers the Board's overall systems of internal control.

The Internal Audit Plan from RSM (internal auditors) for 2020/21 was kept under constant review during the year. The plan targets priority issues and structures to allow the Chief Internal Auditor to provide an opinion on the adequacy and effectiveness of internal controls to the Audit Committee, the Chief Executive (as Accountable Officer) and the External Auditors. RSM completed a review and assessment of the quality of The State Hospital Board Pack for management. The assessment highlighted many areas of good practice in reporting to the Board, as well as a range of low priority actions to further enhance the operation of current governance practice.

Overall, the internal audit opinion was that the Board can take reassurance that the controls upon which the organisation relies upon in each area are suitably designed, consistently applied and operating effectively.

Details of activity can be found in the Audit Committee Annual Report 2020/21.



Remuneration Committee

The Remuneration Committee seeks to support the Board's aim to be an exemplar employer with systems of corporate accountability for the fair and effective management of all staff.

The Remuneration Committee Annual Report 2020/21 outlines the key achievements and key developments overseen by the Committee. The stock-take also includes the Committee's Terms of Reference, reporting structures and work programme which is largely determined by the requirement to implement Executive and Senior Managers' pay with reference to relevant Scottish Government instruction and performance appraisal. In addition, oversight of the application and award of discretionary points is a routine consideration of the Committee as is consideration of ad-hoc issues relating to remuneration.

Financial Targets

The Board operates within three budget limits:

- A revenue resource limit - a resource budget for ongoing operations.
- A capital resource limit - a resource budget for capital investment.
- A cash requirement – a financing requirement to fund the cash consequences of the ongoing operations and the net capital investment.

During the financial year ended 31 March 2021, the Board was within all three of its statutory financial targets and reported a carry-forward of £232k on its revenue resource limit. The table below illustrates the Board's performance against agreed financial targets.

The limit is set by the Scottish Government Health & Social Care Directorates.

	Limit As Set	Actual Outturn	Variance (Over) / Under
	£000	£000	£000
Revenue Resource Limit - Core - Non Core	35,989 3,728	35,757 3,728	232 -
Capital Resource Limit - Core	6,931	6,876	55
Cash Requirement	42,867	42,867	-

Revenue Resources

The Statement of Comprehensive Net Expenditure provides analysis in the annual accounts between clinical, administration and non-clinical activities. Excluding the effect of annually managed expenditure, net expenditure in 2020/21 increased by £1,252k from the previous year.

Capital Resources

The Board's Capital Programme for 2020/21 focused on improving Hospital security, maintenance of the estate and improvements to eHealth systems.

Collaborative Working

NHS Scotland national Boards are required to work together to identify ways to collectively standardise and share services to reduce operating costs by £15m (a recurring target from 2018/19) so this can be reinvested in frontline NHS Scotland priorities.

The work in delivering the target has focused on four key workstreams:

- Transformation to deliver quality improvements and efficiencies across NHS Scotland to support the Health and Social Care Delivery Plan.
- Delivery of reduced operating costs through a critical review of support services to deliver sustainable savings.
- Delivery of cash releasing efficiency savings for territorial Boards.
- Management of non-recurring spend and collaborative initiatives to deliver the ongoing target whilst the work plans in the first two bullets deliver more sustainable quality improvements and reduced costs.

Sustainable Economic Growth

The State Hospital remains committed to cutting carbon emissions as part of the fight against climate change. A Sustainability Action Plan and a Carbon Management Programme have been developed to ensure sustainability becomes embedded in ways of working and decision making. The operation of a biomass boiler has the potential for significant savings in both CO2 emissions and energy consumption. Additionally, the Hospital continues to investigate the viability of renewable energy options which have the potential to make a strong contribution towards increasing energy efficiency.

Efficiency and Productivity

The Board's 2020/21 Remobilisation Plan replaced the 2020/21 provisionally agreed Annual Operating Plan (AOP) as a result of the ongoing Covid-19 pandemic.

The plan described the Hospital's approach to remobilisation for the period August 2020 to March 2021. All aspects of the Board's remobilisation were aligned and reflective of the key principles outlined in the 'Re-mobilise, Recover, Redesign' framework for NHS Scotland.

The Interim Clinical & Support Services Operational Policy, which supports and enables the delivery of an enhanced model of care delivery and wider support in the context of Covid-19 restrictions, was updated continually throughout 2020/21.

Savings targets have been met in each of the recent years. In future years, it is very likely that the Hospital will have increasing difficulty generating the same level of cash releasing savings. In order to ensure that service delivery can continue to improve and develop, the focus will need to move to improvements in operational productivity. This will require new approaches to driving and monitoring efficiency and productivity.

The Hospital's vision is to incorporate the essential elements of the Sustainability & Value Programme, 2020 Vision, and the Health and Social Care Delivery Plan.

Current challenges include:

- Physical health inequality of patients.
- Redeployment of resources to meet the needs of patients and drive out inefficiencies.
- Requirements for recurring savings.
- **Increasing** levels of staff sickness.

Fraud

The State Hospital continues to work in partnership with Counter Fraud Services and NHS Scotland to help reduce the risk of fraud and corruption. In 2020/21:

- The Hospital reduced its top ten fraud risks to two.
- The mandatory Fraud e-learning module was completed by 304 staff.
- Fraud alerts were shared regularly via the staff bulletin and remained readily available via the Hospital's Intranet.
- Work commenced to complete the Counter Fraud Services matching exercise which is undertaken every two years by all Boards.

In June 2021, The State Hospital will participate in the annual Counter Fraud Services customer engagement 'virtual visit'.

Annual Review

The Scottish Government monitors the Board's performance (in relation to the quality of care and the efficient use of clinical, financial and people resources) through a process known as the Annual Review. The core purpose of the Annual Review will continue to be for NHS Boards to be held to account for their performance.

Staff and members of the general public can attend as observers, and ask questions of Scottish Government officials and the Board Chair.

The 2019/20 Annual Review took place on 10 November 2020. The 2020/21 Annual Review is expected to take place in December 2021 or January 2022.

Annual Review meetings have been very positive with only a few actions to follow up each year.

4.2 HIGH QUALITY PATIENT CARE AND TREATMENT

Clinical Quality Strategy

Quality Assurance / Quality Improvement updates featured regularly on the Board's agenda during the year providing information on the improvement work being supported through the Quality Forum, quality improvement capacity building through various NHS Education Scotland Quality Improvement Programmes and the internal Essentials of Quality Improvement Course, and updates on the Realistic Medicines action plan.

Clinical Audit

Clinical audits aim to provide feedback and assurance to a range of stakeholders that clinical policies are being adhered to. During 2020/21, 18 Clinical audits were completed. All clinical audit reports contain recommendations to ensure continuous quality improvement and action plans are discussed at the commissioning group.

Standards and Guidelines

The State Hospital adopts a standardised approach to the review of standards and guidance, and the implementation of associated action plans. All 219 pieces of standards, guidance and reports that were issued in 2020/21 underwent relevancy checks. Of these, 88 were applicable to the Hospital's patient population, six of which required completion of an evaluation matrix.

Policies

A Policy Review Group was established in 2020/21 to ensure policies and procedures were effectively recorded, assessed, implemented and reviewed.

Additionally, the process was strengthened in year to meet legislative requirements by way of having to complete an Equality Impact Assessment (EQIA) and Data Protection Impact Assessment (DPIA) for all policy and procedures as part of the new policy review and development process.

During the year, 24 policies underwent staff consultation and 17 policies were approved. This figure included 13 policy reviews and four new policies.

Research

The Research Committee Annual Report 2020/21 provides assurance in the quality of research, a high level of scientific and ethical standards, transparent decision making and clear monitoring arrangements. The report notes 15 published journal articles and the delivery of 10 research focused presentations.

The annual State Hospital Research, Clinical Effectiveness and Quality Improvement Conference was not held in 2020 or 2021. The format and remit of the conference will be discussed with the aim of re-commencing in 2022.

The Seventh national Forensic Network Research Conference took place utilising a virtual online format over MS Teams in November 2020 and received very positive feedback. As a result, the November 2021 conference will adopt the same format.

5. Person Centred



*Family Centre
(for child visiting)*

Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communications and shared decision making.”

5.1 ACCESS TO SERVICES

Referrals, Admissions and Transfers

The Care Programme Approach (CPA) is a structured process for the management of risk and the care and treatment planning of patients. There is a target of 100% of all discharges and transfers from The State Hospital to be managed by the CPA process which includes Transfer / Discharge CPA meetings, CPA Reviews and CPA Contingency Planning meetings – including those convened under the Early Discharge Protocols. Furthermore, 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 (MAPPAs) for a relatively small number of high-profile patients.

During 2020/21 there were 36 patient admissions and 35 patient discharges.

Patients are admitted for a minimum of four to eight weeks for assessment. Thereafter, length of stay depends on the individual patient's care and treatment plan and detention order.

A patient would be considered for transfer to lower security once their mental health had improved and their behaviour was settled for a prolonged period. Transfers involve a series of visits to the receiving service.

Key Performance Indicator (KPI)

Patients are transferred / discharged using CPA.

The indicator is linked to the Mental Health Act 2003 and the streamlining of discharges and transfers. For the second consecutive year, 100% of transfers were managed through the CPA process.



Multi-faith Centre

Appeals Against Excessive Levels of Security

The Mental Health Tribunal gives patients the right of appeal against excess levels of security. In 2020/21 there were nine appeals: eight were successful and one was withdrawn due to the patient being transferred. This was a noticeable reduction from the 23 appeals in 2019/20.

5.2 HIGH QUALITY PATIENT CARE AND TREATMENT

Care and Treatment Planning

Providing care to a patient is based on individual needs which is of paramount importance. This determines an appropriate care and treatment plan for each patient as an individual. Progress against treatment plans is monitored continuously and reassessed to ensure patient progress and clinical effectiveness.

Each patient is cared for by a multi-disciplinary clinical team comprising highly skilled professional staff in the fields of psychiatry, nursing, occupational therapy, pharmacy, psychology, activity and recreation, social work and security. The different disciplines bring their clinical expertise, impartiality and objectivity to the functioning of the team.

A significant number of patients have one or more risk factors for cognitive impairment, secondary to longstanding severe schizophrenic illness, substance misuse (including alcohol) and acquired brain injury. Such impairment may impact on a patient's understanding of, and compliance with, treatment.

Key Performance Indicator (KPI) Attendance by Clinical Staff at Case Reviews

The table below provides comparative data on the extent to which professions met their attendance target:

Attendance at Case Reviews by Clinical Staff	Target	2018/19	2019/20
Responsible Medical Officer (RMO)	90%	90%	78.5%
Medical	100%	96%	79%
Key Worker (KW) / Associate Worker (AW)	80%	78.3%	66%
Nursing	100%	97.8%	92.3%
Occupational Therapy (OT)	80%	86.3%	77.8%
Pharmacy	60%	61.3%	63.5%
Clinical Psychologist	80%	71.3%	67.8%
Psychology	80%	87.8%	78.3%
Security	60%	52.5%	41.8%
Social Work	80%	73.8%	87%
Dietetics	tbc	60.8%	77.3%
Skye Centre Activity	tbc	2.3%	0%
Hospital Wide	n/a	71.5%	67.4%

Key Performance Indicator (KPI) Patients have their care and treatment plans reviewed at six monthly intervals.

This is a Mental Health Act requirement for any patients within high secure settings. This indicator measures the assurance of patients receiving intermediate and annual case reviews. Care and Treatment Plans are reviewed by the multi-disciplinary teams at case reviews and objectives are set for the next six months. Performance increased to 93.8% in 2020/21 compared to 87.9% in 2019/20.

Key Performance Indicator (KPI) Patients will have their clinical risk assessment reviewed annually.

The indicator links with the Mental Health Care and Treatment Act Scotland, 2003. Examples of clinical risk assessments would be a HCR20 / SARA. At 95.35% performance remained only slightly below the 100% target throughout the year.

Medicines Management

Pharmacy supplies are provided to The State Hospital by NHS Lothian which includes medicines supply and a specialist on site Clinical Pharmacy Service.

In line with Healthcare Improvement Scotland guidance for Area Drug and Therapeutics Committees, The State Hospital's multi-disciplinary Medicines Committee provides professional advice, clinical advice and leadership that supports safe, clinically effective, cost effective and patient centred medicines governance. The Pharmacy Team on site plays a significant role in this delivery.

The Medicines Committee nine month update report covering July 2020 to March 2021 outlines key activities over this period. These include approval of the Safe Use of Medicines Policy and Procedures in March 2021, quality improvement initiatives from a wide range of clinical audit projects, and obtaining supplies of the Covid-19 vaccines for safe administration to staff and patients (which included the development of patient group directions).

EU Exit planning and medicine shortages continued to be a key focus of activity for Pharmacy and the Medicines Committee. Implementation of the EU Falsified Medicines Directive ceased to apply in year following the UK exit from the EU on 1 January 2021. The pharmacy team ensured the core service of medicine supply was maintained throughout the pandemic.

Additionally, over the reporting period:

- The number of patients receiving high dose and multiple antipsychotics were monitored.
- Anti-microbial, controlled drug and non-formulary usage reports were reviewed.
- The monitoring of the physical health of patients being treated with Clozapine improved.
- 17 medication incidents were reported and reviewed, with a process to ensure regular feedback to staff being introduced.

Psychological Therapies Service (PTS)

The State Hospital aims to provide treatment of patients' mental health needs by promoting recovery and reducing their risk of future reoffending. Psychological therapies are a core component of the treatment of patients with severe complex mental disorders and are at significant risk for offending.

During the reporting period of January to December 2020 planned activities were severely impacted by the Covid-19 pandemic. Staff engaged in many alternative activities including escorted walks, supporting ward staff numbers, providing regular input to the Staff Wellbeing zone, launching a Staff Health and Wellbeing survey, and supporting the HR and Wellbeing Group in reducing staff sickness absence across the Hospital.

The table below provides an overview of Annual Activity Levels: Clinical Sessions - Group and Individual Interventions:

Number of	2019	2020
Individual sessions	3,410	1,154
Group sessions	218	102
Ward Talking Groups	324	139
Total clinical sessions	3,952	1,395

Furthermore, a new Violence Risk Assessment and Management Policy was approved, Risk Awareness training was completed, and a new Assessment Checklist was implemented.

Areas of work still in progress included the consideration of low intensity training on psychological trauma for nursing staff, the delivery of Healthy Living Group in each hub, improvements to clinical formulations, and the pilot of the new Matrix Consensus Cognitive Test Battery (MCCB).

Key Performance Indicator (KPI)

Patients will be engaged in psychological therapies.

This indicator is a main priority of National Mental Health Indicators. This indicator measures the percentage of patients who are engaged and involved in psychological treatment.

The 85% target was met with 86% of patients attending psychological therapies.

Key Performance Indicator (KPI)

Patients will commence psychological therapies <18 weeks from referral date.

In 2020/21 compliance was 97.66% against the target of 100%.

Skye Centre Activities

The Skye Centre service is defined by four Activity Centres (Patient Learning, Sport & Fitness, Craft & Design, and Gardens & Animal Assisted Therapy) and also includes an Atrium where patients can access the Activity Group Room, Café, Library, Shop and Bank. A variety of groups and services are facilitated in the Skye Centre including the Patient Partnership Group, Christian Fellowship Group, Multi-faith services, Psychological Therapies groups and Allied Health Professions groups. A number of volunteers support activity within the Skye Centre.

Key Performance Indicator (KPI)

Patients will be engaged in off-hub activities.

This is a local priority linking with patient objectives within their care plans and measures the same. The indicator was closed in June 2020 to accommodate engagement in off-hub activity centres during Covid-19.

Key Performance Indicator (KPI)

Patients will be engaged in off-hub activity centres during Covid-19.

This measures the number of patients who are engaging in some form of timetable activity which takes place off their hub. The sessions may not necessarily directly relate to the objectives in their care plan however are recognised as therapeutic activities.

In 2020/21 83% of patients were engaged in off-hub activity centres during Covid-19 against a target of 90%. A weekly timetabling group was established to review patient activity on a weekly basis, and to identify gaps and staff deficits that could prevent patients from participating in activity.



Skye Centre (for patient therapies and activities)

5.3 PERSON CENTRED IMPROVEMENT

Person Centred Improvement Service (PCIS)

The State Hospital's Person Centred Delivery Plan 2018/21 builds on the national commitment to provide services developed through "mutually beneficial partnerships between patients, their families and those delivering healthcare services, which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making".

The Person Centred Improvement Service (PCIS) 12 month update report outlines activity from November 2019 to October 2020, during which time the service continued to support wider disciplines including nursing and medical colleagues in terms of a range of national drivers including 'Realistic Medicine' and 'Excellence in Care' which make explicit the need to ensure that stakeholder feedback is embedded within service design. The report also details progress against key performance indicators, service performance objectives, as well as challenges, solutions and service development opportunities.

Of particular note, during the reporting period the PCIS:

- Supported patient engagement in the 'TSH3030' quality improvement initiative.
- Implemented a 'hire purchase scheme' to provide patient TV / radios.
- Initiated plans to introduce electronic Grounds Access Applications.
- Informed the review of process relating to **access of** of patient newspapers.
- Implemented the Patient Clothing Donations Scheme.
- Introduced a tailored format of the Patient Partnership Group (PPG) for Intellectual Disability patients, and for one ward.
- Developed and implemented an interim visiting process as a result of the Covid-19 pandemic. This involved the introduction of video visiting arrangements and offer of increased telephone contact as an alternative to physical visiting when this was paused.
- Contributed to the introduction of a centralised visit booking system.
- Produced weekly Covid-19 Patient Updates.

Stakeholder Feedback

The Board is committed to encouraging stakeholders to share their views and ensure support mechanisms are in place to enable patients, carers and volunteers to make use of a wide range of methods, through which they can share their feedback.

Stakeholder stories continued to be high on the Board's agenda throughout the year, offering insight into the experience of those impacted by service delivery. This process supports ongoing service improvement which stakeholders have said are making a real difference to their experience.

Recognising that many patients whom experience barriers to communication find it easier to share their thoughts whilst engaged in everyday activity, the Chief Executive and Person Centred Improvement Lead facilitated a number of patient walks within the expansive Hospital grounds in July 2020. This proved to be another very effective way for the patient voice to be heard at Board level, enabling the Chief Executive to have additional direct contact with those experiencing the impact of changes to service delivery as a result of Covid-19.

A wide range of additional support mechanisms were used to elicit feedback from patients whom experience specific barriers to communication, i.e. Intellectual Disability, Dementia, Autism, sensory impairment, literacy skill deficits, language barriers. Creative feedback methods including Graphic Facilitation, Talking Mats, the River Model, the Recovery Game, and construct modelling were used to support meaningful engagement. Emotional Touchpoint presentations were effective in highlighting positive / negative impact and identifying key learning points. The ward outreach service ensured that 'hard to reach' patients, whose mental health was of significant concern, were supported to engage on a 1:1 basis within the ward environment.

A sub-group of the wider Patient Partnership Group (PPG) was formed in May 2020 dedicated to enabling patients with an intellectual disability to share feedback common to their needs.

Complaints

The Board embraces the Model Complaints Handling Procedure (MCHP) in terms of supporting the organisation to enhance processes which support early resolution of issues which are of concern to stakeholders.

This process, in addition to ensuring negative feedback is addressed, enables the effective recording and sharing of the positive feedback received about staff and the delivery of excellent patient care.

A total 42 complaints were received in 2020/21; a decrease from the 52 received in 2019/20. Eight complainants made more than one complaint compared to seven last year. Recurring issues raised related to Staff Attitude / Behaviour / Conduct (40%) and Clinical Treatment (14%) which was similar to previous years and accounted for 55% of all issues raised. Communication accounted for 12% of issues raised - these related to social media, recruitment, the gender of staff and oral / written communication. Issues related to the Catering Service increased in year and accounted for 12% of all issues raised, compared to 1% last year.

A total of 43 complaints were closed in year: 31 at Stage 1 (Early Resolution), seven at Stage 2 (Investigation), and five After Escalating to Stage 2. These figures were similar to last year's numbers.

Eight complaints were upheld, 10 were partially upheld, and 25 were not upheld. When any aspect of a complaint is upheld / partially upheld, improvements are identified to prevent the issue reoccurring. Improvements as a result of complaints in 2020/21 related to:

- New forms being introduced to record all agreed family contact details which were accessible to the entire clinical team.
- Changes to the patient's meal plan to reflect their dietary needs. All meals are now sent to the ward clearly marked with a green sticker indicating a special diet meal.

Complainants who remain unhappy with the Hospital's response to their complaint, can ask the Scottish Public Services Ombudsman (SPSO) to review their complaint. During 2020/21 one enquiry was received from the SPSO. Details of the complaint file were shared with the SPSO. No further contact was received.

All staff are required to complete the national e-learning Complaints and Feedback training modules. As at 31 March 2021, 85% of staff had completed the training.

A Complaints and Feedback Annual Report 2020/21 was produced.

5.4 HEALTH IMPROVEMENT

State Hospital patients have very significant physical health needs. Lack of exercise, obesity, consequences of a self-selected poor diet perhaps complicated by the effects of medication, all require monitoring.

Health improvement is undertaken through a range of onsite therapies and activities including a Health Centre which meets the primary healthcare needs of patients. The State Hospital remains a smoke free environment.

Patients are provided with more information and support than ever before, and they are encouraged to become more involved in making choices about their own health and lifestyle. The Supporting Healthy Choices group is well established and drives forward improvement. A draft workplan was developed during the year adopting a Quality Improvement (QI) approach to prevention, reduction and the management of obesity. Options to consider how groups and ward-based weight loss interventions may be delivered were included.

Health improvement activities were taken forward by way of three key strands: mental health practice development, physical health and patient learning. Health improvement related training continues to be embedded within all three areas.

Mental Health Practice

During the year, the monitoring and driving forward of improvements in the effectiveness and efficiency of overall service delivery for mental health needs, progressed as a national clinical priority. This involved promoting continuous improvement in the mental health of patients incorporating the highest standards of clinical care.

The Forensic Mental Health Managed Care Network (Forensic Network) and regional medium secure forensic psychiatric services are well established across Scotland. The State Hospital continues to be the national resource operating in a high secure environment.

Work of The State Hospital's Mental Health Practice Steering Group (MHPSG) group supports the delivery of safe, effective, person-centred care in the context of reviewing clinical practice within the Hospital.

This includes Psychological Services input data, risk assessment completion, Relational Approaches to Care, Trauma Informed Care, intelligence emerging from stakeholder feedback and trend reports, and person centred improvement projects.

Over the reporting period of October 2019 to September 2020 the group:

- Actively engaged in supporting the Board's commitment to ensuring that clinical services were designed to address potential health inequalities, particularly in respect of health literacy.
- Was involved in the review of 22 national guidelines / standards. Of these, 13 had varying degrees of relevancy within The State Hospital.
- Continued to engage Clinical Teams in utilising the Clinical Outcomes monitoring process to inform practice.
- Maintained "Motivation of New patients and ensuring Positive Engagement" as a standing agenda item. This is linked to several ongoing areas of work including the review of Grounds Access protocols.
- Submitted a proposal which was subsequently approved by the Clinical Governance Group to review the Care Programme Approach (CPA) processes within the Hospital.
- Monitored Advance Statements every six months, noting a slight decrease in the percentage of patients with an Advance Statement in year.
- Supported the delivery of Realistic Medicine workstreams and development of the local Realistic Medicine Action Plan.
- Through the Person Centred Improvement Lead (PCIL) received feedback from patients, carers and volunteers, ensuring the development of clinical practice took account of 'What Matters' to these stakeholders in terms of their role as partners in supporting the recovery journey.



Physical Health

The State Hospital continues to recognise the importance of health improvement and disease prevention programmes that target the main causes of morbidity and premature mortality with attention to obesity and reducing cardiovascular risk.

Physical activity is an extremely important part of overall physical healthcare. The Physical Health Steering Group (PHSG) governs Food, Fluid and Nutrition Care, Weight Management, Physical Activity and Physical Health workstreams.



The PHSG 12 month update report covering 1 October 2019 to 30 September 2020 provided assurance that physical health remained a top priority:

- The Supporting Healthy Choices agenda was developed, supported and monitored.
- Abdominal Aortic Aneurysm Screening, Urinalysis Screening, and annual Retinopathy Screening (for patients with diabetes) continued in year.
- Cardiovascular Risk Assessments were undertaken.
- Chronic disease monitoring clinics continued as did Clozapine monitoring.
- 59 external referrals for specialist review by GP and Dental Services were processed for 44 patients.
- 156 external clinical outings were planned for 121 patients.
- 13 patients attended Accident & Emergency on 16 occasions.
- Eight telephone advice calls were made to NHS24 and NHS Lanarkshire Out of Hours Service.
- The Service Level Agreement (SLA) with NHS Lanarkshire provided ongoing patient podiatry care.
- Requirements for special diets increased due to changes in the physical health needs of patients.
- The Food in Hospitals (FiH) review was delayed due to the Covid-19 pandemic, with the exception of December 2020.
- A new Trainee Health Psychologist was appointed in March 2020 to focus on training around barriers and facilitators to weight loss maintenance in a secure setting as well as the health and wellbeing of staff.

The **Rehabilitation** Therapies Annual Report produced November 2020 for the previous 12 months highlighted that Allied Health Professionals (AHPs) continued to deliver high quality interventions for patients. 'Near Me' a video-based service was installed in the Health Centre for patient health consultations with the GP and was also used to deliver physiotherapy assessment and treatment. There was a greater demand for the provision of speech and language therapy. The percentage of reviews attended by Occupational Therapists and Dietitians improved, and reports available by Occupational Therapists increased.

Patients can exercise and walk within the Hospital's grounds if granted grounds access which is subject to a rigorous risk assessment process. Grounds access can be withdrawn for reasons such as guidelines not being followed or deterioration of a patient's health. As at July 2021, around 65 patients had ground access each day – of these, circa 43 had unescorted grounds access and 22 had escorted walks in the grounds.

Key Performance Indicators (KPI)

Patients will be offered an Annual Physical Health Review.

This indicator is linked to the National Health and Social Care Standards produced by Healthcare Improvement Scotland (HIS). The indicator currently measures the offer of an annual health review and not the uptake. This is being reviewed to ensure that the KPI accurately captures physical health reviews carried out.

The overall average during 2020/21 was 56.67% - a significant decrease of 41.81% from 2019/20 which averaged at 98.48%. This was due to the absence of GP services in the last two quarters of the year. The offering of annual physical health reviews will recommence in 2021/22. Notwithstanding this, all physical health issues of patients in 2020/21 were actioned within 48 hours via the Health Centre and liaison with Junior Doctors.

Key Performance Indicator (KPI)

Patients requiring primary care services will have access within 48 hours.

This indicator (which has consistently stayed at full compliance of 100%) is linked to National Health and Social Care Standards as published by Healthcare improvement Scotland (HIS). Primary care services include any service at the Health Centre including triage.

Key Performance Indicator (KPI)

Patients will have a healthy BMI.

This correlates towards the national target from the care standards as well as a local corporate objective. This is an aspirational target and a local priority due to the obesity issue of The State Hospital patient group.

The average percentage of patients who had a healthier BMI increased to 10.50% in year compared to 8.75% in 2019/20.

Key Performance Indicator (KPI)

Patients will undertake 90 minutes of exercise each week.

The target for this indicator is 80% and the overall average for the year 2020/21 was 75%.

During the first two quarters of the year, staff resources were focused on supporting patients through 1:1 walks as other timetable sessions were cancelled due to Covid-19 restrictions. As the Skye Centre Activity Centres reopened, there was a decline in the physical activity data as patients were engaging in activities not related to any physical means of exercise.

Patient Learning

For patients within The State Hospital, participation in education and learning can be an empowering and socialising process and can make a significant contribution to care, treatment and longer-term recovery and rehabilitation.

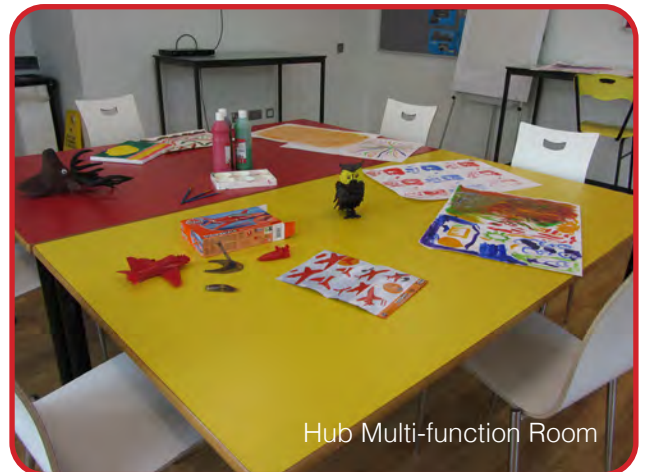
Patient learning programmes were mainly delivered within a range of Skye Centre activity centres including the Patient Learning Centre (PLC), Patient Library, Gardens & Animal Assisted Therapy Centre, Sports & Fitness Centre and the Craft Centre. Outreach learning was also available as required.

Despite the impact of the continuing Covid-19 pandemic, there were 21 new referrals to the Patient Learning Centre during 2020 and 71 patients engaged in formal or accredited learning. Achievements in year include:

- 88% of the 94% of the patient population approached, completed the core skills screening process.
- Six Core Skill national qualifications were completed; a reduction of 85% from the previous year.
- Eight patients engaged in the literacy programme.
- One patient participated in 'English for Speakers of Other Languages' (ESOL) learning.
- One patient participated in open / distance learning programmes.
- Six vocational programmes were delivered - a decrease of two from 2019.
- 24 vocational qualifications were successfully achieved - a decrease of 19 from 2019.

- The national 'Bikeability' programme was delivered over a four to six-week period with 18 patients participating.
- Six patients regularly participated in the Patient Reading Group.
- The City Phonics course (which helps learners who have very limited knowledge or exposure to learning to read) was piloted with great success.
- Patient feedback was sought on an ongoing basis.

The Patient Learning Annual Report 2020 provides full details of activities and achievements over the 12 month period covering January to December 2020.



6. Workforce



Campus showing Staff Offices

“We will respond to the needs of the people we care for, adapt to new, improved ways of working, and work seamlessly with colleagues and partner organisations. We will continue to modernise the way we work and embrace technology. We will do this in a way that lives up to our core values. Together, we will create a great place to work and deliver a high-quality healthcare service which is among the best in the world.”

Staff Governance

In 2020/21, the Staff Governance Committee continued to focus its monitoring activities in respect of the national Staff Governance Standard. As part of this work, the Committee received regular update reports and monitored issues relating to Personal Development Planning & Review (PDPR), attendance management, HR performance / employee relations activity, and staff engagement to support remobilisation planning.

The performance year 2020/21 underlined the continuing need to focus attention on key Staff Governance issues. The main priority area in terms of Staff Governance performance management continues to be the pursuit of the Attendance Management target of 5% absence.

The Staff Governance Annual Report 2020/21 provides full details of activity during the year.

Attendance Management

One of the key achievements during the year was the significant reduction in sickness absence.

There were 432 referrals to the ‘Early Access to Support for You’ (EASY) service in 2020/21. The top three reasons reported for absence were Mental Health, Musculoskeletal (back), Gastrointestinal, followed by Injury / Fracture, Coughs, Colds and Flu, Headache / Migraine and other.

*Key Performance Indicator (KPI)
Sickness Absence.*

The State Hospital's local target for sickness absence is 5%; the national target is 4%. The sickness absence figure in 2020/21 was 5.30% compared to 5.92% in 2019/20.

In accordance with guidance set out in DL(2020)5 Coronavirus (Covid-19): National Arrangements for NHS Scotland Staff, staff absence and sickness related to Covid-19 was recorded as special leave and did not count towards sickness absence triggers.

Staff Experience (iMatter and Dignity at Work)

During 2020, the National iMatter Staff Experience Continuous Improvement Programme was paused in recognition of the changing priorities due to the Covid-19 pandemic. In its place a National Everyone Matters Pulse Survey was introduced as the Staff Experience Measurement for 2020 to provide a flavour of the mood experienced in the organisation during the height of the Covid-19 pandemic. A response rate of 48% was achieved which was favourable compared to other Boards, although locally there were fewer responses than for iMatter in 2019 (79%). Overall, The State Hospital had the ninth highest response rate among the Boards. The survey highlighted that staff felt their direct line manager cared about their health and wellbeing, and their work provided them with a sense of achievement.

As part of the Dignity at Work workstream, a story about promoting positive staff health and wellbeing was submitted. It described the numerous measures taken to promote both physical and mental health, and how the impact of this was being measured

Fitness to Practise

In 2020/21 all professional staff were registered and fit to practise.

Staff Engagement to Support Remobilisation Planning

A series of staff engagement activities took place across the site to support recovery and renewal planning and to ensure learning informed future plans.

Patient, career and volunteer feedback was also sought through a series of discussions. The staff engagement activity proved an opportunity to 'check in' with staff and understand their experience of the recent changes. Staff engagement processes targeted specific groups such as Responsible Medical Officers (RMOs), clinical leaders, and staff from all levels and departments across the site. Over 250 staff members participated in engagement activities.

Personal Development Planning & Review (PDPR)

Monitoring of completion rates for the Personal Development Planning & Review (PDPR) process was kept under scrutiny throughout the year.

*Key Performance Indicator (KPI)
Staff have an approved PDP.*

This indicator relates to the National Workforce Standards; measuring the percentage of staff with a completed Personal Development Plan (PDP) within the previous 12 months.

The PDP compliance level at 31 March 2021 was 82.30% - the reporting year averaging at 80.58%. This is a slight decrease from the 2019/20 figure of 86.68%. The target is 100%.

The reduction was due primarily to the impact of the Covid-19 pandemic on the PDPR process and associated compliance. Factors such as staff absence and homeworking made it difficult in some cases to progress appraisals that were due or overdue.





Islay (Staff Development & Conference Centre)

Statutory and Mandatory Training

Statutory and mandatory training within the State Hospital is delivered through a combination of online training and attendance at off-job training courses. It includes training that must be completed by all staff (e.g. fire safety training), plus training that targets specific disciplines or staff groups (e.g. blood borne virus awareness training for clinical staff). A training matrix is in place that maps the statutory and mandatory training requirements for all job roles within the organisation.

Organisational compliance levels at 31 March 2021 were 92.6% for statutory training (94.5% the previous year) and 85.1% for mandatory training (85.9% the previous year). The decrease was attributed to Covid-19 and associated suspension of all non-critical face-to-face training courses from March to September 2020 and from January to March 2021.

Occupational Health Service

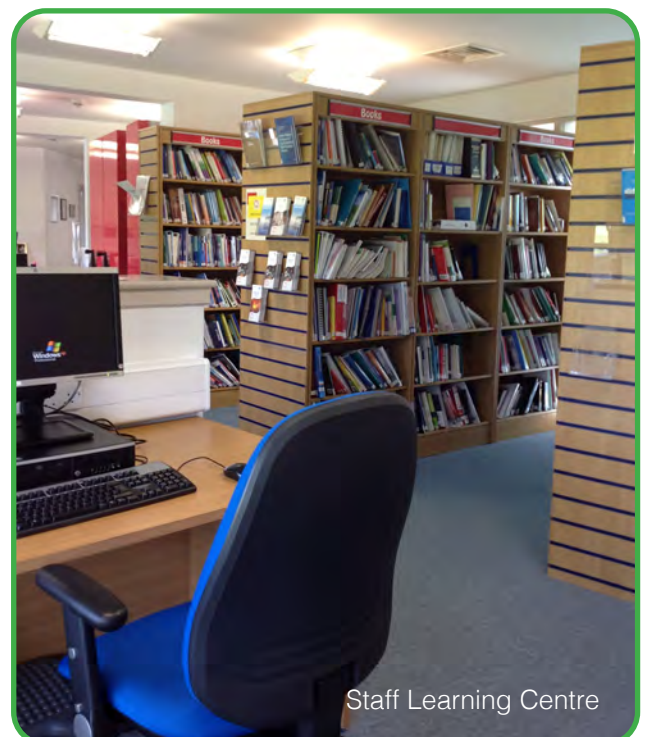
The Occupational Health Service (OHS) continues to play an important role in the physical and mental wellbeing of staff. In 2020/21 the Covid-19 pandemic necessitated many changes to service delivery including a significant move to telephone and video consultations, and an increase in specific advice on Covid-19 related issues including testing, vaccinations, risk assessment, long Covid, shielding and pregnancy.

There was an 88% average uptake of the Covid-19 vaccine in The State Hospital, and an increased need for Face Fit testing for mask usage with 350 staff being tested.

The majority of OHS services were used by Nursing which is to be expected being the largest staff group. This was followed by Housekeeping, Security and Administrative staff.

The OHS Annual Report 2020/21 by Salus highlighted:

- Mental health and musculoskeletal conditions remained the commonest disorders seen in State Hospital staff, with mental health disorders significantly exceeding musculoskeletal as the highest cause of absence and referrals.
- An increase in staff uptake of the Seasonal Flu Vaccination - 55.1% of staff compared to 43% last year. This remains slightly below the Scottish Government target of 60% for frontline staff. The NHS Scotland average for the same year was 39.6%.
- Following last year's recommendation, Prevention and Management of Violence and Aggression (PMVA) screening was reviewed and moved to a self-assessment model. Screening reduced to 240 in year from 526 last year.
- Most staff accessing Physiotherapy were at work. The largest proportion of cases had spinal conditions.
- There were 184 management referrals (which demonstrated a 15% decrease compared to 216 in 2019/20) and 20 self-referrals (a significant decrease from around 37 the previous year).



Staff Learning Centre

- Six staff were referred to the Keil Centre (for psychological and counselling services for more acute and complex mental health issues) compared to 10 in 2019/20.
- 101 Hepatitis B vaccines were administered or bloods taken, 97 pre-placement health assessments were carried out, four staff completed the night worker assessment, one vision screening (eye test) was conducted, and supported by OHS there were 26 trained first aiders working throughout the Hospital.

Staff feedback on OHS service delivery during the year was positive with 75% rating the service as excellent in terms of support provided. Importantly all staff stated that the service had a positive impact on their work situation, and they would recommend the service to colleagues.



Healthy Working Lives (HWL)

The State Hospital once again achieved the Gold Award for the work accomplished through Healthy Working Lives (HWL) despite part of the year's programme of work being paused due to Covid-19. Organisational priority areas during 2020/21 related to mental health, musculo-skeletal & physical health, and health, safety & wellbeing. Activities and support provided by the HWL team during the year included:

- Resources for and within the Staff Wellbeing Centre.
- Peer support.
- Access to massage equipment, vibraplates & weighted hoops, table tennis for exercise, fun and socialising.
- Promotion of a number of wellness apps, and the 'One Year No Beer' initiative.
- Various quizzes and raffles with prizes to engage staff in their own wellbeing.
- Suicide Awareness campaign and MacMillan Coffee Morning.
- Facilitation of the 'Go with Flo' initiative to help staff quit smoking.
- Seasonal flu vaccination programme.
- Events to give something back to the community during challenging times e.g. toy appeal for the Salvation Army and Clydesdale Food Bank fundraiser.

- Events to show staff they were valued e.g. gratitude lapels, and Long Service Awards were offered virtually.
- Focus on wellbeing including two online Wellbeing Masterclasses with Katie Brindle, promotion of the Wellbeing Toolkit provided on LearnPro, launch of a staff survey to assess wellness needs, and mindfulness sessions.
- Showing appreciation for staff e.g. soup and rolls for staff providing support to the Staff Wellbeing Centre, and afternoon tea boxes for staff on hubs.
- Help with managing weight through the Weigh2Go initiative.
- Promotion of physical health through desk exercises and chair yoga.

As in previous years, all activities and promotions were well received.



Hub



Gardens and Animal Assisted Therapy Centre (outside area)

Board Members' and Senior Managers' Register of Interests 2020/21

Name	Interest
T Currie Chairperson (to 31 December 2020)	Deputy Lieutenant, Lanarkshire Chair, St Ambrose High/ Buchanan High Site Recovery Group
W Brackenridge Non-Executive (to 31 January 2021)	None
S Currie Non-Executive (from 1 February 2021)	Elected Councillor – East Lothian Councillor Non-Executive Director – Scottish Ambulance Service Lay Member – Employment Tribunal Scotland
C Fallon Non-Executive (from 11 January 2021)	Lay Representative – for NHS Education Scotland Youth Coordinator – Govanhill Baths Trust
T Hair Employee Director	Director of Drumchapel Community Credit Union
N Johnston Non-Executive (to 31 December 2020)	Chief Executive, Educational Competencies Consortium
D McConnell Non-Executive	None
B Moore Non-Executive	Non-Executive Director, NHS Lanarkshire Trustee of NHS Lanarkshire Endowment Fund Member of Edinburgh and Lothian Health Foundation Management Committee Member of Clydesdale Housing Association
P Radage Non-Executive (from 11 January 2021)	None
G Jenkins Chief Executive	Chair of Scottish Healthcare in Custody Network Chair of Management Service Network Neurosurgery (Scotland)
R McNaught Finance & Performance Management Director	Member, Audit Committee, Mental Welfare Commission for Scotland
M Richards Director of Nursing & AHPs	Professional Advisor to Scottish Public Sector Ombudsman
L Thomson Medical Director	Medical Director, Forensic Mental Health Services Managed Care Network Professor of Forensic Psychiatry, The University of Edinburgh
D Walker Director of Security, Estates and Facilities	None
J White HR Director	None

Board and Standing Committee Membership

31 March 2021

Board Membership and Role

Interim Chair - David McConnell

Non-Executive Directors – Stuart Currie, Cathy Fallon, Tom Hair, Brian Moore and Pam Radage.

Executive Directors – Gary Jenkins, Robin McNaught, Mark Richards and Professor Lindsay Thomson.

The State Hospitals Board for Scotland (the Board) is accountable to Scottish Ministers through the Scottish Government for the quality of care and the efficient use of resources. The Board has a statutory responsibility for all aspects of governance. The Board met seven times during 2020/21.

Clinical Governance Committee Membership and Role

Chair – Cathy Fallon
Stuart Currie
Brian Moore

To ensure that clinical governance mechanisms are in place and effective throughout the Board, and that the principles and standards of clinical governance are applied to the health improvement activities of the Board.
The Clinical Governance Committee met four times during 2020/21.

Audit Committee Membership and Role

Interim Chair – Brian Moore
Stuart Currie
Tom Hair
Pam Radage

To oversee arrangements for external and internal audit of the Board's financial and management systems and to advise the Board on the strategic processes for risk, control & governance.
The Audit Committee met five times during 2020/21.

Staff Governance Committee Membership and Role

Chair – Pam Radage
Stuart Currie
Cathy Fallon
Tom Hair
Brian Moore

To ensure that the Board has an effective system of consistency of policy and equity of treatment of staff, including remuneration issues, where they are not already covered by existing arrangements at national level. And to encourage, support and monitor partnership working.
The Staff Governance Committee met four times during 2020/21.

Remuneration Committee Membership and Role

Interim Chair – David McConnell
Stuart Currie
Cathy Fallon
Tom Hair
Brian Moore
Pam Radage

To consider performance-related pay in respect of Senior Managers and employees of the Board, to consider and agree appraisal outcomes of Executive Directors to be submitted to the National Performance Management Committee, and to consider and approve the award of Consultants Discretionary Points.
The Remuneration Committee met three times during 2020/21.

THE STATE HOSPITAL

AT A GLANCE 2020/21



Key Performance Indicators (KPIs)



GREEN (G) - Achieved / Exceeded

AMBER (A) - Working Towards

RED (R) - Needs Improvement

Target 100%

Patients have their care and treatment plans reviewed at six monthly intervals.



RESULT **94.40%_A**

Target 85%

Patients will be engaged in psychological therapies.



RESULT **86.74%_G**

Target 90%

Patients will be engaged in off-hub activity centres during Covid-19.



RESULT **83.33%_A**

Target 90%

Patients will be offered an annual physical health review.



RESULT **56.67%_R**

Target 80%



Patients will undertake 90 minutes of exercise each week.

RESULT **75%_G**

Target 25%

Patients will have a healthier Body Mass Index (BMI).



RESULT **10.50%_R**

Target 5%

Sickness absence
(National HEAT standard is 4%).



RESULT **5.30%_G**

Target 80%

Staff have an approved Personal Development Plan (PDP).



RESULT **80.58%_G**

Target 100%



Patients are transferred / discharged using the Care Programme Approach (CPA).

RESULT **100%_G**

Target 100%



Patients requiring primary care services will have access within 48 hours.

RESULT **100%_G**

Target 100%



Patients will commence psychological therapies <18 weeks from referral date.

RESULT **97.66%_G**

Target 100%



Patients will have their clinical risk assessment reviewed annually.

RESULT **95.35%_G**

SUMMARY

12 x Key Performance Indicators (KPIs)

Of these: 8 x green, 2 x amber and 2 x red

PLUS

Attendance at Case Reviews by Clinical Staff

	Target	2020/21
Responsible Medical Officer (RMO)	90%	78.5%
Medical	100%	79%
Key Worker (KW) / Associate Worker (AW)	80%	66%
Nursing	100%	92.3%
Occupational Therapy (OT)	80%	77.8%
Pharmacy	60%	63.5%
Clinical Psychologist	80%	67.8%
Psychology	80%	78.3%
Security	60%	41.8%
Social Work	80%	87%
Dietetics	<i>tbc</i>	77.3%
Skye Centre Activity	<i>tbc</i>	0%
Hospital Wide	<i>n/a</i>	67.4%

For further information please contact:

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Web: www.tsh.scot.nhs.uk



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