

The State Hospitals  
Board for Scotland



Safe and Secure Care, Treatment and Recovery

Annual Report  
2021/22

# Contents

		Page
01	Foreword	2
02	The State Hospitals Board for Scotland	3
03	Safe	4
04	Effective	8
05	Person Centred	12
06	Workforce	20

# 1. Foreword

Within The State Hospital, the collective sacrifice and endeavour by patients and staff was not forgotten in 2021/22 as we progressed cautiously along our path to recovery, guided by our 'Route Map to Reducing Restrictions', our Remobilisation Plan, and taking care at every step to ensure it was safe to proceed. Our Interim Clinical and Support Services Operational Policy ensured the delivery of safe and effective care during the ongoing pandemic. All of this allowed us to flexibly re-open services and respond to new priorities in year without significantly affecting progress towards our strategic aims.

We strengthened mental health and wellbeing support for our staff through a number of measures including a dedicated Staff Wellbeing Centre, a Staff Wellbeing Survey, and the appointment of a Staff Care Specialist.

The level of staff absence continues to cause concern as we endeavour to meet our 5% target for absence. Given the continued staffing issues, experienced primarily in nursing, our incident command structure was stood up from September 2021 to January 2022. Every effort was made to ensure the continued delivery of safe and effective care.

Despite the challenges posed by the pandemic, stakeholders engaged effectively in the annual 'What Matters to You?' initiative again this year, focussing on the impact of Covid-19. A comprehensive experiential understanding has highlighted many examples of individually tailored person centred care as well as some positive unintended consequences as a result of adapted practice.

Successes during the year included winning the national Tableau Vizathon competition hosted by National Services Scotland (NSS) on 3 June 2021, having two posters accepted for the virtual 2021 NHS Scotland Event, delivery of our Global Citizenship action plan with colleagues in Pakistan and the School of Forensic Mental Health (SoFMH) to strengthen the interface between the mental health and criminal justice system, and winning the national Innovations in Education Award for Excellence in Mental Health Nursing Practice.

As a Board we were delighted to learn that the State Hospital achieved the highest response rate within patient-facing national Boards for iMatter, the main staff engagement tool for NHS Scotland. This is testimony to the encouragement of managers and the communications plan around iMatter.

The Board welcomed the launch of the new Whistleblowing Standards on 1 April 2021, and worked with key partners to support the implementation of recommendations from the Independent Review into the Delivery of Forensic Mental Health Services in Scotland (Barron Report).

During the year we had a number of changes to the Board with the retirements of Tom Hair, Employee Director and John White, HR Director. We subsequently welcomed Allan Connor as Employee Director and Linda McGovern (formerly Davidson) as Director of Workforce. We would like to thank all Board colleagues, past and present, for their expertise and contributions which have helped shape our strategy and delivery.

Caring for our patients will always be our top priority and it is all the more encouraging to note that the quality of our care remains at a very high level. This is due to the commitment and dedication of our staff, who have worked incredibly hard and flexibly to deliver high quality patient care whilst dealing with the pressures caused by Covid-19.

The journey continues and we will not be returning to normality as we know it. We will continue to transform and work differently, and this will become our new 'normal'.



**Brian Moore**  
Chair



**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 2021/22 there were 25 patient admissions and 26 patient discharges.
- All patients are male with an average age of 41.
- The average length of stay is just over five years, with individual lengths of stay ranging from less than one month to over 34 years.

### Staff

- As at 31 March 2022, the State Hospital employed 684 staff (586.1 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 national standards directly relevant to the State Hospital are: Psychological Therapies, Waiting Times and Sickness Absence. Additional local Key Performance Indicators (KPIs) are reported to the Board and included in this report. Board planning and performance are monitored by Scottish Government through the Annual Operational Plan (AOP). As a result of Covid-19 pandemic, Scottish Government requested all NHS Boards submit Remobilisation Plans in place of the AOP for 2021/22. Version 3 of the Remobilisation Plan was submitted to Scottish Government to outline the priority areas of development. This was updated mid-year to Remobilisation Plan Version 4 to cover the period September 2021 to March 2022.

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

The State Hospital's Performance Report 2021/22 and comparative annual figures presents a high-level summary of organisational performance. Trend data is provided to enable comparison with previous performance.

## 3. Safe



*Staff Offices  
part of Patient  
Accommodation*

*“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**

The State Hospital has arrangements in place to support the delivery of safe, effective, patient-focused care and services. These arrangements include the clinical governance and effectiveness processes that account for the quality of patient care.

Patient-centered care focuses on the patient and the individual's particular health care needs. These are likely to include the need for medication, psychological therapies, rehabilitation, education and physical health care. We do this by empowering patients to become active participants in their care and ensure they receive all the support that they need, not only from their Clinical Team, but from other professions and groups involved in this holistic approach.

For example, and not restricted to, our Medicines Committee, Rehabilitation Instructors and Recreation Staff, Psychological Therapies Service, Physical Health Champions, the Person-Centred Improvement Team, the Mental Health Practice Steering Group, Clinical Governance Group and Clinical Forum, Care Programme Approach (CPA) & Multi Agency Public Protection Arrangements (MAPPA) teams, our Quality Improvement and Quality Assurance staff, Risk Management Committee, Infection Control Committee, and our Clinical Quality and Research teams.



*Patient Accommodation (Wards)*

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

From the original 37 actions, two of the outstanding actions were closed off during the year with work well underway to complete the remaining two actions: (1) the Clinical Model and (2) Communication and digital inclusion.

### Realistic Medicine

A Realistic Medicine Interim Update Report 2021/22 produced in October 2021 highlighted our strengths in this area:

- A Realistic Medicine Project Manager and Realistic Medicine Action Plan is in place.
- Realistic Medicine Intranet resources were further developed.
- Realistic Medicine was promoted across the Hospital with a Realistic Medicine update seminar for all staff being held in May 2021.
- The work of the State Hospital and the Realistic Medicine approach has been promoted externally via a range of national media articles and YouTube clips on the State Hospital YouTube channel launched in June 2021.
- Staff have been supported through national programs and local quality improvement mentoring as part of our growing quality improvement infrastructure.
- Many of the projects on our quality improvement work plan have been progressed.
- Our Learning into Practice (LiP) system has been designed, set-up and started. The system reviews clinical scenarios and applies all principles of Realistic Medicine into the learning points, actions and recommendations.

Endeavours to progress Realistic Medicine work with the wider Forensic Network continue. Additionally, we strive to deliver information sessions to clinical teams as part of our ongoing Realistic Medicine Communications Plan.

### Child and Adult Protection

Covid-19 has had a significant impact upon the Keeping Children Safe agenda. Most notably there has been a considerable decline in child visits to the Hospital as a result of health, safety and infection control measures. However, the State Hospital has continued to meet its commitments in respect of this area of work. There were many key performance headlines over the reporting period of 1 October 2020 until 30 September 2021.

Achievements include:

- Child Contact Assessments, Reviews and Child Protection Summaries are now completed and stored in RiO and fully accessible to Clinical Teams.
- All patients have a Child Protection Summary accessible in RiO from the point of their Admission Case Conference.
- Keeping Children Safe paperwork being stored in RiO has improved accessibility for ward staff.
- Security staff alert Social Work when child visits are planned and have taken place which facilitates follow up of feedback forms and contributes to the child contact review process.
- Issues pertaining to Child and Adult Protection and Child Contact are routinely discussed at Clinical Team meetings and form part of the Care Programme Approach (CPA).
- For those patients who are parents, four have some form of contact with their child. In total, 24 patients are authorised to have some form of child contact which is broadly consistent with previous years.
- There were only seven child visits to the Hospital which represents a significant decrease in numbers when compared to the previous reporting period. This is directly attributable to the need to pause child contact visits in the context of the Covid-19 pandemic.
- 14 child contact applications were received.
- 15 children were removed from the list as a result of patient transfers or a transition to adult visiting.
- At the end of the reporting period 61 children were approved to have some form of contact with a State Hospital patient. This is a decrease of 13 when compared to the previous year.
- Existing data systems enable the breakdown of contact type over visits, gifts, telephone contact, mail, possessions and remote access video contact.
- Child visitors are routinely supported to make the transition to adult visitors. However, where it is in their best interests they may continue to be supported as child visitors beyond the age of 16 years.
- No patients under the age of 18 years were admitted to the Hospital.
- National and regional reports and guidance produced on child protection issues continue to be reviewed and applicability considered in the Hospital where appropriate.

Similarly to Keeping Children Safe, Adult Support and Protection has been impacted by the effects of Covid-19 and there have been reduced figures in terms of activity in the past 12 months.

Positively, all referrals and inquiries have been able to proceed in accordance with the policy and procedure, and no patient has been negatively impacted as a consequence. The following represents many of the key performance headlines and achievements of the year's Adult Support and Protection activity:

- 10 Adult Protection inquiries were undertaken representing a slight reduction from last year. Of the 10 inquiries undertaken, four related to a single patient.
- The main source of harm noted was patient / patient interactions which accounted for eight inquiries, with three referrals relating to patient / staff interactions.
- The main categories of harm noted were psychological (6) and physical (3). Patient / patient interactions accounted for eight inquiries with two referrals related to patient / staff interactions.
- Existing data collection systems provide detail on the sources, locations, categories and outcomes for each referral.
- DATIX reports with the patient to patient, adult protection, or discrimination fields continue to be screened by Social Work for possible adult protection issues. If considered necessary ASP activity will progress following scrutiny of DATIX reports. All of the referrals required no further action following enquiries under the ASP legislation. However, some inquiries are complex and were subject to additional investigation or monitoring. In a small number of instances these additional steps were extensive before the Council Officers were satisfied that the patients should no longer be considered as 'adults at risk'.
- There is evidence of clinical staff working in a pro-active manner to avert risk and maintain patient safety.
- Ongoing education and awareness sessions for staff continue to be of key importance.
- Similar to Child Protection, positive and productive links with South Lanarkshire Council's Adult Protection Committee are well established.



## Infection Control

2021/22 was challenging due to Covid-19, with seven Covid-19 outbreaks across the site within a four month period. A total of 735 patient Covid-19 tests were undertaken.

The Covid-19 Vaccination Programme for patients continued. As at March 2022, 88% of patients had received two doses and the Booster vaccines. Two patients were eligible for and received the fourth Booster vaccine. Seasonal Flu Vaccination Programmes were delivered on site with a 79.5% uptake by patients and a 41% uptake by staff.

Three Infection Control Clinical Audits were undertaken in year, suggesting that staff were responding positively and complying with policy and guidance. There was also a significant improvement in the following audit submissions across the site with a target being set at 95%:

- Clinical Waste and Sharps Audit.
- Covid-19 Compliance Audits.
- Hand Hygiene Compliance Audits.

The number of BBV admission assessments undertaken at ward level has increased from 85.3% (2020/21) to 96.9% (2021/22).

A review of the Infection Control Environmental Audits and Cleanliness / Cleaning Specifications documentation is taking place, and Infection Control incidents rose from 55 in 2020/21 to 61 in 2021/22. Clinical Waste incidents decreased from 40 the previous year to 35. Thirty-two Laundry incidents were reported compared to 36 in 2020/21 to 32.

Funding was secured to train an additional six staff to perform Face Fit Testing which took place in May 2022.

The Infection Control Annual Report 2021/22 summarises core activity over the year.

## Information Technology

The eHealth department encompasses all aspects of information provision and governance and continues to support and maintain the Hospital's technological infrastructure. Improvements to eHealth systems through Capital funding was a high priority throughout the year.

Key achievements in 2021/22 included:

- Increased use of remote access working.
- Implementation of RiO Electronic Patient Record (EPR) upgrade.
- Implementation of HEPMA prescribing system.
- Microsoft 365 deployment.
- Tableau development / business intelligence.
- Continuation of digital inclusion development.
- Health Records registry and policy development.
- Patient Learning Centre infrastructure.
- NIS Audit review engagement and preparation.

An eHealth Annual Report 2021/22 has been produced.

## Medical Education

The State Hospital continues to provide extensive undergraduate and postgraduate medical training via a well-trained and experienced Consultant workforce. Strengths have included our high quality in-house lecture & educational programmes and the positive experiences of Core Trainees & multiple visiting Doctors on educational placements.

The past couple of years have however been extremely challenging due to the inevitable impact of the pandemic on in-person training opportunities.

Whilst feedback from Core Trainees has remained positive, a small cohort of Specialty Trainees have reported reduced training satisfaction since our last comparative data in 2019, though the validity of the results are questionable and based on a low response rate. Efforts will continue to understand whether this arises from dissatisfaction of Trainees from the North of Scotland with regard to the availability of on-call funding at the State Hospital, whether some Trainees feel geographically disadvantaged by the distance of the State Hospital from their home Boards, or whether other factors are responsible for these findings (such as the greater than ideal reliance on virtual methods of communication for infection control reasons). These issues will continue to be closely monitored, particularly whether they are part of a continuing trend or are instead a temporary phenomenon.

A Medical Education Annual Report has been produced covering the period 1 August 2021 to 31 July 2022.



## Security

The Hospital's secure environment is provided by three domains of security:

- Physical security - provided through high quality physical barriers and sophisticated electronic detection and observation systems.
- Procedural security - provided through policies, procedures and working practice.
- Relational security - provided by clinical staff working closely with patients to deal with illness and offending behaviour.

In 2021/22:

- A revised phased programme of work for our physical security refresh project was developed and progressed.
- Procedural security training for new staff continued.
- Work re-commenced to implement our new Clinical Model which sets out how the Hospital delivers safe and effective relational security as an integral part of its clinical work. This provides a fantastic opportunity to implement positive service redesign based on the views and experience of patients and teams delivering front line care.





## 4. Effective



Management Centre

*“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 Hospital's Board is committed to continually improving governance arrangements, efficiency and effectiveness.

The Board is made up of Non-Executive and Executive Directors, and is accountable to Scottish Ministers through the Scottish Government for the quality of care and the efficient use of resources including buildings, staff and money.

Robust governance and assurance arrangements are in place that meet the national standards of good governance.

Board Meetings are open to the public.

Board public notices, agendas, papers and minutes can be found on the State Hospital's website which provides a wealth of important information to the public and other external stakeholders.

#### Clinical Governance

The underlying principle of effective clinical governance is that systems and processes provide the framework for patients to receive the best possible care. The Clinical Governance Committee oversees clinical governance arrangements, and assures the Board that effective clinical governance mechanisms are in place. The Clinical Forum meets to discuss issues of clinical care.

A Clinical Governance Annual Report for 2021/22 has been produced and specific work plans are in place for each of the key components of clinical governance, which includes the areas of Risk Management, Clinical Quality, Research, Integrated Care Pathway (ICP) and Person Centred Improvement.

## Staff Governance

The Hospital ensures that staff governance standards are adhered to in that staff are well informed, appropriately trained, involved in decisions that affect them, treated fairly and consistently and provided with a safe and improved working environment. The Staff Governance Committee monitors and reviews progress including issues which impact on fitness to practise.

The Remuneration Committee considers senior management performance and pay related issues. The Hospital's Partnership Forum focuses on operational Staff Governance compliance issues.

Organisational success against the elements of the national Staff Governance Standard is measured locally and forms part of the formal Annual Review arrangements. Audit Scotland, together with the national Staff Governance and Workforce Committee (SWAG), audits the process.

## Corporate Governance

Corporate governance arrangements, which are set out in Standing Orders, Standing Financial Instructions and the Scheme of Delegation, encourage the efficient and effective use of resources and outline accountability for the management and stewardship of those resources. This standing documentation is reviewed and updated annually.

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

During 2021/22 the Board met in public seven times; all meetings were held virtually with agendas, papers and minutes being easily accessible via the State Hospital's website. The Audit Committee, the Clinical Governance Committee and Staff Governance Committee all met four times in year, and the Remuneration Committee met three times.

Additionally, a new management structure of meetings was implemented with three key groups: Corporate Management Team, Organisational Management Team and Hospital Management Team. This structure was piloted in 2020/21.

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 2021/22, Appendix 2 for Board and Standing Committee Membership (31 March 2022), and Appendix 3 for 'At A Glance' Key Performance Indicators 2021/22.

## 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 2021/22 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 2021/22.

## 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 2021/22 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 2022, the Board was within all three of its statutory financial targets and reported a carry-forward of £96k 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	37,698	37602	96
- Non Core	1,571	1,571	-
Capital Resource Limit			
- Core	2,883	2,883	-
Cash Requirement	41,264	41,264	-

## 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 2021/22 reduced by £312k from the previous year.

## Capital Resources

The Board's Capital Programme for 2021/22 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.
- 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

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 2021/22, 159 staff completed the Fraud e-learning module, Fraud alerts were shared with staff, and work completed on the Counter Fraud Services matching exercise which is undertaken every two years.

## Annual Review

The Annual Review is to hold Boards to account for their performance. The 2020/21 State Hospital Annual Review took place on 5 April 2022. No date has been set yet for the 2021/22 Annual Review.

## 4.2 HIGH QUALITY PATIENT CARE AND TREATMENT

### Clinical Quality

Our vision is to continuously improve patient care, treatment and safety through quality assurance and quality improvements initiatives, and the delivery of our Realistic Medicines action plan. Quality assurance and 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.

### Clinical Governance Group

As well as overseeing the reports that go to the Clinical Governance Committee, other key pieces of work undertaken by the Clinical Governance Group included:

- Monitoring the Realistic Medicine action plan.
- Receiving updates on the Improving Observation Practice Policy.
- Receiving a demonstration of the tableau dashboards.
- Receiving updates from the Operational Model Monitoring Group.
- Commenting on the digital inclusion updates.
- Agreement on actions required to implement the guidance received on the management of medical devices.
- Noting the Person Centre Improvement Service 12-month update report and oversight of the exceptional circumstances finance report.

A Clinical Governance Group Annual Report covering the period 1 January to 31 December 2021 has been produced.

### Clinical Audit

Clinical audit is a quality improvement process which involves reviewing the delivery of healthcare to ensure that best practice is being carried out. During 2021/22, 19 Clinical audits were completed, each with recommendations and action plans to ensure continuous quality improvement.

## Standards and Guidelines

Standards and guidelines outline a national minimum level of service to ensure person-centred, safe and effective health and social care. The State Hospital reviewed 203 documents (standards, guidance and reports) that were issued in 2021/22; 50 being applicable to the Hospital's patient population, seven of which required completion of an evaluation matrix.

## Policies

The State Hospital has a well-established process in place to ensure policies and procedures are effectively recorded, assessed, implemented and reviewed. This ensures a standardised approach to the review of policies and the completion of an Equality Impact Assessment (EQIA) and Data Protection Impact Assessment (DPIA) for all policies in line with legislative requirements. During the year, 29 policies underwent staff consultation and 44 policies were approved. This figure included 38 policy reviews and six new policies.

## Research

Research is core to the business of the State Hospital and to our pursuit of evidence based practice.

A Research Portfolio Workshop took place on 29 April 2021 to identify priority areas for research and will feed into the process of developing a Research Strategy for 2022/25.

The Forensic Network Research Special Interest Group (FNRSIG) held its eighth national Forensic Network Research Conference on 4 November 2021 with positive results.

The Research Committee and Research Funding Committee Annual Report 2021/22 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.

Further assurance over the quality of State Hospital research comes in the form of Research awards. Two studies received awards within 2021/22:

- Reporting of unwanted events in evaluations of psychological and psychosocial interventions with forensic patients: a systematic review of current practice (Dr Lindsey Gilling McIntosh).
- Triple Jeopardy: a learning partnership to enhance care for people who are ageing, with mental disorders and dementia, in high secure settings (Laura McCafferty, Nursing).

## 5. Person Centred



*Patient Accommodation (Hub Dayroom and Corridor)*

*“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**

Hospital policy is for all transfers and discharges to be undertaken using the Care Programme Approach (CPA) which is a multi-agency systematic approach to care planning involving where relevant: Local Health (forensic) services; Local Authorities (Social Work and Housing); Police and the Scottish Prison Service. The approach involves patients and where possible, their carers. In some circumstances, the discharges are monitored by Multi Agency Public Protection Arrangements (MAPPA) in order to ensure that all risks are properly managed.

During 2021/22 there were 25 patient admissions: 15 from prison, four from other hospitals and six from court. 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.

Patients (will generally) move from high security to medium security then to low security. A move to the community is dependent on the patient's response to this step down process. During 2021/22 there were 26 patient discharges: nine to prison, 10 to other hospitals, six to court and one patient sadly died.

*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. In 2021/22 all transfers were managed through the CPA process.

## Appeals Against Excessive Levels of Security

The Mental Health Tribunal gives patients the right of appeal against excess levels of security. In 2021/22 there were 16 appeals; 15 of these were successful.

### 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	2020/21	2021/22
Responsible Medical Officer (RMO)	90%	78.5%	87.25%
Medical	100%	79%	90.5%
Key Worker (KW) / Associate Worker (AW)	80%	66%	58.75%
Nursing	100%	92.3%	97%
Occupational Therapy (OT)	80%	77.8%	77.5%
Pharmacy	60%	63.5%	81.5%
Clinical Psychologist	80%	67.8%	68.25%
Psychology	100%	78.3%	84.75%
Security	60%	41.8%	40.75%
Social Work	80%	87%	86%
Dietetics	tbc	77.3%	59.75%
Skye Centre Activity	tbc	0%	0%
<b>Hospital Wide</b>	<b>n/a</b>	<b>67.4%</b>	<b>69.3%</b>

## 5.2 HIGH QUALITY PATIENT CARE AND TREATMENT

### Care and Treatment Planning

Within the State Hospital team working is a necessity as the dual role of providing care and ensuring the safety of others could not be provided by one individual or an individual discipline. A range of professionals co-ordinating their specialist knowledge and skills with each other is an effective method of meeting the complex and challenging needs of forensic patients.

The core clinical team within the State Hospital typically consists of a consultant forensic psychiatrist, trainee psychiatrists, nursing staff, clinical or forensic psychology, occupational therapy, social work, and a security manager. Additional members bring a broader mix of skills and services which can contribute to and enhance the patient's care and rehabilitation.

Among others, these include staff from dietetics, pharmacy, activity and recreation, physiotherapy, speech and language therapy, and arts therapy (art, music and drama). A close working relationship with the family and carers as well as the patient is important.

Treatment planning processes are well established with a co-ordinated approach to annual and intermediate reviews, the Care Programme Approach (CPA), clinical risk assessments, Integrated Care Pathways (ICPs), and to ensuring that the Hospital meets national guidance and legislation relating to treatment planning and discharge processes.

### 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.

At 92.67%, against a target of 100%, performance decreased in 2021/22 as the annual average for this indicator was 1.73% lower than that of 2020/21. There were 16 separate instances during this reporting year where a patient waited beyond the specified six months of reviewing their Care and Treatment Plan. In addition, there was 21 separate instances of patients who did not have their documentation uploaded within the specified period for their Care and Treatment Plan at that time.

### 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. Performance has remained only slightly below the 100% target throughout the year. The average figure for this indicator in year 2021/22 was 96.49%.



Patient Accommodation (Wards)



## Medicines Management

The Medicines Committee provides professional advice, clinical advice and leadership that supports safe, clinically effective, cost effective and patient centred medicines governance. Core activity during 2021/22 focused on three main areas: Medicines Management, Clinical Effectiveness, and the Safe Use of Medicines. Specific highlights include:

- The vaccination programme for patients and staff continued in line with guidance with Covid-19 vaccine supplies being co-ordinated through Pharmacy.
- Other vaccine programmes undertaken in the last year included the influenza vaccine programme.
- Guidance and policies were reviewed including: high dose antipsychotic monitoring guidance, use of intramuscular clozapine, antipsychotic monitoring standards, and acute behavioural disturbance.
- Following on from a local clozapine monitoring audit a short life working group was established to update clozapine initiation documentation in line with national standards. This included some changes to physical health and side effect monitoring logs.
- Electronic prescribing was implemented.
- Following new regulations around disposal of pharmaceutical waste, the Hospital updated its policy and practice.
- Medicine expenditure monitoring and savings have continued throughout the year.

The number of patients receiving high dose and multiple antipsychotics continues to be monitored plus anti-microbial, controlled drug and non-formulary usage reports are reviewed. During the year there were no areas for concern. The use of opiate related analgesics has reduced dramatically compared to reports of 5-10 years ago.

In 2021/22 there were 29 medication incidents reported on DATIX.

Further information can be found in the Medicines Committee Annual Report 2021/22.

## Psychological Therapies Service (PTS)

The State Hospital provides high-quality care and treatment for people with highly complex mental health needs, high risk for violence, and support to embark on their recovery journeys.

Psychological therapies come to the fore in these journey's when helping patients reduce their risk of offending by addressing needs linked to criminality. However, psychological therapies work in conjunction with pharmacological treatments to reduce symptoms of mental disorder (also associated with risk) and increase the likelihood of recovery journeys taking place. Highly trained and experienced practitioners deliver group and 1:1 treatment sessions.

The ongoing Covid-19 pandemic has led to extreme challenges for psychological therapies, particularly group therapies, which are the mainstay of our psychological interventions. Special Leave (self-isolation) and sickness levels are higher than usual correlated with activity reductions.

In addition, psychologists and nurse therapy staff in the Psychological Therapies Service (PTS) has relocated activities to ward settings. Like other NHS staff, PTS staff found these parameters challenging but creatively ensured interventions continued to a high standard.

A Psychological Therapies Service 12-month update report is produced annually covering the period January to December.

### *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 85% of patients attending psychological therapies; a slight drop from 86.74% in 2020/21.

### *Key Performance Indicator (KPI)*

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

Against the target of 100%, compliance in 2021/22 was 98.66% compared to 97.66% in 2020/21.

## Rehabilitation Activities

The Skye Centre (for patient therapy and activity) has four patient activity centres and an Atrium area which consists of a cafe, library, bank and shop – all of which patients use on a regular basis. There are also a variety of other groups facilitated in this environment including the Patient Partnership Group (PPG), Christian Fellowship, Multi-faith services, Psychological Therapy groups, Allied Health Professions group and individual sessions.

For the last 12 months our response to Covid19 has continued to influence the way in which services have delivered their interventions. The delivery of services was modified until the point that activities were fully remobilised in June 2021. Meeting the needs of our patients who have faced additional restrictions on participation, has required increased collaboration and creativity to ensure care and rehabilitation needs were met while ensuring patient safety and physical wellbeing.

A Rehabilitation Therapies 12-month update report from October 2020 to September 2021 has been produced.

### *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 and Treatment Plan however are recognised as therapeutic activities.

This indicator was adapted to incorporate different modes of engagement during Covid-19. This indicator averaged at 92.47% for this reporting year against a target of 90%; a 9.14% increase on last year's figure.



Skye Centre (for Patient Therapy and Activity)

## 5.3 PERSON CENTRED IMPROVEMENT

### Person Centred Improvement Service (PCIS)

Constraints relating to managing the impact of Covid-19 have affected service delivery during the reporting period of November 2021 to October 2022.

Achievements by the PCIS include:

- Facilitated the Hospital wide What Matters To You (WMTY) initiative.
- Embedded and further developed the centralised visiting model.
- Developed the Carers' Representative Role Descriptor and training programme.
- Developed and implemented the State Hospital Volunteer Impact Assessment.
- Supported implementation of the patient internet shopping browsing experience.
- Reinstated delivery of Spiritual and Pastoral Care services.
- Developed the Volunteer Visitor programme.
- Published the State Hospital Equality Outcomes.
- Influenced development of the national 'Quality Framework for Engagement' (QFE) (replacing the 'Participation Standards'), supporting the delivery of effective engagement, developing practice and shared learning.
- Contributed to the development of local 'Essentials of Safe Care' framework.
- Shared a variety of stakeholder narratives with the Board.
- Contributed to development of the national Scottish Patient Safety Climate Tool refresh.

Mentoring input was provided across the Hospital directly relating to person centred improvement initiatives including:

- Equality of access for Protected Characteristic Groups.
- Shared decision making through meaningful patient and carer involvement in the Care Programme Approach (CPA) process.
- Supporting patients to make healthy choices.
- Visiting experience.
- Patient digital inclusion.
- Refresh of the State Hospital Clinical Service Delivery Model.



Support was provided to a number of collaborative quality improvement projects with external colleagues including:

- Assessing the impact of volunteering.
- Review of NHS Spiritual and Pastoral Care standards.
- NHS interpretation and translation processes.
- Quality Framework for Engagement.
- Review of Fairer Scotland Duty (2018).

Additionally, the service continued to support wider disciplines including nursing and medical colleagues in terms of a range of national drivers e.g. Realistic Medicine, Excellence in Care and the Scottish Patient Safety Programme' which make explicit the need to ensure that stakeholder feedback is embedded within service design.

In terms of Key Performance Indicators (KPIs), the service achieved 10 of its 15 outcome measures; three of those partially achieved are directly as a result of the impact of Covid-19, and a plan is in place to support achievement of the remaining two relating to the Equality agenda.

## Stakeholder Feedback and Complaints

Within the State Hospital, stakeholders are recognised and meaningfully involved as equal partners in service delivery. Feedback is welcomed from patients, carers, staff and volunteers as this enables the Board to identify learning opportunities which enhance the stakeholder experience.

The State Hospital has a wide range of well-established methods through which our stakeholders are actively supported to share their views.

The local feedback database was developed in collaboration with external partners, enabling the State Hospital to contribute to collation of national data sets specific to six core person-centred principles, informed by the experience of patients and carers, specifically in relation to mental health service delivery:

- Person centred values.
- Effective communication.
- Physical comfort.
- Emotional support.
- Effective relationships.
- Access to care.

Ongoing feedback is mapped to these principles within the quarterly 'Learning from Feedback Report' from which service improvement opportunities are progressed. Feedback relating to the importance of effective relationships are a regular theme, as is the need to ensure that patients are treated as individuals with discrete needs.

In 2021/22 patient and carer feedback continued to inform ongoing iterative changes to operational protocols driving service recovery. Of particular note, the Patient Partnership Group has a dedicated service improvement meeting each month in order to ensure that patients are appraised of developments and encouraged to offer feedback contributing to the digital inclusion programme, Supporting Healthy Choices and the Clinical Service Delivery Model refresh. Additionally, the use of creative feedback enabled those with barriers to communication to engage.

Shared decision making is a key principle of the national 'Realistic Medicine' initiative with stakeholders actively encouraged to contribute to care and treatment planning. Positive feedback was shared by all stakeholders engaged in a pilot of the local 'Carers' Clinic' which has since been extended to other areas. Carers valued this less formal opportunity to engage in discussion with Clinical Team members responsible for delivery of care.

Quality and Safety Walk Rounds, as part of the Scottish Patient Safety work streams, resumed in February 2022. This process enables Board members and the local Patient Safety Group to engage directly with stakeholders across the Hospital. Feedback from these sources is uploaded to the local feedback database to ensure that actions are followed up and trends / themes are identified. Non-Executive Board members attend the Patient Partnership Group on a rotational basis offering another opportunity to engage with patients direct.

A Feedback & Complaints Annual Report 2021/22 has been produced demonstrating the learning emerging from meaningful stakeholder involvement. The report reviews performance in relation to managing feedback and complaints (incorporating compliments, comments, concerns and complaints) aligned to the NHS model Complaints Handling Procedure (CHP).

Highlights include:

- 65 new complaints (made by 33 complainants) were received compared to 42 in 2020/21.
- 15 complainants made more than one complaint compared to eight in 2020/21.
- 42 complaints were supported by the Patients' Advocacy Service (PAS); 65% of all complaints received which is a significant increase from supporting 18 complaints (43%) in the previous year.
- One complaint this year received support from the Scottish Mediation Service resulting in a successful outcome.
- 54 complaints were closed this year; an increase of 20% on the previous year. Of these, 42 were closed at Stage 1 (Early Resolution), six at Stage 2 (Investigation), and six at after escalation to Stage 2 (Investigation).

- 28 complaints were Upheld, 18 were Not Upheld, and eight were Partially Upheld.
- Due to the challenges of Covid-19, there was a decrease in response times at both stages.
- Staff shortages was the main issue raised this year accounting for 32% of all complaints received, 5% related to clinical treatment with grounds access being the most common issue raised, 12% of issues raised related to Communication, and 12% of issues raised related to Staff Attitude / Behaviour / Conduct.

One complaint was escalated to the Scottish Public Services Ombudsman (SPSO) for consideration with no further action / investigation being required. An audit of the complaints service was undertaken by RSM UK Risk Assurance Services with positive results. 84% of staff completed the national eLearning Feedback and Complaints training modules.

## 5.4 HEALTH IMPROVEMENT

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.

Given that patients do not have access to other services or communities, the Hospital addresses their therapeutic, vocational, social and physical wellbeing needs through a range of onsite therapies and activities including a Health Centre. The State Hospital remains a smoke free environment, and as in previous years, the management of levels of obesity and physical activity remain a significant challenge.

### Mental Health Practice

Despite the impact of Covid-19, the Mental Health Practice Steering Group (MHPSG) has been able to provide oversight and governance about many of the core activities of life and practice at the State Hospital. Areas such as patients ability to make use of Grounds Access have been a particularly important focus given the restrictions that have had to be in place because of the Coronavirus measures.



Health Centre ECG Room

The Mental Health Practice Steering Group (MHPSG) Annual Report covering the period July 2021 to June 2022 provides an update on activity largely based around key safe, effective, person-centred areas of service delivery in the context of reviewing and monitoring clinical practice within the Hospital. This includes psychological services input data, risk assessment completion, relational approaches to care, trauma informed care, person-centred improvement projects, equality outcomes, intelligence emerging from stakeholder feedback, and trend reports.



### Physical Health

The Physical Health Steering Group (PHSG) governs food, fluid and nutritional care, weight management, physical activity and physical health services. The PHSG 12-month update report covering October 2020 to September 2021 provides assurance that physical health remained a top priority.

In August 2021 there were 11 patients with Type II Diabetes and one patient with Type I Diabetes. There is currently one patient with Emphysema, 11 patients with a diagnosis of Asthma, and three patients with a diagnosis of COPD.

The annual health review process is presently being reviewed in conjunction with the GP and the Health Centre.

Thirteen patients attended Accident and Emergency on 15 occasions. Of the 15 attendances, eight resulted in overnight stays. Nine telephone advice calls were made to NHS24 and NHS Lanarkshire's Out of Hours service. From August 2020 until July 2021, the Near Me (web based platform) was used on 14 occasions for nine patients as a means of facilitating GP and Physiotherapy clinics.

A Food, Fluid and Nutrition (FFN) / Food in Hospitals (FiH) review was conducted as a peer review in January 2021 with positive feedback and good practice highlighted relating to FFN policies.

An increase of the Physical Activity Key Performance Indicator (KPI) for patients from 90-150 minutes was implemented, and staff training in physical activity took place.

Funding was secured for a Trainee Health Psychologist to work with patients on a 1:1 basis to improve their physical health (e.g. weight management and diabetes management), however a bid for a further trainee for 2022/23 was unsuccessful.

A patient's Physical Health Project commenced to assess the perceived facilitators and barriers that healthcare professionals experience when supporting patients with their physical healthcare within the State Hospital.

*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 target is 90%.

The overall average during 2021/22 was 51.78%; this is a decrease of 4.89% from the year 2020/21. Quarter 1 sat with 0% compliance which rose significantly in Quarter 2 to 60.86% where formal invites to patients surrounding their annual physical review were recommenced. Quarter 3 increased further to 65.75% compliance and Quarter 4 saw a considerable rise again to 80.5% compliance.

During this period, patients were routinely receiving their annual bloods and ECG assessments in addition to the weekly support offered from the visiting Advanced Nurse Practitioner (ANP) for patients who required more regular assessment and intervention. Any physical health issues with our patients was actioned within 48 hours via the Health Centre and liaison with Junior Doctors during this period was vital to ensuring that any personal physical issues / needs of our patients were met. In addition, onward outpatient referrals were still being sent through the Health Centre should there be any requirement beyond State Hospital capabilities, in conjunction with ANP visits.

Staff shortages from August 2021 to March 2022 resulted in clinics being cancelled which then led to some annual reviews not being carried out. All patients who were due to be seen for an annual physical health review had an overview carried out by our Practice Nurse.

Work has progressed regarding the amendment of this KPI to reflect the uptake and quality of the physical healthcare provided.

The Health Centre has devised a checklist template, benchmarked against the other high secure facilities, which will be completed for every patient when their annual review is due to highlight all their physical health needs and checks.

*Key Performance Indicator (KPI)*  
*Patients requiring primary care services will have access within 48 hours.*

This indicator is linked to National Health and Social Care Standards as published by Healthcare Improvement Scotland (HIS). Primary care services include any service at our Health Centre including triage. This indicator has consistently stayed at full compliance since its data collection began.

*Key Performance Indicator (KPI)*  
*Patients will have a healthy BMI.*

This correlates towards the national target from the National Health and Social 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 target is 25%.

The average percentage of patients who have a healthier BMI decreased from 10.50% in the previous year to 10% in this reporting year. In Quarter 1 there was a maintenance of 8% from Quarter 4 of the previous year which was followed by a 3% increase to 11% in Quarter 2 which was maintained through to Quarter 3. However, there was a decline of 1% in Quarter 4 to 10%.

The Physical Health Steering Group (PHSG) has requested monthly monitoring reports to review the data and going forward, the Supporting Healthy Choices Group (SHCG) will focus on maximising physical activity and promoting healthier lifestyles; including dietary changes where appropriate. Options to consider how groups and ward-based weight loss interventions may be delivered have been included within the plan of work.

The Hospital is, at present, recruiting a new post of a Practitioner (Health) Psychologist which will be an asset to this work stream.



Outside Gyms (within the Campus)

*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 year 2021/22 was 78.75%. This is a slight increase on last year's performance of 75.75%. Quarter 1 of this reporting year saw the highest ever recorded compliance rate since its data collection began.

There was a dip in early January 2022 which may have been attributed to numerous issues such as staff resourcing issues, bubble model of patient care and poor weather. The figures increased and the local KPI target was achieved in February and early March 2022, however an outbreak of Covid-19 saw staffing figures drop with up to 25 patients and five wards entering isolation.

Data recorded is patient participation in moderate physical activity intervention. This data includes patients participating in Sports and Fitness, Gardens, ward activities and escorted walks. This data also includes patients using Ground Access as a means of physical activity.

### **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.

The Patients' Learning Centre offers a range of learning opportunities to suit all levels of learning, both formal and informal.

In 2021/22 patient learning services within the State Hospital were aimed at:

- Widening access and participation in learning and education.
- Raising basic standards of literacy and numeracy.
- Increasing skill levels and qualification attainment rates.
- Improving the quality and range of learning opportunities available.
- Reducing barriers to engagement in education and learning.
- Enhancing integration of patient learning and the care and treatment planning process.

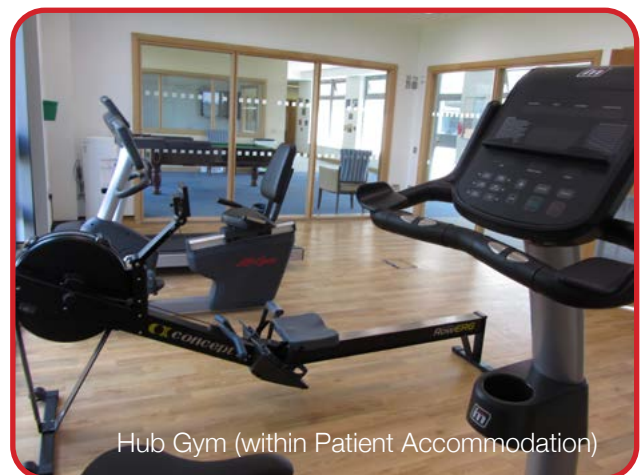
Learning provision includes both accredited and non-certificated programmes and the Hospital has 'approved centre' status with a number of qualification awarding bodies. This includes the Scottish Qualification Authority (SQA), the British Computer Society (BCS), the Royal Environmental Health Institute of Scotland (REHIS), and Sports Leaders UK.



Patients' Learning Centre



Sports Hall



Hub Gym (within Patient Accommodation)

## 6. Workforce



Staff Wellbeing Centre

*“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

The Board recognises the importance of staff governance as a feature of high performance which ensures that all staff have a positive employment experience in which they are fully engaged with both their job, their team, and their organisation. The Standard highlights the need for staff to be valued and shows that investment in staff is a direct investment in patient care.

Key areas of focus for the Staff Governance Committee in 2021/22 related to:

- Personal Development Planning & Review (PDPR) performance.
- Attendance Management performance.

- HR Performance – Employee Relations activity.
- iMatter, the NHS Scotland Staff Engagement Tool.
- Healthy Working Lives (HWL).
- Workforce Planning.
- Whistleblowing.
- Statutory and Mandatory Training compliance.
- Fitness to Practice.
- Recruitment.
- NHS Scotland Staff Governance Standard Monitoring Framework.
- Wellbeing.
- Occupational Health.
- Practice Development.

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

Measurement of organisational success is against the elements of the Standard through the iMatter staff survey and the use of the Self Assessment Audit Tool (SAAT), which forms part of the annual review arrangements for 2021/22.

## Working in Partnership

An effective system of staff governance that encourages, supports and monitors partnership working is firmly established.

Respective roles and responsibilities within the State Hospital's Staff Partnership Forum are recognised as shared values and common purpose. These elements provide the basis for a continually improving partnership which has led to long-term solutions that work both for staff and, more importantly, for patients.

## Attendance Management

Promoting attendance and reducing sickness absence continued to be a key strategic priority during 2021/22. Despite every effort, absence continued to be above the national target of 5%, negatively impacting on spend, staffing levels and patient care.

As in 2020/21 the two most common reasons for staff absence related to anxiety / stress / depression and musculoskeletal (injury / fracture, back problems and other MSK).

The Board continues to monitor performance against this standard and further analysis has been undertaken to inform future action plans to support achievement of the required standard.

### *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 (SWISS) in 2021/22 was 6.39% compared to 5.33% in 2020/21. This is an increase to sickness levels by 10.9%.

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 is recorded as special leave and does not count towards sickness absence triggers.

## Fitness to Practise

Our process of monitoring professional registrations and revalidations is well established. In 2021/22 all professional staff were registered and fit to practise.

During the reporting year, there were two lapses in registration, both of which were quickly rectified: one with the Nursing & Midwifery Council (NMC) and the other with the General Medical Council (GMC). By 31 March 2022 registration status for all staff groups was 100%.



## Staff Experience (iMatter and Dignity at Work)

Local results are consistent with previous years and is a good indicator that we have a particular strength around our teams and our team leaders.

iMatter is the main staff engagement tool for NHS Scotland. The 2021 iMatter survey was distributed in a modified version as the Everyone Matters Pulse Survey (EMPS). The Board's Employee Engagement Index (EEI) number was 74. There was a fall in response rates across most directorates:

- 94% of all teams received a report compared with 88% of all teams nationally.
- 68% of all teams completed their action plan. This compares with 42% of all teams nationally.

The State Hospital had the fourth highest number of action plans nationally.

The questions in the iMatter survey are mapped against the Staff Governance standard to illustrate the level of staff engagement. There has been a noticeable decline in each of the areas since 2019. 'Well informed' remains the highest scoring area. Communications during the height of the pandemic were frequent and provided clarity about what was happening in the organisation.

## Leadership Development

The Board is committed to developing Hospital-wide leadership capacity and capability and recognises that leadership is a direct enabler of the State Hospital being a great place to work, of improving patient care and of the Board's wider performance. During the year, staff were availed of external opportunities including the national Project Lift initiative. In-house leadership development opportunities were also offered through the corporate calendar.

## Occupational Health Service

Defined by the World Health Organisation, the three major tasks for Occupational Health are:

- Identifying suspected work factors that contribute to ill health.
- Educating management and workers to fulfil their responsibilities for health and safety.
- Promoting health programmes not primarily concerned with work related injury and disease.

Through the on-site State Hospital Occupational Health Service, the physical, mental and social wellbeing of all staff continues to be promoted, as does a confidential advisory service to staff and management on issues concerning health and work.

In 2021/22 all staff were offered both the influenza and Covid-19 vaccines. The use of Peer Immunisers was helpful in increasing the numbers in 2020/21 and therefore this approach was again undertaken in 2021/22.

The current Service Level Agreement in place was extended until March 2022.

## Personal Development Planning & Review (PDPR)

Monitoring of completion rates for the Personal Development Planning & Review (PDPR) process was kept under scrutiny throughout the year. The PDPR process and associated compliance continued to be affected in 2021/22 as a result of the pandemic, together with staff absence and homeworking which has made it difficult in some cases to progress appraisals that were due or overdue.



## 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 compliance level at 31 March 2022 was 76.5% - the reporting year averaging at 85.25%. This is a 4.67% increase from the 2020/21 figure of 80.58%.



## 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 2022 were 91.8% for statutory training (92.6% the previous year) and 83.3% for mandatory training (85.1% the previous year). The slight decrease was due primarily to Covid-19 and associated staff absence and staffing resource pressures. Despite these pressures, however, the overall compliance levels for statutory and mandatory training remain high.





## Health and Wellbeing

Good nutrition and healthier eating options continue to be promoted for patients and staff. The Staff Restaurant offers a range of healthy eating options and has a light, airy and contemporary feel. There is a self-service salad bar, a double soup station, two hot serveries, a dedicated take away section and a coffee lounge where hot and cold refreshments are available 24 hours a day for staff to purchase. The Hospital has a Sports & Fitness Centre that can be used by staff at certain times of the day / night. Staff joining the State Hospital are automatically enrolled into the NHS Contributory Pension Scheme but staff have the option to opt out if they wish to do so. In 2021/22:

- The HR & Wellbeing Group continued to provide a focal point for all health and wellbeing areas enabling quick decision-making based on up-to-date data.
- Staff Wellbeing Centre (SWC) became a key focus of wellbeing self-care activities, resources and support for staff.
- The Healthy Working Lives (HWL) group worked closely with the SWC to provide a healthy working environment.
- Charity funding available from Charities Together for further staff wellbeing work was secured.
- Wellbeing Champion was appointed.
- A Staff & Volunteer Wellbeing Strategy 2022/25 was developed and widely consulted on.



## Whistleblowing

The State Hospital fully launched the Whistleblowing Standards and the National Policy in April 2021. This was supported by an awareness campaign to provide details of the new Standards, the role of the Independent National Whistleblowing Office (INWO), how to raise any concerns, and training available.



Staff Wellbeing Centre

Currently the Board has two Confidential Contacts, however, work is taking place with the other National Boards on a possible shared resource to ensure complete confidentiality is in place for anyone raising a concern.

In 2021/22 there were two Whistleblowing cases. Actions arising include:

- A Review of recruitment processes.
- Work on building key relationships to ensure openness and transparency.
- Further communications on the Whistleblowing Standards and training.
- Development of more Confidential Contacts.
- Recruitment to the Non-Executive Whistleblowing Lead.
- Development of an internal Standard Operating Procedure (SOP) providing clarity on the process followed when dealing with any concerns.
- Additional support sources, not only for those who are raising the concerns but for anyone who may become involved (i.e. witnesses).
- Development of a communications plan aimed at raising awareness of the Standards.
- Development of a culture where complaints and concerns are encouraged and welcomed, and which fully promotes openness and transparency in its daily reporting.

The INWO will attend a Board Development day in September 2022 to ensure Board members are fully aware of the Standard and policy.



Campus



## Employee Relations

2021/22 saw an improvement to the historic time delays experienced with HR cases. In particular, around compliance with policies. A focus on further improvement will continue in 2022/23.



## Nursing Recruitment

In 2021/22 due to Covid-19, and in the absence of traditional recruitment approaches such as employment fayres or university information sessions, we developed marketing material in preparation for our next in person recruitment campaign. Our focus was on encouraging high calibre candidates to apply for State Hospital vacancies. We did this on a number of fronts:

- Producing a Recruitment Pack and promotional items including notepads, post its, water bottle, stress ball, nail file, ice scraper, mints in a tin, lip salve, pens and pencils.
- Actively engaging with Universities to encourage students to come to the State Hospital and choose a career in forensic mental health nursing.



Nursing Recruitment Pack

Additionally:

- We used social media to enhance our recruitment by engaging with individuals on the channels that they use.
- Handed out our Recruitment Packs and started recruitment discussions with our third year Student Nurses that undertake their 12-week placements with us.
- Gave our newly appointed Staff Nurses a Recruitment Pack.

Hospital-wide recruitment remains a priority.



## Staff Excellence Awards

Our virtual Excellence Awards Ceremony including Long Service Awards took place in November 2021, recognising staff and volunteers for the great job that they do.



Staff Dining Room

# Board Members' and Senior Managers'

## Register of Interests 2021/22

Name	Interest
Brian Moore Chair	Non-Executive Director, NHS Lanarkshire Trustee of NHS Lanarkshire Endowment Fund Member (Edinburgh and Lothian Health Foundation) Management Committee Member (Clydesdale Housing Association)
David McConnell Non-Executive / Vice Chair	None
Stuart Currie Non-Executive	Elected Councillor, East Lothian Councillor Non-Executive Director, Scottish Ambulance Service Lay Member, Employment Tribunal Scotland
Cathy Fallon Non-Executive	Lay Representative, NHS Education Scotland Board Member, Mungo Foundation
Tom Hair Employee Director (to 31 August 2021)	Director of Drumchapel Community Credit Union
Allan Connor Employee Director (from 1 September 2021)	None
Pam Radage Non-Executive	None
Gary Jenkins Chief Executive	Chair of Scottish Healthcare in Custody Network Chair of Management Service Network Neurosurgery (Scotland)
Robin McNaught Finance & Performance Management Director	Member, Audit Committee, Mental Welfare Commission for Scotland
Mark Richards Director of Nursing & AHPs	Professional Advisor to Scottish Public Sector Ombudsman
Lindsay Thomson Medical Director	Medical Director, Forensic Mental Health Services Managed Care Network Professor of Forensic Psychiatry, University of Edinburgh
David Walker Director of Security, Estates and Facilities	None
John White HR Director (to 31 August 2021)	None
Linda Davidson Director of Workforce (from 1 August 2021)	None

# Board and Standing Committee Membership

## 31 March 2022

### Board Membership and Role

Chair – Brian Moore

Non-Executive Directors – Stuart Currie, Cathy Fallon, Tom Hair, David McConnell (Vice Chair), Pam Radage and Whistleblowing Champion vacancy. 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 publicly seven times during 2021/22.

### Clinical Governance Committee Membership and Role

Chair – Cathy Fallon  
Stuart Currie  
David McConnell

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 2021/22.

### Audit Committee Membership and Role

Interim Chair – David McConnell  
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 four times during 2021/22.

### Staff Governance Committee Membership and Role

Chair – Pam Radage  
Stuart Currie  
Cathy Fallon  
Tom Hair

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 2021/22.

### Remuneration Committee Membership and Role

Chair – Brian Moore  
Stuart Currie  
Cathy Fallon  
Tom Hair  
David McConnell  
Pam Radage  
Vacancy (Whistleblowing Champion)

The Remuneration Committee considers senior management performance and pay related issues.

The Remuneration Committee met three times during 2021/22.

# THE STATE HOSPITAL

## AT A GLANCE 2021/22



### 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 **92.67%<sub>A</sub>**

Target 85%

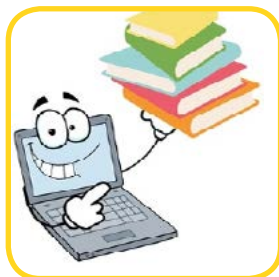
Patients will be engaged in psychological therapies.



RESULT **85.56%<sub>G</sub>**

Target 90%

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



RESULT **92.47%<sub>G</sub>**

Target 90%

Patients will be offered an annual physical health review.



RESULT **51.78%<sub>R</sub>**

Target 80%



Patients will undertake 90 minutes of exercise each week.

RESULT **78.75%<sub>G</sub>**

Target 25%

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



RESULT **10%<sub>R</sub>**

Target 5%

Sickness absence  
(National HEAT standard is 4%).



RESULT **6.39%<sub>OR</sub>**

Target 80%

Staff have an approved Personal Development Plan (PDP).



RESULT **85.25%<sub>G</sub>**

Target 100%



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

RESULT **100%<sub>G</sub>**

Target 100%



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

RESULT **100%<sub>G</sub>**

Target 100%



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

RESULT **98.66%<sub>G</sub>**

Target 100%



Patients will have their clinical risk assessment reviewed annually.

RESULT **96.49%<sub>G</sub>**

**SUMMARY**

12 x Key Performance Indicators (KPIs)

Of these: 8 x green, 1 x amber and 3 x red

**PLUS**

**For further information please contact:**

The State Hospital, Carstairs, Lanark ML11 8RP  
Tel: 01555 840293  
Email: [tsh.info@nhs.scot](mailto:tsh.info@nhs.scot)  
Web: [www.tsh.scot.nhs.uk](http://www.tsh.scot.nhs.uk)

**Attendance at Case Reviews by Clinical Staff**

	Target	2021/22
Responsible Medical Officer (RMO) Medical	90%	87.25%
Key Worker (KW) / Associate Worker (AW) Nursing	100%	90.5%
Occupational Therapy (OT)	80%	58.75%
Pharmacy	100%	97%
Clinical Psychologist	80%	77.5%
Psychology	60%	81.5%
Security	80%	68.25%
Social Work	100%	84.75%
Dietetics	60%	40.75%
Skye Centre Activity	80%	86%
Hospital Wide	<i>tbc</i>	59.75%
	<i>tbc</i>	0%
	<i>n/a</i>	69.3%



The State Hospitals Board for Scotland  
Carstairs, Lanark ML11 8RP  
Telephone 01555 840293  
Email: [tsh.info@nhs.scot](mailto:tsh.info@nhs.scot)  
[www.tsh.scot.nhs.uk](http://www.tsh.scot.nhs.uk)