



**THE STATE HOSPITALS BOARD FOR SCOTLAND
MENTAL HEALTH PRACTICE STEERING GROUP**

ANNUAL REPORT 2023

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1 Core Purpose of Service/Committee

The main purpose of the Mental Health Practice Steering Group is to promote continuous improvement in the mental health of State Hospital patients and the highest standards of clinical care and to deliver on specific pieces of mental health work commissioned by Clinical Governance Group.

2 Summary of Core Activity for the last 12 months

As we have moved out of the pandemic and through into the implementation phase of the Clinical model, the MHPSG has continued to provide oversight and governance about many of the core activities of life and practice at TSH. Areas such as patients' ability to make use of Grounds Access, developing a new outcome measure and refreshing the CPA documentation and processes have been core features of the work this year.

The MHPSG's hope is as we sign off the above pieces of work, we will be able to focus on some new areas of development to help improve care and assure quality at TSH.

3 Comparison with Last Year's Planned QA/QI Activity

Future Area of Work	Update
Review and propose changes to the Care Programme Approach process	The MHPSG has signed off the draft of the new CPA document at the June 2023 meeting. This is currently being sent to stakeholders for comment.
Develop and test ways to increase the utility of clinical outcome measures for frontline staff	The MHPSG is over halfway through two pilot projects at TSH to look at two outcome measures for patients – the CGI and the Forum. The process to be taken is further outlined in Section 5.1.
Support the Realistic Medicine Action Plan as required	The MHPSG has been integral in helping progress the Pre-admissions Specific Needs Assessment process but has now taken the decision to remove Realistic Medicine from its workstream in conjunction with the RM lead.
Support the development of the implementation plan for the new Clinical Care Model.	The MHPSG will be endeavouring to support the implementation of the Clinical Model in whatever way it can.
Establish the viability of a Structured Clinical Care Model at TSH	A SLWG under the MHPSG will be created to begin examining this. This is the next focus for MHPSG once the outcome measure and CPA work is completed.
Continue to develop Trauma Informed Care at TSH	The MHPSG is heightening its focus on this currently and will monitor the training being provided.
Develop potential Family Interventions	The MHPSG is scoping what might be possible in this field particularly the nascent Carers' Clinic.

4. Quality Assurance Activity

The activity of the group is largely based around several key safe, effective, person-centred areas of service delivery in the context of reviewing and monitoring clinical practice within the Hospital; including 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.

4.1 Reviewing and monitoring of National Clinical Guidelines and Standards

Over the last review period (1 May 2022 to 30 June 2023) the MHPSG were involved in the review of 14 guidelines/ standards. All of the guidelines/standards were considered to have varying degrees of relevancy to mental health services within The State Hospital and 11 were recorded for information purposes. An evaluation matrix was required for the remaining 3 documents, these were in relation to Depression, Self-Harm and Suicide (further information provided below). The review process has now been completed.

Guidelines/Standards Body	No. of publications reviewed	No. applicable to TSH	Evaluation Matrix required
MWC	9	9	0
SPSO	1	1	0
NICE	3	1	2
Royal College of Psychiatrists	1	0	1

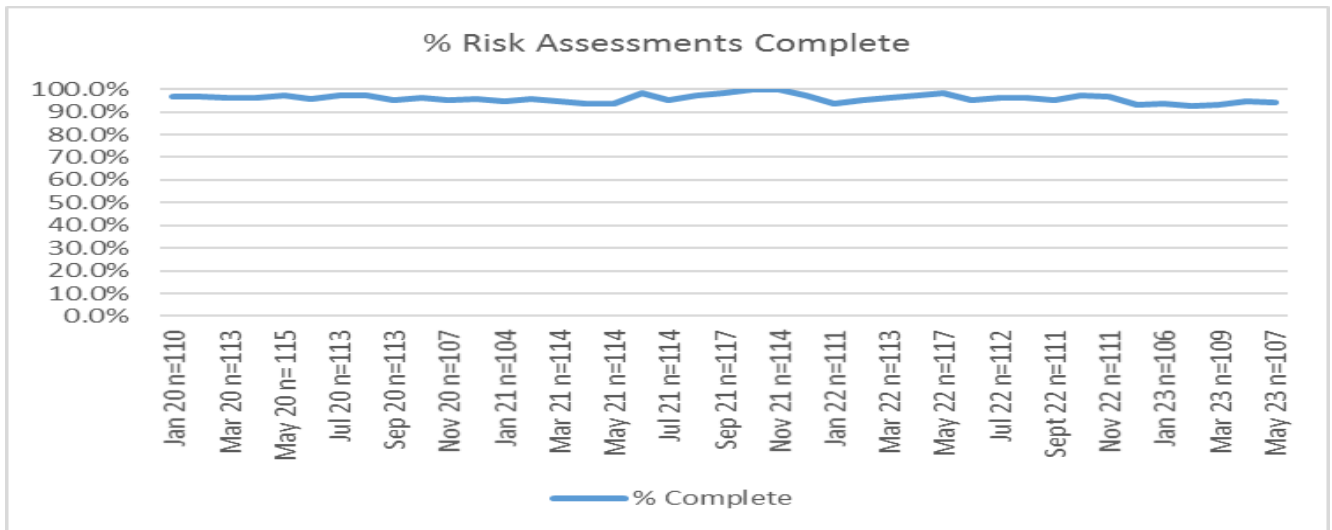
The 3 guidelines / standards which required further review were:

Body	Title	Current Situation	Date Issued
NICE	Depression in adults: Treatment and management	Matrix completed - 100% compliance achieved	Jun 2022
NICE	Self-harm: Assessment, management and preventing recurrence	Review matrix completed. 98% compliance achieved. 1 recommendation re staff training has been added to MHPSG Action Plan	Sept 2022
RCP	Supporting mental health staff following the death of a patients by suicide: A prevention and post-vention framework	Unsuitable for matrix completion however, content reviewed by MHPSG subgroup alongside NICE Self Harm guidance. Recommendations in relation to staff training being taken forward as joint piece of work.	Dec 2022

The MHPSG has an action plan regarding its total workstream. There are currently seven outstanding recommendations in relation to seven previously completed gap analysis. Six of these are all linked to the Clinical Model and will be evaluated now that the latter's implementation has now recommenced.

4.2 Risk Assessment Completion

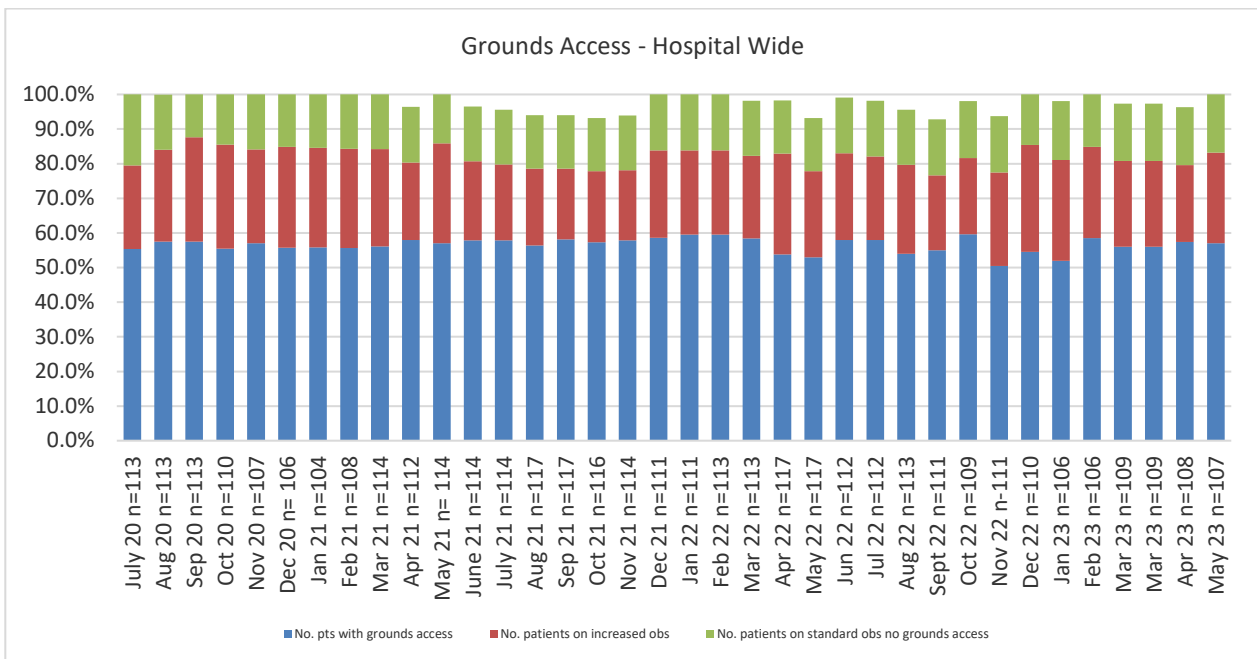
This information is collated by Health Records on a monthly basis and monitored by the MHPSG bi-annually. Health Records audit the process monthly to ensure compliance with the process.



The above graph shows that the completion of Risk Assessments is within control.

4.3 Grounds Access

Grounds access is monitored by the MHPSG on a 6-monthly basis.

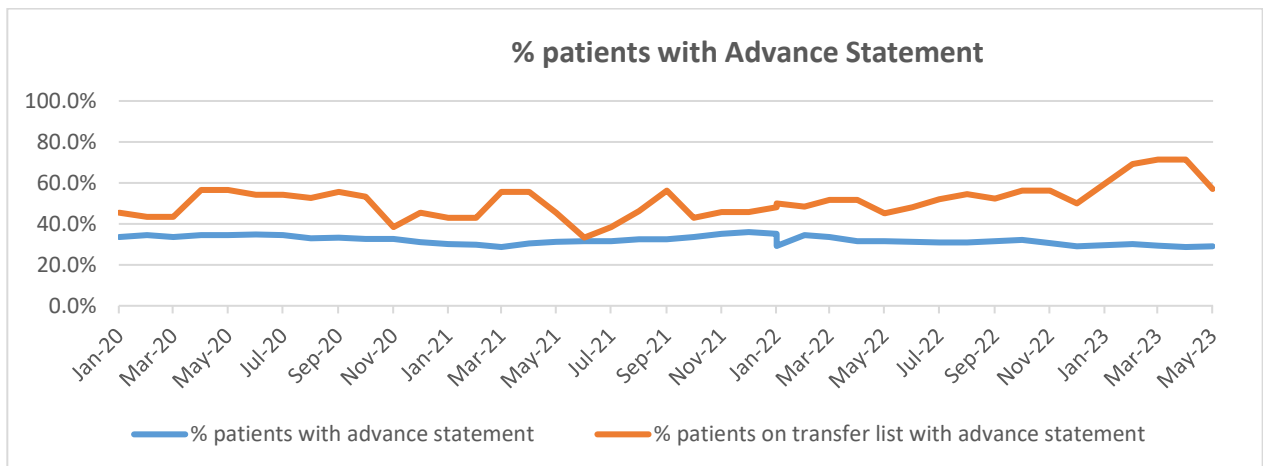


The graph above shows Grounds Access has remained in control over the last 12 months to May 23.

Work continues on the Grounds Access policy. Once the policy has been finalised, the Grounds Access RiO forms will be rolled out across the organisation. After being embedded, an audit will be carried out to ensure that the new paperwork will improve the timescales in Grounds Access requests being processed.

4.4 Advance Statements

Advance Statements are monitored by the group on a 6 monthly basis



The graph above reports on the percentage of patients with an Advance Statement. This percentage has been decreasing since December 2022. In addition there has been a decrease in the percentage of patients on the transfer list with an Advance Statement. The numbers refer to patients on the transfer list who are moving on to other hospital settings. The decrease could be explained in part due to the high number of patients currently on the transfer list.

The MHPSG continue to work closely with Advocacy to ensure that patients are given the opportunity to produce an Advance Statement.

Historically a copy of the patient's Advance statement was held in the patient's kardex. With the introduction of Electronic Prescribing (HEPMA) the medicine kardex is now held electronically. The Advance Statement cannot be held on HEPMA however a copy of each patient's advance statement is held in a folder in the Treatment Room. This will be audited as part of the annual T2/T3 audit – due to be carried out in Sept 23.

5 **Quality Improvement Activity**

5.1 Clinical Outcomes Pilot Report

The MHPSG created a working group in Autumn of 2022 to begin the process of piloting a new clinical outcome measure for patients at TSH. Two options were brought to the MHPSG, the first was the Clinical Global Impression Scale (CGI) and the second the Forensic Outcome Measure (FORUM). We agreed to pilot both measures in separate hubs across multiple timepoints.

The pilot is now not far from completing the data collection phase – and we have some preliminary quantitative feedback. After the final measures have been completed, we will be collecting qualitative feedback from those involved in the pilot – particularly clinical teams and patients themselves – to allow the MHPSG to reach a decision about how to proceed.

Ultimately, it is envisaged that the outcome measure, or measures, will become a feature of the new CPA documentation. This will allow TSH to have a hospital wide measure – applicable across diagnoses and presentations, including the ID service – to track and monitor patients' progress clinically and functionally.

5.2 Motivation of new patients and ensuring positive engagement

The MHPSG has maintained “Motivation of New patients and ensuring Positive Engagement” as a standing agenda item and this is linked to a number of ongoing areas of work including the review of Grounds Access protocols. This data is reviewed on a six-monthly basis as indicated within the MHPSG work plan. The removal of COVID-related restrictions has resulted in an increase in activity levels. Plans are underway to reintroduce a revised structured Induction pathway with the addition of planned activity for those patients as yet unable to participate. Hub activity staff will work closely with Occupational Therapy staff to provide activity for patients who are at an early stage of their recovery.

5.3 Pre-Admission Specific Needs Assessment Form, QI project

There is an expectation that all reasonable steps are taken, prior to Hospital admission, to proactively identify and address individual patient needs. This process calls for TSH to ensure appropriate support is in place by the time of admission, to mitigate the risk of health inequalities, which may arise because of a delay in access to support mechanisms. This is a legal requirement.

In March 2021, a QI project was commissioned by the MHPSG to improve the completion of the Pre-Admission Specific Needs Form. The project showed initial improvement but this was not sustained. A new process saw the form being forwarded to the admitting service, for completion, at the point where the referral is allocated at the Patient Pathway Meeting. This new process has not shown any sustained improvement. In light of the new clinical model this project should now sit with the Admission and Assessment Interim Service Leadership Team.

Part of the initial QI project also looked at ways of improving the time it took patients to have access to their activated telephone line. Health Records contact Estates once a new admission has been confirmed and Estates have a target to activate the telephone line within 72 hrs of Admission. This has substantially improved access to the phone for new admissions.

5.4 Review of the CPA process

The MHPSG submitted a proposal to the Clinical Governance Group in June 2020 to review the CPA processes in TSH. The CGG supported the proposal. The last year has seen the MHPSG focussing on this piece of work, which has now led to the construction of a draft new CPA document.

There have been a number of key changes to the CPA document, which the MHPSG hope will improve the CPA process more generally. These are -

- Refocussing the documentation so that it has a more patient-centred style.
- Linking the demographic and first section of the document with RIO so that information can be pulled automatically into the document.
- Improving the formulation section of the document so that it can be used to guide care for patients
- Adding the activity timetable to the document so that review of activity can be made more effective
- Linking the outcomes to activity and the formulation.
- Removing the VRAMP and other parts of the document to eliminate repetition so as to streamline the document.

- Addition of a hospital wide standard outcome measure for patients, either the CGI or FORUM. The final decision on which is due after the MHPSG reviews the data and feedback on the two pilot projects for these measures.

This draft document will now be circulated to key stakeholders for feedback and comments. The hope of the MHPSG is that the new services created by the Clinical Model will then be able to adapt this master template for their own needs.

5.5 Relational Approaches to Care Group (RATC)

The RATC had a re-grouping on 6th July 2023 in person, having been meeting online for a while. The RATC is a forum for clinicians to get together who all have particular focus in their jobs on relational aspects of care i.e. to share practice, work together, prevent duplication of efforts, get support for projects etc.

Current areas of work/actions:

- Continue to deliver workshop on 'Essential Relational Aspects of Care' - this is now in the hospital training plan and has been delivered five times so far. Evaluation of this has been very positive.
- Adam Polnay is working with Michelle McKinlay in Nursing Practice Development to produce a short work booklet to complement the workshop. This is based on a training framework previously produced by the RATC group.
- Support the running of Reflective Practice Groups across the hospital

5.6 Trauma Informed Care

The MHPSG notes that Trauma Training has remained a priority. There are two levels to this, Level 1 ("Trauma Informed" – awareness training) and Level 2 ("Trauma Skilled" – to help staff feel confident in recognising and understanding how to work with trauma). These are both components of the NES National Trauma Training Programme.

Level 1 and Level 2 training are delivered on a bi-monthly rolling programme facilitated jointly by staff from PTS and Nursing Practice Development. 51 staff have been trained at level 1 and 25 at Level 2 over 2022-23. Pre and post training evaluation shows an increase in staff trauma knowledge following training. In addition, these trainings will also allow a smaller cohort of staff to progress to Level 3 where they will be able to deliver Safety and Stabilisation work.

6. **Stakeholder Experience**

6.1 Stakeholder Feedback

The MHPSG, through the Person-Centred Improvement Team (PCIT), receives feedback from stakeholders relating to patients' direct experience of service delivery and the impact of supporting patients within a high secure environment on carers / Named Persons. Members of the MHPSG and the wider clinical staff groups engage in the annual 'What Matters to You?' (WMTY) initiative, supporting patients, carers and volunteers to share their experience. The PCIT develop a WMTY action plan and the outcomes detailed in this are discussed by the MHPSG with a view to disseminating learning opportunities to inform Hospital wide service improvement projects.

The MHPSG receive regular feedback from the Patient Partnership Group in relation to ensuring that the views of patients are incorporated within the organisation's priorities, including the Supporting Healthy Choices, Digital Inclusion and the Clinical Service Delivery Model.

The MHPSG is kept apprised of pertinent outputs emerging from the Person-Centred Improvement Steering Group (PCISG), seeking support to progress pieces of work where the contribution of members of the MHPSG offers a wider perspective to inform pieces of work taken forward by the PCISG

6.2 Equality Outcomes

The MHPSG are supporting work streams contributing to delivery of the Hospital's Equality Outcomes, specifically around enhancing involvement in the Care Programme Approach process. The updated Equality Outcomes published in 2021, focus on opportunities to mitigate potential health inequalities, including equitable access to all areas of service delivery. A priority to support accessibility for TSH patients with an Intellectual Disability is a key aim for the organisation.

7. **Planned Quality Assurance/Quality Improvement for the next year**

7.1 The MHPSG will focus on the following key areas of work over the next twelve months:

- Finalise the new CPA documentation and implement associated changes to the Care Programme Approach process
- Finalise the study work regarding clinical outcome measures for patients. Then implement usage of the measures across the hospital.
- Complete the audit loop for the Pre-Admission Needs Assessment work.
- Structured Clinical Care - the group has recently started to grapple with trying to scope and develop an implementation plan for Structured Clinical Care (SCC) at The State Hospital. This would build on the work of the Forensic Network paper on SCC from 2018, which looks to make forensic services function as whole systems to improve quality of care for patients, particularly those with primary or co-morbid diagnoses of Personality Disorder. The MHPSG invited key stakeholders to hear a talk by Dr Allan Thomson, Consultant Clinical Psychologist at Foxgrove – the National FCAMHS unit – to hear about their work in developing a model for SCC, which was well-received. A small working group will be formed to begin this process and complete a needs analysis.
- Family Interventions: the group has also recently considered how best to bring together a cohesive focus on the different work with patients and their families, which is being carried out in the hospital. There are many pockets of individual good practice and it would be beneficial to have a more comprehensive review of all this work and consider areas of best practice. In the first instance the group plan to compile a review of work with families currently being undertaken and carry out a needs analysis with clinical teams. It will also scope the possibility of expanding the Carers' Clinic. It should be noted that due to a significant change in the allocation of patients to different clinical teams, the Carers' Clinic is currently paused.
- In addition, the MHPSG will continue to overview and support as required the development and implementation of the new Clinical Model

8. **Changes to membership**

There have been two changes to the group membership over the last year. The recent departure of Sandie Dickson has meant that Yvonne McCabe and Jacqueline Garrity have been helping to ensure the MHPSG continues to have input from Patient Experience. In addition, Jen Green left her post as the Realistic Medicine Project Support Officer.

9. Next review date

The Mental Health Practice Steering Group will report to Clinical Governance Committee in August 2024

Appendix 1: Governance arrangements for Committee

Committee membership:

The MHPSPG is attended by a group of multi-disciplinary staff from across all disciplines working in the Hospital.

Membership in 2022-23:

Dr L Kennedy, Consultant Forensic Clinical Psychologist (Chair)
Dr J Patrick, Consultant Forensic Psychiatrist (Co-Chair)
Dr Sheila Howitt, Consultant Forensic Psychiatrist
Jamie Pitcairn, Research & Development Manager
Kim McLelland, Senior Charge Nurse
Stuart Lammie, Lead Nurse
Hannah McAllister, Senior Nurse in Nurse Practice Development
David Hamilton, Social Worker
Alex MacLean, Senior Charge Nurse
Chelsea Burnside, Occupational Therapist
Julie McGee, Clinical Effectiveness Coordinator
Yvonne McCabe, Person Centred Improvement Team Charge Nurse

Minute Secretary: Barbara Howat

Role of the committee

The main purpose of the MHPSPG is to promote continuous improvement in the mental health of State Hospital patients and the highest standards of clinical care. More specifically the remit includes:

- Promoting continuous improvement in the mental health of the patients, incorporating the highest standards of clinical care.
- Increasing the proportion of care that is evidence based or best practice and providing guidance on mental health interventions.
- Ensuring that clinical and non-clinical staff have a voice in the redesign, development, planning and prioritisation of mental health services through the health planning process and the optimum allocation of resources to benefit patients.
- Monitoring and driving improvement in the effectiveness and efficiency of overall service delivery for mental health needs.
- Providing a forum for consultation, discussion and debate, drawing on expertise within and out-with the Hospital.
- Contributing to work streams emerging from stakeholder feedback.

Aims and objectives

To establish and maintain systems to gather, assess and implement (where appropriate or required) evidence based and best practice guidance in mental health as published by NHS, Healthcare Improvement Scotland (HIS), NICE, Mental Welfare Commission (MWC) and other bodies, including:

- Standards (mandatory)
- Mental Health Strategy
- Clinical Outcome Measures
- Health Technology Assessments

- Safety Action Notices/Patient Safety Alerts
 - SIGN Guidelines
 - Best Practice Statements
 - National audits
 - NICE Technology Appraisals
 - MWC Guidance and Investigations
 - And NICE guidelines
- To prioritise and oversee a programme of clinical audit and clinical policy development, review and implement to enable the delivery of optimum care to patients.
 - To deliver on specific pieces of mental health work commissioned by Clinical Governance Group.

Meeting frequency and dates met

Meetings are held monthly on the third Thursday of the month. There have been no cancelled meetings this year.

Management arrangements

The group reports directly to the Clinical Governance Group every twelve months.