

Foreword

About the State Hospital

Safe



Effective

Person Centred

Workforce

# Annual Report 2022/23

Safe and Secure Care, Treatment and Recovery

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# 1. Foreword

This report conveys the scale and breadth of the work the organisation has undertaken in 2022/23 to ensure person centred care continues to be delivered to our patients.

The Clinical Care Model describes how clinical care is structured and delivered. Our single, biggest clinical achievement during the year was preparing for the implementation of a new Clinical Care Model from Spring 2023 which better addresses the needs of patients at the different stages of their journey. The need to review the Clinical Care Model arose from issues raised through a staff engagement exercise that focused on readiness to change. Patient moves commenced in March 2023 and were successful.

One of the core purposes of the State Hospital is to manage violence and aggression, and we are actually very good at that. When we look at our incident data and how often physical interventions are required, those have come down by more than half over the last four years.

During June 2022 five wards were closed at various times due to positive cases of COVID-19. During July we had to make changes to the structure of operational decision-making to support the response to increased community transmission of COVID-19 and related system pressures. The purpose of this change was to stand down normal business, to manage the current increase in COVID-19 related absence, and to ensure that resources were targeted to support frontline patient care.

As with NHS hospital settings throughout the pandemic and currently, it is the case that the State Hospital has faced staffing shortages in a similar way. We have not yet been able to get back to a position of the same level of activity that there was pre-pandemic, but we are working hard towards reaching that goal. Patients are receiving activity, they are having access to fresh air and exercise, and staff have been going above and beyond to make sure they can facilitate that as much as possible. Additionally, during the year, there was representation from Non-Executive Directors of the Board at Patient Partnership Group (PPG) meetings on 10 occasions.

Forensic mental health nursing recruitment continues to be of prime importance and there is a high level of assurance that we are doing everything we can to attract and retain staff. Staff are our greatest asset, and we firmly believe the State Hospital is a great place to work.

The main priority area in terms of staff governance performance management continues to be the pursuit of the attendance management target of 5% absence. There is no doubt that the continued impact of staff absence has been significant. Many of our staff have been redeployed into other areas of the Hospital to meet the different challenges and we are grateful for their continued endeavours, commitment, and flexibility to help support the delivery of frontline services.

Another key priority is the emerging wellbeing agenda for staff and volunteers. Hybrid working across our corporate teams has continued to prove successful and feedback has highlighted that for some, this way of working has meant a greater sense of wellbeing. As a result, our office space can be better utilised. Other wellbeing activity during the year included everything from health events and wellbeing webinars to coffee and conversation mornings, financial and pre-retirement workshops, mindfulness and relaxation sessions, massage and yoga sessions, the creation of a Peer Support Network, and the North Coast NC500 (walking, cycling & running) challenge.

A significant achievement during the year was the redesign of our website which we relaunched in February 2023 with favourable feedback. We will continue to invest in our communications resource, explore and adopt new channels of communication, and progress our digital transformation and inclusion agenda. Of worthy note was the substantial increase in social media engagement across all platforms.

Improving mental health and wellbeing continues to be a national clinical priority. Within the State Hospital, the management of obesity and physical activity remains a significant challenge in light of the majority of patients being overweight or obese. Every effort continues to be made to promote patient health and wellbeing as part of their overall care and treatment.

In February 2023, we welcomed verbal feedback from the short-life working group set up to look at the outcome of the Independent Review into the Delivery of Forensic Mental Health Services pan Scotland (Barron Report). In terms of delivery, the State Hospital welcomed the intention to move towards a collective leadership model instead of Board structural changes.

The Shared Intelligence for Health & Care Group held a feedback session in October 2022. This is multi-sourced input from information and intelligence around the State Hospital that has been assessed and reviewed over the last year. This happens annually and is led by Healthcare Improvement Scotland (HIS). Positive feedback was received in relation to the findings with no further actions arising beyond those already planned.

The Board was strengthened in January 2023, with the appointment of Shalinay Raghavan as our Non-Executive Whistleblowing Champion.

In January 2023, in line with the Scottish Government reviewing the NHS Scotland national branding, we put a case forward for a State Hospital variant of the NHS Scotland logo that would more clearly identify the State Hospital as an NHS Scotland organisation in terms of logo and name. We are currently awaiting to hear if our business case has been successful.

Despite all of the challenges of the last year, we met all our governance and financial targets as well as legislative requirements, and are delighted with the progress that has been made in all areas across our site.

Partnership working has continued to be at the heart of all that we do. We again thank our staff for their tireless efforts in continuing to provide the best possible care for patients, and as teams to support one another. We have also been fortunate to have the support of our volunteers, partners, and regulators, and would like to take this opportunity to sincerely thank them for their contribution.

The State Hospital is a part of the NHS in Scotland and has the same oversight and governance as other NHS services. It is probably the most scrutinised body in the country, and that is quite right.



*Main Entrance*



*Front Entrance Sign*



*Brian Moore, Chair and 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 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. No-one is admitted to the State Hospital on a voluntary basis.
- Around 73.4% 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 to protect the public from serious harm. In other words, a prisoner who has committed a crime but is mentally unfit to go to or remain in prison. This number also includes patients undergoing criminal court proceedings who are also subject to the supervision of the Scottish Ministers.
- During 2022/23 there were 31 patient admissions and 35 patient discharges compared to 25 admissions and 26 discharges in 2021/22.
- All patients are male with an average age of 39.
- The average length of stay is around five years, with individual lengths of stay ranging from less than one month to over 35 years.

### Staff

- As at 31 March 2023, the State Hospital employed 668 staff (585 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.

Although the State Hospital shares the same values, aims and challenges as the rest of the NHS in Scotland, it is unique because it has the dual responsibility of caring for very ill, detained patients as well as protecting them, the public and staff from harm.

### 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) 2022/23 which will be replaced by the Annual Delivery Plan for 2023/24.

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

The State Hospital's Performance Report 2022/23 and comparative annual figures presents a high-level summary of organisational performance. Trend data is provided to enable comparison with previous performance.

## 3. Safe



*Critical Incident Communicator Training (December 2022)*

*“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 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 Annual Report 2022/23 provides an overview of activity during the 12-month period.

#### Managing Violence and Aggression

One of the core purposes of the State Hospital is to manage violence and aggression. Incidents have reduced by more than half over the last four years.

When staff feel that an incident is of such seriousness that they need to activate their personal alarms for extra assistance, only in about a third of cases will that then lead to the use of physical restraint to maintain safety. This demonstrates the very high level of skill within the State Hospital to de-escalate, to avoid, and to only use those measures when there is no other way of maintaining the safety of the person themselves or anyone else. Physical restraints are used as a last resort when there is no other way to safely manage risk of violence or self-injury.

If there is an injury to either staff or patients, these are recorded and investigated to ensure any learning from that particular incident can be undertaken and to improve the service for everyone. Patient safety remains our top priority.

Our aim is to reduce incidents, and to achieve that we make sure that patients are meaningfully engaged, that they have the therapies that they need, and they have the treatment that they need. Additionally, when patients are admitted, it is explained to them the nature of the setting, and the importance of making sure that everyone stays safe, and how best to try and manage feelings of agitation should they arise that do not involve behaving aggressively towards others. Patients themselves want to feel safe, they want to know that if someone else is becoming upset that nobody is going to get injured. When they receive guidance from staff, in that particular situation, they are willing to listen to that advice, to take it on board, and to help make the situation safe again for everyone.

## Intellectual Disability Service

The intellectual disability service at the State Hospital provides care and treatment to the small number of patients who require high secure care. A multi-disciplinary team provides assessment and treatment, focussing on optimising mental and physical health whilst developing a range of skills. Patients move on to lower levels of security once they no longer require high secure care, and it is exceptionally rare for anyone to need to return to high secure care at a later date.

No-one is admitted to the State Hospital on a voluntary basis, and we refute the BBC Documentary "Locked in the Hospital" in August 2022 which implied patients with autism were sent to the State Hospital because there was nowhere else for them to go. No-one has been admitted to the State Hospital solely on the basis that they have autism or a learning disability. No-one in the State Hospital only has a diagnosis of autism. Individuals requiring high secure care commonly have co-occurring conditions affecting both their physical and mental health, with a number of factors impacting on the risk posed to others.

Most people with an intellectual disability will never be in hospital or will never commit a criminal offence. It is only a very small group of people who require forensic learning disability services. Not everyone who commits an offence and has an intellectual disability goes into hospital. Some will very appropriately go to prison, and many will be supported to go through usual criminal justice processes.

There are two different groups that will come into forensic intellectual disability services:

- People that may have committed an offence, usually a serious offence, but because of their cognitive impairment they are unable to follow the trial process. These individuals will be referred to specialist services to ensure their needs can be appropriately met.

- Individuals who will have gone through the Court process, who will have received a sentence, and if they committed a serious crime will have been sent to prison, and whilst in prison it becomes apparent that they are unable to cope in that environment and/or they develop a serious mental illness. They may become highly distressed and may require care and treatment in a hospital setting.

Our staff have training and expertise in learning disability and autism, understanding the communication needs and individual patient characteristics.

We are very aware that sensory issues are common, both in people with autism and with intellectual disability. Part of our assessment is understanding what particular factors make a person feel more irritable or more frustrated, and how can we make that less impactful for them. We ensure access to outside spaces, and activities, avoiding overcrowded spaces and high noise levels. We have areas in the ward that are quieter than others, and consider additional supports where patients have particular sensory needs.

Considerable efforts have been made to move patients with an intellectual disability to highly supported community placements. In one such case, this included the patient being nursed in a ward on his own prior to transfer, and nursing staff supporting him in the tenancy to help with transition. Unfortunately, these efforts were not successful, and the patient needed to be returned urgently to the State Hospital for his own safety and the safety of others.

The ID service has been successful in supporting individuals to move to less secure settings and we are proud that longitudinal data indicates positive outcomes for individuals receiving care within the ID service. Patients within the ID service have complex needs, requiring specialist assessment and therapeutic approaches.

As in previous there, in 2022/23 there were a number of patients within the Intellectual Disability service that were on no medications at all because they were not required.



*Visit from Kevin Stewart, Minister for Mental Wellbeing and Social Care (August 2022)*

## Realistic Medicine

The State Hospital continues to work to implement the principles of Realistic Medicine into our clinical interactions, systems and processes.

The Realistic Medicine interim update 2022/23 highlighted a number of key achievements:

- The online Shared Decision-Making (SDM) module was completed by 63 multi-disciplinary staff.
- Our Learning into Practice (LiP) system was reviewed and relaunched.
- Work to build our Quality Improvement (QI) infrastructure continued by supporting staff through national programmes such as ScLIP, ScIL and the Fellowship. Local QI mentoring was also delivered to staff.
- Many of the actions in the Realistic Medicine work plan have been progressed or completed. The updated Action Plan for 2023/24 is a more streamlined, focussed document, with more tangible aims / outcomes for projects.

We continue to engage, promote, and share our work in a range of fora, and strive to progress Realistic Medicine within the wider forensic network.

## CPA / MAPPA

The CPA / MAPPA report covering the period 1 October 2021 to 30 September 2022 highlighted that for the fourth consecutive year, 100% of transfers were managed through the Care Programme Approach (CPA). In relation to MAPPA, all patients remain under consideration in this regard and consultation and notification takes place with the relevant MAPPA Co-ordinators as appropriate. Areas of good practice included an increase in patient involvement in the CPA process with 77% attending meetings and the Patients' Advocacy Service attending 81%. Inter-agency working was also highlighted with receiving services being well represented in transfer / discharge CPAs.

## Child and Adult Protection

The Child and Adult Protection Annual Report covering the period 1 October 2021 to 30 September 2022 highlighted key achievements in the areas of keeping children safe and adult support and protection. The Child and Adult Protection Forum meets regularly to ensure that these issues remain at the forefront of work within the State Hospital. Other key areas included updating the Keeping Children Safe Policy in line with newly published guidance, the submission of the State Hospital Corporate Parenting Plan 2021/23, and the ongoing development and delivery of training.

## Infection Control

The Hospital ensures compliance with the Healthcare Improvement Scotland (HIS) Infection Prevention and Control Standards (2022).

NHS Lanarkshire provides sessional input from an Antimicrobial Pharmacist who is also a member of the State Hospital Infection Control Committee. This contract has been extended to 31 March 2026. The NHS Lanarkshire Empirical First Line Antibiotic Policy for Primary Care has been adopted for use by the State Hospital. All infection control policies are in the process of being reviewed with a view to converting some to Standard Operating Procedures.

The number of infection control incidents increased from 61 in 2021/22 to 83 in 2022/23 due to the number of patients testing positive for COVID-19 and also the number of Clinical Waste incidents being reported which are in breach of the Safe Management of Linen Policy.

The percentage of Autumn / Winter on-site vaccinations among patients decreased from 74.4% in 2021/22 to 59.7% in 2022/23, with 37 patients declining (31%) and 11 patients not offered (9.3%).

COVID-19 brought challenges in 2022/23 due to three significant peaks in June / July 2022, December 2022, and March 2023 resulting in 94 positive cases. Nine positive Influenza A cases were recorded from 25 December to 2 January 2023.

In July 2022, with a change in national guidance and a good uptake of the vaccine, the State Hospital adopted a lesser restrictive model to managing COVID-19. This enabled asymptomatic contacts of positive cases to continue with their daily activities.

In September 2022, Scottish Government paused asymptomatic LFD testing for staff. - However, all State Hospital staff were still required to wear fluid resistant surgical facemasks when in clinical areas / areas where patients might be present, when unable to maintain 2m distancing from colleagues (including non-clinical areas), and when moving around (including non-clinical areas). In May 2022 an additional six members of staff were trained to become Face Fit Testers for fluid resistant surgical masks.

Hand hygiene audits continued during the year with 16 clinical areas audited monthly. An Infection Control practice audit tool was developed and implemented in June 2022, replacing the previous COVID-19 Audit. The new audit tool looks at a range of infection control practices to reduce the spread of infection across the site.

The Infection Control Annual Report 2022/23 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.

Key eHealth achievements in 2022/23 included:

- Completion of the upgrade of our Electronic Patient Record (EPR) project. The upgrade was successful, and the benefits are being realised by staff.
- The update of Network hardware located around the site.
- Progression of our digital transformation and inclusion agenda. Key achievements include Near Me development, patient internet catalogue browsing, and patient learning focus and improvements.
- The review and update of our Mobile Device Policy.
- The launch of Cyber Security awareness campaigns throughout the year.
- Recruitment exercise to fill vacant posts.

The eHealth Annual Report 2022/23 will be presented to the Board in October 2023.

## Information Governance

Following a consensual audit in November 2022 from the Information Commissioner's Office to look at our governance, accountability and data sharing for data protection, the formal report was received, awarding us with a high assurance rating. This is encouraging and is seen as positive reinforcement that the Information Governance strategy is delivering against data protection compliance. A small number of improvements were identified and will be taken forward. Additionally, in support of good records management and data protection, an organisation wide bulk shred took place in February 2023.

The Information Governance Annual Report 2022/23 will be presented to the Board in October 2023.



Visit by Wendy Sinclair-Gieben, HM Chief Inspectorate of Prisons (September 2022)

## Medical Education

The State Hospital continues to provide extensive undergraduate and postgraduate medical training via a well-trained and experienced Consultant workforce.

It has been a very positive year for the State Hospital with regard to medical education. We have continued to provide extensive undergraduate and postgraduate medical training via a well-trained and experienced Consultant workforce. Particular strengths have included a very positive NES Deanery visit and ending the year with extremely positive feedback from training surveys, placing us within the top 2% of training sites within forensic psychiatry nationally. Our recruitment and fill rate are strong and we are able to enter the forthcoming year on a positive footing.

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 2022/23:

- A revised phased programme of work for our physical security refresh project was progressed and is expected to be completed in early 2024.
- Procedural security training for new staff continued.
- A new key-safe system was successfully installed to replace an outdated system.
- Work continued to refresh our Risk Management Strategy, and all Business Continuity Plans were reviewed and updated to ensure they were fit for purpose.
- A new negotiator model was developed and implemented to support our multi-agency plans.
- All Seclusion rooms were upgraded to provide a safer environment for patients and staff.

## 4. Effective



*Leading Researchers from Canada and Germany reviewing a peer-to-peer booklet on recovery resulting from a State Hospital research study (June 2022)*

*“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.

Board Meetings are open to the public. Public notices, agendas, papers, and minutes can be found on the State Hospital’s website which provides a wealth of valuable 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 leads the professional advisory structure to ensure that clinical views are considered on all matters of clinical care.

A Clinical Governance Annual Report for 2022/23 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 Effectiveness, Research, Integrated Care Pathways (ICPs) 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 Partnership Forum meets monthly to embed partnership working across all aspects of staff governance.

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 2022/23, the Audit Committee reviewed its Terms of Reference and is now known as the Audit & Risk Committee to better describe its remit.

During 2022/23 the Board met in public six times. All meetings were held virtually with agendas, papers and minutes being easily accessible via the State Hospital's website. The Audit & Risk Committee, the Clinical Governance Committee, and Staff Governance Committee all met four times in year, and the Remuneration Committee met three times.

During the year, the management reporting structure was streamlined, with leadership through the Corporate Management Team, supported on operational functions by the Organisational Management Team. The Workforce Governance Group was implemented to lead on the management of key issues within workforce resourcing, to support longer-term planning for all aspects of care delivery, and in preparation for the Health and Care (Staffing) Scotland Act coming into force on 1 April 2024.

The Board continued to review its Corporate Governance Improvement Action Plan, and considered the updated Blueprint for Good Governance. 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 Member and Senior Manager Interests 2022/23, Appendix 2 for Board and Standing Committee Membership (31 March 2023), and Appendix 3 for 'At A Glance' Key Performance Indicators 2022/23.

## Audit Committee

The Internal Audit Plan from RSM (internal auditors) for 2022/23 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 & Risk Committee, the Chief Executive (as Accountable Officer), and the External Auditors.

Overall, the internal audit opinion was that the Board can take reassurance that the controls 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 2022/23.

## 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 Executive and Senior Management staff, as well as for the award of Consultants Discretionary Points.

The Remuneration Committee Annual Report 2022/23 outlines the key achievements and key developments overseen by the Committee, which also includes the Committee's Terms of Reference, reporting structures and work programme which is 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 2023, the Board was within all three of its statutory financial targets and reported a carry-forward of £190k 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	40,849	40,299	190
- Non Core	1,156	1,156	-
Capital Resource Limit			
- Core	2,003	1,913	90
Cash Requirement	41,642	41,642	-

## 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 2022/23 increased by £2,282k from the previous year.

## Capital Resources

The Board's Capital Programme for 2022/23 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.

The use of all Polystyrene (cups, bowls, and plates) and disposable non-recyclable plastic white cutlery was withdrawn from use within the State Hospital at the end of May 2022.

## Efficiency and Productivity

Savings targets have been met in each of the recent years. In future years, it is highly likely that the Hospital will have increasing difficulty generating the same level of cash releasing savings. 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 innovative 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 2022/23:

- Monitored its focus on identified fraud risks.
- The mandatory Fraud e-learning module was completed by 172 staff.
- Fraud alerts were shared regularly via the staff bulletin and remained readily available via the Hospital's Intranet.
- Work continued on the Counter Fraud Services matching exercise which is undertaken every two years by all Boards.

During the year, the State Hospital also participated in the annual Counter Fraud Services customer engagement 'virtual visit'.

We celebrated International Fraud Awareness Week 2022 (IFAW) in November 2022.

## Annual Review

The Annual Review is to hold Boards to account for their performance. The 2020/21 Annual Review of the State Hospitals Board for Scotland took place on 5 April 2022. The next Annual Review will be led by the Civil Service and will take place prior to the end of 2023. This will encompass reviews of both 2021/22 as well as 2022/23

## 4.2 HIGH QUALITY PATIENT CARE AND TREATMENT

### Clinical Quality

Within the State Hospital clinical quality is a mechanism for assessing observations, treatment, processes, experience, and / or outcomes of patient care. We do this by embedding the principles of continuous improvement and quality assurance in all activities. During the year, Clinical Quality continued to support the main governance groups within the Hospital with measurement data to ensure all patients were provided with the best evidence-based care.

### Clinical Governance Group

Clinical governance ensures continuous improvement in the quality of services, safeguarding high standards of care and creating an environment in which excellence in clinical care can flourish. The Clinical Governance Group has a quality assurance and quality improvement remit.

Focus remains on:

- Identifying and discussing clinical governance issues of concern and to ensure the appropriate management of these.
- Ensuring the Clinical Governance Committee is provided with information and advice to enable it to monitor and review the quality of clinical care.
- Reviewing and preparing matters relating to the work of the Clinical Governance Committee.
- Providing a forum for discussion of new ideas.
- Liaising with the Research Committee to identify mental health research priorities and to implement research findings.
- Informing the development of the corporate training plan by identifying training priorities to ensure that clinical practitioners are skilled and competent in the delivery of mental health interventions.
- Increasing the proportion of care that is evidence based or best practice, and providing guidance on mental health interventions in the areas of risk assessment.
- Promoting work on service design, redesign, and development priorities.
- Promoting the principles of the Clinical Model.
- Monitoring national standards and guidelines, as well as any issues identified through external peer reviews.
- Monitoring the work of groups that report into the Clinical Governance Group.
- Facilitating consideration of stakeholder feedback relating to service improvement.

The Clinical Governance Group Annual Report covering the period 1 January to 31 December 2022 provides further detail.

### 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 2022/23, 27 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 202 documents (standards, guidance, and reports) that were issued in 2022/23; 64 being applicable to the Hospital's patient population, 8 of which required completion of an evaluation matrix.



*Visit from Alex McMahon,  
Chief Nursing Officer (September 2022)*

## 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. In 2022/23, 19 policies underwent staff consultation, and 18 policy reviews were approved.

## Research

Research is core to the business of the State Hospital and to our pursuit of evidence-based practice. The 2022/23 Research Committee & Research Funding Committee Annual report provides focus on the ongoing development of an updated 2023/26 State Hospital Research Strategy. This strategy is being developed concurrently to the updated Forensic Network Research Strategy ensuring focus on providing evidence to improve the care of our patients, and their experience of care provided to them within the State Hospital. In addition the two strategies will work in tandem to ensure Research is also focused on the journey of State Hospital patients as they are discharged or transferred to lower levels of secure care across the Forensic Managed Network.

The Forensic Network Research Special Interest Group (FNRSIG) held its ninth national Forensic Network Research Conference in November 2022 with positive results.

Keynote presentations were provided by Dr Jennifer Shields - Lecturer in FASD, University of Edinburgh; Consultant Clinical Psychologist - CAMHS NHS Western Isles; on "Foetal Alcohol Spectrum Disorder (FASD): Context, Prevalence & Considerations for Forensic Services in Scotland" and Professor Stephen Lawrie, Chair of Psychiatry and Neuro-Imaging - University of Edinburgh: on "What do we know about Schizophrenia for sure?".

The conference provided presentations from a number of State Hospital staff, and received positive feedback from those who attended.

The Research Committee Annual Report 2022/23 provides assurance on the quality of research, a high level of scientific and ethical standards, transparent decision making and clear monitoring arrangements. The report notes 14 published journal articles and the delivery of 14 research focused presentations.

In addition to highlighting the high level of research dissemination the annual report also provides information on the ongoing focus on monitoring and improving the stakeholder experience of care within the State Hospital, with particular emphasis on the experience of our patient population.



*Professor Thomson and Mary Davporen  
discussing physical health needs (June 2022)*

## 5. Person Centred



*Visit by Caroline Lamb, Chief Executive of NHSScotland and Director-General Health and Social Care (October 2022)*

*“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 2022/23 there were 31 patient admissions and 35 patient discharges compared to 25 admissions and 26 discharges in 2021/22. 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.

#### *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 2022/23 there were 20 appeals: 18 of these were successful.

## 5.2 HIGH QUALITY PATIENT CARE AND TREATMENT

### Care and Treatment Planning

Care and treatment is provided to patients who present some of the most challenging mental health conditions imaginable.

Providing care to a patient is based on individual needs which is of paramount importance. This determines an appropriate care and treatment plan for each patient as an individual.

Treatment takes different forms such as:

- Daily personal care.
- Psychological therapies aimed at treating both mental disorders and criminal behaviours.
- Rehabilitation which includes activities designed to develop or promote skills in everyday life, relationships, and education).
- Medication.

All patients have an up-to-date care and treatment plan.

Individual patient treatment is reviewed regularly; all efforts are always focused on helping people get the skills they need to be able to transfer to a less secure environment. Sometimes people will have highly complex needs that makes that process quite difficult, and it can be quite challenging to help them move on, and it may take far longer than it would for somebody else, but our mindset within the service is never that this person is going to be in the State Hospital forever. How we approach a person's care and treatment is always to think about what we can deliver to this person as a team, how we can help them develop their skills, and what else we can do. We are focused on making sure they have as full as life as possible given the circumstances, and we are trying to help them along that journey.

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.

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.

*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	2021/22	2022/23
Responsible Medical Officer (RMO)	90%	87.25%	84%
Medical	100%	90.5%	91.5%
Key Worker (KW) / Associate Worker (AW)	80%	58.75%	58.75%
Nursing	100%	97%	97.25%
Occupational Therapy (OT)	80%	77.5%	42.25%
Pharmacy	60%	81.5%	59%
Clinical Psychologist	80%	68.25%	59.25%
Psychology	100%	84.75%	80%
Security	60%	40.75%	44.75%
Social Work	80%	86%	80.75%
Dietetics	tbc	59.75%	66.25%
Skye Centre Activity	tbc	0%	0%
<b>Hospital Wide</b>	<b>n/a</b>	<b>69.3%</b>	<b>63.67%</b>



### *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 91.7%, against a target of 100%, performance decreased in 2022/23 compared to 92.67% the previous year. There were 28 separate instances (16 in 2021/22) where a patient waited beyond the specified six months of reviewing their Care and Treatment Plan. In addition, there was 20 separate instances (21 in 2021/22) 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 Scotland Act 2003. Examples of clinical risk assessments are HCR20 / SARA. Against the target of 100%, the average figure for this indicator in 2022/23 was 95.42%; a slight decrease from 96.49% in 2021/22.

## **Medicines Management**

The Medicines Committee work plan fits with the Hospital's Quality Strategy for safe (appropriate clinical governance), effective (health improvement – physical and mental health) and person centred care at every point in the patient pathway.

Core activity during 2022/23 focused on three main areas: Medicines Management, Clinical Effectiveness, and the Safe Use of Medicines. Specific highlights include:

- Successful implementation of HEPMA (Hospital Electronic Prescribing and Administration).
- Significant review of the Safe Use of Medicines Policy, and medicines incident reporting.
- COVID-19 and influenza on-site vaccination programme for patients and staff.

The Medicines Committee reviewed and approved the following during the year:

- Safe Use of Medicines Policy.
- Peer Approved Clinical System Tier 2 (PACS2) Procedure for Access to Non-approved Medicines.
- Individual Patient Treatment Requests (IPTR) Procedure.
- Guidance on the Use of Intramuscular Medication for Acutely Disturbed or Violent Behaviour.
- Prevention and Management of Vitamin D Inadequacy Guideline.
- Smoke Free Nicotine Replacement Therapy Procedure.

Although there are no KPIs related to medicines use or the Committee there are three agreed measures that the Clinical Pharmacy Service are monitored on:

- Completion of Variance Analysis Tool (VAT) each month (target 90%).
- Completion of Pharmacy CPA Report for annual and intermediate CPAs (target 80%).
- Attendance at CPAs including admission, discharge / transfer (target 50% each month, overall annual 60%).

Completion of the Pharmacy CPA Report continued above the 80% target (100%) until October 2022. The target was not achieved from November 2022 to March 2023 due to a reduction in staffing and pharmacist vacancies.

There were 105 guidelines and standards reviewed by the Medicines Committee during the year.

Further information can be found in the Medicines Committee Annual Report 2022/23.

## **Psychological Therapies Service (PTS)**

Within the State Hospital Psychological services provide evidence based psychological assessments and interventions to patients with the aim of improving psychological distress and reducing risk.

Upon admission patient undergo a psychology admission assessment; the outcome of which involves generating a psychological formulation to be discussed with the wider clinical team regarding the patient's underlying psychological mechanisms which are maintaining and contributing to, their difficulties and identifying areas for psychological intervention.

Each patient has an identified Clinical Psychologist who is responsible for their overall psychological care and treatment which is delivered in both group treatments and on a 1:1 basis. Some intensive group programmes take over a year and a half to deliver such as Life Minus Violence, and Mentalization-based Therapy (MBT). Individual therapy is specifically aimed at addressing the unique underlying psychological needs relevant to individuals.

Structured clinical judgement risk assessments and risk management plans are completed and reviewed on a yearly basis (as a minimum) with clinical teams.

Highlights in 2022/23:

- The recruitment of qualified psychologists proved challenging. However, new staff joined the department in 2022 followed by two assistant psychologists and the head of service in January 2023.
- The Life Minus Violence programme commenced in December 2021 with six patients and a completion date of July / August 2023.
- Trauma training was delivered to staff from January 2022 to March 2023.
- A Neurodevelopmental Neurocognitive (NDD) pathway working group was established.
- Representation at the national Moving Forward 2 Change group was ongoing with a view to implementing the programme at the State Hospital. The group is leading the revision to the national programme delivered in both custody and the community to those who have committed sexual offences.

Further details of activity can be found in the Psychological Therapies Service 12-month update report covering January to December 2022.

#### *Key Performance Indicator (KPI)*

*Patients will be engaged in psychological treatment.*

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 annual average in 2022/23 was 83.2% (85.56% in 2021/22). There has been a continued reduction year on year from 92.8% in 2018/19. The target is 85%.

#### *Key Performance Indicator (KPI)*

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

The indicator correlates to National Mental Health Indicators for Scotland to ensure that no patient waits more than 18 weeks to commence some form of psychological therapy. The Scottish Government Target for this KPI is 90%.

Against the State Hospital target of 100%, compliance in 2022/23 was 91.43% compared to 98.66% in 2021/22.

## Rehabilitation Activities

Rehabilitation therapies within the State Hospital are activities and interventions delivered by the Allied Health Professions (AHPs) and the Skye Centre staff (e.g. Healthcare Support Workers). AHPs at the State Hospital include Arts Therapists, Dietitians, Occupational Therapists, Speech & Language Therapists, and Physiotherapy.

The introduction of team development sessions has proven to be pivotal in empowering staff, strengthening the AHPs shared vision and assisted in providing strategic direction for AHP services at an extremely important time with the implementation of a new Clinical Model.

Supervision continues to be an important and integral part of effective service delivery with there being plans to review the Allied Health Professions supervision practices and supervision Protocol and subsequently provide appropriate training where needed. A six weekly Reflective Practice Group has been established for the Skye Centre staff group and is facilitated by a Consultant Psychologist.

There are regular ongoing group activities e.g. vocational, educational and sports activities for which there is no restricted time limit. A range of open "Drop In" style group activities have been offered from all services which encourages participation from patients who are less likely to engage with pre-planned activity and may have difficulty sustaining commitment. AHP staff aim to provide weekly open hub sessions across the four hubs. These sessions provide patients with access to a range of activities including but not exclusively hub gyms, pool, table tennis, board and card games, and craft activities. The Healthy Living Group commenced in September 2022. Five patients successfully completed the program with 60% of patients losing weight by the end of the group. It is envisaged that this group or one similar aiming to support physical health will continue to run annually.



The Nu 2 U Charity Shop was launched in January 2023 and has proven to be a successful vocational project supporting three patient volunteers and has developed the vocational rehabilitation options for patients within the Hospital.

Work commenced on a digital interventions project aimed at exploring what a more digitally inclusive environment could look like for patients. A workshop will take place in October 2023 with all relevant stakeholders to identify the priorities outlined in this piece of work.

#### [Music Therapy](#)

The Skye Centre Choir is now in its fourth year and operates with a maximum of 12 patients on a weekly basis and is an integrative and pro-social group with an emphasis on building social and communication skills through engagement in group singing. Since February 2023 the choir has had to develop a short waiting list for patients seeking to attend. The Choir continues to perform live, e.g. at the Staff & Volunteer Excellence Awards, the Christmas Concert and for their peers in Talent Showcase.

#### [Occupational Therapy](#)

In line with the implementation of the new Clinical Model, AHPs and Skye Centre staff have been central in collaborating with clinical teams and services to begin to develop specialty assessment and treatment pathways. Subsequently it has been a prudential time to review the AHP care pathways, and this can be seen via the commencement of work on the Occupational Therapy Assessment and Treatment Pathway, the Support Worker Referral & Treatment Pathway, and beginning to examine a possible Sensory Integration Pathway within the Occupational Therapy service. Subsequently AHPs embraced quality improvement work and took the implementation of the new Clinical Model as an exciting opportunity to develop and improve their services.

The importance and need for provision of adaptive equipment within the Hospital has evolved with the aging population as well as the provision of care for patients with complex health co-morbidities. Efforts have focused on providing aids to patients in a timelier manner.

Structured groups were facilitated such as Participate (social interaction skills), Recovery Through Activity, Leavers Group, as well as non-structured walking, cooking and relaxation groups.

#### [Dietetics](#)

The dietetic team continued to work alongside the 'Supporting Healthy Choices' agenda. The action plan was reviewed in conjunction with the Public Health England document 'Managing Overweight and Obesity in Secure Settings'. The Hospital's 'Food in Hospitals' peer review submission (which was due in August 2023) saw the Food, Fluid and Nutrition' Policy being reviewed and other related documents. Some new developments occurred surrounding the provision of student placements with novel approaches to supporting the backlog of placements post COVID, e.g. the sharing of students with other NHS and school establishments. 'Counterweight Plus' delivery continued with all patients who started on the plan having lost weight.

#### [Speech & Language Therapy](#)

Provision has continued to include assessment of patients referred with communication and swallowing difficulties across the Hospital. Post assessment, reports and strategies are provided for the ward environment and reviews are undertaken as required. For patients diagnosed with a learning disability across the site, 'all about me' passports are also completed and shared with relevant team members. One to one therapy focuses on social communication skills and facilitation of more independent use of strategies.

#### [Physiotherapy](#)

Physiotherapy continued to focus on musculoskeletal injuries although some of this work progressed into the sphere of rehabilitation.

#### [Skye Centre](#)

Patients can attend four activity centres (Sports, Crafts, Gardens, Patient Learning Centre) during weekdays, on a sessional basis. The Skye Centre patient activity timetable was reviewed in January 2023 with a focus on improving the percentage of planned versus delivered activities, following feedback from patients and clinicians.

This has resulted in a steady improvement in delivery of planned activity and created capacity for additional drop-in sessions.

The Rehabilitation Therapies update report covering October 2022 to June 2023 provides further detail.

#### *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.

Against a target of 90%, this indicator averaged at 90.92% for the reporting year; a 1.55% decrease on last year's figure of 92.47%.

## 5.3 PERSON CENTRED IMPROVEMENT

### Person Centred Improvement Service (PCIS)

The PCIS is committed to providing services developed through mutually beneficial partnerships between patients, their families and those delivering healthcare services, which respect individual needs and values, and which demonstrate compassion, continuity, clear communication, and shared decision making.

In 2022/23 the PCIS achieved its strategic objectives specifically relating to:

- Person-centred improvement projects (Person-centred Health Care Programme).
- Meaningful stakeholder involvement: patients, carers, volunteers, and the public (limited to external regulatory / supporting bodies and third sector partners).
- Volunteer input.
- Carer / Named Person / visitor support.
- Visiting experience.
- Spiritual and Pastoral Care.
- Equality Agenda.
- Supporting the role of the Patients' Advocacy Service (PAS).

The Person Centred Improvement Service (PCIS) 12 month update report outlines activity from November to October annually.

Of worthy note was the:

- Regular feature of patient, carer, and volunteer stories on the Board's agenda throughout the year. These powerful stories to the Board – whether positive or negative – are welcomed. It was acknowledged that this feedback was helpful in terms of the added value they bring from a stakeholder perspective which is fundamental to improving the stakeholder experience.
- Implementation of the new 'Supporting Patient and Carer Involvement Policy'. Changes to the process supporting access to interpretation and translation services for patients and carers were embedded within the policy.
- Upgrading of the Family Centre garden, supporting wider use of the outdoor environment for visiting. A number of security enhancements were implemented to support the new access / egress and management of the area during visits. This includes additional electronic locking mechanisms and CCTV.

### Partners in Care

All State Hospital patients have a legal right of access to independent advocacy. On-site Advocates support patients to engage effectively in tribunals and case reviews. Additional resources are in place to support patients with an intellectual disability and those with English as a second language.

Carers are actively involved in supporting individual patients, e.g. visits, attending meetings with them, and providing feedback.

Volunteers enrich the quality of daily life for patients through patient visits and supporting groups and activities including the Spiritual & Pastoral Care Team.

### Stakeholder Feedback

Stakeholders are encouraged to share their views. Support mechanisms are in place to enable patients, carers, and volunteers to make use of a wide range of methods, through which they can share their feedback.

Additionally, a wide range of support mechanisms are used to elicit feedback from patients who experience specific barriers to communication. This includes a sub-group of the wider Patient Partnership Group (PPG) which continues to enable patients with an intellectual disability to share feedback common to their needs.



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

The Mental Health Practice Steering Group (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 in June, 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.

This year's WMTY theme focused on understanding what was important for us all as we planned to implement proposed changes to the existing model of patient care, i.e. our Clinical Care Model. The WMTY day afforded the opportunity for 'community reflection' and highlighted the importance of engaging stakeholders in service change. Outcomes were embedded within the Clinical Model Project Plan.



*The Catering Team did an amazing job of making individual WMTY baking for everyone on site on WMTY day (9 June this year) to enjoy as they took time out to reflect on what was important to them as part of the planning for new ways of working through the refreshed Clinical Service Delivery Model.*

The MHPSG also receives 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.

The MHPSG supports workstreams contributing to delivery of the Hospital's Equality Outcomes, specifically around enhancing involvement in the Care Programme Approach process. A priority to support accessibility for State Hospital patients with an Intellectual Disability is a key aim for the organisation.

## Complaints

### [Involving the complainant in early resolution](#)

The five-day local resolution stage continues to be a positive step in resolving issues quickly, and is welcomed by staff and patients.



In 2022/23 the independent Patients' Advocacy Service (PAS) (based on-site) continued to provide a valuable service in supporting patients who (1) wished to make a complaint but did not wish to do so directly, (2) required support to make a complaint, or (3) wished to escalate their complaint.

PAS worked closely with the Complaints Team and the Person Centred Improvement Team (PCIT) to highlight themes and identify opportunities to share best practice associated with learning emerging from complaints and feedback. These relationships further strengthened the advocacy route through which patients and carers can raise concerns.

This year 62 complaints were supported by PAS, representing 71% of all complaints received.

We remain mindful of how challenging it can be for patients in a long-term health care setting to speak up. Particularly where it relates to the staff providing their care and with whom they are in daily contact, and how this can deter patients from raising issues.

To encourage and support patients to provide feedback and to make complaints, patients can choose if they would like to meet with staff locally themselves, meet with staff locally supported by PAS, or have no direct involvement with staff in the early resolution process and receive a written or verbal response directly from the Complaints Team or through PAS.

These options continue to work well and there has been more uptake from patients when presented with these options. Patients are also encouraged to identify what outcome they are seeking when making a complaint, which is of benefit when discussing concerns with patients and in managing their expectations.

#### Themes emerging from complaints received

23% of issues related to Staff Attitude / Behaviour / Conduct. Although 83% of these issues were not upheld, in order to further explore the reasons for this issue frequently being raised, the Complaints Team is now working with senior nursing colleagues and the Patient Partnership Group (PPG) to see how this can be addressed. Four complaints upheld or partially upheld resulted in staff being reminded of the need to adhere to procedure and the importance of keeping patients / carers informed.

20% of issues raised related to Clinical Treatment which includes involvement in a care plan, grounds access, clinical security, therapies, medication and changes to clinical services. Most of the issues raised were individual to the particular patient. The majority (75%) were not upheld. One issue highlighted that staff shortages resulted in a delay in treatment, another prompted a review of a clinical decision, and two identified the need for a policy review.

19% of issues raised related to Communication. All were upheld or partially upheld. All complaints related to just three issues, with multiple complaints being received relating to two of them. 58% related to changes to patients free time, 37% related to access to the communal television, and the remainder related to staff not passing on information to colleagues. All were attributable to staff not communicating effectively. Relevant line managers were asked to address this.

17% of issues raised related to staff shortages. Staff resourcing remained a challenge throughout the year and all complaints were upheld, acknowledging the Board's awareness of the position and the impact this was having on the Hospital's ability to provide a full range of services to patients.

No complaints were escalated to the Scottish Public Services Ombudsman (SPSO) in the 2022/23 reporting period, and the national eLearning Feedback & Complaints training modules were completed by 94% of staff (a 10% increase from the 2021/22).

A Feedback & Complaints Annual Report 2022/23 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).

## 5.4 HEALTH IMPROVEMENT

As in previous years, the management of levels of obesity and physical activity remain a significant challenge.

Patients have incredibly significant physical health needs due to lack of exercise, obesity, self-selected poor diets, and the effects of medication. To combat this, patients require access to activities, structure to their day and the opportunity to act as an individual.

Given that the patients do not have access to other services or communities, the Hospital must be able to address all of their needs including therapeutic, vocational, social, and physical wellbeing.

This is done via a range of onsite therapies and activities including a Health Centre which meets the primary healthcare needs of patients. All patient therapy and activity are under the one roof in the Skye Centre which is defined by four Activity Centres:

- Craft & Design
- Gardens / Animals
- Sports & Fitness
- Patient Learning

The Skye Centre Atrium enables patients to access the activity group room, café, library, shop, and bank. Every ward has an allocated shopping day providing access to the bank, library, and shop.

There are also a variety of other groups facilitated in the Skye Centre including:

- The Patient Partnership Group (PPG).
- Christian Fellowship.
- Multi Faith Services.
- Psychological Therapy groups.
- Allied Health Professions staff.

### Craft & Design

The Craft & Design Centre offers a wide range of craft related activities including painting, picture framing, needlecraft, clay, and model work. Patients can enter their work into the Koestler Awards Scheme which encourages and rewards creative endeavours from people in UK prisons, young offenders' institutions, secure units, and special hospitals. State Hospital patients have had some successes (first prizes).

### Gardens and Animal Assisted Therapy (AAT) Centre

Gardening for patients was introduced into the Hospital in the 1970s. The benefits that animals bring are unquestionably therapeutic for many patients. Attending the Centre has had an extremely positive effect on the ability of patients to communicate with others.

### Sports & Fitness Centre

A patient event for the Beatson Cancer Charity took place over one week in February 2023. After last year's success, the patients set a challenge of completing the distance of the North Coast 500 by walking, running, cycling, or rowing. A representative from the Beatson visited Hospital on the last day of the challenge to see the event in action and to accept a donation.

### Patient Learning

Education and learning are widely recognised as important elements in promoting individual health and well-being. Key benefits associated with education and learning include improvements in self-confidence and self-esteem, personal development and self-fulfilment, enhanced life and social skills, social inclusion, and behavioural change. The contribution of education in helping to address health inequalities is also well documented.

Patient learning programmes are primarily delivered within the range of Skye activity centres.

Outreach learning support is also available and is delivered within the wards / hubs as required. Learning provision includes both accredited and non-certificated programmes and the State Hospital has 'approved centre' status with a number of qualification awarding bodies including the Scottish Qualification Authority (SQA), the British Computer Society (BCS), the Royal Environmental Health Institute of Scotland (REHIS), and Sports Leaders UK.

During 2022:

- A total of 60 patients engaged in structured or accredited learning (54% of the patient population).
- There were 48 course enrolments and 43 qualification achievements. The number of enrolments reduced by 14%. However, qualification attainments increased by 30% from the previous year.
- There were 14 core skill unit completions (i.e. qualification attainments).
- Seven patients engaged in literacy learning, making slow but steady progress with their reading, and writing skills. As part of the literacy learning programme, two learners are writing their own book.
- Two patients were supported to undertake further education through the Open University (OU).
- Eight vocational programmes were delivered.
- The Gardens department offered both the Small Animal Care and the Use of Hand Tools in Horticulture SQA units.
- Two patients successfully completed the National 2 Creative Arts qualification.
- Two patients completed ECDL modules. A further four patients are currently enrolled and undertaking modules on this programme.
- The Sports activity centre completed delivery of a Level 4 Sports Leader programme.
- The Introductory Food Hygiene qualification was delivered to nine patients.
- Twenty-seven vocational qualifications were attained with a further 21 patients engaged in vocational programmes on 31 December 2022 and scheduled to complete their qualifications in 2023.
- Other programmes and learning initiatives that were delivered included the Patient Reading Group, City Phonics course, and Bikeability.

Alongside the standard evaluation that was carried out with patients who completed a qualification during 2022, a further opportunity was provided for patients to give feedback on their learning experience and what learning means to them. The results were positive, providing valuable insights into patients' perceptions of how learning has impacted their recovery and the perceived benefits of learning.

Key themes that were evident in the feedback related to structure and routine, improved confidence, and self-esteem, providing focus / keeping mind of things, learning new skills, improved knowledge, improved concentration, positivity, enjoyment, and gaining qualifications. It is evident from the feedback that patients value learning and believe it supports their recovery and overall wellbeing.

The Patient Learning 12-month update report provides full details of service activity levels and key achievements for the period January to December 2022. Quality improvements and future priorities are also included.

## Mental Health

The Mental Health Practice Steering Group (MHPSG) promotes continuous improvement in the mental health of State Hospital patients and the highest standards of clinical care. The group is also responsible for delivering on specific pieces of mental health work commissioned by the Clinical Governance Group.

Core features of the work can be found in the MHPSG 12-month update report covering the period May 2022 to June 2023. A snapshot is provided below:

- Signing-off the draft of the new CPA document in June 2023 for sending to stakeholders for comment.
- Undertaking two pilot projects to develop and test ways to increase the utility of clinical outcome measures for frontline staff.
- Supporting the Realistic Medicine workstream by helping to progress the Pre-admissions Specific Needs Assessment process.
- Supporting the development of the implementation plan for the new Clinical Model.
- Heightening focus on the development of Trauma Informed Care at the State Hospital including monitoring the provision of training.
- Developing potential family interventions by scoping what might be possible in this field particularly the proposed Carers' Clinic.
- 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 including Equality Outcomes, and intelligence emerging from stakeholder feedback and trend reports.
- Monitoring risk assessment completion bi-annually, Grounds Access on a six-monthly basis, and Advance Statements every six months.
- Maintaining "Motivation of New patients and ensuring Positive Engagement" as a standing agenda item at meetings.

Over the period 1 May 2022 to 30 June 2023 the MHPSG was involved in the review of 14 guidelines / standards for relevancy to the State Hospital.

## Physical Health

The State Hospital's health promotion and disease prevention programmes focus on keeping patients healthy, by engaging and empowering them to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and other morbidities.

The Physical Health Annual Report covering the period 1 October 2021 to 30 September 2022 detailed developments and progress made in the five key strands for which the Physical Health Steering Group has responsibility. These are to Primary Care (including long-term conditions); Physical Activity; Nutrition and Weight Management; Food, Fluid and Nutrition, and National Guidelines and Standards.

Quality improvement activity included the further development of patients undertaking the Level 4 Sports Leadership course allowing them to become Sport Volunteers; the change from a 90-minute target to a 150-minute target to bring us in line with World Health Organisation guidance and the appointment of a new General Practitioner who can provide venesection and minor surgery on our patient group, thus reducing the need for external clinical outings.

The report also highlighted:

- Fifty-one guidelines / standards were reviewed by the Physical Health Steering Group in terms of relevancy to the State Hospital.
- Forty patients were on Clozapine medication with patients' physical health continuing to be monitored and recorded as per national guidelines for anti-psychotic therapy.
- In terms of Respiratory Disease, Asthma and COPD, there was one patient with Emphysema, 10 with a diagnosis and one patient querying a diagnosis of Asthma, and two patient had a diagnosis of COPD.
- Contracted services continue to be in place for GP, Podiatry, Dental, Physiotherapy and Optician services.
- Eighteen patients attended Accident & Emergency on 36 occasions; 14 resulted in emergency admission to acute wards. There were 14 telephone advice calls to NHS24.
- The Dental service treated 102 patients and undertook 317 interventions.
- Forty-three patients were seen by the Physiotherapist resulting in 144 interventions.



- Patient attendance at meals were audited from 1-7 May 2022. Results were extremely positive with an overall average of 95% of meals being attended.
- In June 2022, around 86.2% (of known) patients had a waist circumference that identifies them 'at risk' of CVD, which mirrors 2019 levels of 85%; only a slight percentage change of those being in the healthy range (13.8% versus 15.6%) in 2020.
- In August 2022, there were no patients with confirmed Coronary Heart Disease, eight patients had hypertension, 22 patients were on Statins / Fibrates, nine patients had Type II Diabetes, and one patient had Type I Diabetes.
- A new Healthy Living Group commenced in September 2022 involving six patients.
- Work commenced in October 2022 to implement Synbiotix for food and meal ordering and nutritional analysis.
- A Health Psychologist was appointed in October 2022.

*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 previously measured the offer of an annual health review and not the uptake. As of 1 April 2022, this KPI was amended to incorporate the uptake of an annual physical health review by all of our patients. This KPI now charts the completion of an annual physical health overview by the Practice Nurse. The Practice Nurse then refers appropriate patients on for face-to-face review by the GP. The GP conducts these consultations to complete the physical assessment of the annual health review.

The figure for 2022/23 was 98.2% against the 90% target.

*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% in the previous year to 9.5% in this reporting year. 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 strive to change the culture in the State Hospital for 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.

*Key Performance Indicator (KPI)*

*Patients will undertake 150 minutes of exercise each week.*

This links with national activity standards for Scotland. The target for this indicator is 60%. In 2022/23 63.35% of patients undertook 150 minutes of exercise each week.

Note! At the Board meeting in June 2022, the Board agreed to change the corporate KPI from 80% of patients will achieve 90 minutes of moderate physical activity per week to 60% of patients will achieve 150 minutes of moderate physical activity per week following guidance released by WHO and reviewed by the Physical Health Steering Group (PHSG). This change was effective from 1 April 2022 and is currently under review to assess whether the target should be increased to 70% for 2023/24.



*Patient Visitor Reception Area*

## 6. Workforce



Staff Wellbeing Centre - Quiet Area

*“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

Staff Governance is defined as ‘a system of corporate accountability for the fair and effective management of all staff.’ The Staff Governance Standard (4th Edition) sets out what each NHS Scotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. Implicit in the Standard is that all legal obligations are met, and that all policies and agreements are implemented. In addition to this, the Standard specifies that staff are entitled to be:

- Well informed.
- Appropriately trained and developed.
- Involved in decisions.
- Treated fairly and consistently with dignity and respect, in an environment where diversity is valued.

- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community.

In the performance year 2020/21, the Staff Governance Committee continued to focus its monitoring activities in respect of the above. This involved monitoring:

- Personal Development Planning & Review (PDPR) performance.
- Attendance Management performance.
- HR Performance – Employee Relations Activity.
- The update of 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 Review and Tender Process.
- Practice Development.

Measurement of organisational success is against the elements of the Standard through the Staff Governance National Annual Monitoring Return which forms part of the formal Scottish Government Annual Review arrangements.

The Staff Governance Annual Report 2022/23 provides full details of activity during the year.

## Working in Partnership

During 2022/23 the planning and delivery of services have fully involved partnership working. A positive culture within the Hospital continues to be supported, encouraged, and maintained in line with the core values of the NHS. This is the responsibility of all employees however good partnership working and relationships are pivotal in laying the foundations to ensure its success and sustainability.

## Attendance Management

Promoting attendance and reducing sickness absence continued to be a key strategic priority during 2022/23. Despite every effort, absence continued to be above the national target of 5%, negatively impacting on spend, staffing levels and patient care.

As in 2021/22 the two most common reasons for staff absence related to anxiety / stress / depression and musculoskeletal (injury / fracture, back problems and other MSK). Work continues on analysing any trends such as any links between recruitment issues, increased absence and overtime usage to ascertain any impact on Sickness Absence.

During the year, work commenced to implement the national eRostering system to replace the current Scottish Standard Time System (SSTS) for recording staff absences.

*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 2022/23 was 7.68% compared to 6.39% in 2021/22 and 5.33% in 2020/21.

Quarterly Performance Review meetings are held with Directorates and absence management is a focus for these meetings in areas where performance can be improved. The Staff Governance Committee has agreed to the establishment of a Task and Finish Group to develop and co-ordinate an action plan with a range of activities to address attendance management and support staff.

The introduction of the new Occupational Health (OH) contract will enable closer working with practitioners, line managers, employees, and HR whilst the introduction of best practice 'Once for Scotland' documentation and processes should ease sharing of information and encourage return to work or maintenance of healthy attendance at work.

The following pieces of work are also being progressed:

- Diversifying the Early Intervention service to introduce a 'triage' service for managers and employees to seek advice on range of matters pro-actively.
- Introduction of a focused action plan within HR to utilise a new role that has been created (Assistant HR Advisor), with the intention to support line managers with minimising sickness absence, identifying trends and advising appropriate interventions in a timely manner. Monitoring compliance with policy stages, return to work interviews and stage meetings as well as making sure there is a joint plan between line manager, employee, OH and HR in place for every person who is on long term sickness absence.
- In addition to the Once for Scotland Policy, line managers have been given additional resources to support good quality return to work interviews and training is scheduled to be delivered in partnership on the person centred nature of the policy.

The Workforce Governance Group review absence levels across the Directorates on a monthly basis.

## Workforce Plan

Our Workforce Plan 2022/25 and Action Plan was submitted to the Scottish Government for comment in July 2022. A feedback letter was sent to the Board on in October 2022.

## 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.

A report was provided in May 2022 to the Staff Governance Committee provided assurance that all professional staff were registered and fit to practise.



## Staff Experience (iMatter and Dignity at Work)

iMatter is the main staff engagement tool for NHS Scotland. This year's iMatter questionnaire was issued on 23 May 2022:

- 72% of staff responded.
- 94% of teams received a report.
- Four teams did not achieve a report. This was due to team size and a requirement for those teams to achieve a 100% response rate to protect anonymity.
- The Board's Employee Engagement Index (EEI) was 75.
- 65% of teams completed an iMatter Action Plan within the eight week target timescale.

The questions in the iMatter survey are mapped against the Staff Governance standard to illustrate the level of staff engagement. Scores across all areas remain within the green 'strive and celebrate' range of 67-100 and are broadly similar to last year. Being 'Well Informed' remains the highest scoring area.

In summary, the iMatter survey results for 2022 are broadly similar to last year. Overall response rates increased by 3%, and staff continue to report strong satisfaction in relation to team cohesion, role clarity and line manager support. Slight improvements are evident in relation to staff satisfaction with how performance is managed in the organisation, and perceptions regarding organisational commitment and support for staff health and wellbeing.

Completion of team action plans has increased, and key areas identified for ongoing improvement include increasing visibility of Board members, ensuring opportunities for staff involvement in organisational decision-making, and continued focus on supporting the wellbeing agenda across the organisation.

## Leadership Development

In 2022/23:

- A Charge Nurse Development Programme was delivered. This was a six-month programme called 'Lead to Succeed' aimed to enhance leadership and management skills within this key group of staff.

- The national Project Lift initiative was replaced by 'Leading to Change' and was made available to all staff.
- Two 'Step Into Leadership' ILM Level 2 Award in Leadership & Team Skills programmes for new and aspiring supervisors / team leaders were also delivered.

## Occupational Health Service

In 2022/23:

- 198 management referrals were made representing a 2% decrease from 2021/22.
- 324 appointments were made. Of these, the 'did not attend' rate increased from 9.7% last year to 17%, and the cancellation rate was 9.6% compared to 5% the year before.
- Mental health and musculoskeletal conditions remained the commonest disorders seen via management and self-referrals, with mental health disorders significantly exceeding musculoskeletal conditions.
- 127 Pre-placement Health Assessments were undertaken compared to 148 the previous year.
- Prevention & Management of Violence & Aggression (PMVA) Screening reduced as planned, with 14 screenings taking place against 34 the previous year.
- Four Night Worker Assessments were undertaken.
- 65 Hepatitis B vaccines were administered, and 29 bloods taken.
- 53 immunisation appointments were attended compared to 47 the previous year.
- Seven referrals were made to the Keil Centre. There were 16 in 2021/22.
- 106 referrals were made for physiotherapy against 139 last year.

## Personal Development Planning & Review (PDPR)

Monitoring of completion rates for the Personal Development Planning & Review (PDPR) process was kept under scrutiny throughout the year and reported regularly to Staff Governance Committee as well as Corporate Management Team and Partnership Forum.

*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 as of 31 March 2023 was 83.7% with the reporting year averaging at 83.35%. This is a reduction of 1.9% from the 2021/22 figure of 85.25%.





## 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 for both statutory and mandatory training increased in 2022/23 and at 31 March 2023 were 94.28% for statutory training (up from 91.8% the previous year) and 85.9% for mandatory training (up from 83.3% the previous year).



## Health and Wellbeing

The Board recognises that fostering employee wellbeing is good for people and the organisation, promoting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive, and good health and wellbeing can be a core enabler of employee engagement and organisational performance.

During the year:

- A Staff & Volunteer Wellbeing Strategy 2022/24 was developed and approved (May 2022).
- The HR & Wellbeing Group continued to be the forum for reviewing HR and Wellbeing performance, approving local implementation of national terms and conditions, and programmes of work to enhance employee wellbeing.

- The Healthy Working Lives (HWL) Group continued to support work around health and wellbeing across the organisation through the delivery of a varied programme of events and initiatives.
- The Staff Wellbeing Centre (SWC) remained a key focus of wellbeing self-care activities, resources, and support for staff.
- Good nutrition and healthier eating options continued to be promoted for patients and staff through the Staff Restaurant which offers a range of healthy eating options and has a light, airy and contemporary feel.
- The Sports & Fitness Centre was used by staff at certain times of the day / night.
- Staff joining the State Hospital were automatically enrolled into the NHS Contributory Pension Scheme but had the option to opt out if they wished to do so.

## HR Performance – Employee Relations

In 2022/23 these reports continued to be presented for information and discussion due to the historic time delays experienced with HR cases, however improvement in this area was recognised. Despite this, HR Performance – Employee Relations Activity will continue to be a focus for the Staff Governance Committee.

## eESS

From mid-January 2023, all managers and staff were able to access eESS – the electronic Employee Support System. eESS holds all employee records, and links transactions through to Payroll and SSTS. This was a significant change for our Board but was positively received with staff being able to view their employment record, equalities data, and make changes to personal data.

In February 2023, staff were asked to update their equality and diversity information on eESS by the end of March 2023.

## Job Evaluation

By February 2023, Job Evaluation panels were meeting regularly. As a result, they were able to progress the backlog of cases in the system.

## Pay

The Agenda for Change (AfC) Pay Uplift for 2022/23 was applied to the January 2023 pay for all current staff, with arrears being paid in February 2023. For all leavers, arrears were paid in March 2023. In line with the pay increases for 2022/23, the High Secure Allowances were also increased. In February 2023, the Scottish Government released details of the 2023/24 AfC pay increase for healthcare staff.

The State Hospital migrated to electronic pay slips from October 2022.

## COVID-19

To assist staff and the NHS through the COVID-19 pandemic, a series of temporary policies and variations to standard terms and conditions were put in place. Following the standing down of NHS Scotland from an emergency footing on 30 April 2022, these measures were removed from 30 June 2022.

With regard to COVID-19 Special Leave, transitional arrangements were agreed which saw the temporary arrangements end on 31 August 2022, after which staff moved on to their contractual sick leave entitlement.

The variations which allowed overtime to be offered to staff on Agenda for Change (AfC) Bands 8 & 9, and Executive and Senior Managers (ESM), were retained until 31 March 2023 to assist with increasing capacity in the service.



## Whistleblowing

Whistleblowing remains an important policy and process for staff, students, and volunteers to enable them to speak up about any concerns they may have in the State Hospital with respect to quality and safety in patient care.

During the year there were no Whistleblowing concerns. However, there was one anonymous complaint received by the INWO during Quarter 3, which they have reported to us. They have confirmed that this is for our noting and no further action will be taken by them or any expectation on actions from the Board.

The State Hospital participated in the "Speak up Week" which took place on 3-7 October 2022. General feedback to this initiative from staff has been positive.

The INWO attended a Board Development Session in September 2022 with Executive and Non-Executive members. They provided a presentation on the Standards and expectations of the Board along with an opportunity for questions. This was extremely helpful for those present to understand their role in the Standard.

During 2022/23, there was a good uptake to the Whistleblowing Standards online training. The 'Introduction for all Staff' module was completed by 356 staff (being 83% of the target group) and the 'Managers Training' was undertaken by 68 managers (being 68% of the target group).



As we navigate beyond the challenges posed by COVID-19, we are returning to more conventional recruitment procedures. We are firmly committed to attracting new candidates, which is evident in our active participation in recruitment fairs at the Royal College of Nursing (RCN) and Queen Margaret University (QMU), as well as our virtual recruitment event. These initiatives serve to equip potential candidates with a comprehensive understanding of the State Hospital, the application process, and the robust support systems in place for new staff.

In addition to these efforts, we took substantial steps during the year to ensure a seamless onboarding experience for new staff. This included a comprehensive two-week induction programme, along with an introductory supernumerary week in their designated areas. Furthermore, we provide a well-curated recruitment pack comprising essential information, educational materials, and promotional items.



Staff Wellbeing Centre - Quiet Area

Our collaboration with higher education institute partners remains robust as we actively encourage students to explore the rewarding field of forensic nursing. Recognising the limitations posed by placement availability, we are exploring innovative solutions, such as digital and spoke placements to expand our student intake.

In support of our Recruitment Strategy, this year we heightened the use of our social media platforms to actively engage with potential candidates as this is where they are most active. Student nurses undertaking their final placement with us were also provided with an opportunity to apply for available positions, reflecting our commitment to fostering growth from within the organisation. Additionally, from October 2022 we transitioned to an electronic approval route (e-Approval) of vacancies.



## Staff Excellence Awards

Our Staff & Volunteer Excellence Awards Ceremony including Long Service Awards took place in December 2022 with positive feedback from attendees. These awards recognise the outstanding work and contribution to the organisation of both our staff and volunteers. Nominations were requested from staff, volunteers, patients, and carers and all of these groups were represented at the awards. Of the 96 nominations received, 54 of these were from patients. The Board welcomes the awards and the opportunity to congratulate those who have achieved 20, 30 and 40 years of dedicated service to the NHS.



Staff Wellbeing Centre - Relaxation Area



Staff Wellbeing Centre - Social Area

# Board Member and Senior Manager Interests 2022/23

Name	Interest
Brian Moore Chair	Non-Executive Director, NHS Lanarkshire Trustee of NHS Lanarkshire Endowment Fund Member of Edinburgh and Lothian Health Foundation Management Committee Member of Clydesdale Housing Association
David McConnell Non-Executive / Vice Chair	None
Allan Connor Employee Director	None
Stuart Currie Non-Executive	Non-Executive Director, Scottish Ambulance Service Lay Member, Employment Tribunal Scotland Vice Chair of Independent Review of Inspection Scrutiny and Register of Social Care in Scotland
Cathy Fallon Non-Executive	Lay Representative, NHS Education for Scotland Youth Co-ordinator, Govanhill Baths Trust
Pam Radage Non-Executive	None
Shalinay Raghavan Non-Executive Whistleblowing Champion	None
Gary Jenkins Chief Executive	Chair of Scottish Healthcare in Custody Network Chair of Management Service Network Neurosurgery (Scotland)
Robin McNaught Director of Finance & eHealth	None
Karen McCaffrey Director of Nursing & Operations	None
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 & Resilience	None
Linda McGovern Director of Workforce	None



# Board and Standing Committee Membership

## 31 March 2023

### Board Membership and Role

Chair – Brian Moore  
Vice Chair – David McConnell

**Non-Executive Directors** – Stuart Currie, Allan Connor (Employee Director), Cathy Fallon, Pam Radage and Shalinay Raghavan (Whistleblowing Champion).

**Executive Directors** – Gary Jenkins (CEO), Karen McCaffrey, Director of Nursing & Operations, Robin McNaught (Director of Finance & eHealth), and Professor Lindsay Thomson (Medical Director).

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 six times during 2022/23.

### Audit & Risk Committee Membership and Role

Chair – David McConnell  
Stuart Currie  
Allan Connor  
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 and governance.  
The Audit Committee met four times during 2022/23.

### Clinical Governance Committee Membership and Role

Chair – Cathy Fallon  
Stuart Currie  
David McConnell  
Shalinay Raghavan

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 2022/23.

### Staff Governance Committee Membership and Role

Chair – Pam Radage  
Allan Connor  
Stuart Currie  
Cathy Fallon  
Shalinay Raghavan

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 2022/23.

### Remuneration Committee Membership and Role

Chair – David McConnell  
Allan Connor  
Cathy Fallon  
Pam Radage

The Remuneration Committee considers senior management performance and pay related issues.  
The Remuneration Committee met three times during 2022/23.

# THE STATE HOSPITAL 'AT A GLANCE' KEY PERFORMANCE INDICATORS 2022/23



**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 **91.70%<sub>A</sub>**

Target 85%

Patients will be engaged in psychological treatment.



RESULT **83.2%<sub>G</sub>**

Target 90%

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



RESULT  
**90.92%<sub>G</sub>**

Target 90%

Patients will undertake an annual physical health review.



RESULT **98.2%<sub>G</sub>**

Target 60%



Patients will undertake 150 minutes of exercise each week (Annual Audit).

RESULT  
**63.35%<sub>G</sub>**

Target 25%

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



RESULT **9.5%<sub>R</sub>**

Target 5%

Sickness absence  
(National HEAT  
standard is 4%).



RESULT **7.68%<sub>R</sub>**

Target 80%

Staff have an  
approved Personal  
Development Plan  
(PDP).



RESULT **83.35%<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 **91.43%<sub>A</sub>**

Target 100%



Patients will have  
their clinical risk  
assessment reviewed  
annually.

RESULT **95.42%<sub>G</sub>**

### SUMMARY

12 x Key Performance Indicators (KPIs)

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

PLUS

**For further information please contact:**  
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### Attendance at Case Reviews by Clinical Staff

	Target	2022/23
Responsible Medical Officer (RMO)	90%	84%
Medical	100%	91.75%
Key Worker (KW) / Associate Worker (AW)	80%	58.75%
Nursing	100%	97.25%
Occupational Therapy (OT)	80%	42.25%
Pharmacy	60%	59%
Clinical Psychologist	80%	59.25%
Psychology	100%	80%
Security	60%	44.75%
Social Work	80%	80.75%
Dietetics (only attend Annual Reviews)	80%	66.25%
Skye Activity Centre (only attend Annual Reviews)	<i>tbc</i>	0%

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