

Psychological Therapy Services Annual Report Jan 2023- Dec 2023

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1. Core Purpose of Psychological Services.

Psychological services within the State Hospital have a multifaceted role. This includes delivering services to patients as well as working systemically to support the Hospital to be more psychologically, trauma and risk informed.

Within forensic services risk assessment and management is a fundamental element of a patient's care and treatment. It should underpin all other therapeutic work. Within the State Hospital, Psychological practitioners are responsible for the completion of appropriate structured clinical judgement risk assessments and subsequent risk management plans as well as reviewing these, with contributions from clinical teams, on at least an annual basis. The team are also responsible for delivering risk training to the hospital workforce.

Psychological services also provide evidence based psychological assessments and interventions to patients within The State Hospital with the aim of improving psychological distress and reducing risk. Psychological practitioners are involved with patients throughout their recovery journey. A patient's therapeutic journey starts during their psychology admission assessment and risk assessment, the outcome of which involves generating a psychological formulation to be discussed with the wider clinical team regarding the patients underlying psychological mechanisms which are maintaining and contributing to their difficulties and which will identify areas for psychological intervention. Each patient has an identified clinical psychologist who is responsible for their overall psychological care and treatment and who ensures that their psychological needs are being met. The psychology service has a wide skill set of psychological practitioners who deliver psychological interventions to patients. A range of psychological interventions are available which address underlying needs related to offending, risk and mental health.

Psychological services are also responsible for planning, coordinating and delivering both group and individual therapeutic interventions and ensuring that these are delivered in a safe and timely manner and in line with evidence base and best practice guidelines including the National Psychology Specification¹ and The Psychological Therapies Matrix². Psychological interventions are resource-intensive in a high secure setting due to the long term and intensive nature of the therapies being delivered. Highly trained and experienced psychological practitioners deliver group treatments, with some intensive group programmes taking over 18 months to deliver (e.g., Life Minus Violence, MBT). Individual therapy is specifically aimed at addressing the unique underlying psychological needs relevant to individuals and their offending. Psychological practitioners are trained in a wide range of psychological models and approaches.

Service development, training, research and contributing to the Board's wider strategic objectives are also core elements of the Services' workload.

National Psychology Specification

On 1st November 2023, the Scottish Government formally launched its National Psychological Therapies and Interventions Specification. This Specification is informed by the principles set out in the Mental Health and Wellbeing Strategy and provides an understanding of what people accessing psychological therapy services can and should expect. It describes what psychological services are covered by the Specification and provides details of what those using the services can expect to have provided as part of their care. It also provides guidance for services in terms of what they should aim to deliver. The Specification applies to all services that are delivered as part of NHS provision by appropriately trained practitioners. It will however, apply in different ways in different contexts and one task for the State Hospital over the coming year is to plan and commence the implementation of, this Specification. The State Hospital will also be required to report waiting times, including for example whether we are meeting the 18 week referral to treatment target, to the Scottish Government from April 2024. This is being progressed with support from IT and Business support and is well underway to ensuring we are in a position to be able to do this.

¹ [Psychological therapies and interventions specification - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/psychological-therapies-and-interventions-specification/pages/introduction.aspx)

² [The Matrix - Home \(nhs.scot\)](https://www.nhs.uk/psychological-therapies-matrix/)

2. Psychological Services Staffing Resource as at 31.12.23

Job Title (Head count)	Actual WTE.	Budget WTE	Comments
Specialist Nurse practitioner (2)	2.0	3.0	Funds reallocated to link nurse posts
Advanced Nurse practitioner (3)	3.0	4.0	1 vacancy
Link Nurses (4)	4.0	Vacancy funds	Posts offered ; staff commencing 16/1/24
Consultant Nurse (1)	0.5	0.5	
Assistant Psychologist (5)	5.0	4.0	Using vacancy funds for additional post
Trainee Clinical Psychologists (3)	3.0	3.0	
Clinical Psychologist (3)	2.0	4.0	Vacancy currently out to advert.
Principal Clinical Psychologist (1)	1.0	1.0	
Health Psychologist (1)	1.0	1.0	
Consultant Clinical Psychologist (3)	2.0	3.0	1 fulltime consultant commenced 01/24; now fully staffed.
Consultant Neuropsychologist (1)	0.2	0.2	
Head of Psychology (1)	1.0	0.9	

Clinical Model Update

The introduction of the new Clinical Model in 2023 presented an opportunity to review which Hub area staff members were working in. Staff were asked to express preferences as to which service area they would see their skills best suited to and we were able to accommodate all preferences that were expressed. The new Service model however has led to more staff being split across services than before; this was partly due to a desire from team members for them to maintain certain clinical skills in areas other than their primary one and also because the patient numbers did not map directly onto staff numbers. This has, not thus far presented any particular issues other than to ensure oversight of all of the workload of staff members who are split. For the services which are based in one single hub (ie ID and Transitions) the staffing model has been more straightforward as the team work in that service and work across both wards. For the Hubs which have both Admission and Treatment and Recovery wards, the team opted for a Hub based model meaning that the staff based in that Hub work clinically across both Service areas. However, each Service also has a nominated consultant psychologist who has a lead role for that Service. As well as working clinically in that service / hub, they are part of the Service leadership team and as such are expected to provide leadership and guidance not only on the delivery of psychological services in the Service area but also more generally as a senior member of the Service.

The PTS team were able to have an “away day” session to discuss the introduction of the clinical model and to manage the establishment of the new psychology service teams. We also created a handover process so that a summary of information related to clinical work could easily be passed to the new teams; this aimed to ensure that the transition for patients was as smooth as possible. For some patients engaged in clinical work, this continued to preserve the therapeutic relationship and provide stability at a time of great change. The away day also gave an opportunity to identify any concerns / anxieties about the new model. A subsequent away day held in October established that these had not been borne out. We look forward to the feedback from the review of the new Clinical model being undertaken by the CMOG and to continuing to support the new clinical model.

Over the last annual review period, there have been a number of staffing changes within the Service. The new head of psychology joined in January 2023 and we have since recruited three qualified psychologists all of whom were previously employed by the Service. We are supporting one member of staff in a secondment to NES as the principal educator for forensic practice; this is an important post for forensic services and a valuable link with NES for the Service. Of the four psychology assistants we had in the Service last year, three left to take up places on Clinical training; one as a trainee aligned to TSH. We have also formally

allocated staff to the NES roles of Transforming Psychological Trauma Co-ordinator, Psychological Therapies Training Co-ordinator and the Local Area Tutor aligned to University of Edinburgh. We have had two other members of staff leave; one to a promoted post and one who retired. We continue to have vacancies at band 6, 7 and 8a. The delays in recruitment for the band 6 and 7 posts are related to organisational change hence the decision to temporarily re-allocate some of the funding for these posts. Interviews have been scheduled for the band 8a Clinical psychologist post. As the national picture in terms of recruitment at this grade has improved we are hopeful that this vacancy will be filled. If not, the intention is to restructure the department and recruit at a higher grade. The department is now also working with NES and Public Health Scotland on contributing to the National psychology workforce statistics.

Link Nurses

Agreement was reached between Nursing and Psychology in 2023 to re-introduce the Link Nurse scheme. This would offer 12-month rotational secondments for a day a week with Psychology and as well as increasing capacity within the psychology team, would provide nurses with the opportunity to experience delivering group and individual interventions as well as other learning within the role.

It was also hoped this scheme would impact on the general psychological mindedness of nursing staff. A quality improvement project is being run in tandem with the posts to measure the impact on service delivery and the psychological mindedness of the workforce. There was considerable interest shown in these posts and following interviews in November, four posts were offered. We look forward to welcoming the new additions to the team in January.

3. Summary of Core Activity Jan-Dec.

Over the past year there have been 9 therapeutic groups delivered offering 59 spaces. This is a 50% increase in number of groups compared with last year and has offered 23 more places on groups (it should be noted that some patients will have attended more than one group during this time). The groups delivered range from Low Intensity Interventions which focus on forming the basic therapeutic skills and understanding which will then enable patients to go on to undertake High Intensity and then Specialist Psychological Interventions which are provided in either a group or individual basis. There has been significant improvement in the provision and consistency of psychological therapy groups running throughout this reporting year. This is in part due to improvements in planning and projection of resources and therapies required to meet our patients' needs and also due to psychology staff no longer being required to be redeployed to wards due to nursing staff shortages. The psychological therapies rooms are also no longer required for tribunals which reduced the cancellation of therapies at short notice.

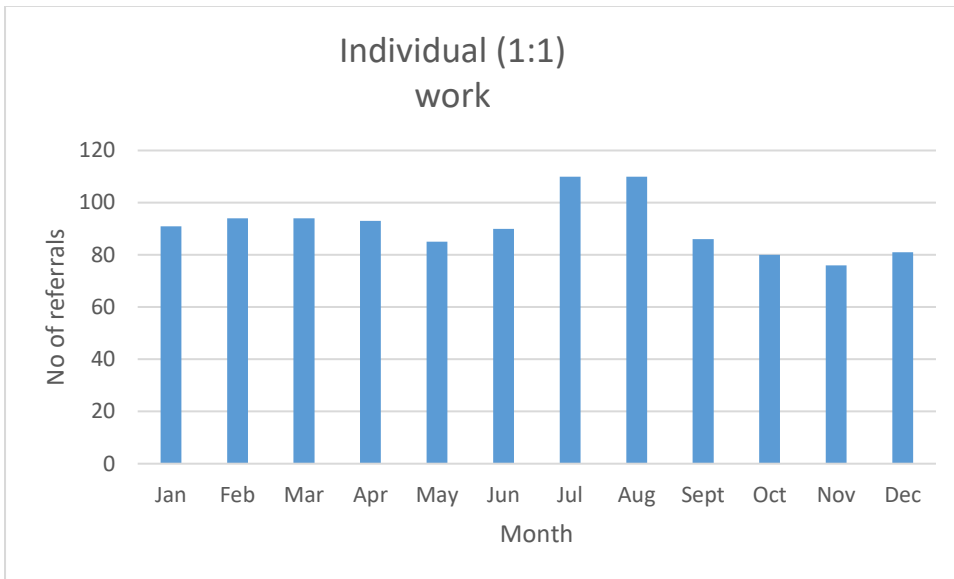
From the projected group delivery plan composed at the beginning of 2023, the psychology service was able to deliver the majority of therapies within the predicted timescales. This allowed psychologists to effectively plan and improve care pathways for our patients to limit waiting times in between therapies. Of note there was a slight delay of therapies beginning around October 2023 for a period of 1-2 months due to staff moving posts and increased long term sickness within the department. However these planned groups have now commenced. A new projected group delivery plan has been composed for 2024. Feedback from the psychology department and also the wider clinical team is that this is helpful for psychological treatment planning and lessening the wait between therapies, therefore improving the patients' recovery journey.

3.1 Group Therapies in last year.

Group	Start date	End date	No. Attendees per group
Mentalisation Based Therapy	October 21	April 23	4
Life Minus Violence	December 21	September 23	6
Healthy Living	September 22	February 23	6
Connections	August 22	May 23	6
Looking After Yourself	February 23	May 23	8
Awareness & Recovery	June 23	September 23	7
Making Healthy Changes	January 23	June 23	7
Making Healthy Changes	August 23	Ongoing	8
Connections	November 23	Ongoing	7

Total		59 patients
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3.2 Individual based therapeutic work in last year.



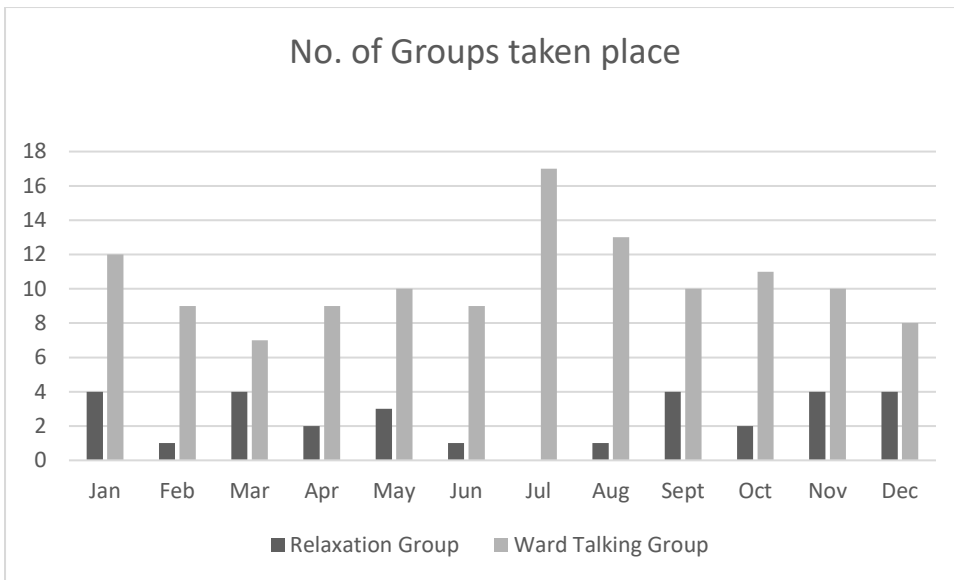
The above graph shows the number of referrals for individual psychological therapy over the past year. Individual work can take the format of individual sessions as part of their group therapy programmes, or as one to one psychological interventions addressing separate issues pertaining to mental health or risk. For patients with very complex needs they may receive more than one session of psychological therapy per week, however appointments are usually on a weekly basis. Sessions are typically between 30 – 60 minutes depending on what the individual patient can tolerate. The majority of patients are receiving individual interventions and this has remained constant over the year. The dip from September to December is the result of long-term sickness absence and vacancies.

The table below shows the total number of sessions delivered by psychological therapies staff with years 2018-2022 for comparison. We are pleased to report that there has been a 27% increase in clinical sessions delivered in the past year compared with 2022. This is positive particularly given that the staff team has been significantly impacted with vacancies and sickness absence. A similar increase next year would see the clinical contacts return to pre-pandemic levels.

Table 3: Annual Activity Levels- Clinical Sessions Delivered: Group and Individual Interventions						
	2018	2019	2020	2021	2022	2023
No. of individual sessions	3088	3410	1154	1275	2119	2676
No. of group sessions	200	218	102	142	129	156
No. of Ward Talking Groups	340	324	139	162	123	125
Total clinical sessions	3628	3952	1395	1579	2371	2957

3.3 Talking Groups and Relaxation Groups over the past year.

The chart below shows the number of ward talking groups and relaxation groups which took place over the last year. Talking groups and relaxation groups are open to all patients and attendance varies each week. For these groups to run it can take 2-3 members of psychology staff to facilitate each group. There have been a number of issues which have impacted the services' ability to run these groups this year including, for example, ward maintenance, staff absence and changes to staffing requirement (male staff being required for previously female run sessions). The service is in the process of reviewing these groups to ensure that what is being delivered meets the specific needs of patients within each of the services.



3.4 Organisational work.

Members of department contribute to many of the organisational service developments and committees, include co-chairing the Mental Health Practice Steering Group and Relational Approaches to Care group. Individuals in the department are also members of various other groups for example the Supporting Healthy Choices Implementation Group and Child and Adult Protection Forum and they have a lead role in delivering the Trauma Informed Care agenda. Training in risk assessment tools (eg HCR-20) is provided twice each year and staff also deliver the mandatory VRAMP training to registered nursing and AHP staff. Psychologists also provide teaching to the Clinical Psychology Doctorate courses at both Edinburgh and Glasgow Universities and regularly deliver training on behalf of the Forensic Network.

One particular area that we are keen to progress work on this year is in relation to Digital Interventions and to consider what options there are to deliver psychological therapies locally and nationally via digital means. Members of the team have had discussions with the Scottish Government Digital Lead for Psychological therapies to progress this.

4. Comparison with Last Year's Planned QA/QI Activity

Planned Activity	Progress	Update
Recruit to full capacity in order to deliver the work plan.	Ongoing	A number of staff have been recruited. Where vacancies exist recruitment has for two posts been delayed due to Organisational Change. Work remains ongoing to enable us to advertise these two posts this year; in the interim funds have been reallocated. Plan in place for recruitment of 8a/8b Clinical Psychologists.
Increase positive health behaviours. SHC work plan to reduce psychological distress relating to physical health, improve self-management of long-term conditions & weight, and reduce health inequalities within our population	Ongoing	Over the last year, the Health Psychology model of care has been developed and implemented, covering three tiers of work/service delivery. Health psychology model of care now well established, with a range of work completed within each tier.
Trauma-Informed Care containing two elements (1) TSH staff training on NES Trauma-informed care and (2) Complex Trauma Therapeutic Group work pilot (Survive and Thrive)	Ongoing	(1) Level 1 & 2 training delivered throughout 2023. Board now has an identified "Trauma Champion" to support this work. (2) A needs analysis is required to inform group requirement.

NDD Pathway & training plan	Ongoing	NDD pathway developed along with aligned training plan. This has been reviewed at CGG and we are in the process of gathering additional information to inform the final plan.
Sexual Harm Service: To adapt and implement Moving Forward 2 Change (MF2C) programme in the State Hospital.	Ongoing	Roll out of this intervention has commenced in prison and community justice services. TSH staff have been identified and have commenced training to support implementation of this within the Hospital.

Trauma Informed Care

Between Jan and Dec 2023 3 trauma training events at Level 1 were delivered to 26 staff and 4 at Level 2, for 39 staff. Excellent feedback was received from attendees. All attendees rated the quality of the training as excellent or very good, and indicated that they found the training extremely or very useful. Comparisons between pre and post training questionnaires showed an increase in trauma knowledge and confidence to apply this; and overall qualitative feedback was very positive. Examples of attendee feedback are “Excellent course, think everyone should attend”, “*I am now more mindful of my approach with patients, thinking about how I can create a sense of safety for our patients in an often uncertain and unpredictable environment*” and “*I used to just assume a patient was being difficult when they were presenting in a particular way. I now ask myself “what happened to you” rather than “what is wrong with you. This has changed my mind set and positively influenced my practice”.*

During 2023 two Clinical Psychologists have received Specialist Trauma Training in CBT for PTSD and CPTSD. Five staff from Department have attended the Level 3, Enhanced Trauma Training in Safety and Stabilisation.

Health Psychology Update

The health psychology model of care is now well established, with a range of work completed within each tier and further work planned to continue to expand and evaluate the services offered. All work is under evaluation and audit to assess its effectiveness and how it can be improved. A matched- care model of delivery of psychological interventions for physical health at the state hospital.

Tier 1: Psychologically informed physical health care. Input within TSH has been both at the strategic and policy level. This has largely focused on support to the various health groups as well as contributing to new protocols/guidance. The health psychologist has contributed to the review/development of three pharmaceutical guidelines; contributed to a number of physical health related consultations, completed work to adapt healthy weight practice guidance to TSH and produced an action plan to meet these aims; and developed a range of psychoeducational materials to support health.

Tier 2: Indirect and low intensity psychological interventions for physical health. The delivery of the applied consultancy model within the health centre has continued as has input to low intensity groups. The focus has also been on training and four sessions of “Psychology of Health” behaviour change training was delivered and evaluated well. MAP of Health Behaviour Change training was also delivered to 12 staff across various disciplines. Initial evaluation for MAP training has been ongoing evaluation about how behaviour change skills have been applied in practice is ongoing.

Tier 3

Provision of specialist individual work has also continued. Outcomes across all cases have been positive, with demonstrable evidence that treatment goals have been met leading to maintained reductions in mental and physical health related variables.

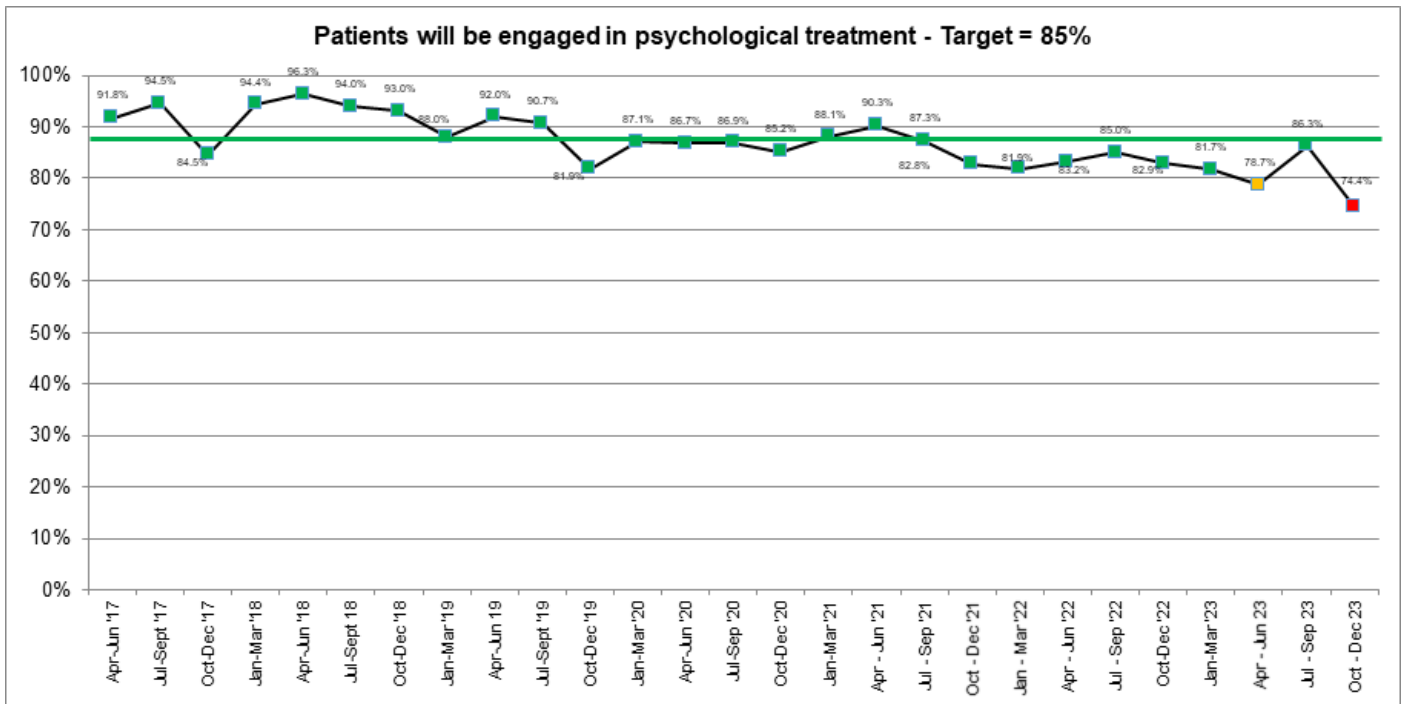
5. Performance against Key Performance Indicators

The Local Delivery Plan (LDP) targets for the psychological therapies are:

- **85%** of patients will be engaged in psychological treatment
- **100%** of patients will commence psychological therapies in less than 18 weeks from the referral date.

- **80%** attendance by clinical psychologists at annual and intermediate reviews.
- **100%** attendance by Psychological Therapies representative at annual and intermediate reviews.

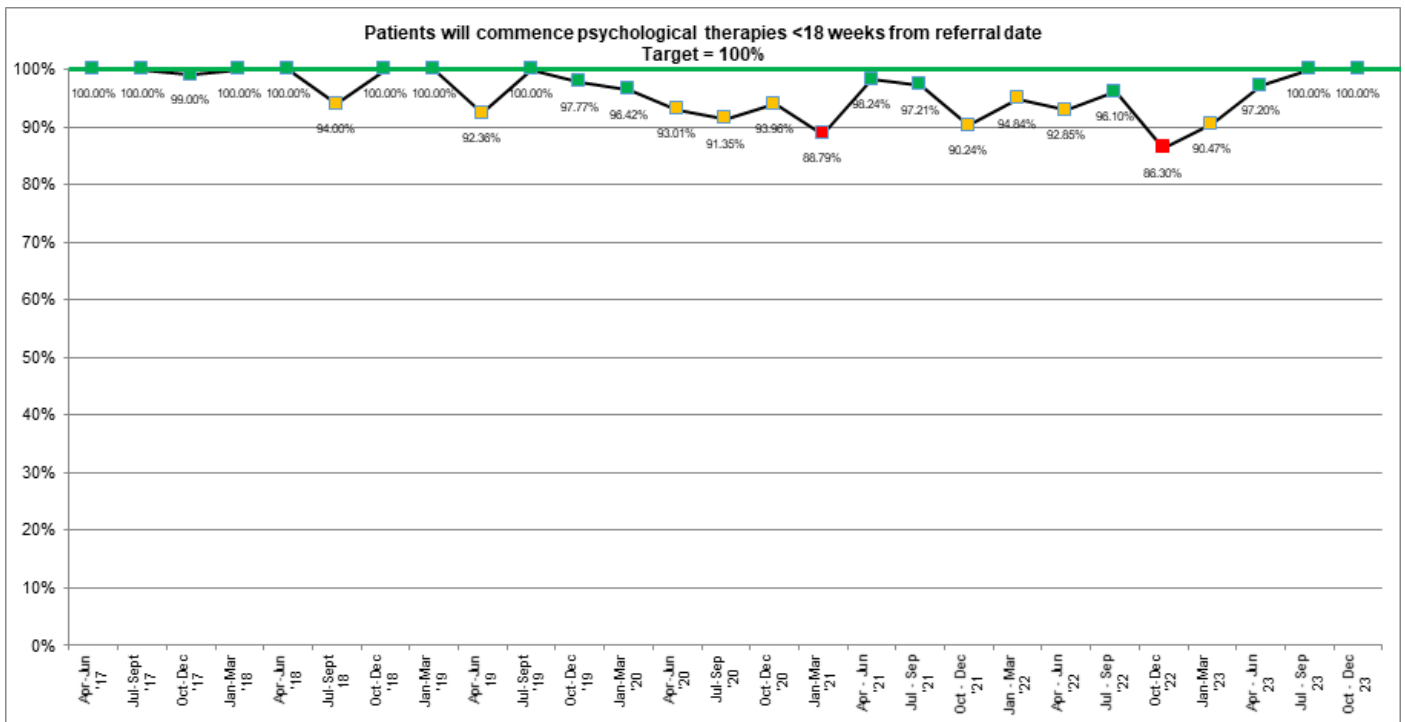
5.1. Eighty-five percent of patients will be engaged in psychological treatment.



Over the review period the Service has had difficulty achieving the target set due to vacancies and absence in the team. This resulted in one of our planned groups being delayed. However, having reviewed the data only three patients have not received any psychological therapy in the reporting year. One of these is unable to participate in any structured therapeutic work and the two others, who were admitted during the last quarter, have since the start of the year commenced psychological work.

5.2. One hundred percent of patients will commence psychological therapies in less than 18 weeks from the referral date.

On occasions when patients have waited longer than 18 weeks to commence psychological therapies this has generally been due to the patient being involved in other therapies and delayed in entering specific treatments due to time overlaps and being unavailable. It can also be due to referrals being made for groups which do not coincide with the group commencement date. We have revised our process in relation to identifying needs for patients during admission rather than making multiple referrals for different therapeutic work at that time. We have also been working with the IT team to consider recording on RiO so that we can identify any “true” long waiters. It is also worth highlighting here that the Scottish Government target for number of patients who receive treatment within 18 weeks of referral is at the slightly lower figure of 90%. We are pleased to report that there has been a steady increase in patients being seen within the 18 week target over the past year and there have been no patients since April who have waited longer than 18 weeks for psychological therapy.



5.3. Eighty per cent attendance at Annual and intermediate reviews.

Monthly VAT Completion 2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
VAT form completion	87%	100%	88%	91%	54%	100%	100%	100%	89%	96%	100%	100%

VAT completion has improved over the past year; this has led to confidence that data relating to CPA attendance more accurately represents the department's activity.

Attendance at Annual and intermediate reviews.

	Jan 23 n=15	Feb 23 n=11	Mar 23 n=20	Apr 23 n=14	May 23 n=17	Jun 23 n=11	Jul 23 n=14	Aug 23 n=17	Sep 23 n=16	Oct 23 n=14	Nov 23 n=21	Dec 23 n=8	KPI target
Psychologist	73%	91%	90%	36%	47%	82%	43%	65%	88%	86%	91%	75%	80%
Psychological Services	80%	100%	90%	50%	53%	91%	86%	82%	100%	93%	95%	75%	100%

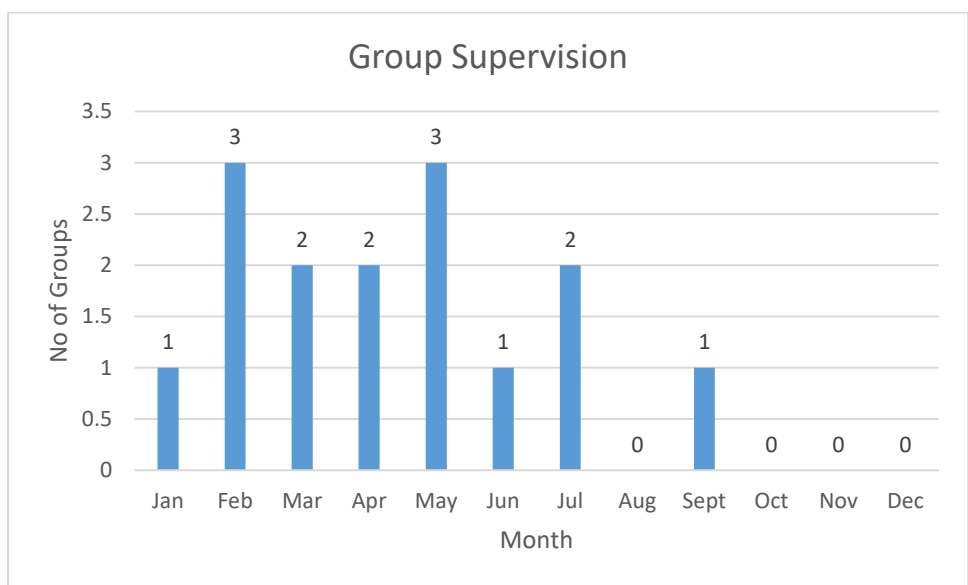
There has been a marked increase in attendance at CPA's this year. The low points over the April / May months reflect the period following the introduction of the new clinical model. Attendance dropped here as staff continued to work with patients that were in other services and due to other commitments were not always able to attend CPA's. We are pleased to see the sustained increase from August and hope that the KPI will be met with increased staff capacity.

6. Quality Assurance Activity.

Members of the service are all subject to professional registration (reg HCPC, NMC or BABCP). Registration typically requires continuing professional development and training undertaken annually. This year training undertaken by staff within the psychology service includes in the use of structured clinical risk assessment tools, therapeutic interventions including practitioner level Mentalisation Based Therapy training, STEPSS (Systems Training for Emotional Predictability and Problem Solving) and CBT for relapse prevention and recovery as well as Trauma Informed Approaches and motivational interviewing.

Assurance activities such as monitoring of VAT figures, auditing of completed clinical formulations and risk assessment and management plans completed are regularly reviewed. Outcome measures are routinely gathered as part of group therapies. However PHS currently collate national data on an agreed minimum dataset for other Boards and there is an expectation from Scottish Government that the State Hospital will contribute to this national data set going forward. In addition, under the National Specification, the Head of Psychology is expected to hold Governance of all psychological therapies being delivered in the Board. The operational implications of this will be considered as part of the implementation work. In line with the Psychology Specification, we would like to consider establishing a Psychological Therapies Governance group which would provide governance oversight for psychological interventions being delivered which will be reported on to the Scottish Government. This would also report into the existing Clinical Governance processes with the State Hospital.

Clinical Supervision is an essential part of quality assurance and service delivery. All staff have regular individual supervision as well as group supervision for any therapeutic groups that they are involved in delivering. The team also deliver and attend group reflective practice sessions across the Hospital. The number of group supervision sessions provided by psychologists to all staff engaged in delivery of psychological therapy groups are shown below. Again the drop off over the last quarter reflects staff absence and vacancies.



7. Quality Improvement Activity

7.1 Psychological data RiO.

The accurate recording and managing of data is an important aspect of ensuring that we can accurately report on the targets which are set to ensure a timely response to referrals for care. Following a quality improvement project in 2022-23 data is now gathered via the RiO system. Testing of the quality and reliability of this data has taken place over the past year and there is now confidence in the data held in the system. This is important as we can be more confident about the data that we are will be required to report on to the Scottish Government this year.

It has however identified an issue in relation to recording of indirect clinical work, for example risk assessment work. This is an issue for all forensic services and has been highlighted by the Heads of those services to the Heads of Psychology group. Within the State Hospital, we have raised this with the Head of Corporate Planning and Business Support and IT and are hopeful that a system solution will be possible. This will be important as risk assessment related work is considered to be a psychological therapy under the National Specification and as such it will be important to report data on this.

7.2 Risk Assessment

The State Hospital has an extremely good track record in relation to completion of risk assessments and management plans with all patients usually having these completed within the agreed timescales. However, the current process has been in place for many years and practice has evolved during that time. The Risk Management Authority published its most recent guidelines for Standards for writing Risk assessment reports in 2018 and while these are written for those being assessed under a Risk Assessment Order for consideration of an Order for Lifelong Restriction, the same standard is expected for patients subject to a Compulsion Order and Restriction Order. The Service has commenced a review of the current risk assessment process to ensure that this is consistent with the best practice outlined in these Standards. Although led by Psychology this will involve colleagues from the wider multi-disciplinary team and will also seek views from other stakeholders including medium secure services and the Scottish Government Restricted Patient team. A Terms of Reference for this work will be developed and shared with the Clinical Governance Group.

8. Planned Quality Assurance/Quality Improvement for the next year

Theme	Leadership	Target	Evaluation
Staffing	Head of Psychological Services	Recruit to full PTS capacity in order to deliver the work plan	Line management, SMT and CG oversight ;by Jan 2025
Physical health agenda.	Health Psychology / ID Consultant Psychologist	Support implementation of SHCIG workplan and evaluate service delivered by Health Psychology.	Audit, Feedback from other services, Patient feedback. By Oct 2024
NDD pathway & training plan	Consultant Neuropsychologist	NDD pathway and aligned training plan to be finalised and implementation plan agreed	CGG oversight; By August 2024
Trauma-Informed Care	Psychology Service	Increase TSH staff trained in NES Trauma-informed care.	Aim to provide 6 level 2 trauma training events at & 5 at Level 1. Also progress Trauma Roadmap.
Sexual Harm Service	HoP /ID Consultant Psychologist	Implement MF2C in collaboration with National Steering Group.	Awaiting training dates
Psychological group therapies.	Psychology Service	Plan for group delivery for 2024.	February 2024
Psychological group therapies.	Psychology Service	Review WT and Relaxation groups	December 2024
Review of risk assessment process	Psychology / AMD	Review current risk assessment process and make recommendations for change as appropriate.	January 2025

9. Next Review Date.

The next review date will be January 2025.