The State Hospital
1999-2000 Annual Report

THE STATE HOSPITAL
CARSTAIRS
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THE STATE HOSPITALS BOARD FOR SCOTLAND
ABOUT OUR PATIENTS

Patients are admitted to the Hospital under the requirements of the Mental Health (Scotland) Act 1984 and related legislation because of their dangerous, violent or criminal propensities.

- We care for around 250 patients at any one time in an environment of 11 secure wards.
- 70% suffer from schizophrenia and almost 50% have multiple diagnoses.
- 92% are male and 8% are female.
- Average age is 35 years.
- Average time spent in the Hospital is 4½ years.
- This ranges from 3 months to 31 years.
- At any one time around 40 patients are prepared and ready to leave.
- Many patients often wait longer than necessary because of a current lack of lower security forensic services nationally.
- 59 patients were admitted during the year from three sources.
- Admissions: 44% from other NHS hospitals, 26% from the courts and 30% from prisons.
- 66 patients were discharged during the year.
Chairman’s introduction

I have much pleasure in presenting this Annual Report for the year to 31 March 2000, highlighting our activities and achievements during the year.

We operate in a specialised part of the overall National Health Service (NHS) in Scotland. However, we share the same values, aims and challenges as the rest of the NHS.

Working in partnership with other NHS bodies, statutory agencies, patients, their relatives and our staff, we strive to provide a modern service which meets the needs of patients, protects our staff and the public and enables these patients to move on to more appropriate local care as they recover from their illness.

Good progress has been made during the year in partnership with social work and health services around Scotland in helping people receive more appropriate care and support locally. The progress made by Lothian health services in Edinburgh in developing new secure forensic psychiatry services for the South East of Scotland is to be applauded. Argyll and Clyde health services are also to be congratulated on providing secure services for people with learning disabilities.

Both these developments will make a significant contribution to a more seamless service for patients and provide greater protection for the public. I am grateful also for the work being led by Lanarkshire Health Board in developing forensic facilities for people with mental illness, for West of Scotland health boards.

During the year we have been able to contribute to two major national reviews of mental health services. The Millar Committee reviewing the Mental Health (Scotland) Act 1984 and the Maclean Committee reviewing serious violent and sexual offenders have both been consulted widely. Despite the pressures on these Committees, with their important national remits, both visited the State Hospital and met the board and senior medical staff to discuss, in a very open way, the issues and problems facing our clinical staff and patients. We look forward to their final proposals.

We also welcome the efforts of so many people from the voluntary sector involved in the Hospital’s activities helping us to improve partnership with patients.

I am pleased that Andrew Gardiner, Convener of the Scottish Association of Health Councils, became Chairman of the Patients Advocacy Service’s Management Committee. I thank his predecessor Jim Eddow for setting up and steering the service to its present position, which is vital for our patients.

We have also established a Patient Partnership Group of members of the public to help us achieve real partnership with our patients. It is a difficult and daunting job, caring for a group of very ill patients whom society sometimes does not care about, and they do it with great compassion. They have some of the most difficult jobs in the NHS, and the Board is most grateful to them.

At the end of March 2000, the Mental Welfare Commission for Scotland reported to the Minister for Health and Community Care on the care and treatment of a former patient Mr Neil Ruddle. The report was welcomed by the Board and the twelve recommendations, all of which are intended to improve the care offered to patients in our high-security setting, have been accepted and are being implemented. We were glad that following this report the Minister, Susan Deacon, found time to visit the Hospital meeting many patients and staff.

Mr Ruddle’s case also highlighted some legal issues and we welcome the clarification of the law in the new Mental Health (Public Safety and Appeals) (Scotland) Act 1995, which was passed by the Scottish Parliament as a consequence of this case.

I would like to express my good wishes and appreciation to Board colleagues; to Pauline Moore and Helen Halliday who have moved to bigger jobs elsewhere in the NHS, and to Alastair Hewat who has retired as a non-executive director.

Finally, I wish to pay tribute to the dedication and hard work of all the staff at the State Hospital. They do a difficult and daunting job, caring for a group of very ill patients whom society sometimes does not care about, and they do it with great compassion. They have some of the most difficult jobs in the NHS, and the Board is most grateful to them.
General Manager’s review

Once again it has been a very busy year for all at the State Hospital as we continue to strive to improve the quality of care, the quality of service and underlying all this, ensure safety for all.

Our updated 5 year Health Improvement Programme continues to set out ambitious plans for change and service developments, which are already being implemented.

Many of the Hospital’s plans are dependent upon the changing shape of forensic psychiatry services in Scotland, as additional and new secure services are developed locally. Some of this is happening already in Argyll and Clyde, and about to happen in Edinburgh.

These developments should make an enormous difference to people who will now be able to get the care they need locally. They also will impact upon the State Hospital.

One positive example is availability of beds. For most of the past year we have operated with very few spare beds. These new developments enable patients who no longer need the special security of the State Hospital to move to more appropriate local care. At present we still have over 40 patients who would benefit from these new services.

We continue to focus on patient needs. The care processes inside the Hospital are constantly under review by our clinical staff. They have developed and refined integrated care pathways for key parts of patients’ care and treatment. Clinical effectiveness continues to be a high priority with investment in research, clinical audit and practice development, which ensures our clinical care remains the highest standard.

We are exploring now how we can involve patients in decisions about their own treatment. Because our patients are all compulsorily detained this is a very complex area but one in which we are determined to make progress. We have now established an independent Patient Partnership Group of members of the public to help us find ways of involving our patients more. The Patients Advocacy Service at the Hospital, now independently managed under the auspices of the Scottish Association of Health Councils, has flourished.

Partnerships with patients, staff, statutory agencies and the voluntary sector have been developing with great support from all concerned. They now show real progress for patients, particularly in helping them leave the State Hospital. The added value of these partnerships enables our patients to enjoy better treatment and better quality of life whilst at the Hospital.

Security and the safety of patients, staff and the public always play a central role in the Hospital’s activities. We continue to improve safety with the development of an inclusive modern security system which enable staff to deliver care safely.

We are also pleased that continued improvements to our health and safety systems have resulted in national recognition from the British Standards Institute.

All of the improvements which have been achieved during the past twelve months are the result of a lot of hard work, co-operation and partnership between staff, trade unions, managers and outside agencies. These are delivering real benefits.

However, we cannot lose sight of the fact that our staff work hard, and care for, some very dangerous patients. Daily they put themselves at risk. We are all working hard to reduce the number of incidents and injuries, and although there is a continual year on year reduction in incidents involving patients, too many of our staff still get hurt, and this is not acceptable. This continues therefore to be the focus for our health and safety work.

During the year we have had independent reviews from the Mental Welfare Commission, the Scottish Health Advisory Service, Sir Richard Tilt in his review of security in special hospitals, Investors in People, the Scottish Prison Service, British Standards Institute and the Health and Safety Executive. We encourage and value independent review and benchmarking which, in casting a critical expert eye over our service, help us improve patient care and maintain the highest standards.
As part of our commitment to providing the highest quality of care and treatment for our patients, each patient has a dedicated Clinical Team caring for them. Each Clinical Team is led by the patient’s Responsible Medical Officer, who is a Consultant Psychiatrist.

How we care for patients

Teams are multi-disciplinary, involving highly skilled staff in the fields of Nursing, Clinical Psychology, Social Work, Occupational Therapy and Security, who ensure that all aspects of each patient’s needs are considered.

Clinical Teams meet once a week to discuss issues relating to the ward and the care and treatment of each patient within the ward. Every three months each patient’s treatment plan is reviewed in depth by members of their Clinical Team.

Patients have daily access to therapeutic, educational, diversional and recreational activities on our 60 acre campus.

Treatment is delivered both on and off the ward, with a range of therapies as prescribed by the Clinical Team. Treatments to help patients with mental illness include medication and psychological programmes such as Anger Management, Inappropriate Sexual Behaviour and Drug and Alcohol Management. These programmes are provided in the main by Specialist Nurses, Occupational Therapists and Psychologists. A clinical pharmacy service is also part of the treatment process.

A further range of therapies promotes a sense of personal achievement and learning opportunities. This includes Occupational Therapy and activities in areas such as Gardens, Pet Therapies, Craft and Design, Education, Laundry, Sports and Woodwork.

During the past year there were a number of developments in patient care and patient focused therapies.

The establishment of a project team to commission a women’s service led to the development of dedicated off-ward therapies for women.

A service has been introduced to meet the needs of patients who have substance abuse problems. Specially trained clinicians provide drug and alcohol treatments. We recognise that many of our patients have drug related backgrounds and therefore we also have clinicians who provide education covering HIV and AIDS.

For patients who are profoundly deaf, access and choice has been improved by an external interpreting service, training for nurses and the introduction of a text phone.

Over 50% of our patients walk unaccompanied within the Hospital grounds. There are plans to extend the area of ground access to match each patient’s need for therapy, supervision and safety, subject to rigorous security and risk assessment procedures.
During the year patients regularly took part in inter-hospital football, bowling and other competitions in which they had quite a few successes. Arts, Crafts and Woodwork achievements were applauded in the last Koestler Awards - a scheme which encourages and rewards a variety of creative endeavours from people in secure establishments.

To help develop social interaction, communication skills and self-esteem, patients have been busy all year round making folders to be used in three local NHS hospitals, and assisting in the Library, Community Centre shop and on the wards.

We work with patients on initiatives such as the annual Pantomime. Last year patients were involved in creating the scenery as well as starring in the production of Aladdin. The Burns Supper evening always proves to be a success with both patients and staff participating.

During our Health and Safety Week in October 1999 patients, staff and visitors were invited to tell us what they thought we could do to improve health and safety within the Hospital. Patients’ responses were well received by our Health and Safety Committee.

This year, for the first time, we involved patients in reviewing many of our current services and as a consequence, we now aim to involve patients prior to developments being undertaken.
We continue to implement our Health Promotion Strategy for patients and have introduced a fitness assessment programme and more non-smoking areas, while also helping patients to stop smoking.

How we support patients

Patients are provided with more information and support than ever before, and they are encouraged to become more involved in making choices about their own health and lifestyle.

Health and fitness is very important to our patients and us. In particular, our fitness assessment programme has proved to be very valuable. This is because assessment results help to determine each patient’s level of fitness and also highlight any areas of specific need. We can then design exercise programmes which must be safe, effective and personalised.

Our Medical Centre offers a full range of primary health care with a GP service and dental, diabetic and chiropody clinics.

Many patients are supported to attain national standard qualifications in, for example, catering for those interested in work experience in food preparation.

A Patients’ Bank has been introduced providing banking facilities, which has released nursing staff from these duties, thus allowing more time to be devoted to direct patient care.

There is a Hospital shop where patients can buy fruit, soft drinks, sweets, papers, clothing and other goods. Our selection is expanding all the time and many suggestions from patients have been taken on board. The shop can be used by patients during ground access or as part of an organised escort when necessary.

Patients and visitors now have a choice of meeting places. In the past visits took place on the ward only. Now they can take place in less formal settings, such as the Community Centre and Family Centre as well as the ward. Child visiting takes place in the Family Centre, which provides an appropriate and safe environment for children.

There is now improved access to telephones. All calls are charged at local rates which is especially important for patients from distant parts of Scotland and Northern Ireland.

To encourage visitors to the Hospital, especially those who experience difficulties in travelling from distant parts of the United Kingdom, we have flexible visiting arrangements. This maximises the time that patients can spend with friends or relatives.

Transport is regularly provided from Glasgow, Edinburgh and Aberdeen, and arrangements can also be made to help with transport and overnight accommodation from elsewhere.

Spirituality is an essential component of human experience and can be a vital aspect in the rehabilitation of many patients. Its importance has been recognised by the creation of a multi-faith chapel which was officially opened in 1997. Services are held on a weekly basis by both Roman Catholic and Church of Scotland chaplains. Christian Fellowship also attend the Hospital and lead a multi-faith meeting of prayer, singing and fellowship. The spiritual needs of patients of other faiths are met as required ensuring contact with their official spiritual leaders.
Complaints and suggestions for improvements are encouraged and follow the guidelines laid down by the NHS. We have an independent Complaints Committee, made up of members of the public, which reviews all complaints, responses and subsequent action. Every complaint is dealt with on an anonymous basis and confidentiality is maintained throughout the whole process. We also report this information to the Mental Welfare Commission to ensure openness.

How we listen to patients

The Hospital received 295 complaints during the year. This was 72 more than the previous year.

The top six areas of complaints relate to medical, property, staff, recreation and therapies, outings and catering issues. Each highlights an area where we continually strive for improvement. The number of complaints upheld during the year was less than the previous year.

As a direct result of complaints and suggestions we have made improvements. These include an increase in the number of members of the public who sit on the Complaints Committee and the introduction of an information leaflet providing guidance for patients on our complaints procedure. In addition, recreation and therapies are now more available.

The Hospital sponsors an independent Patients Advocacy Service which is supervised by the Scottish Association of Health Councils. Since it was introduced three years ago, it has been welcomed by patients. Patients have access to eight volunteer Advocates who support them on a range of issues. These can include care and treatment, mental health legislation, relationships with staff, policies, procedures and support at case reviews. For some patients an Advocate is the only person they will see who is not connected with their care and treatment within the Hospital.

A Patient Partnership Group was established in 1999. Its starting point was to look at ways to work with patients to identify those quality of life issues most important to them and, where possible, influence change.

The group, comprising six members of the public working with members of the Hospital staff, commissioned an independent survey of patients’ views. This will help to develop much closer partnership with patients.

A significant achievement took place during the year when, for the first time, a patient was invited to become an active member of a working group that had been set up to explore a specific task. The task in this instance was to review the future of our Laundry Department, and this work had an impact on the service we provide to patients.
How we deliver effective treatment

The effectiveness of clinical care and treatment is central to the quality of health care. Considerable effort and resources are devoted to providing guidance on best practice.

The Hospital’s knowledge base about what is clinically and cost effective is constantly expanding through clinical audit and research, development and evaluation projects. This enables the Hospital to develop clinical guidelines and good practice statements to provide our clinical staff with information about most effective practice.

It is important to improve the quality of care for patients, and our clinical effectiveness programme helps achieve this.

Examples of clinical audit activity include:
- Audit of oral health of patients.
- High dose anti-psychotics.
- Olanzapine evaluation.
- Investigation of Hepatitis C status and subsequent treatment.
- Audits of referrals to Neurology.
- The monitoring of Lithium.
- Audit of anti-psychotic prescribing and polypharmacy.

Effective multi-disciplinary team working and support systems are also equally important. We have already implemented integrated care pathways which are ways of ensuring that patients get the treatment they need, when they need it, from all the professions involved in their care covering a number of clinical areas. We will develop the use of integrated care pathways further in the coming year.

Clinical practice guidelines are an important source of evidence. In the year 2000, we are implementing the Scottish Intercollegiate Guidelines Network (SIGN guideline) on psychosocial interventions in the management of schizophrenia.

An important part of our work is in the development and evaluation of new treatments. During the year we were able to evaluate as positive, the effectiveness of treatments such as Dialectical Behavioural Therapy, our Drug and Alcohol programme and the use of anti-psychotic medication such as the drug olanzapine.

Some of the major research, development and evaluation projects include work to determine our patients’ treatment needs. For example:
- The Forensic Services Review (an assessment of the future need for high secure forensic services).
- An identification and outcome of treatment resistant schizophrenia in a forensic population.
- Responding to patient violence at the State Hospital, which looked at attitudes of staff and patients to the management of anger.
- A study of association between schizophrenia and genetic markers on chromosomes 2, 4 and 22 in people admitted to the State Hospital.
- Developing multi-disciplinary approaches to care for patients with permanent and enduring mental illness (treatment resistant schizophrenia) through the implementation of the milieu enhancement model; using case study approach with independent evaluation.
- An exploratory study of staff attitudes to patients’ sexual needs in a secure forensic environment to identify current practices and future educational requirements. To inform the development of a sexuality policy – interview focus groups – all patients.
- The application of dialectical behavioural therapy in a Women’s Forensic Service – an approach to managing self-harm behaviour in women.
- A study examining the efficacy of cognitive behavioural therapy in enhancing the level of social competency in a population of paedophiles with a concurrent mental illness.
- A Medicines Committee was established to ensure best use of its resources in purchasing and administering of medicines.

A Medicines Committee was established to ensure best use of its resources in purchasing and administering of medicines.

During March 2000, we held our second Research and Audit conference day at the Hospital. This is an annual event, where feedback on various projects is given to staff and external colleagues. This is supplemented by SHARP (State Hospital Audit and Research Publication) which is aimed at raising the awareness of clinicians, within and outwith the Hospital, of the research and audit work we are carrying out.
The safety of the public, patients and staff is our primary concern. Our security is of a very high standard but we never take that for granted. We constantly strive to make it even better.

How we keep it safe

As society changes, so the needs and risks associated with our patients also change. We therefore need to be innovative and anticipate difficulties before they happen.

Our Security team has wide-ranging and up-to-date skills, gained in a variety of backgrounds such as the Police, Prison Service, Ministry of Defence and secure psychiatric hospitals.

Our primary aim is to reduce dangerousness. To do so, we use all methods available in modern forensic psychiatric care.

The most effective form of security and therefore safety lies in effective clinical treatment of our patients.

Security staff, as valued members of the Clinical Teams, play an active role in the development of patient care and security. Safety has continued to improve with the continual upgrading of our security systems and supporting technology.

We also have an independent security advisor who was formerly Her Majesty's Deputy Chief Inspector of Prisons in Scotland.

While all this is going on we maintain a network of effective, sophisticated and unobtrusive security systems providing a safe and therapeutic environment in which patients can be treated.

Some examples of our security precautions are:

- Regular searching and spot checks.
- Routine drug screening and testing.
- 24 hour CCTV camera monitoring.
- Regular security audits by the Scottish Prison Service.
- 24 hour monitoring of the perimeter security.
- Regular testing of our contingency plans.

As a result of security planning and assessment, some 1200 outings took place in the year, all without incident.

It is important not to become complacent and so we continue to learn from other security professionals such as the Police, Prison Service, Ministry of Defence, Foreign and Commonwealth Office, Special Security Executive of the Cabinet Office and the Special Hospitals in England.
Clinical staff need a wide range of background support if they are to deliver effective care to patients. Although Support Services staff work in the background, they provide a range of services which is essential to the efficient operation of the Hospital. They support clinical staff in providing direct patient care.

Support staff

Functions covered by Support Services staff include catering, cleaning, housekeeping, grounds and buildings maintenance, stores, administrative support, human resources, information technology, finance and communications.

Achievements during the year include:
- Refurbishment and extension of two wards.
- Upgrading of security systems and telephone infrastructure.
- Introduction of the patients’ bank.
- Improvement in the housekeeping service to wards.
- Production of information booklets and leaflets for patients and visitors.
- Runner-up at the national environmental awards.
- Achievement of a bronze Scotland’s Health at Work (SHAW) award.
- Secure connection to the NHS net, providing a secure mailing service with the Scottish Executive and other health care organisations.
- Maintained our ISO 9002 status and received accreditation of ISO 18001 for our Occupational Health & Safety management system.
- Awarded ‘Investors in People’.

During the year, we also reviewed a number of strategic and operational policy documents and worked towards compliance with the Disability Discrimination Act.

The staff at the Hospital are our biggest asset and are committed to providing secure psychiatric care 24 hours a day, every day of the year.

Working together

Partnership working is one of the top items on our agenda. Working and learning together, in partnership, is essential to deliver the modern, high quality, responsive service that our patients expect. A Partnership Forum was established in April 1999 to promote partnership with staff at all levels in the Hospital, and to encourage staff to become involved in future policy development and decision making. Staff representatives now sit on many of the Hospital’s key committees.

We fully support the Government’s strategy ‘Making it work together’ and during the year we produced our own Education, Training and Lifelong Learning Strategy. This established a core training programme for all staff. We also piloted a Hospital wide induction programme for staff which is tailor-made to suit all disciplines. This will be fully introduced by the end of the year 2000.

As a result of partnership working in the Health and Safety committee, the Hospital became the first NHS facility in Scotland to gain BS 8800 accreditation for health and safety management from the British Standards Institute. We also received a bronze Scotland’s Health at Work (SHAW) award in January 2000.

So far, partnership working groups have concentrated on areas such as training and development and employment practices. As a result we have changed our Nursing Shift System to improve staff and family relationships, improve services to patients and utilise resources in a more efficient manner whilst complying with European Working Times regulations.
### Corporate Governance

#### The Remuneration of Board Members for the year ended 31 March 2000 was as follows:

<table>
<thead>
<tr>
<th>Post Holder</th>
<th>Salary/fee £</th>
<th>Pension Cont. £</th>
<th>Expenses &amp; Benefits £</th>
<th>Total 2000 £</th>
<th>Total 1999 £</th>
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<tr>
<td>D H N James (Chairman)</td>
<td>13,220</td>
<td>-</td>
<td>-</td>
<td>13,220</td>
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<tr>
<td>A D Burnett (Deputy Chairman)</td>
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<td>5,129</td>
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<td>6,499</td>
<td>6,088</td>
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<td>R G Davis (Non Executive)</td>
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<td>A Hewat (Non Executive)</td>
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<tr>
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<td>511</td>
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<tr>
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<td><strong>48,712</strong></td>
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<th>Total 1999 £</th>
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<td>72,999</td>
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<td>106,595</td>
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<td>H Hall (Nursing and Therapies Director) (to 14.1.00)</td>
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<td>51,124</td>
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<td>S Milloy (Nursing and Therapies Director) (from 20.3.00)</td>
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<td>60</td>
<td>-</td>
<td>1,589</td>
<td>-</td>
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<td>P Moore (Finance, Planning and Support Director) (to 29.2.00)</td>
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<td><strong>Total Executives</strong></td>
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<td><strong>272,439</strong></td>
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| Total Board Members          | 315,590      | 321,240         |
| Employers N.I                | 28,618       | 25,696          |
| **Total Cost**               | **344,208**  | **346,936**     |

### Board members' interests during the year are detailed below:

- **D N H James** (Chairman)
  - Chair of Fife Environmental Trust
  - Chair of Children’s Panel Advisory Committee for the Borders
  - Director of Garvald Home Farms Ltd
  - Board Member of Management Hanover Housing, Scotland

- **A D Burnett** (Deputy Chairman)
  - Chair of Fife Environmental Trust
  - Chair of Children’s Panel Advisory Committee for the Borders
  - Director of Garvald Home Farms Ltd
  - Board Member of Management Hanover Housing, Scotland

- **C B Ballinger** (Non Executive)
  - Board Member of Helm Employment and Training
  - Chairman Couple Counselling, Tayside

- **R G Davis** (Non Executive)
  - Committee Member of Richmond Fellowship (Scotland)
  - Chair of North Lanarkshire Council Registration & Inspection Committee

- **A Hewat** (Non Executive)
  - Chairman of Edinburgh Prison Visiting Association
  - Member of Borders Health Board Complaints Panel
  - Member of Scottish Borders Council Social Work Committee

- **D J MacDonald** (Non Executive)
  - Commissioner with Mental Welfare Commission
  - Trustee with NHS Pension Trust

- **A K Zealley** (Non Executive)
  - Chairman of Lothian Research Ethics Committee
  - Clinical Director of Robert Fergusson Unit at Royal Edinburgh Hospital

The Board

The Board is accountable to the First Minister for Scotland through the Scottish Executive for the quality of care and the efficient use of clinical, financial and people resources.

The Board consists of seven non-executive members and four executive members and meets a minimum of six times a year. The Director of Psychology, the Director of Security, other senior staff and the Staff Chairman of the Partnership Forum also attend Board meetings.

The Board is committed to comply with the Code of Best Practice issued by the Cadbury Committee on Corporate Governance and is supported by 7 sub committees:

- Audit Committee
- Remuneration Committee
- Medical Sub Committee
- Security and Safety Committee
- Quality and Standards Committee
- Finance, Property and Establishment Committee
- Clinical Governance Committee

Remuneration of Senior Employees

Senior employees are paid in accordance with National Health Service in Scotland terms and conditions of employment. Directors and senior managers’ performance is appraised annually by the Remuneration Committee.
Financial Overview

The Hospital is committed to providing the best possible value for money and to maximising the proportion of its £19 million income spent on direct patient care.

Income is used to maintain a secure environment and to deliver high quality care and treatment for our patients. Good progress was made in achieving this in 1999-2000 whilst meeting our financial obligations.

During the year we experienced a pressure on resources due to the increased cost of staffing caused mainly by flu-related sickness levels around December 1999 and January 2000. Despite closing the year with an overspend of £300,000, the Hospital remained within its cash limit.

Efficiency savings achieved in the year amounted to more than £600,000. This sum was reinvested into patient care.

Year on year, we have consistently made such savings. However, it is not expected that we will be able to achieve similar savings in future years.

A full copy of the audited Annual Accounts for the year to 31 March 2000 may be obtained by writing to the Finance and Planning Director.

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### Income and Expenditure Account

for the year ended 31 March 2000

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<th>2000 £000s</th>
<th>1999 £000s</th>
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<td>Allocations from Management Executive</td>
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<td>Miscellaneous Income</td>
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<td><strong>Total Income</strong></td>
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</tr>
<tr>
<td>Hotel Services</td>
<td>576</td>
<td>547</td>
</tr>
<tr>
<td>Premises</td>
<td>1,273</td>
<td>1,242</td>
</tr>
<tr>
<td>Board Costs</td>
<td>339</td>
<td>336</td>
</tr>
<tr>
<td>Other Services</td>
<td>1,604</td>
<td>1,563</td>
</tr>
<tr>
<td>Capital Charges Expenditure</td>
<td>2,750</td>
<td>2,527</td>
</tr>
<tr>
<td><strong>Total Revenue Expenditure</strong></td>
<td>18,918</td>
<td>17,708</td>
</tr>
<tr>
<td><strong>Board (Deficit) for Year</strong></td>
<td>(303)</td>
<td>(47)</td>
</tr>
</tbody>
</table>

---

### Balance Sheet

as at 31 March 2000

<table>
<thead>
<tr>
<th></th>
<th>2000 £000s</th>
<th>1999 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>27,483</td>
<td>25,392</td>
</tr>
<tr>
<td>Current Assets</td>
<td>386</td>
<td>361</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>(1,070)</td>
<td>(934)</td>
</tr>
<tr>
<td>Provisions for Liabilities &amp; Charges</td>
<td>(231)</td>
<td>(39)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26,568</td>
<td>24,780</td>
</tr>
</tbody>
</table>

Financed by:

- Capital Reserve: 24,956, 25,040
- Revaluation Reserve: 2,527, 352
- Balance due from Management Executive: (915), (612)

---

### Cash Flow Statement

for the year ended 31 March 2000

<table>
<thead>
<tr>
<th></th>
<th>2000 £000s</th>
<th>1999 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Flow from operating activities</td>
<td>45</td>
<td>(243)</td>
</tr>
<tr>
<td>Payments for Fixed Assets</td>
<td>(1,066)</td>
<td>(607)</td>
</tr>
<tr>
<td>Fixed Assets Funding</td>
<td>1,031</td>
<td>850</td>
</tr>
<tr>
<td>Increase in Cash</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Cash Limit Approved</td>
<td>19,698</td>
<td>18,495</td>
</tr>
<tr>
<td>Charges against cash limit</td>
<td>(19,698)</td>
<td>(18,395)</td>
</tr>
<tr>
<td><strong>Net Difference</strong></td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>
It is all too easy in a Hospital like ours, where we compulsorily detain all our patients and where we need to have effective security, to become introspective and isolated. The benefit that external input can bring to the Hospital must never be underestimated. We have therefore continued to involve outsiders in our work.

External links

Our links with other health care organisations and outside bodies continue to develop and some of these are listed below:

- South Lanarkshire Council provides our Social Work Services.
- SALUS (an NHS based organisation) provides our Occupational Health Service.
- Independent psychiatric professionals (mostly Consultant Psychiatrists) from elsewhere in the NHS in Scotland, make up our Medical Sub-Committee.
- The Mental Welfare Commission and the Hospital have a close relationship. The Mental Welfare Commission reviews the detention of all patients.
- Edinburgh, Glasgow Caledonian and Liverpool universities are involved in academic work and in jointly funded posts with the Hospital.
- Most Consultant Psychiatrists also work elsewhere in the NHS or the Prison Service.
- The Emergency Services are closely involved with our contingency planning.
- The Scottish Prison Service audits our security systems.
- The British Standards Institute reviews our health and safety systems.
- Members of the public form our Complaints Committee and Patient Partnership Group.