

The State Hospitals Board for Scotland

ANNUAL REPORT 2023/24

Foreword

About Us

At A Glance'



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1. Foreword

NHSScotland's commitment to delivering high-quality healthcare is guided by its Quality Ambitions: Person-Centred, Safe, and Effective care. This report has been structured to reflect and align with these core principles.

Caring for our patients remains our top priority, and it is especially encouraging to note that the quality of care continues to be of a very high standard. This achievement is a testament to the commitment and dedication of our staff, who have worked tirelessly and with great flexibility to deliver exceptional patient care.

Despite this, there were some instances during the year where wards had to close due to staff shortages and patients had to be locked in their bedrooms, i.e. Day Time Confinement (DTC). To this end, positive work was undertaken to eliminate the use of DTC and to make this a 'non-event' within the State Hospital, reinforcing our focus on maintaining person-centred care. Additionally, we continued to face difficulties in recruiting an acceptable gender balance, largely due to the low number of males entering the mental health nursing profession.

As per previous years, we found it extremely challenging to meet the attendance management target of reducing staff absences to 5% which is critical for ensuring the efficient delivery of care and maintaining workforce stability. Efforts to achieve this include continuous monitoring of absence trends, providing support through occupational health services, a Peer Support Network, our Staff Care Specialist, dedicated Staff Wellbeing Centre, and promoting a positive work environment that prioritises wellbeing and resilience. Additional measures such as staff engagement initiatives, flexible working arrangements and targeted interventions for high-risk areas, are also deployed to help reduce absences.

Enhancing mental health and wellbeing continues to be a critical national clinical priority, and our focus in this area continued to be comprehensive and patient-centred. Our approach included providing personalised mental health support, integrating psychological therapies, and ensuring access to a range of therapeutic interventions that address emotional, cognitive, and social needs. Additionally, we concentrated on preventative measures, thus promoting resilience and coping strategies that enhance patients' quality of life and long-term mental health.

Patient physical health was equally prioritised with nutrition planning, patient education, sports and fitness, chronic disease management, regular health screenings, proposed changes to physical health Key Performance Indicators (KPIs), improvement in planned activities, and a decrease in the number of cancelled patient activity sessions.

We have been monitoring the successful implementation of the new Clinical Care Model which was launched in Spring 2023. This model was developed to better address the evolving needs of patients at various stages of their care journey. Ongoing efforts have been on ensuring that the new model is fully integrated into practice. Continuous monitoring and feedback from staff and patients have been essential in refining the approach, ensuring that the model effectively enhances patient care and supports staff in delivering high-quality services.

Stakeholder stories remained a key focus for the Board throughout the year, providing valuable insights into the real-life experiences of those affected by the services delivered at the State Hospital. These narratives which are shared by patients, their families, carers and staff, offer a unique perspective on how services are perceived, highlighting both positive outcomes and areas for improvement. By placing stakeholder stories at the heart of discussions, the Board ensures that decision-making and service improvements are grounded in lived experiences where personal accounts help to illuminate challenges that may not be evident through data alone. Feedback from stakeholders has shown that this approach is making a tangible difference. We will continue to ensure that the voices of those who use our services remain at the forefront of the Hospital's continuous improvement efforts.

Safety and security are also top priorities. Throughout the year, we made significant strides in advancing our Physical Security Refresh project which is expected to be completed by the end of 2024. This initiative underscores our dedication to enhancing safety measures and creating a secure environment for all. And in light of rising cyber-attacks, we remained vigilant and proactive in our approach to cyber security to safeguard our digital infrastructure and protect sensitive personal information. We are also proactively advancing our technological capabilities, prioritising robust security measures and fostering a culture of awareness among our staff, so we can better defend our systems against threats and uphold the integrity of our services.

As a Board, in April 2023, we approved our Corporate Training Plan 2023/24 setting out ambitions for a broad range of activities. In the summer of 2023, we submitted to the Scottish Government, our Annual Delivery Plan (outlining our one-year priorities) and our Medium Term Plan (detailing our three-year priorities).

In early May 2023 we had a Board development session to discuss the revised NHSScotland Blueprint for Good Governance (which will be a point of reference for us in the future in terms of evaluating our own effectiveness as a Board) and a Board Seminar was held in September 2023 to look at the recurring themes of Health & Care Staffing and eRoosting, the Anchors Strategy, and Whistleblowing.

Board member visibility increased in year with attendance at the annual Staff Long Service Awards, Patient Partnership Group (PPG) meetings, and representation at local patient events, awards, and meetings including patient educational and sporting achievements.

During the year we said farewell to David Walker, Director of Security, Estates & Resilience who retired, and Linda McGovern, Director of Workforce who took up a new opportunity. Subsequently, we were pleased to welcome Stephen Wallace to the Board as our new Director of Workforce and Allan Hardy as Acting Director of Security, Estates & Resilience.

In April 2023 we welcomed a positive visit from National Education for Scotland (NES) Deanery's Quality Management Team. May 2023 was a busy month – we had our annual meeting with the Central Legal Office which was favourable, we were proud to host the Clinical Secure Practice Forum and the High Secure Collaborative further strengthening our leadership in high secure care, and we received two separate visits from Healthcare Improvement Scotland (HIS) to discuss the work that we do and our involvement in national improvement programmes such as Excellence in Care and the Scottish Patient Safety Programme; they were impressed by our Hospital and the work that all teams undertake to ensure our patients receive a high standard of care while ensuring they are able to access the services they need. In November 2023, we had a successful Annual Review meeting with the Scottish Government, reaffirming our commitment to high standards and continuous improvement.

Significant progress was also made this year in strengthening the interface between the Forensic Network and the Prison Service. This included delivering presentations across NHSScotland on healthcare in custody, fostering greater collaboration and enhancing the quality of care provided to individuals within the prison system.

Successes during the year included celebrating the 75th anniversary of the NHS in Scotland in July 2023, and one of our Specialist Teams being shortlisted in the Nursing Times Awards for their 'head, heart and hand' approach to dementia work. Additionally, a Consultant Psychiatrist led on the development of a groundbreaking report into the role of genetic testing in mental health care which was published by the Royal College of Psychiatrists (RCP), and we remained amongst the top 2% of forensic psychiatry training sites nationwide.

In September 2023, we welcomed an announced visit from the Mental Welfare Commission for Scotland to Lewis and Mull Hubs. This was followed by an unannounced visit in February 2024 to Arran and Iona Hubs. These visits provided an opportunity for a thorough review of our practices and facilities. Following each assessment, the Commission issued a few minor recommendations which have since been addressed, reinforcing our commitment to providing high-quality care and support within our hubs.

In January 2024, we held a dedicated planning day with Directors to discuss the Annual Delivery Plan for 2024/25. Following these discussions, our Board Corporate Objectives for 2024/25 were formally approved in February 2024. Our Corporate Risk Register was kept under scrutiny all year.

Despite the numerous challenges faced over the year, we successfully met all our governance and financial targets, and complied with legislative requirements. In fact, this year, we made significant strides in our sustainability efforts, achieving our 2030 target of a 75% reduction in emissions well ahead of schedule. This accomplishment highlights our commitment to environmental responsibility and sets a strong foundation for future initiatives. With continued focus, the Board now has a considerable opportunity to reach Net Zero by 2040, positioning us as a leader in sustainable practices and environmental stewardship.

Looking ahead, we remain focused on building upon these successes by continually striving for improvement and innovation in our services to enhance the experience and outcomes for those we serve.



Brian Moore, Chair



Gary Jenkins, Chief Executive

2. The State Hospitals Board for Scotland

Located in South Lanarkshire in central Scotland, the State Hospital is the high secure forensic mental health resource for patients from Scotland and Northern Ireland. The principal aim is to rehabilitate patients, ensuring safe transfer to appropriate lower levels of security through a range of therapeutic, educational, diversional, and recreational services including a Health Centre.

There are 144 high-secure beds for male patients requiring maximum secure care: 12 beds specifically for patients with a learning disability, and four for emergency use. Wards are in four units 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 70% 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 2023/24 there were 21 patient admissions and 33 patient discharges compared to 31 admissions and 35 discharges in 2022/23.
- All patients are male, around 40 years old.
- The average length of stay is around five years, with individual lengths of stay ranging from less than one month to over 36 years.

Staff

- As at 31 March 2024, the State Hospital employed 680 staff (594.33 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 NHSScotland 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 Delivery Plan.

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

The State Hospital's Performance Report 2023/24 and comparative annual figures presents a high-level summary of organisational performance. Trend data is provided to enable comparison with previous performance.

3. Safe



Multi Agency Incident Command Exercise (September 2023)

“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 2023/24 provides an overview of activity during the 12-month period.

New Clinical Model

Following implementation of the new Clinical Care Model, several key issues have arisen including patient flow across the various services, the need for a centralised referral process to facilitate the movement of patients between clinical services, and the identification of the most suitable platform for discussing patient referrals.

Concerns were raised about the impact of Day Time Confinement (DTC) on all services, as well as ward closures. Additionally, efforts are underway to enhance the reporting system within RiO (electronic patient records) to better track DTC. A large-scale quality improvement project is underway to address issues related to DTC.

Patient Safety

Patient Safety remains our top priority. Our dedicated Patient Safety Group works collectively to ensure that every patient being cared for within the State Hospital experiences high quality, safe and person-centred care at all times, with a particular focus on improving observation practice and reducing all harms associated with restraint and seclusion.

Key priorities for 2023/24 were to:

- Implement the new Clinical Care Policy and evaluate outcomes.
- Members of the Patient Safety Group to engage with and contribute to various pieces of improvement work underway to reduce the use of Day Time Confinement.
- Review and refine flash reports to ensure fitness for purpose.
- Review and scrutinise data by clinical service area (as opposed to current reporting by hub), following stand-up of the new service structure.
- Repeat patient safety survey and continue on an annual basis thereafter.
- Introduce staff safety survey and repeat yearly thereafter.
- Ensure regular reporting and monitoring of medicines management.
- Focus on promoting psychologically safe environments that encourage and support learning and reporting of events and / or adverse incidents.
- Progress discussions on “Once for Scotland” approach to quality and safety visits. In the interim, review local approach to this to include broader aspects of safety data (e.g. infection control).

The Hospital also monitors key patient safety indicators through the Activity Oversight Group (AOG) including:

- Incident numbers, complaints, and staff shortages.
- Level 3 observations and additional staffing needs.
- Seclusions, Soft Restraint Kit (SRK) usage, and elevated Dynamic Assessment of Situational Aggression (DASA) scores.

Work is ongoing to streamline these patient safety indicators and identify essential local Key Performance Indicators (KPIs) for monitoring via the Patient Safety Group. In the meantime, regular auditing of policy compliance continues.

Realistic Medicine

The September 2023 update outlined the following key objectives:

- Advance individual projects within the Realistic Medicine Action Plan.
- Reduce the use of Day Time Confinement (DTC).
- Continue supporting and embedding the new Clinical Model.
- Identify and address unwarranted variations, using data to inform decision-making.
- Integrate Quality Improvement methodologies across services.
- Promote the use of BRAN (Benefits, Risks, Alternatives, and “What if I do nothing?”) questions.
- Increase completion rates of the Shared Decision Making (SDM) training module.

CPA / MAPPA

The Care Programme Approach (CPA) is a structured framework for planning patient care, treatment, and risk management. It promotes a patient-centred model that aligns with the principles of recovery, ensuring a consistent, tailored approach to support individual needs.

The CPA / MAPPA report covering the period 1 October 2022 to 30 September 2023 highlighted that for the fifth consecutive year, 100% of transfers were managed through the Care Programme Approach (CPA). Key areas of activity during this period related to multi-disciplinary CPA meeting attendance, patient and carer involvement, and strategic engagement and representation. Notably, no patients were identified as meeting the MAPPA ‘risk of serious harm’ criteria, though all patients remain under ongoing review, with consultations occurring as needed with relevant MAPPA Co-ordinators.

Examples of good practice included a significant increase in patient involvement, with 92% attending their meetings, up from 77% the previous year. Additionally, inter-agency collaboration was emphasised, with receiving services being well represented in transfer and discharge CPA meetings.

Child and Adult Protection

Protecting children and adults from harm remains a top priority for the State Hospital, with staff across all disciplines having clearly defined responsibilities.

As part of our Corporate Parenting duties, the Hospital is responsible for all patients up to the age of 25 who were in the care of their local authority at any point before their 16th birthday. We are currently developing our Corporate Parenting Plan for 2024/26.

During the reporting period from October 2022 to September 2023, 22 patients were approved for child contact, resulting in 48 child visits - a significant increase from just 10 the previous year. By the end of this period, 54 children had been authorised for some form of contact with a State Hospital patient. This increase in child contact visits is a positive development, with visitors praising the warm welcome, friendly supervising staff, and the positive atmosphere within the Family Centre.

In the same period, seven Adult Protection inquiries were conducted, marking a decrease from the previous year. As with Child Protection, the Hospital has built strong, collaborative relationships with South Lanarkshire Council’s Adult Protection Committee.

Training in ‘Keeping Children Safe’ and ‘Adult Support and Protection’ was ongoing throughout the year, with good participation from staff.

Infection Control

The Infection Control Department upholds the highest standards of infection prevention and control across the organisation, ensuring full compliance with Healthcare Improvement Scotland's (HIS) Infection Prevention and Control Standards (2022).

NHS Lanarkshire continues to support the Hospital with dedicated input from an Antimicrobial Pharmacist, who also serves as a member of the State Hospital's Infection Control Committee. This valuable partnership has been extended until 31 March 2026.

The Infection Control Annual Report 2023/24 outlines the department's key activities over the year. A primary focus during this period was on reducing the risk of Covid-19 throughout various stages of the pandemic. Effective management of Covid-19 outbreaks ensured minimal spread of infection across the Hospital.

Several reviews were conducted during the year including comprehensive risk assessments, updates to cleaning schedules, and improvements in documentation processes. Additionally, a quality improvement project in the Management Centre delivered positive outcomes, leading to a pilot implementation in two clinical areas.

Information Technology

The eHealth department oversees all aspects of information provision, governance, and technological support, playing a crucial role in maintaining and enhancing the Hospital's IT infrastructure.

A key achievement this year has been the continued integration between our Electronic Patient Record (EPR) system 'RiO' and the Pharmacy's HEPMA system, enabling real-time updates on patient medication status and improving care co-ordination.

In October 2023, we underwent a second national audit of our network and information systems, which yielded positive results. While a few areas for improvement were identified, we have developed a comprehensive two-year plan to address these. Notably, we performed better than in our first audit, reflecting significant progress in our system security and management.

In year, we made substantial advancements in our digital transformation efforts. The rollout of additional Microsoft 365 (M365) functionality progressed with improvements to security baselines, device management, Microsoft Teams optimisation, and preparatory work for the forthcoming implementation of SharePoint Online (SPO). Enhancements to network security were bolstered by the implementation of Microsoft Defender and Advanced Threat Protection, ensuring a more secure and collaborative digital workspace.

The introduction of the ServiceNow Helpdesk system streamlined our IT Helpdesk operations, allowing for more efficient tracking, processing, and management of support requests. M365 account management has been the most frequent issue handled by the Helpdesk, and we have kept a tight rein on licence management to mitigate any additional costs.

Significant strides were made in data recording and analysis with the development of bespoke RiO modules and Tableau dashboards, and we have supported key initiatives such as Excellence in Care, the eRostering rollout, and the decommissioning of outdated systems. Additionally, we have upgraded our remote access system to ensure smooth and secure connectivity for staff.

In keeping with technological advancements, we explored the potential deployment of new AI technologies, positioning ourselves for future innovation.

In October 2023, we held a Digital Inclusion Workshop that resulted in a fully costed Patient Digital Inclusion Roadmap, which will be implemented as soon as funding becomes available.

Further details on these projects and achievements can be found in the eHealth Annual Report 2023/24.

Information Governance

Organisational success in meeting national Information Governance Standards is tracked and monitored through the Data Protection Compliance Toolkit (DPCT). The principles of the Caldicott Guardian are fully embedded in all Information Governance initiatives and standards.

The 2023/24 Information Governance Annual Report highlights several key priorities:

- Regularly reviewing governance reports across all areas.
- Implementing recommendations from the Information Commissioner's Office (ICO) audit to enhance compliance.
- Supporting the completion of the Hospital's Network & Information Systems (NIS) audit in December 2023, which resulted in a compliance rating of 76%, reflecting organisational strength and high performance.
- Adhering to the Scottish Government's "NHSScotland Information Assurance Strategy CEL 26 (2011)."
- Conducting Hospital-wide Information Governance Walkrounds. Of the 11 areas inspected, nine were rated 'good' or better, with most achieving 'Very Good.'
- Continuing the development of the 'RiO' Electronic Patient Record (EPR) system.

- Maintaining appropriate FairWarning alerts and thresholds for auditing access to personal information. For the eighth consecutive year, no incidents of inappropriate access were flagged.
- Minimising risks identified in Information Governance risk assessments on the Hospital's Risk Register.
- Reviewing, updating, and promoting Information Governance training.
- Investigating Information Governance incidents - there was one incident reported during the year.
- Recording personal data breaches - 24 were reported, down from 35 the previous year, with none requiring ICO notification.
- Supporting the Hospital's Records Management Plan, particularly in overseeing clinical records.
- Overseeing Freedom of Information (FOI) and Subject Access requests. FOI requests increased by 66% compared to the previous year, while requests for FOI reviews declined. Nearly half (48%) of Subject Access requests came from discharged patients.
- Monitoring MetaCompliance / MyCompliance systems.

Medical Education

It has been another exceptionally positive year for the State Hospital in terms of medical education. We have maintained high standards in delivering extensive undergraduate and postgraduate medical training. Notable achievements include a successful National Education for Scotland (NES) Deanery visit in April 2023 and concluding the year with excellent feedback from training surveys, keeping us among the top 2% of forensic psychiatry training sites nationwide. Our recruitment and fill rates remain strong, positioning us well for the year ahead.

A Medical Education Annual Report has been produced covering the period 1 August 2022 to 31 July 2023.

Clinical Supervision

Throughout the year there has been a focussed effort on expanding our pool of clinical supervisors and providing opportunities for nursing staff to engage with supervision. Clinical Supervision provides a structured and safe environment for staff to reflect on their clinical practice, enhance their skills and knowledge, and foster self-awareness and self-care. It also plays a crucial role in building resilience and professional confidence, ensuring that staff are well-equipped to deliver high-quality care.

Security, Risk & Resilience

The primary focus throughout the year has been on finalising our physical security refresh project which is now approaching completion.

The State Hospital undergoes two routine security audits: a practice audit conducted by the Forensic Network every 18 months, and an annual audit of physical security measures carried out by an independent advisor. Both audits consistently yield positive results, with any identified actions being promptly addressed and implemented.

In September 2023, we held a Multi-Agency Incident Command training event aimed at strengthening our preparedness for responding to a major incident. A key focus of the exercise was collaborative learning with our partner agencies. As part of the training, a full incident command operation was established, allowing us to thoroughly test our incident response procedures. This ensured that, in the event of an emergency, we can effectively manage the Hospital while maintaining continuity of care.

The Risk & Resilience Annual Report 2023/24 details positive outcomes highlighted throughout the report, and a number of additional areas of good practice including:

- Effective monitoring of risk information by groups and committees.
- Regular monitoring of patient-specific risks by clinical teams.
- Strong evidence on learning from incidents, with local action being taken to minimise recurrences.
- Well-established Corporate and Local Risk Registers.
- Optimising the 'Datix' incident recording system and the way information is recorded, produced and analysed.
- Proactive Patient Safety Group.

We will continually strive to mitigate risk, increase resilience, and learn from incidents.



Multi Agency Incident Command Exercise (September 2023)

4. Effective



Campus

“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.

A Clinical Governance Annual Report for 2023/24 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

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 NHSScotland 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.

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.

In the performance year 2023/24, the Staff Governance Committee continued to focus its monitoring activities in respect of the above. The Committee members recognised their obligations to support a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation and is built upon the principles of partnership.

The Staff Governance Annual Report 2023/24 provides full details of activity during the year covering work related to:

- Attendance Management.
- Staff Governance Risk Register.
- Corporate Training Plan.
- Employee Relations activity.
- eRostering implementation.
- Fitness to Practise.
- Formal Dismissal Appeal Hearing Guidance.
- Healthy Working Lives (HWL) / Organisational Development (OD) Learning / Wellbeing.
- iMatter.
- Internal Audit Payroll.
- National Education for Scotland (NES) Deanery Quality Management visit.
- NHSScotland Staff Governance Standard monitoring framework.
- Occupational Health.
- Onboarding survey results.

- Personal Development Planning & Review (PDPR) performance.
- Recruitment.
- Safe Staffing implementation.
- Statutory and Mandatory training.
- Whistleblowing.
- Workforce Planning.

The key area requiring improvement is attendance management. Other priority areas include the effective and efficient use of resources in light of the financial challenges and issues around recruitment and retention, delivery and evaluation of the Wellbeing Strategy, and the development of our Organisational Development Strategy.

The Staff Governance Annual Report 2023/24 provides further detail.

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 in 2023/24 was 7.81% compared to 7.68% in 2022/23 and 6.39% in 2021/22.

Key Performance Indicator (KPI) Staff have an approved Performance Development Review (PDR).

This indicator relates to the National Workforce Standards, measuring the percentage of staff with a completed PDR within the previous 12 months. The PDR compliance for this reporting year averaged at 85.93%; an increase of 2.58% from 2022/23. This indicator has consistently been within the green zone since March of 2019. Fluctuations have occurred throughout this time however compliance has been maintained.

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 & Risk 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. Details of activity can be found in the Audit & Risk Committee Annual Report 2023/24.

During 2023/24 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 the Staff Governance Committee all met four times in year. The Remuneration Committee met three times.

During the year, the management reporting structure continued with leadership through the Corporate Management Team, supported on operational functions by the Organisational Management Team.

The Workforce Governance Group led 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.'

Board Members' and Senior Managers' Interests 2023/24 and Board and Standing Committee Membership (31 March 2024) can be found in the State Hospital's Annual Accounts 2023/24. Appended to this report is 'At A Glance' Key Performance Indicators 2023/24.

Audit & Risk Committee

The Internal Audit Plan from RSM (internal auditors) 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 & Risk Committee Annual Report 2023/24.

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 2023/24 outlines the key achievements and key developments overseen by the Committee, and 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 £84k 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	43,263	43,255	8
- Non Core	2,354	2,278	76
Capital Resource Limit			
- Core	880	805	75
Cash Requirement	46,497	44,657	1,840

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 2023/24 increased by £4,078k from the previous year.

Capital Resources

The Board's Capital Programme for 2023/24 focused on improving Hospital security, maintenance of the estate, and improvements to eHealth systems.

Collaborative Working

NHSScotland 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 NHSScotland priorities. The work in delivering the target has focused on four key workstreams:

- Transformation to deliver quality improvements and efficiencies across NHSScotland 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.

Sustainability achievements in year include a reduction in total Green House Gas (GHG) emissions by 81% from the 1990 baseline, achievement of the 2030 target of 75% reduction in emissions, with a considerable opportunity for the Board to reach Net Zero by 2040. Onsite EV charging points were installed during the year, and to date CO₂ emissions saved 10.7 tonnes, with overall usage equating to 55,627 of EV miles.

We also installed LED lighting across the car park and all internal grounds lamp-posts.

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 NHSScotland to help reduce the risk of fraud and corruption. In 2023/24, the Hospital:

- Monitored its focus on identified fraud risks.
- The mandatory Fraud e-learning module was an essential completion for 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.
- Participated in the annual Counter Fraud Services customer engagement 'virtual visit'.
- Continued its promotion of fraud awareness both internally and externally.

Corporate Communications

The Board's Communications Strategy outlines comprehensive communication arrangements, including key communication strands and governance frameworks. It is supported by various policies, protocols, and Standard Operating Procedures (SOPs) to ensure a structured and effective approach to both internal and external communication.

Throughout the year, the Communications Service played a vital role in amplifying national messaging and adapting it for local context. This included the dissemination of routine internal communications such as staff bulletins, newsletters, posters, and campaigns, as well as delivering presentations to local community groups and other stakeholders, and hosting visits from peers within NHS Lanarkshire and NHS 24 as part of a wider project to raise awareness of the great work that goes on at the State Hospital.

Key achievements included raising the profile of the State Hospital and increasing awareness of mental health issues through various external channels. This resulted in greater media coverage, with positive stories appearing in local and national newspapers and on the radio. Additionally, the team successfully reviewed and updated the Hospital's publications database comprising approximately 135 publications, expanded the photo and media libraries, and led several largescale internal and social media campaigns. Social media content was revamped to ensure a stronger focus on State Hospital related and educational material. Priority areas such as staffing, service delivery, the website, the intranet, and branding including corporate identity were also effectively supported, aligning with the Board's overall objectives.

Given the sensitivity surrounding media engagement, the Board's Media Policy and associated procedures ensured a structured and consistent approach to handling media enquiries. In addition, our Corporate Document Standards were reviewed and updated to maintain high communication standards.

In terms of service delivery, modern communication methods were explored to add variety and prevent traditional channels from becoming outdated. Notably, our social media presence was enhanced with the launch of LinkedIn, with further developments planned for 2024/25 including the potential introduction of Instagram and an in-house video production service.

Ongoing efforts remain focused on optimising the use of physical, human, and financial resources to continually develop the service. This includes building capacity for future needs, with a strong emphasis on resilience, succession planning, and sustainable growth.

The Communications Annual Report 2023/24 provides a comprehensive overview of the year's activities and achievements.

Annual Review

The Annual Review by the Scottish Government serves to hold NHS Boards accountable for their performance.

The Scottish Government Mental Health Directorate led the State Hospital Annual Reviews for 2021/22 and 2022/23, which took place on 29 November 2023. The next Annual Review, covering 2023/24, is scheduled for 18 November 2024. The Minister for Social Care, Mental Wellbeing & Sport will conduct the review in person during a visit to the Hospital.

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 2023 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 conducted. During 2023/24, 19 Clinical audits were completed; each with recommendations and improvement 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 177 documents (standards, guidance, and reports) that were issued in 2023/24; 30 being applicable to the Hospital's patient population, eight of which required completion of an evaluation matrix.

Policies

The State Hospital has a well-established process in place to ensure policies and procedures are effectively recorded, assessed, implemented, and reviewed. This ensures a standardised approach to the review of policies and the completion of an Equality Impact Assessment (EQIA) and Data Protection Impact Assessment (DPIA) for all policies in line with legislative requirements. In 2023/24, seven policies underwent staff consultation, and 14 policy reviews were approved.

Research

The Research Committee Annual Report 2023/24 highlights key areas of research activity conducted by State Hospital staff as well as the structures in place to support research across the organisation. It showcases the range of research undertaken and its dissemination, with a particular focus on the annual Forensic Network Research Conference, where State Hospital staff made significant contributions.

The report also includes detailed examples of studies aimed at understanding the patient perspective and stakeholder experience within our patient population. One notable example is the study titled "Forensic Mental Health Nurses' Experience on the Use of Seclusion: Implications for Use and Elimination in Clinical Practice." This study offers valuable insights into both short and long-term impacts on clinical practice. The findings present a series of practical solutions to drive improvements in practice, reflecting the direct influence of research on enhancing care quality.

Additionally, the report underscores how research findings are applied to positively influence practice, demonstrating the Hospital's commitment to integrating evidence-based outcomes into daily operations.



Visit by the High Secure Forum (May 2023)



Visit by Healthcare Improvement Scotland (HIS) (June 2023)

5. Person Centred



Skye Centre for patient therapy and activity

“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

The State Hospital's Referrals Policy and Procedure is well established.

Reports on patient movement are presented to the Clinical Governance Committee quarterly, providing an overview of bed occupancy, area and source of admission, delay if any between referral and admission, admissions of young people (under 18), 'exceptional circumstances' admissions, appeals against excessive security, discharges and transfers, and number of patients on the transfer list.

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. As well as professional staff, the approach involves patients, and where possible their carers.

All patients have a named Mental Health Officer who plays an active role in the discharge process.

During 2023/24 there were 21 patient admissions and 33 patient discharges compared to 31 admissions and 35 discharges in 2022/23. Patients are admitted for a minimum of four to eight weeks for assessment, thereafter the 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 2023/24 100% of transfers were managed through the CPA process. The target is 100%.

Appeals Against Excessive Levels of Security

The Mental Health Tribunal gives patients the right of appeal against excess levels of security. In 2023/24 there were nine appeals: all of these were successful.

5.2 HIGH QUALITY PATIENT CARE AND TREATMENT

Care and Treatment Planning

The Board is committed to delivering expert, high-quality treatment and care through multi-disciplinary teams in a safe and secure environment. Comprehensive strategies, plans, and frameworks are aligned with national standards and guidelines, outlining the approach to providing quality care while ensuring continuous review of policies, systems, and processes.

Multi-disciplinary clinical teams consist of a wide range of highly skilled professionals including consultant forensic psychiatrists, speciality doctors, trainee psychiatrists, nursing staff, clinical and forensic psychologists, occupational therapists, social workers, and a security manager. Additional staff contribute specialised expertise that enhances patient care and rehabilitation, including professionals from dietetics, pharmacy, activity and recreation services, physiotherapy, speech and language therapy, and arts therapy (art, music, and drama). Collaborative relationships with patients, their families, and carers are considered essential to the care process.

Upon admission, each patient is assigned a Key Worker, an experienced Registered Nurse responsible for the assessment, planning, implementation, and evaluation of the patient’s daily care. As the dedicated practitioner for a small group of patients, the Key Worker develops a positive, therapeutic relationship with each patient and their family or carers, ensuring individualised and compassionate care over time.



Hub Offices (part of patient accommodation)

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	2022/23	2023/24
Responsible Medical Officer (RMO)	90%	84%	89.5%
Medical	100%	91.75%	91.7%
Key Worker (KW) / Associate Worker (AW)	80%	58.75%	56.9%
Nursing	100%	97.25%	96.2%
Occupational Therapy (OT)	80%	42.25%	67%
Pharmacy	60%	59%	55%
Clinical Psychologist	80%	59.25%	73%
Psychology	100%	80%	84.2%
Security	60%	44.75%	51.9%
Social Work	80%	80.75%	81.2%
Dietetics	80%	66.25%	61.9%
Skye Centre Activity	tbc	0%	0%
Hospital Wide	n/a	63.67%	67%

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 clinical teams at case reviews and objectives are set for the next six months.

At 87.92%, against a target of 100%, performance decreased in 2023/24 compared to 91.70% the previous year. There were 27 separate instances (28 in 2022/23) where a patient waited beyond the specified six months of reviewing their Care and Treatment Plan. In addition, there were 66 separate instances (20 in 2022/23) of patients who did not have their documentation uploaded within the specified period for their Care and Treatment Plan at that time.

A review of the process for uploading documents is underway.

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 the reporting year was 93.79%, a slight reduction from 95.42% in 2022/23.

Duty of Candour

Between 1 April 2023 and 31 March 2024, a total of 54 incidents were reviewed under Duty of Candour, marking a decrease from 115 incidents in the previous year. Of these, two incidents met the criteria outlined in the Duty of Candour Act. Comprehensive investigations were conducted, with the findings shared to support learning and improvement.

The Duty of Candour Policy is well established, outlining staff responsibilities and providing clear guidance on the procedure to follow when managing incidents under the Duty of Candour process.

Medicines Management

In May 2023 we signed off a Pharmacy Service Level Agreement with NHS Lothian, enabling the good work undertaken by the Pharmacy team to continue.

The Medicines Committee Annual Report 2023/24 details a range of key activities including the successful implementation of the Hospital Electronic Prescribing and Administration System (HEPMA). The report highlights ongoing efforts to maintain and review medicine supply processes, alongside proactive initiatives aimed at reducing medication incidents. The report also describes ways in which patients receive regular reviews of both their mental and physical health medicines.

Additionally, the report covers updates to medicines policies and prescribing guidance, a diverse array of clinical audit projects, and the delivery of Covid-19 and influenza vaccination programmes for staff and patients in line with national guidance.

Psychological Therapies Service (PTS)

Psychological services at the State Hospital play a multifaceted role, providing direct care to patients while also working systemically to ensure the Hospital is more psychologically, trauma, and risk-informed.

The Psychological Therapies Annual Report (January to December 2023) provides a comprehensive overview of the services delivered by the team. It outlines the therapeutic work carried out both individually and in group formats, while also emphasising efforts related to quality assurance and service development. Additionally, the report highlights planned initiatives, including a review of risk assessment practices and work related to the governance of psychological interventions. The department's active participation in research is also featured.

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 2023/24 was 82.21% (83.20% in 2022/23). 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 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 was 99.12% in 2023/24 compared to 91.43% in 2022/23.

Rehabilitation Therapies

Rehabilitation encompasses a wide range of approaches that includes activities, interventions and information resources that help individuals recover or adjust to achieve their full potential. At the State Hospital, Allied Health Professions (AHPs) such as Arts Therapists, Dietitians, Occupational Therapists, Speech and Language Therapists, and Physiotherapists provide both individual and group-based interventions.

From July 2023 to June 2024, strong leadership, service development, and staff engagement have been instrumental in shaping effective service delivery. Prioritising staff health, wellbeing, and empowerment has further supported this progress. Additionally, ongoing reviews of patient assessment and treatment pathways have been central in guiding the Allied Health Professions contribution to the evolving Clinical Model across the Hospital.

The Nu 2 U Charity Shop continues to be a successful vocational project supporting patient volunteers led by the Occupational Therapy service working alongside the Person Centred improvement Team and the Patient Learning Centre which provides work rehabilitation and the ability to achieve a SVQ Award. This is the first year where two patients have successfully completed their SVQ Award as part of their vocational role. Another vocational opportunity within the main shop is currently being explored.

Key Performance Indicator (KPI)

Patients will be engaged in off-hub activity centres

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 94.50% for the reporting year compared to 90.92% last year.

5.3 PERSON CENTRED IMPROVEMENT

Person Centred Improvement Service (PCIS)

The Person Centred Improvement Service (PCIS) is dedicated to developing services through collaborative partnerships between patients, their families, and healthcare providers. These partnerships are built on respect for individual needs and values, and emphasise compassion, continuity, clear communication, and shared decision-making.

The PCIS 12-month update report covering November 2022 to October 2023 highlights key activities related to Stakeholder Engagement, Volunteering, Spiritual and Pastoral Care, Equality and Diversity, Person-Centred Healthcare Programme, Advocacy Support, and progress towards Key Performance Indicators (KPIs). During this period, the PCIS achieved the following:

- Led the Hospital-wide "What Matters to You" (WMTY) initiative.
- Reviewed visitor travel support and launched the new Volunteer Driver Scheme.
- Continued to support the 'Nu 2 U' Patient Charity Shop.
- Secured funding for renovations to the Family Centre garden.
- Completed Equality Impact Assessments for CCTV, Digital Inclusion, and Clinical Model projects.

- Assisted the Patient Partnership Group (PPG) Chair in ensuring that patient experiences informed Clinical Model implementation plans.
- Developed and implemented the Supporting Patient and Carer Involvement Policy.
- Responded to volunteer feedback by providing mandatory training modules in hard copy format.
- Established visiting in the Family Centre as a permanent option, with ward visits available based on clinical need.
- Completed 'Talking Mats' training, now being used with the Intellectual Disability PPG.
- Involved PPG input in shaping the frontline staff recruitment process.
- Made significant progress in the "Triangle of Care" assessment.

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.

Complaints and Feedback

The Board actively seeks feedback as part of its commitment to involvement and engagement, working in partnership with a wide range of external organisations. This feedback serves multiple purposes, including meeting statutory requirements, sharing information, co-designing services, promoting shared learning, networking, and measuring participation levels and outcomes, all of which contribute to national benchmarking activities. The State Hospital uses a variety of well-established methods to ensure stakeholders are actively supported and encouraged to share their views.

During the year, a total of 180 pieces of feedback were submitted, with the majority focusing on key areas such as effective relationships, access to care, and physical comfort.

Additionally, members of the Patient Partnership Group (PPG) play an integral role in gathering and sharing feedback from their peers on the wards. The group met weekly across the reporting period, using creative feedback mechanisms (where appropriate) to communicate their views. They also engaged in solution-focused sessions on a range of topics. The PPG's format and work plan were reviewed and updated in 2023/24 to ensure continued relevance and effectiveness.

The Hospital received 95 new complaints, reflecting a 9% increase from last year. Sixteen stakeholders submitted more than one complaint, with the most frequent issue raised being staff attitude and behaviour.

Two complaints were escalated to the Scottish Public Services Ombudsman (SPSO) during the year. The SPSO was satisfied with the investigations conducted by the State Hospital and did not pursue further inquiries or actions.

The year saw 656 staff members (98%) completing the Feedback and Complaints e-learning modules. In addition to the online training, complaints awareness sessions were included in the induction programme for all new staff and student nurses. Supporting staff in handling complaints investigations remains a priority, with refreshed training provided for newly promoted staff as part of this ongoing focus.

Further details can be found in the Complaints and Feedback Annual Report for the period 1 April 2023 to 31 March 2024.

5.4 HEALTH IMPROVEMENT

Weight management and levels of physical activity remain a significant challenge for State Hospital patients.

The State Hospital has a dedicated Skye Centre for patient activity and therapy which is defined by four Activity Centres: Patient Learning, Sports & Fitness, Gardens & Animal Assisted Therapy, and Craft & Design. The Atrium is also an area where patients can access the Café, Library, Shop and Bank. Patients can attend four activity centres during weekdays, on a sessional basis.

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.

Mental Health

The Mental Health Practice Steering Group (MHPSG) drives continuous improvements in the mental health of patients while ensuring the highest standards of clinical care. From May 2023 to June 2024, the core activities of the group focused on providing governance and oversight for key processes at the State Hospital. This included reviewing national clinical guidelines and standards, progressing to the final phase of a pilot programme for proposed mental health outcome measures for patients, and redesigning the Care Programme Approach (CPA) document and related processes.

In October 2023 we were honoured to be a part of the Mental Health Nurse Forum event at NHS Golden Jubilee. This event celebrated the outstanding work of mental health nurses who play a vital, dedicated and compassionate role in our society. Our specialist team, alongside colleagues from the University of the West of Scotland, presented on their work in developing new and innovative ways to support people with dementia, and were shortlisted in the Nursing Times Awards for their 'head, heart and hand' approach to dementia work.

Physical Health

State Hospital patients have very significant physical health needs.

Given that patients do not have access to other services or communities, the Hospital addresses their therapeutic, vocational, social and physical wellbeing needs through a range of onsite therapies and activities including a Health Centre which offers a full range of primary health care comprising a GP service and clinics in Dentistry, Podiatry, Ophthalmic, Surgical, Diabetic, ENT (ear, nose and throat), and Urology. Additionally, our Practice Nurse delivers a number of nurse led clinics.

The Physical Health Annual Report covering the period 1 October 2022 to 30 September 2023 highlights the significant amount of work being undertaken to ensure endeavours to improve the physical health of patients. This includes developments and progress made in Primary Care (including the management of long-term conditions); Physical Activity; Nutrition & Weight Management; Food, Fluid & Nutrition; and National Guidelines and Standards.

The State Hospital remains a smoke free environment, and as in previous years, patient weight management and levels of physical activity remain significant priorities.

Actions arising from physical health audits continue to be progressed.

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).

This KPI charts the completion of an annual physical health overview by the Practice Nurse. The Practice Nurse will identify any patients that require to be reviewed face-to-face by the GP and these reviews will be conducted during the normal clinic sessions.

The figure for 2023/24 was 100% 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. The target is 100%.

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 to 8.92% from 9.5% last year.

Key Performance Indicator (KPI)

Patients will undertake 150 minutes of exercise each week.

This links with national activity standards for Scotland. In 2023/24 61.48% of patients undertook 150 minutes of exercise each week. The target for this indicator is now 70% being 60% in 2022/23.



Staff Long-Service Awards (December 2023)



Staff Induction (October 2023)



Student Nurses from the University of the West of Scotland and Napier University (October 2023)

THE STATE HOSPITAL KEY PERFORMANCE INDICATORS AT A GLANCE 2023/24



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 **87.92%_R**

Target 85%

Patients will be engaged in psychological treatment.



RESULT **82.21%_G**

Target 90%

Patients will be engaged in off-hub activity centres.



RESULT **94.50%_G**

Target 90%

Patients will undertake an annual physical health review.



RESULT **100%_G**

Target 70%



RESULT **61.48%_A**

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

Target 25%

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



RESULT **8.92%_R**

Target 5%

Sickness absence
(National HEAT
standard is 4%).



RESULT 7.81%_R

Target 80%

Staff have
an approved
Performance
Development Review
(PDR).



RESULT 85.93%_G

Target 100%



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

RESULT 100%_G

Target 100%



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

RESULT 100%_G

Target 100%



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

RESULT 99.12%_G

Target 100%



Patients will have
their clinical risk
assessment reviewed
annually.

RESULT 93.79%_A

SUMMARY

12 x Key Performance Indicators (KPIs)

Of these: 7 x green, 2 x amber and 3 x red

For further information please contact:

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Attendance at Case Reviews by Clinical Staff

	Target	2023/24
Responsible Medical Officer (RMO)	90%	89.5%
Medical	100%	91.7%
Key Worker (KW) / Associate Worker (AW)	80%	56.9%
Nursing	100%	96.2%
Occupational Therapy (OT)	80%	67%
Pharmacy	60%	55%
Clinical Psychologist	80%	73%
Psychology	100%	84.2%
Security	60%	51.9%
Social Work	80%	81.2%
Dietetics (only attend Annual Reviews)	80%	61.9%
Skye Activity Centre (only attend Annual Reviews)	tbc	0%

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