



**Annual Delivery Plan 2025/26**

**NHS Board: The State Hospital**

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## 1 INTRODUCTION

The State Hospital has developed its Medium Term Plan 2025-2028 (MTP) which provides detail of the high level priority actions for delivery. This Annual Delivery Plan 2025/26 (ADP 2025/26) has been developed to reflect the first year's delivery of the key priorities in the MTP. It both reflects the local needs and priorities of the State Hospital and also Scottish Government and NHSScotland's national priorities as they relate to forensic mental healthcare. This delivery plan sets out currently anticipated areas of risk, service change and how the long-term sustainability of services can be supported. It also highlights any national or local performance measures to evidence the anticipated impact that plans will have on service delivery.

NHS Boards are required to ensure that their annual delivery plans reflect current work underway through the NHSScotland Planning and Delivery Board. These, where relevant, have been identified throughout the delivery plan. The State Hospital has also considered national strategies such as the Mental Health and Wellbeing Strategy and National Performance Framework in developing the delivery plan and ensuing alignment to national direction.

## 2 ROLE AND FUNCTION OF THE STATE HOSPITAL

The State Hospital is the national high secure forensic mental health care provider for Scotland and Northern Ireland. The organisation provides specialist individualised assessment, treatment, and care in conditions of high security for patients with major mental disorders and intellectual disabilities. The patients, because of their dangerous violent or criminal propensities cannot be cared for in any other setting. Working closely with partners in the Forensic Network for Scotland the organisation is recognised for high standards of care, treatment, research, and education.

The State Hospital leads on the delivery of exceptional and innovative care, treatment, and risk management to support patients in their recovery journey and improve their mental health and reduce risk. The State Hospital aims to support patients to actively participate in their treatment, experience improved overall health and wellbeing whilst ensuring public safety within a high secure environment.

The State Hospital is based within a single site in Carstairs, South Lanarkshire. The site is in a rural location. The hospital has 120 beds available for male patients, 108 beds for patients with Major Mental Illness and 12 beds for patients with Intellectual Disabilities. In 2025 the State Hospital will open an interim high secure inpatient service for women.

An extensive consultation exercise was carried out in 2024/25 with staff, stakeholders, and patients. This activity supported the development of the Medium Term Plan 2025-28 and the revised vision, mission and critical success factors that are required to deliver excellent forensic mental health care and treatment. The following was agreed:

**The vision** is to be a leader in delivering relationally informed, person-centred, high-secure mental health care that enables recovery whilst ensuring the safety and wellbeing of staff, patients, and the public.

**The mission** of the hospital is to assess and treat major mental disorders in a secure and person centred care environment that manages risks, supports recovery, rehabilitation, and onward progression.

**Critical success factors** are the central things we do to achieve our mission and focus on:

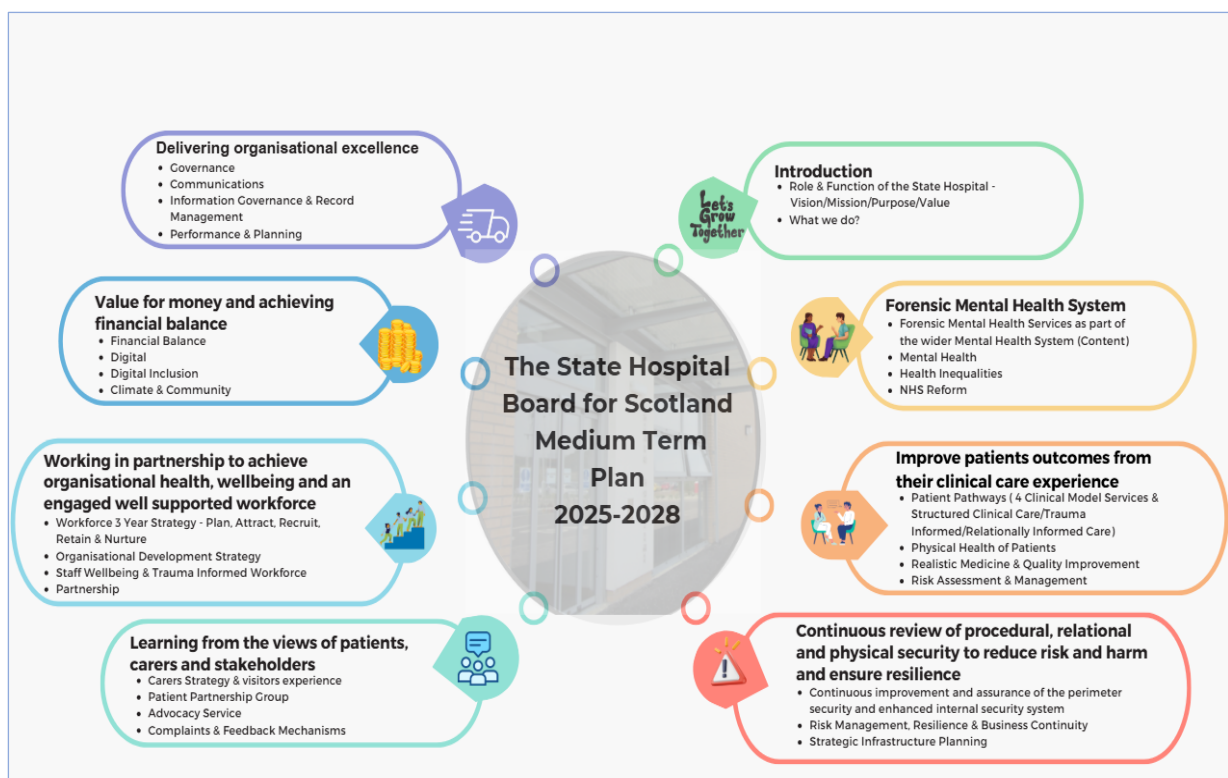
- Improving patient outcomes from their clinical care experience.
- Continuous review of procedural, relational and physical security to reduce risk and harm and ensure resilience.
- Learning from the views of patients, carers, and stakeholders.
- Working in partnership to achieve organisational health well-being and an engaged well supported workforce.
- Value for money and achieving financial balance.

The values of the State Hospital align with NHSScotland, they are:

- Care and compassion.
- Dignity and respect.
- Openness, honesty, and responsibility.
- Quality and teamwork.

### 3 THE STATE HOSPITAL MEDIUM TERM PLAN 2025/28

The Medium Term Plan 2025-28 (MTP) structure is presented below. The Annual Delivery Plan 2025-26 (ADP 2025-26) has been developed to reflect the first year's delivery of the key priorities in the MTP. The MTP has been developed following extensive engagement across all staff groups. Each directorate and all Heads of Service have developed local three year plans, these have been used to develop the overall MTP. All directorates also discussed and reflected on the vision and mission of the State Hospital, which has been revised following the consultation. The critical success factors which are central to the achievement of the State Hospital vision and mission have been used as pillars to structure the MTP. Through the engagement process, and over the delivery of this MTP, the focus has been on delivering effective care and treatment whilst focusing on the balance and calibration of organisational performance and health.



## **4 MENTAL HEALTH**

The Mental Health and Wellbeing Strategy was launched in 2023 and outlines the legislative background, strategic ambition and focus for Mental Health and Wellbeing in Scotland. The associated Mental Health and Wellbeing Workforce Action Plan 2023-25, and the Mental Health and Wellbeing Strategy Delivery Plan 2023-25 were launched in November 2023. These documents outline priorities for Scottish Government which include strategic planning and governance of Forensic Mental Health Services and the provision of a high secure female service in Scotland.

The provision of the Mental Health (Care and Treatment) (Scotland) Act 2003 allows for detention in hospital and compulsory medical treatment on the grounds of mental disorder. Rigorous safeguards apply which include the right to independent advocacy, an independent mental health tribunal for Scotland and the independent Mental Welfare Commission. Scottish Government has committed to consider changes to practice and legislation to improve or simplify the delivery of forensic mental health services. There are two recent publications of particular relevance to Mental Health direction for Scotland, these are:

1. The Independent Review of Forensic Mental Health Services.
2. Scottish Mental Health Law Review.

The State Hospital is aware and aligned to the ongoing development and delivery of relevant recommendations from these reports.

## **5 FORENSIC MENTAL HEALTH SERVICES**

### **Forensic mental health services as part of wider mental health system**

The State Hospital operates as the high security provider within a wider forensic system. The State Hospital is an active cross-boundary collaborator and connects with a range of partners in health, criminal justice, policy, and resilience. The State Hospital links with the Forensic Network and wider NHS and independent providers of health care. The State Hospital has provided leadership in the Healthcare and Custody Oversight Group, collaborate on National Executive Leads and participate in the National Strategic Planning Board with a focus on Mental Health. It is recognised that this is a dynamic landscape, and that the emerging strategic direction of forensic services for Scotland is evolving. The State Hospital will continue to review its cross-boundary collaboration and seek areas for improvement in cross system leadership where appropriate.

To facilitate further collaboration in Forensic Mental Health Services, the Scottish Government commissioned the Forensic Network to carry out further work on capacity across the estate in September 2024. The Forensic Network brought together NHS Boards and Forensic Mental Health Services to develop a plan to improve access to services and reduce variation between services. The focus was to reduce variation in referral criteria, minimise differences in management of waiting lists, achieve greater cohesion in the delivery of secure in patient services, and streamline escalation and dispute resolution processes. The Forensic Network reported findings to the Scottish Government. The State Hospital will contribute to achieving improvements outlined in this plan, including exploring regional agreements to enhance cohesion in service delivery.

## 5.1 Forensic Mental Health Board for Scotland

The Scottish Government, in response to recommendation one of the Independent Review into the Delivery of Forensic Mental Health services has committed to develop plans to establish a Forensic Mental Health Board for Scotland. This Board would be established with the aim of delivering a national approach to the planning and governance of forensic mental health inpatient services.

A Forensic Governance Advisory Group was established in October 2024 to advise Ministers on operational and practical changes needed to transition from the existing governance arrangements for adult mental health services to a Forensic Mental Health Board for Scotland by exploring options detailed in their Terms of Reference. The group will provide a report to advise on how best to improve integration of existing national and local pathways of care providing adult forensic service. The group are due to report in May 2025.

## 5.2 NHSScotland Reform

As part of NHSScotland, the State Hospital has a contribution to the strategic priorities that will support delivery of public service reform. The NHS requires major reform to ensure that it is a sustainable health service that is fit for the current and future population needs. Scottish Government vision is to enable people to live longer healthier and more fulfilling lives and is supported by four key areas of work: improving population health, a focus on prevention and early intervention, providing quality services and maximising access, all underpinned by person centred approach.

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
1.1	The State Hospital will engage with the emerging strategic direction for the development of the Forensic Mental Health Board for Scotland.	The State Hospital will engage with the outcomes and recommendations from the Forensic Governance Advisory Group and work with Scottish Government and other stakeholders to progress these.	2025/26
1.2	Forensic Network recommendations to improve access to Forensic Mental Health Services.	The State Hospital will contribute to achieving improvements outlined in this plan which is aimed at exploring regional agreements to enhance cohesion in service delivery.	2025/26
1.3	Public service reform and cross system collaboration.	Engage and collaborate to support public service reform and transformation.	2025/26

## 5.3 Risks

Risks emerging from the above actions will be reviewed regularly by the Corporate Management Team (CMT), reported to the State Hospital Board and if required will be added to the Corporate Risk Register to manage risks and mitigate potential impacts. The items will also form part of the quarterly performance review and sponsorship meeting with the Mental Health Directorate.

#### 5.4 Performance Measures to evidence impact of plan on service delivery

The State Hospital has a set of Corporate Key Performance Indicators (KPIs) which are reported quarterly to the State Hospital Board and management groups. There are no specific Corporate KPIs relevant to the above system change and strategic direction of forensic mental health, as this is an emergent process. The State Hospital will connect with Scottish Government Mental Health Sponsorship Team to address emerging issues from Public Sector Reform and Forensic Mental Health System change.

The State Hospital contributions will be reported through the management group structure of CMT, Organisational Management Team (OMT), the Partnership Forum and quarterly through the Strategic Planning, Performance and Governance Group. The corporate governance mechanisms of the Board and sub-committees' structure will also receive updates and engage where appropriate. The Board Chair and Chief Executive Officer together with Directors will engage and advise where appropriate.

## **6 WOMEN'S SERVICE**

### **Women's high secure forensic service development in Scotland**

The Scottish Government, in response to recommendation three of the Independent Review into the Delivery of Forensic Mental Health services has committed to the development of a plan to deliver services in Scotland for woman who need high secure care and treatment in the short and long term. There is currently no provision for high secure forensic mental health care and treatment for women in Scotland. The State Hospital have been working alongside stakeholders to support this commitment. Discussions with legal and Ministerial colleagues in November 2024 resulted in an agreement to develop an interim service model of female high secure patients at the State Hospital.

A high secure female service in Scotland is an additional service, separate from the current funding the State Hospital receives to deliver a male high secure service. A female service requires both capital and revenue funding to be taken forward as a separate funding stream. In January 2025, funding was confirmed by the Mental Health Directorate to progress with both Phase one and two aspects of the female high secure service in the State Hospital. A project team was then established to take forward planning.

In early 2025, the project team commissioned a feasibility study on Phase two of the development of a medium to long term female high secure service. They also commenced development of plans for the interim service in collaboration with key stakeholders. A Project Initiation Document was agreed by CMT and the State Hospital Board in February 2025. A project governance and reporting structure is in place to receive regular reports on progress and risks.

The development of the high secure female service will be taken forward in two interconnected phases.

### 6.1 Phase 1 – Interim and Outreach Service Model

The State Hospital will progress a High Secure Female service development in Quarter 1 and Quarter 2 of 2025 with the objective to:

- Develop and implement an interim woman's service model for patients who have been clinically assessed as requiring high security care and treatment.
- Develop and implement an outreach service model from high security to medium security providers and Scottish Prison Service, based on the Rampton outreach model. The outreach service will aim to work in partnership with service teams to support the management of patients who may require referral and admission to the State Hospital.

### 6.2 Phase 2 – Medium - Long Term Service Model for high secure female inpatient services

Oversee the development and implementation of capital development following the outcome from a professional design team feasibility report. This will create a dedicated care and treatment centre. Timelines and project milestones will be agreed following the outcome of the design team's feasibility study, it is anticipated it is likely to be circa 36 months.

It is the intention that Phase 1 will integrate and co-locate with Phase 2 on its completion, therefore co-locating the three aspects of the patient's treatment journey into a central 'treatment hub' at the State Hospital.

A female high secure service would be segregated from the male service to protect patients and support recovery. This is in line with how similar services are delivered in England. A female high secure service will require segregated arrangements to provide:

- Access to Activity.
- Grounds/Outdoor access.
- Dedicated therapeutic and recreational physical environment.
- Activities Centre.
- Access to Healthcare Services.

There is a risk that women are unlikely to move beyond 'safety and stabilisation' in their clinical treatment journey if they are within a mix gender environment.

### 6.3 Options to Develop the High Secure Female Medium - Longer Term service model

The State Hospital commissioned a Lead Advisor to develop and produce an Initial Design Assessment proposal for a National High Secure Healthcare Service for Women in Scotland. The Lead Advisor will co-ordinate a design team with all required experience to produce the Initial Assessment proposal for the project. The Initial Assessment proposal for the project will be presented quarter one of 2025/26.

The initial design assessment will consider four options for the development of the service on site in the State Hospital and make recommendations on the feasibility, costs, and benefits of each option for full consideration. The project will require to be compliant with all current statutory standards and regulations.

Following this approach future work will be required to develop the following:

- Outline Business Case for National High Secure Service for Women.
- Full Business Case for National High Secure Service for Women.
- Construction Phase for National High Secure Service for Women.



The timeline for completion and go live for the medium to long-term service model is dependent on the outcome of the design team feasibility study, and agreement from NHS Assure. Thereafter the project plan, capital plan and key milestones will be agreed and an implementation timeline developed. It is anticipated at this stage that the duration will be circa 36 months.

#### 6.4 Board actions in 2025/26 to develop a National High Secure Service for Women

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
2.1	Phase 1 - The State Hospital to establish an interim high secure forensic mental health service for women.	The State Hospital to develop infrastructure for establishment of an interim model for women. This will include: <ul style="list-style-type: none"> <li>• Clinical operating model.</li> <li>• Ward modifications.</li> <li>• Admission criteria and process.</li> <li>• Workforce model including recruitment and training.</li> </ul>	2025/26 Q1/2
2.2	Phase 1 – Forensic Female Outreach Service.	Scope and develop an outreach service model. The aim will be to support medium secure units and Scottish Prison Service to assist in managing patients who may require referral and admission to the State Hospital female service, or who are displaying behaviours that necessitate a high secure referral.	2025/26 Q2
2.3	Phase 2 - The State Hospital will develop an initial design feasibility assessment for a Medium – Longer term Forensic Female High Secure Service.	Planning proposal detailing the options, risks, financial and capital investments will be submitted to Scottish Government.	2025/26 Q1
2.4	Phase 2 - The State Hospital will develop required planning and governance approaches to achieve development of Forensic Female High Secure Service	Outline Business Case.	2025/26 Q3
2.5	Phase 2 - The State Hospital will develop required planning and governance approaches to achieve development of Forensic Female High Secure Service.	Full Business Case.	2025/26 Q4

## 6.5 Risks

Risks emerging from the above actions will be reviewed regularly by the Project Oversight Board, reported to CMT and the State Hospital Board, and if required will be added to the Corporate Risk Register to manage risks and mitigate potential impacts on current the State Hospital services. The development of a high secure female service is a significant addition to the State Hospital function. As a complex project it will require full project management and governance, including risk and issues registers. The State Hospital will report significant risk to the Scottish Government Mental Health Policy Team through the sponsorship arrangements.

## 6.6 Performance Measures to evidence impact of plan on service delivery

The State Hospital has a set of Corporate KPIs which are reported quarterly to the State Hospital Board and management groups. There are no specific Corporate KPIs relevant to above area at this stage. Performance in this area will be tracked through Project Management monitoring and reporting processes. A Project Oversight Board will be established to oversee the work programme. The Oversight Board will be chaired by a Non-Executive Director. Membership of the group will be drawn from relevant departments and external stakeholders. Staff side will be represented by the Employee Director.

# **7 HEALTH INEQUALITIES**

There are many, diverse and interacting determinants of mental health and wellbeing, with these being driven by structural factors such as unequal distribution of income, power and wealth, global, national, and local economic and political forces and priorities, and societal attitudes. Within the State Hospital individual health inequalities and health behaviours are addressed later in this plan through the supporting healthy choices and physical health projects. The more structural elements of population health and health inequalities are addressed in this section with a focus on improving health through supporting a circular economy via the State Hospital Anchors strategy.

## 7.1 The State Hospital Anchors Strategy 2023/25

Scottish Government commissioned all NHS Boards to produce an Anchors Strategic Plan as **an** initial three-year strategy to demonstrate how the State Hospital plans to take action to contribute to community wealth. The initial themes include:

- *Progressive Procurement* - The State Hospital can direct investment into the local region through procurement practices. It may be possible to consider giving local suppliers greater weight in procurement processes, which in turn can create new employment locally.
- *Employment* - The State Hospital is a relatively large local employer within an area of deprivation. Development of recruitment practices to encourage community members to consider employment in the State Hospital would be useful to consider.
- *Sustainable use of land and property* - consideration given to the use of land and sustainable practices.

The Anchors Strategy has a range of commitments in each of the initial themes. The State Hospital has developed an action plan to ensure that key commitments are taken forward. Reporting is through the Risk and Audit Committee and onwards to the State Hospital Board and Scottish Government through the Anchors Strategy baseline metrics report. As Scottish Government evolve their approach to Anchors institutions and organisations the State Hospital will adapt the strategy to reflect requirements.

## 7.2 Board actions in 2025/26 to address health inequalities

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
3.1	Anchors implement strategy 2023-2025.	Continue with implementation of action plan with focus on: <ul style="list-style-type: none"><li>• Progressive procurement.</li><li>• Employment.</li><li>• Land and assets.</li></ul>	2025/26 Q1-4
3.2	Develop Anchors Strategy 2026-2028.	Develop revised strategy based on learning from previous strategy and in line with Scottish Government commission.	2025/26 Q3

## 7.3 Risks

Risks emerging from the above actions will be reviewed regularly by the Anchors Strategy Group and if required will be added to either Local Risk Registers or the Corporate Risk Register to manage risks and mitigate potential impacts on current the State Hospital services.

## 7.4 Performance Measures to evidence impact of plan on service delivery

There are no specific Corporate KPIs relevant to above area. Performance in this area will be tracked through the management of the Anchors Strategy Action Plan which is reported through the Risk and Audit Committee.

# **8 PATIENT OUTCOMES**

## **Improved patient outcomes from their clinical care experience**

### 8.1 Patient Pathways

A new clinical model was introduced in July 2023 to provide patients with a recovery pathway through the State Hospital and address issues raised by staff around feelings of safety, confidence, and practice. The new clinical model saw the establishment of four new services: Admissions and Assessment, Treatment and Recovery, Transitions, and Intellectual Disability. Service Leadership Teams were also established for each service, with an overarching leadership group overseeing the implementation of the model, (Clinical Model Oversight Group). Clinical Model Guidance was developed to guide and support implementation with detailed sections on the four new services. Referral between services is now expected with all major mental illness patients being admitted into Admission and Assessment wards, then progressing, if required, through the Treatment and Recovery and onwards to Transitions service. Patients with an Intellectual Disability are admitted directly to the Intellectual Disability service.

Each service has developed a three year implementation plan to outline what they seek to achieve. All four clinical model services in 2025/26 plan to continue to embed the clinical model and support team development. Service identity is also evolving, and each Service Leadership Team will continue to embed their specific part of the patient recovery pathway. The clinical guidance document will be reviewed as part of the maturation of each service.

Any updates to the clinical guidance will be received through the Clinical Governance route with the Clinical Model Oversight Group having oversight of the patient pathway and overall effectiveness of the clinical model.

To support development and delivery of clinical service in the State Hospital, priorities have been identified to progress the following areas. Further information can be found in the MTP; however we anticipate deliverables on the following areas in 2025/26:

- Continuous improvement for risk assessment and analysis of risk.
- Measurement of outcomes for High Secure Forensic Mental Health Services.
- Review of new approaches and frameworks for care delivery such as structured clinical care.
- Continued work to embed trauma informed care.
- Development of pharmacy services, streamlining medicines ordering processes.
- Development of quality assurance process through clinical audits.
- Development of evidence-based care and treatment.
- Elimination in use of daytime confinement.
- Continued work to progress Excellence in Care.
- Continue to embed new processes for the care and treatment plan (CPA) process.

The State Hospital recently launched its updated Clinical Quality Strategy 2024/29 with an associated action plan. This will be monitored and reported through Clinical Governance Group over 2025/26.

Realistic Medicine (RM) is the Scottish Government's approach to delivering Value Based Health and Care (VBH&C) in Scotland. VBH&C is defined as "the delivery of better outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of available resources."

The State Hospital develops a Realistic Medicine Action Plan annually to outline the key projects associated with the approach. The State Hospital continue to link with national networks to share practice. Priorities in 2025/26 will be to continue to champion RM, and VBH&C, embedding Shared Decision Making and championing the use and adaptation of BRAN questions (benefits, risks, alternatives, and no action) within a secure setting. Each project in the RM action plan has also been aligned with the relevant commitment from the Scottish Government's VBH&C action plan

## 8.2 Physical Health of patients

People with severe mental health conditions often have higher rates of physical ill health such as cardiovascular disease, respiratory disease, diabetes, obesity, digestive diseases, and cancer (John et al, 2018), and also their physical problems can be made worse by effects of their mental health problems. People with severe and enduring mental illness may have their expected lives shortened by 15 to 20 years, a large part of which is because of physical ill-health. (Rees and Thomson, 2021). This is largely due to preventable physical health problems.

The State Hospital continues to recognise the importance of health improvement and disease prevention programmes that target the main causes of morbidity and premature mortality. Particular attention is paid to obesity and reducing cardiovascular risk, as well as recognising that physical activity is an extremely important part of overall physical healthcare.

Patients within the State Hospital are offered annual physical health reviews. The State Hospital monitors the uptake of the physical health review and reports it through its corporate KPI report.

The State Hospital has a dedicated group which focuses predominately on improving physical health outcomes. This is further supported by the Supporting Healthy Choices Implementation Group that aims to create an environment that best supports patients to engage in behaviours that support their physical health and healthy weight.

Focus over 2025/26 will include:

- Implementation of a practice change in the Admissions service to limit weight gain for patients on admission.
- Improvement in practice to support patients' decision making when making purchases in the shop.
- Monitoring the time patients spend on meaningful activity.

### 8.3 Unscheduled Care

Patients in the State Hospital at times require care from other NHS Boards, predominately but not exclusively from NHS Lanarkshire. In 2024/25 the State Hospital reviewed its arrangement for unscheduled care outings of patients to identify areas for improvement. The review identified areas to further test which include use of the Flow Navigation Centre (FNC), which also connects to the current system used, Consultant Connect.

The FNC would provide a single point of contact for emergency outings with the ability to time ambulance arrivals at the State Hospital with the receiving hospital appointment to lessen time waiting for the State Hospital patients and staff at external venues. The recommendations from the unscheduled care group will be taken forward in 2025/26 and improvements, where found, adopted.

### 8.4 Board actions in 2025/26 to improve patient outcomes

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
<b>4.1</b>	Continue to embed the clinical model.	Each service will review the Clinical guidance and update as required.	2025/26
4.1.1	Continue to embed the clinical model.	Each service will review its three-year plan at end Y1, Y2, Y3 and take part in forward planning as appropriate.	2025/26 Q3
4.1.2	Continue to embed the clinical model.	Service development activities will be taken forward to develop each service.	2025/26
<b>4.2</b>	The Intellectual Disability service will develop its care approach using positive behaviour support planning.	Develop staff skills and capabilities on Positive Behaviour Support Planning.	2025/26
<b>4.3</b>	Review of Risk Assessment Process.	The State Hospital will continue to review current risk assessment process and make recommendations and implement change as required.	2025/26
4.3.1	Review of Risk Assessment Process.	Review process to include information sharing protocol with Police Scotland and improved access to information as well as establishing an MDT risk group.	2025/26 Q4

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
<b>4.4</b>	Outcomes focus - Develop approach to measurement of outcomes for patients.	Review of relevant literature for domains. Establish expert panel.	2025/26 Q1
4.4.1	Outcomes focus - Develop approach to measurement of outcomes for patients.	Establish expert panel – Q1.	2025/26 Q1
4.4.2	Outcomes focus - Develop approach to measurement of outcomes for patients.	Identification and development of domains for measurement	2025/26 Q2
4.4.3	Outcomes focus - Develop approach to measurement of outcomes for patients.	Testing of measurements.	2025/26 Q3/4
4.4.4	Outcomes focus - Develop approach to measurement of outcomes for patients.	Recommendations for suite of outcomes.	2025/26 Q4
<b>4.5</b>	The State Hospital will review new frameworks of care e.g. Structured Clinical Care /Relationally Informed Care and develop most appropriate pathway for the State Hospital.	Review the approach to Structured Clinical Care (SCC) and the State Hospital strengths and weaknesses in relation to this.	2025/26
4.5.1	The State Hospital will review new frameworks of care e.g. Structured Clinical Care /Relationally Informed Care and develop most appropriate pathway for the State Hospital.	Establish whether SCC is the approach that the State Hospital will take to develop its clinical care.	2025/26
<b>4.6</b>	Pharmacy - Improve efficiency of ordering processes to free up more time for clinical services.	Use QI methodology to reduce frequency of order stock sheet (ward profile) checking.	2025/26 Q1
4.6.1	Pharmacy - Improve efficiency of ordering processes to free up more time for clinical services.	Update Standard Operating Procedures for ward top ups and ward profile changes.	2025/26 Q2
4.6.2	Pharmacy - Improve efficiency of ordering processes to free up more time for clinical services.	Conduct a scoping exercise to determine if processes can be further automated.	2025/26 Q3

Board action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
4.7	Day time confinement (DTC) - The State Hospital will work towards elimination of DTC.	<p>The State Hospital have oversight of all episodes of DTC through daily monitoring and reporting from services on actions to avoid DTC use and any episodes of DTC. Governance and management in place to provide oversight.</p> <p>Escalation of DTC to notify at Director level.</p> <p>Nursing staff resourcing has been identified as a significant contributing factor to DTC, actions have been taken to increase nurse resourcing, and the impact of these actions on DTC is being monitored to identify episodes or emerging trends of DTC. This will be reported to Strategic Planning, Performance and Governance Group and escalated to CMT if required.</p>	2025/26
4.8	Excellence in Care.	Contribution to Excellence in Care assurance framework to ensure forensic mental health nursing appropriately represented.	2025/26
4.9	Quality Assurance - Review the approach for adopting new evidence, standards and guidelines related to local audits.	Explore the current local system to identify the criteria required for a more effective future system.	2025/26 Q1
4.9.1	Quality Assurance - Review the approach for adopting new evidence, standards and guidelines related to local audits.	Scope out with other NHS Boards the current systems and approaches used by peers.	2025/26 Q1
4.9.2	Quality Assurance - Review the approach for adopting new evidence, standards and guidelines related to local audits.	Agree approach to be taken.	2025/26 Q2
4.9.3	Quality Assurance - Review the approach for adopting new evidence, standards and guidelines related to local audits.	Implement into practice.	2025/26 Q4

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
<b>4.10</b>	Quality Assurance.	Explore the development of a master improvement plan from audit projects to provide coherence across audit actions and ability to prioritise.	2025/26 Q3/4
<b>4.11</b>	Development of evidence based care and treatment.	Development of Research and Development Strategy.	2025/26 Q2
<b>4.12</b>	CPA process - Embed and monitor new CPA process to ensure it delivers as expected.	Live testing.	2025/26 Q1/2
4.12.1	CPA process - Embed and monitor new CPA process to ensure it delivers as expected.	Monitor.	2025/26 Q3/4
4.12.2	CPA process - Embed and monitor new CPA process to ensure it delivers as expected.	Fully embedded.	2025/26 Q4
<b>4.13</b>	Unscheduled care.	Implement recommendations from the Unscheduled Care Short Life Working Group (SLWG).	2025/26 Q1-4
4.13.1	Unscheduled care.	Test Flow Navigation Centre.	2025/26 Q1/2
<b>4.14</b>	Reduce weight gain.	Through the Test Admission Collaborative Kick Start group (TACKS) project, the State Hospital will prioritise physical health by implementing practice change within the admissions service, local target in place to limit weight gain following admission to 5% of body weight.	2025/26
<b>4.15</b>	Reduce weight gain.	The State Hospital patients shop short life working group will implement and evaluate improvements in practice to support patient's decision making for shop purchases and support focus on health and wellbeing.	2025/26
<b>4.16</b>	Increase uptake of activity for patients.	Service Leadership Team's developed tailored approaches to improve uptake of activity.	2025/26 Q3
<b>4.17</b>	Progress RM and VBH&C principles.	Update annually, implement, and submit the Realistic Medicine Action Plan to the Scottish Government.	2025/26 Q1



Board action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
4.18	Progress RM and VBH&C principles.	Embed Shared Decision Making by increasing the uptake of the learning module.	2025/26
4.19	Progress RM and VBH&C principles.	Champion the use and adaptation the BRAN questions through the nursing care plans.	2025/26
4.20	Build capacity for QI.	Deliver and support QI training. Deliver QI Essential Training. Champion leadership training in QI.	2025 /26 Q3/4
4.21	Champion quality improvement - Establish Team Based Quality Review (TBQR).	Provide training for TBQR panels on Human Factors.	2025/26 Q1
4.21.1	Champion quality improvement - Establish Team Based Quality Review (TBQR).	Establish panels.	2025/26 Q1/2
4.21.2	Champion quality improvement - Establish Team Based Quality Review (TBQR).	Review process.	2025/26 Q4
4.22	TSH3030 – Organisational approach to QI.	Plan and implement a cycle of TSH3030.	2025/26 Q1
4.22.1	TSH3030 – Organisational approach to QI.	Support sustainability of projects started through TSH3030.	2025/26 Q2-4
4.23	Champion quality assurance and improvement.	Monitor and implement actions from the Clinical Quality Strategy Action Plan.	2025/26

## 8.5 Risks

Risks emerging from the above actions will be reviewed regularly throughout the management group structure of CMT/OMT and Service Leadership Teams. If required risks will be added to either Local Risk Registers or escalation to the Corporate Risk Register to manage risks and mitigate potential impacts.

## 8.6 Performance Measures to evidence impact of plan on service delivery

The State Hospital has a set of Corporate KPIs which are reported quarterly to the State Hospital Board and management groups.

The State Hospital has ten Key Performance Indicators reported through its corporate KPI report to the Board these focus on delivery of clinical care, physical activity, and healthy weight:

1. 25% of patients will have a healthier BMI.
2. 70% of patients will undertake 150 minutes of moderate exercise each week.
3. 90% of patients will be engaged in off hub activities.
4. 100% of patients will have their care and treatment plans reviewed at 6 monthly intervals.
5. 100% of patients will be transferred / discharged using the CPA process.
6. 85% of patients will be engaged in psychological treatments.
7. 100% of patients will commence psychological therapies within 18 weeks from referral date.
8. 100% of patients will have their clinical risk assessment reviewed annually.
9. 100% of patients will have an annual health review by the practice nurse.
10. 100% of patients requiring primary care services will have access within 48 hours.

There is an ongoing process to review and where appropriate replace/update KPIs to ensure they accurately reflect the improvements the State Hospital are keen to develop.

Performance in these areas is tracked through established internal monitoring and reporting processes, including, but not limited to quarterly Directorate Performance Meetings which provide an opportunity to review and discuss the performance of each directorate and its unique contribution and challenges. Performance is also reviewed throughout the management group structure of CMT/OMT, and quarterly through the Strategic Planning, Performance and Governance Group. The Service Leadership teams, and the Activity Oversight Group also review performance in these areas. There are also corporate governance mechanisms of the Board and sub committees' structure.

## **9 SECURITY**

### **Continuous review of procedural, relational and physical security to reduce risk and harm and ensure resilience**

#### 9.1 Security

The purpose of security in forensic mental healthcare is to provide a safe and secure environment for patients, staff, volunteers, and visitors which facilitates appropriate treatment for patients and protects the wider public. This involves maintaining a secure environment where mental health care can be delivered, mitigating risks, preventing violence or self-harm, and responding effectively to incidents. There are unique challenges posed within a high secure setting and security measures require to be both effective and respectful of people's dignity and mental health needs.

All patients in the State Hospital have been assessed as requiring high security care. As such, all areas within the State Hospital are maintained at a level to meet the criteria set by the Forensic Network Matrix of Security.

The specific features of high security are categorised into three domains: physical, procedural, and relational. These are interdependent and essential for the delivery of safe and secure care:

1. Physical security - Prevents access/egress to a facility or resource through specific measures e.g., locks, alarms, CCTV.

2. Procedural security - The range of policies and procedures that control access/egress, movement across the hospital site, patient communication, patient possessions and visits.
3. Relational security - The ability of staff to develop therapeutic relationships with patients, leading to trust and engagement between staff and patients.

In addition to the measures in place across the site, all patients are subject to a range of security measures tailored to their clinical and risk evaluation needs and the stage of their treatment journey.

The State Hospital has implemented a complex project to upgrade security on site. The Perimeter Security and Enhanced Internal Security Systems project was completed in 2025. Following completion of the project, The State Hospital is in the process of the development of an underpinning security framework by standardising procedures, training staff and implementing quality assurance measures to monitor and maintain the advanced security technology installed. The security framework and associated standards will align with other high secure hospitals within the UK, considering Scottish legislation and the Forensic Network Matrix of Security. This will enable The State Hospital to measure and audit performance in line with set criteria. Going forward and in line with the State Hospital development, the State Hospital will refine policies to ensure that security interventions are trauma informed and carry out proactive threat assessment and tailored security planning.

## 9.2 Risk Management

The focus of risk management in the State Hospital is to learn from and reduce risks to all staff and patients, with an aim to maintain a positive risk culture within the State Hospital. The current Incident Management and Health and Safety System used within the State Hospital is at this time under review with an option to upgrade the current recording platform. If the intention is to move to new platforms, then these activities will be followed up with staff training to enable effective use of new platforms. Staff will feel supported to take positive risks through a greater understanding of risk assessment and management.

## 9.3 Strategic Infrastructure Planning

Scottish Government have introduced a new approach to strategic infrastructure planning and investment across NHSScotland. Each NHS Board are required to submit a Programme Initial Agreement which sets out a deliverable whole system service and infrastructure change plan for the next twenty to thirty years. The first phase of this new approach to planning is the development and submission of a maintenance only Business Continuity Plan (BCP) based on the risk assessment of the Boards existing infrastructure.

The State Hospital has carried out a risk- based assessment of essential maintenance, which is prioritised as part of the completed BCP. Each risk has been considered through their probability and impact in the key areas of Business/Financial, Staff/Health and Safety/Injury, Clinical/Service and Reputational/Adverse Publicity/Complaint and Claims.

Following submission of the BCP to Scottish Government in early 2025, the State Hospital will commence work on the implementation of this plan in 2026/27, following agreement from Scottish Government on the funding allocations and associated timescales.

It is important to note that actual funding allocations from Scottish Government will be made on the basis of need and risk and so may not follow the same distribution as planning principles.

The work incorporated in the State Hospital BCP investment programme will support the work identified within the existing Capital Allocation. The BCP investment will allow the State Hospital to maintain a good standard of accommodation to support the clinical demand.

Due to the unique security measures at the State Hospital, delivering the identified projects will be challenging due to the requirement to escort all contractors within the secure perimeter of the hospital.

The existing capital allocation budget is managed and distributed by the Capital Group within the State Hospital. The existing capital allocation budget of £269K for 2025/26 will support projects to replace IT hardware, vehicles, digital inclusion, and digital platforms.

#### 9.4 Board Actions for 2025/26 to enhance security, reduce risk and harm

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
<b>5.1</b>	Security.	Development of security standards and framework.	2025/26 Q1/2
5.1.1	Security.	Audit of the State Hospital security processes, procedures, and practice against new security standards.	2025/26 Q3/4
<b>5.2</b>	Security.	Development of quality assurance framework to maintain and audit the new security technology installed across site.	2025/26 Q2/3
<b>5.3</b>	Risk Management.	Review and upgrade the current incident management and Health and Safety recording platform.	2025/26 Q3/4
<b>5.4</b>	Strategic Infrastructure Planning.	Business Continuity Planning/ Programme Initiation Assessment submitted to Scottish Government.	2025/26
5.4.1	Strategic Infrastructure Planning.	Capital budget for 2025/26 will support projects to replace IT hardware, vehicles, digital inclusion, and digital platforms.	2025/26 Q3/4

#### 9.5 Risks

Risks emerging from the above actions will be reviewed regularly throughout the management group structure of CMT/OMT and Security, Risk and Resilience and Health and Safety Group. The State Hospital will establish a Tactical Tasking and Co-ordination Group to address and assess threats and risks associated with security, resilience and health and safety. The group will ensure that a tactical assessment is developed to identify issues and risks and ensure these are managed through a dynamic responsive approach. If required risks will be added to either Local Risk Registers or escalation to the Corporate Risk Register to manage risks and mitigate potential impacts.

## 9.6 Performance Management to evidence impact of plan on service delivery

There are no specific Corporate KPIs relevant to above area. Performance in these areas is tracked through established internal monitoring and reporting processes, including, but not limited to the Security, Risk and Resilience and Health and Safety Group and the quarterly Directorate Performance Meetings which provide an opportunity to review and discuss the performance of each directorate and its unique contribution and challenges. Performance is also reviewed throughout the management group structure of CMT/OMT. There are also corporate governance mechanisms of the Board and sub committees' structure.

## **10 LEARNING**

### **Learning from the views of our patients, carers and stakeholders**

Hearing from, and learning about the views of our patients, carers and stakeholders is an important aspect of designing and delivering care and treatment for the State Hospital. Engagement and feedback help to develop an awareness and understanding of the impact of care and treatment on patients, their carers, friends, and family members. Understanding the views and experiences of patients and carers also enables the State Hospital to identify areas for improvement.

A detailed overview of the activities and processes in place across the State Hospital to support effective engagement with patients, carers and stakeholders can be found in the MTP. A specific focus and area for developing in 2024 was the development of the Carers Strategy, implementation of this in 2025/26 will be a key priority together with the ongoing engagement activities already embedded.

### 10.1 Carer Strategy

The State Hospital is required under Section 31 of the Carers (Scotland) Act 2016 to prepare a local Carer Strategy. The State Hospital has developed a Carer Strategy 2025-2028 to meet the specific needs of carers involved in a high secure forensic setting. It is essential to recognise the unique experiences of carers navigating the judicial and forensic health settings, to understand their needs and respond appropriately.

Following the Visitor Experience audit and subsequent engagement with carers conducted in 2024, we have identified the following four priority areas for development:

1. The Triangle of Care self-assessment tool will enable us to identify ways that we can support our carers to navigate and understand what the standard of care is beyond 'the gate' to enable them to better understand our policies and procedures. Due to the high secure nature of our environment, they are unable to walk in and look for themselves.
2. Carer communication and sharing of information. Providing good quality, appropriate, and timely information and advice to carers has dual benefits of improving the health and wellbeing of carers, and the cared-for person, reducing the potential need for, and costs of, crisis management.
3. Improve the Carers visiting experience. Continue to collaborate with patients and carers to continue to improve the visiting experience. Offer visitors a check-in following visits.
4. Carer Pathway – it is an important aspect of our patients' journey through the hospital to ensure carers are linked with the wider Forensic Network. Establishing and maintaining good partnerships with third-sector organisations will also play an important part in 'delivering effective local personalised support to carers, which meets their personal outcomes and helps them continue in their caring role.'

The Person Centred Improvement Group will devise a detailed delivery plan with at least three improvement activities under each of our priority areas, and assurances that what our carers told us they wanted improved will be included in these actions

In addition to developing our strategy we will also consider the carer pathway through the forensic estate along with how we engage with Local Authorities to ensure that we are addressing our statutory responsibilities as defined in the Act.

#### 10.2 Board Actions for 2025/26 to support learning from the views of patients and carers

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
<b>6.1</b>	Implementation of the Carers Strategy.	Develop delivery Plan for the Carers Strategy.	2025/26
<b>6.2</b>	Communication with Carers.	Review carer information packs and Carer page on website, include the child friendly literature in relation to the State Hospital to support child visits.  Establish carer's support group.	2025/26
<b>6.3</b>	Stakeholder awareness and skills development.	Carer and Workforce Training and Development.	2026/27
6.3.1	Stakeholder awareness and skills development.	Developing relationships with Partner Agencies.	2025/26

#### 10.3 Risks

Risks emerging from the above actions will be reviewed regularly throughout the management group structure of CMT/OMT and Person Centred Improvement Group. If required risks will be added to either Local Risk Registers or escalation to the Corporate Risk Register to manage risks and mitigate potential impacts.

#### 10.4 Performance Management to evidence impact of plan on service delivery

There are no specific Corporate KPIs relevant to the above area. Performance in these areas is tracked through established internal monitoring and reporting processes, including, but not limited to the Clinical Governance Group, Person Centred Improvement Group and the quarterly Directorate Performance Meetings which provide an opportunity to review and discuss the performance of each directorate and its unique contribution and challenges. Complaints and feedback are specifically reviewed at the Directorate Performance Meetings to ensure management and oversight. Performance is also reviewed throughout the management group structure of CMT/OMT. There are also corporate governance mechanisms of the Board and sub committees' structure.

## 11 PARTNERSHIP WORKING

### Working in partnership to prioritise organisational health, support staff wellbeing and develop an engaged sustainable workforce

#### 11.1 Workforce

Scottish Government's Mental Health and Wellbeing Workforce Action plan 2023/25 outlines the vision and principles that underpin the support and development of the mental health workforce. It details the five pillars of Workforce Planning that are the basis for action to secure sufficient workforce to support recovery, growth, and transformation, these are:

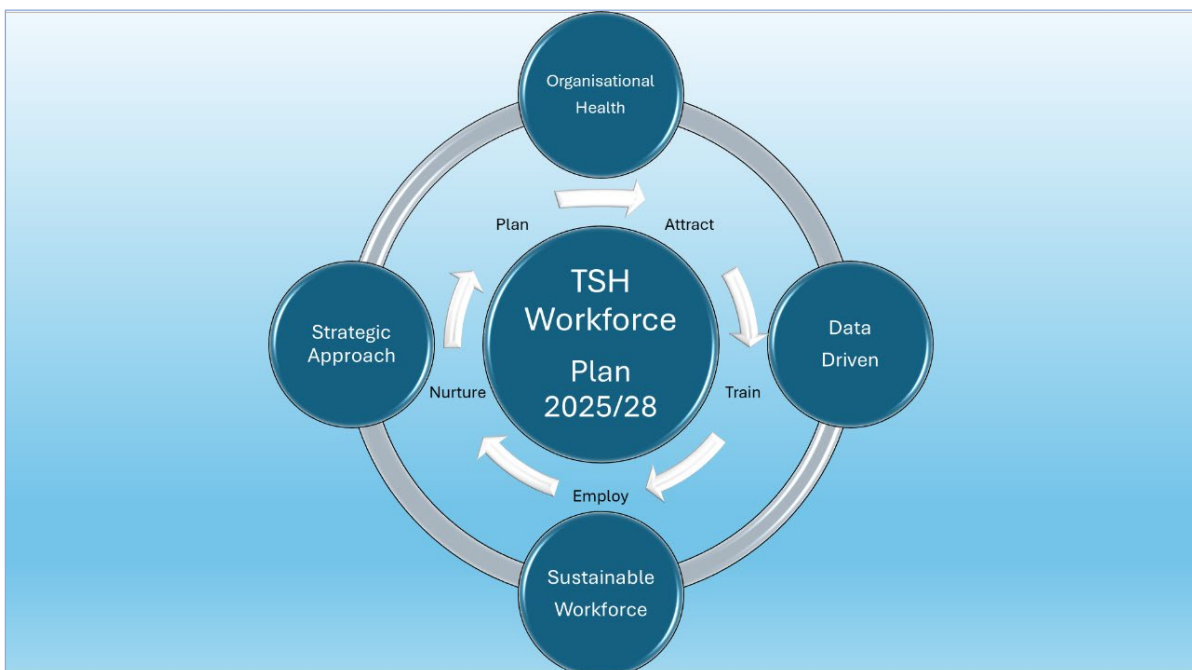
1. Plan.
2. Attract.
3. Train.
4. Employ.
5. Nurture.

The State Hospital Workforce accounts for 624 WTE. Just over two thirds of the workforce are in clinical roles, with the remainder providing key support and board wide services.

The State Hospital has developed its Workforce Plan 2025/28 aligned to delivery and financial planning. The State Hospital Workforce Plan aims to evolve and align services which will directly support the State Hospital to meet our service objectives, our transformational aims and to ensure sustainability and Value for Money. The five pillars of workforce planning continue to provide a structure to themes the State Hospital actions in the Workforce Plan 2025/28.

Despite the relative scale of the State Hospital Board, there is an opportunity to ensure that 'our people' are at the forefront of everything we do, that we are closely aligned to our service objectives and that our focus in these areas will be demonstrated by the levels of patient care offered.

The key strategic themes for the Workforce Directorate over this three year period will be:



### 11.1.1 Organisational Health

The State Hospital has historically demonstrated a strong commitment to staff health and wellbeing, reflecting the value of our workforce and their impact on excellent patient care. Our prioritisation of Organisational Health will initially focus in 2025/26 on direction, leadership, and work environment. The areas of focus will change over the next three years as we develop our approach and bring a balance between a focus on protective approaches to staff health through management practices that can promote a positive culture and being proactive in offering staff wellbeing activities, both of which will be led by the needs of staff.



### 11.1.2 Sustainable Workforce

We remain committed to ensuring that we have the right people with the right skills and training in the right place at the right time to support our services. This strategic theme will cover:

- Approach to Recruitment and Retention.
- Employability/Career Pathways/Anchor organisation.
- Building resilience in our community/Succession Planning.
- Focused approach to Learning and Education which meets service needs.
- Effective and Efficient Workforce Planning.

### 11.1.3 Strategically Aligned

A key evolution within our service will see the change in approach from transactional to Business Partner model, across all services. This will allow the workforce team to become more involved and more integrated in the delivery of key service, adding value in all of our key activities.



#### 11.1.4 Data Driven

A key theme to support the strategic evolution will be improvement in how we use and utilise our data. The State Hospital has significant data available in multiple formats, but the refinement of this data, principally through Performance and Health Dashboards will be key. Reliable real time data will also be key in driving sustainability and value for money, along with moving to a more proactive approach and reliance on data.

#### 11.1.5 Workforce Equalities

The State Hospital have established Workforce Equalities Group in early 2025 to take forward an action plan to progress workforce equalities initiatives and embed these in the State Hospital practices. The group will also review progress on the State Hospital Equalities Monitoring Outcomes for 2025/29

### 11.2 Board Actions for 2025/26 to support the State Hospital workforce

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
7.1	Strategic Planning.	Development and implementation of Workforce plan.	2025/26 Q1
7.2	Workforce Action Plan.	Annual Action plan associated with Workforce strategy.	2025/26 Q1
7.3	Organisational Health	Continue to raise awareness of Organisational Health, increase profile and focus.	2025/26 Q1/2
7.4	Sustainable workforce.	Revised Maximising Attendance Approach.	2025/26 Q2
7.5	Organisational Health.	Launch of OD Strategy, with focus on: <ol style="list-style-type: none"> <li>1. Direction.</li> <li>2. Leadership.</li> <li>3. Working Environment.</li> </ol>	2025/26
7.6	Data driven.	Establish data dashboards and opportunities to influence decision making.	2025/26 Q3
7.7	Strategic Alignment.	Implement business partner model across the State Hospital teams to align workforce with departments.	2025/26
7.8	Anchors Strategy.	Review employability agenda, with community focus.	2025/26 Q3
7.9	Workforce Equalities.	Through the Workforce Equalities Group, develop the workforce equalities action plan including anti-racism plans.	2025/26 Q1
7.9.1	Workforce Equalities.	Identification of training requirements.	2025/26 Q2
7.10	Sustainable workforce.	Support Reduced Working Week (RWW) to 36 hours.	2025/26 Q3

Board action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
7.10.1	Sustainable workforce.	Support teams to develop plans for RWW.	2025/26 Q3/4
7.10.2	Sustainable workforce.	Support implementation of RWW plans.	2026/27 Q1

### 11.3 Workforce Planning Priorities for 2025/26

Scottish Government have set out a range of planning priorities for Workforce and asked NHS Boards to set out how they will deliver against them. Below are the planning priorities that relate to the State Hospital and the associated action.

Scottish Government Planning Priority	The State Hospital action/comment
Achieve further reductions in agency staffing use and to optimise staff bank arrangements.	The State Hospital does not utilise agency staff, the internal Supplementary Staffing Register (SSR) register is used.
Achieve reductions in medical locum spend.	The State Hospital does not use medical locums.
Increasing efficiencies across administrative and support services.	The Workforce Governance Group has oversight of all vacancies and control processes are in place.
Encourage attendance and support employees, where health issues impact on their ability to be at work, through implementing the NHSScotland Attendance Policy.	A priority action for the State Hospital over 2024/25 has been to support managers to implement the attendance management policy and focused support has been given to managers to support this. This will continue into 2025/26.
An implementation plan for eRostering (Safe Care, Allocate, Health Medics Optima and loop) in 2025/26 with a view to implementing across all Services and professions by 31 March 2026.	<p>Safe Care – all rosters will use Phase 1 by Q4 2025/26, Phase two will be rolled out for Nursing Hub rosters by quarter four of 2025/26.</p> <p>Allocate - the impact of the RWW will enable review of the digitalised system and enable it to be used to fuller potential.</p> <p>The State Hospital will move from a centralised resource management approach to a ward based approach, giving the Senior Charge Nurse (SCN) overview and management of rosters via allocate. Q3/4 2025/26.</p> <p>Health Medics Optima – continue to explore the opportunities around this.</p> <p>Loop - Management of annual leave for all non-nursing rosters to be fully embedded in this approach Q2 2025/26.</p>

<b>Scottish Government Planning Priority</b>	<b>The State Hospital action/comment</b>
How are the NHS Board working with Further/Higher Education Institutions to improve the way they plan the education needs of their workforce, and what collaboration takes place to ensure education curriculums offered can respond to the changing population health needs both locally and nationally.	As part of the State Hospital approach to recruitment outreach to Higher and further education is now an integrated part of recruitment.
Plans to ensure that all relevant staff are face fit tested to an FFP3 respirator to support business as usual patient care and in the event of responding to an incident such as Mpox Clade1 and Measles.	The State Hospital, its Health and Safety Group and Infection Prevention and Control Committee will review the needs for FFP3 respirator requirements to support business as usual and ensure sufficient staff are tested based on needs and risk assessments.

#### 11.4 Risks

Risks emerging from the above actions will be reviewed regularly throughout the management group structure of CMT/OMT and Workforce Governance Group. If required risks will be added to either Local Risk Registers or escalation to the Corporate Risk Register to manage risks and mitigate potential impacts.

#### 11.5 Performance Management to evidence impact of plan on service delivery

The State Hospital has a set of Corporate KPIs which are reported quarterly to the State Hospital Board and management groups. The State Hospital has two key performance indicators reported through its corporate KPI report to the Board - these focus on:

1. 5% sickness absence rate.
2. 80% of staff will have an approved Performance Development Review (PDR).

Performance in these areas is tracked through established internal monitoring and reporting processes, including, but not limited to the Workforce Governance Group, the Workforce, Wellbeing and Organisational Development Delivery Group, Workforce Equalities Group and the quarterly Directorate Performance Meetings which provide an opportunity to review and discuss the performance of each directorate and its unique contribution and challenges. Absence Management and PDR completion are specifically reviewed at the Directorate Performance Meetings to ensure management and oversight. Performance is also reviewed throughout the management group structure of CMT/OMT, and quarterly through the Strategic Planning, Performance and Governance Group. There are also corporate governance mechanisms of the Board and sub committees' structure.

## **12 VALUE FOR MONEY AND ACHIEVING FINANCIAL BALANCE**

### 12.1 Financial Balance

Scottish Government continues to highlight the challenging national financial position for NHSScotland. All Boards have been instructed to achieve breakeven, with no brokerage option available and the Support and Intervention Framework now in operation. The requirement for recurring savings on baseline budgets is increasingly challenging given the ongoing national financial position.

The State Hospital has developed its three-year finance plan to outline the high level Revenue and Capital budget spending plans with known budget pressures outlined. The State Hospital Finance Plan is subject to review and approval by Scottish Government and will align with both the Delivery and Workforce plans.

The State Hospital has consistently achieved financial balance; however, this has become increasingly challenging and forecast to remain so with the requirement to achieve recurring savings. It is noteworthy that only 14% of the State Hospital budget of costs are non-pay related.

The State Hospital has in place a range of approaches to support managers to have oversight and management of budgets. A consistent pressure for the State Hospital has been costs associated with staffing. A review of the requirements for staffing within nursing, which has the biggest pressure, has been carried out and high level oversight in place to better understand and deploy resource for this budget.

## 12.2 Digital and eHealth

There has been significant focus on developing the organisations digital and eHealth function over the last few years. The State Hospital remains fully committed to digital development and enablement; however, the significant financially challenging position will impact on the State Hospital ability to deliver its digital inclusion ambitions. The hospital aims to make the best use of digital technologies in the design and delivery of services delivering greater access, better insight, and improved outcomes for patients.

The State Hospital continues to support the development of digital capability and will promote nationally developed learning resources to support the development of staff digital capability through Turas (national digital learning platform).

The State Hospital has invested in a Business Intelligence Team that continues to develop a suite of dashboards to inform both clinical and managerial decision making and ensure fit for purpose data is readily available. The focus for 2025/26 will be to develop business intelligence financial dashboards for clinical staff to support financial planning and decision making.

The State Hospital is committed to ensuring fit for purpose data is readily available and accessible. The focus for eHealth teams is to equip staff with the ability to understand and interrogate data-driven recommendations and decision support tools. Through involving staff in the design of these tools and supporting them to improve patient outcomes we aim to empower those delivering services to have confidence and ability to gather, safely use, and share data to sustainably improve services. We aim to expand our specialist digital data design and technology professional workforce ensuring there's appropriate level of leadership, skills, and capacity. The State Hospital will progress infrastructure systems, ensuring that regulations, standards, and governance are in place to ensure robust and secure delivery. We aim to move to a digital system for all records.

Cyber security continues to be recognised as a high risk and concern for all Boards, with significant focus for the State Hospital. The Network Information and Security Regulations (NIS) is at the fore front of everything we do. The State Hospital was audited against the NIS standards in 2023 and achieved a high standard, which we have sought to improve on. A second audit was carried out in October 2024. The State Hospital will continue to work towards improvement in network security, the next full review from NIS is due in 2026.

The State Hospital has invested in the development of the electronic patient record (RiO). This requires regular updates and internal redesign to meet the needs of those delivering services to ensure that reporting and recording of patient care is accurate and useable.

The State Hospital has developed bespoke modules on RiO to support improved observation practice, psychological service referrals, CPA process review and Variance Analysis Tool redesign.

The State Hospital has engaged with the adoption and implementation of national digital programmes including M365, SharePoint and e-roster. The State Hospital will continue to link in with the national programmes as they develop with the requirement to ensure preparatory work in track for these systems.

### 12.3 Digital Inclusion

The State Hospital is keen to progress digital inclusion for patients, both to improve the patients' experience and also to support care and treatment. Presently, patients within the State Hospital are at a disadvantage in terms of digital inclusion compared to patients being cared for within other forensic settings across NHSScotland. In November 2018, the Forensic Network produced a key report "Supporting Communication and Technology Use in Mental Health Settings", and post pandemic this was updated in May 2021. In January 2024, Scottish Government indicated that they would engage with the Forensic Network to develop a Delivery Plan based on the recommendations from the above reports.

Within the State Hospital, a digital inclusion strategy was prepared, with stakeholder engagement during 2023/24. However, this is now on hold due to financial constraint. Funding for both capital and revenue (staffing/resourcing) support is required. In the meantime, all other potential funding options continue to be reviewed and investigated; and consideration is given to any elements of the overall programme which can be addressed within existing resources and budgets.

In Q4 2024/25 the State Hospital was offered an electronic platform, Made Purple Operating system equipment and software at no initial cost to provide 'proof of concept' testing to be taken forward. The aim of this would be evaluate the systems effectiveness in enhancing patient engagement and digital inclusion and contribute to strengthening the business case for consideration for future funding opportunities. This will be taken forward in 2025/26 and recommendations from this built into future funding opportunities.

### 12.4 Board action 2025/26 for Finance and e-health/digital developments

<b>Board action number</b>	<b>Planning Commitment</b>	<b>The State Hospital Board Action</b>	<b>Delivery timescale</b>
<b>8.1</b>	Three-year finance plan 2025/28.	Action plan associated with three year finance plan.	2025-2028
<b>8.2</b>	Financial management.	Development of local dashboards to support financial analysis and management.	2025/26
<b>8.3</b>	Financial Compliance.	Making Tax Digital.	2025/26
<b>8.4</b>	Patient digital Inclusion/patient funds.	Patient digital inclusion / patient funds.	Depends on funding
<b>8.5</b>	Digital Inclusion.	Test Made Purple equipment and software in the Transitions service to provide proof of concept for further roll out.	2025/26 Q2/3

Board action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
8.6	Digital Infrastructure.	Ensuring that regulations, standards, and governance are in place to ensure robust and secure delivery.	2025-2028
8.7	Business Service Transformation.	Development and support implementation of systems for HR, payroll, Finance and Procurement.	2026-2028
8.8	Business Service Transformation.	Support implementation of the public contracts tender portal and any new DI system.	2026/27
8.9	National digital programmes.	The State Hospital has engaged with the adoption and implementation of programmes including M365, SharePoint and e-roster. The State Hospital will continue to link in with the national programmes as they develop.	2025-2028
8.9.1	National digital programmes.	<b>e-roster</b> - Safe Care – all rosters will use phase 1, with phase 2 will be rolled out for Nursing Hub rosters.	2025/26 Q4
8.9.2	National digital programmes.	<b>Allocate</b> - the impact of the RWW will enable review of the digitalised system and enable it to be used to fuller potential.	2025/26 Q3/4
8.9.3	National digital programmes.	The State Hospital will move from a centralised resource management approach to a ward based approach, giving the SCN overview and management of rosters via allocate.	2025/26
8.9.4	National digital programmes.	<b>Health Medics Optima</b> – continue to explore the opportunities around this.	2025/26 Q3/4
8.9.5	National digital programmes.	<b>Loop</b> - Management of annual leave for all non-nursing rosters to be fully embedded in this approach.	2025/26 Q2
8.10	Network security.	NIS audit – preparation for next audit scheduled in 2026.	2025/26

## 12.5 Risks

Risks emerging from the above actions will be reviewed regularly throughout the management group structure of CMT/OMT and Finance, eHealth, and Audit Group. If required risks will be added to either Local Risk Registers or escalation to the Corporate Risk Register to manage risks and mitigate potential impacts.

## 12.6 Performance Management to evidence impact of plan on service delivery

There are no other specific Corporate KPIs relevant to above area. Performance, with a particular emphasis on finance is tracked through established internal monitoring and reporting processes, including, but not limited to the Finance, eHealth and audit Group, eHealth sub-group, Capital Group, Policy Approval Group, and the quarterly Directorate Performance Meetings which provide an opportunity to review and discuss the performance of each directorate and its unique contribution and challenges. Financial management is also specifically explored in monthly meetings with budget holders and reviewed at the Directorate Performance Meetings to ensure management and oversight. Performance is also reviewed throughout the management group structure of CMT/OMT, and quarterly through the Strategic Planning, Performance and Governance Group. There are also corporate governance mechanisms of the Board and sub-committees' structure, specifically the Audit committee

## **13 CLIMATE AND SUSTAINABILITY**

The State Hospital recognises the role it plays in NHSScotland's approach to the climate emergency as set out in DL(2021)38. The State Hospital operates from fifteen buildings including patient accommodation, off ward therapy areas, offices, carers' facilities, security buildings and estates buildings. The State Hospital also manages land and buildings covering an area of 63 hectares.

As a relatively modern hospital, the State Hospital does not require an extensive plan of works to reach national targets on climate change. However, the State Hospital continues to develop and implement work to reduce the hospital's impact on climate and improve sustainability. The State Hospital buildings will also need lifecycle maintenance.

Maintenance costs will inevitably increase as the facility ages. These costs now need to be planned for to maintain standards of building quality for patients and staff to enable a level of care. The State Hospital will require to develop a planned maintenance programme to ensure that buildings continue to be fit for purpose.

The State Hospitals Board for Scotland is obliged to meet decarbonisation targets set by NHSScotland Assure. The most critical targets are:

- 75% reduction in emissions by 2030.
- Decarbonised heat by 2038.
- Net Zero by 2040.

The State Hospital has already reduced emissions by 83.7% against the baseline year 1993/94, which is within the five-year 1990 Kyoto window. Therefore, is well-ahead of the 2030 target. However, without targeted decarbonisation measures the Health Board would not meet the other two key targets. In the medium term a feasibility study will be commissioned to explore use of new technologies to meet the decarbonisation target.

The State Hospital will also develop and implement a high-level waste route map, move forward with an active travel agenda, including active business travel, increase biodiversity/greenspace awareness to contribute towards achievement Net Zero by 2040.

Recent development has included Electric Vehicles (EV) which have now been added to the Fleet, with further EV's planned. EV charging points have now been extended to the Car Park for staff use and additional points are being added internally for future EVs. New LED lighting is also being introduced across the hospital.

### 13.1 Board action 2025/26 for climate

Board action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
9.1	Net zero target.	<ul style="list-style-type: none"> <li>Develop and implement a high-level waste route map.</li> <li>Progress an active travel agenda.</li> <li>Increase biodiversity/greenspace awareness.</li> <li>Fully implement an EMS for the State Hospital.</li> </ul>	2025/26
9.2	Planned maintenance programme.	The State Hospital will develop a planned maintenance programme to ensure that building continue to be fit for purpose.	2025/26

### 13.2 Climate Planning Priorities

Scottish Government have set out a range of planning priorities and asked NHS Boards to set out how they will deliver against them. Below are the planning priorities that relate to the State Hospital and the associated action.

Scottish Government Planning Priorities	The State Hospital action/comment
Greenhouse gas emission reduction in line with national targets with focus on building energy use reduction, transport and travel and medical gases.	<p>The State Hospital does not report on the inhaler propellant and nitrous oxide use as these are not aspects of our clinical care.</p> <p>The State Hospital will continue to explore small gains of reducing energy building use whilst creating a longer-term net zero plan.</p>
Adapting to the impacts of climate change, enhancing the resilience of healthcare assets and services of NHS Boards.	The climate change risk assessment report identified that weather fluctuations are the key risk across the site. Work over the year will identify mitigation to address risks.
The achievement of national waste targets, local targets for clinical waste, and engagement with local procurement, waste leads and clinicians to progress Circular Economy programme within Boards	<p>The State Hospital will develop and implement a high-level waste route map.</p> <p>The Anchors Strategy references the focus on local procurement where possible. This will continue to be a developmental aspect of the State Hospital procurement.</p>
Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.	The State Hospital will progress an active travel agenda.
Environmental management and use of EMS, including increasing biodiversity and improving greenspace across NHSScotland estate.	As part of the sustainability work plan, The State Hospital will increase biodiversity/greenspace awareness through creating a local biodiversity action plan.



<b>Scottish Government Planning Priorities</b>	<b>The State Hospital action/comment</b>
Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process.	This is addressed in the Business Continuity Planning Process with oversight through the Climate Change and Sustainability Group.
Reducing environmental impact through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach.	The State Hospital does not report on the National Green Theatre Programme as this is not an aspect of our clinical care.

Governance for the Climate Change and Sustainability agenda is through the newly established Climate Change and Sustainability Group which has the lead responsibility and is accountable to the Security, Resilience, Health, and Safety Oversight Group. The Group ensures an integrated approach to sustainable development, harmonising environmental, social, and economic issues.