The State Hospitals Board for Scotland

Annual Report 2024/25









Safe and Secure Care, Treatment and Recovery

Contents

1. Foreword

This year has been marked by continued progress, reflection, and renewal across the organisation. We remain committed to delivering high-quality care, supporting our workforce, and strengthening our culture.

The Board approved a new strategic direction focused on wellbeing, workplace culture, and leadership development. The strategy, shaped by staff feedback, prioritises areas with the greatest potential for impact and supports integrated change across all levels of the organisation.

We have seen positive progress in personal development planning and statutory training compliance, alongside increased involvement with staff recognition and support initiatives. Notably, there has been a rise in proactive team development across the organisation.

Staff engagement remained a priority, with surveys conducted for the Wellbeing Strategy (April 2024), NearMe Video Visiting Solution (May 2024), and the annual iMatter survey (May 2024). The iMatter response rate was 72%, with an Employee Engagement Index (EEI) score of 75, consistent with the previous year.

A dedicated equalities workstream was established to identify key priorities and shape future action, including the development of an anti-racism plan informed by a lived experience survey. The work has been positively received and is recognised as central to creating a more inclusive and equitable environment for all staff.

To strengthen visibility and engagement, Non-Executive Director walkrounds were reintroduced in December 2024. These visits provided valuable feedback from staff and patients and are being expanded to include staff briefings, structured feedback loops, and alignment with the Organisational Development Strategy and wider communications.

During 2024/25, the organisation undertook a review of Nursing Band 5 roles as part of the nationally agreed Agenda for Change (AfC) reform. In parallel, preparatory work commenced to support the national transition to a 36-hour working week, effective from April 2026. Staff engagement sessions were held to explore flexible working models. These changes were carefully planned to maintain service delivery and operational oversight, while also incorporating protected time for learning and development.

Despite there being no Whistleblowing cases reported in 2024/25, we actively supported the national Speak Up Week campaign in September 2024. This reaffirmed our commitment to fostering a culture of openness, psychological safety, and trust - encouraging staff to raise concerns and contribute to continuous improvement across the organisation.

Occupational Health services, delivered in partnership with NHS Dumfries and Galloway, showed strong performance with improved access to physiotherapy, psychological therapies, nurse-led clinics, and vaccination programmes.

Communication and awareness across the workforce have also been a priority, particularly around the impact of absence in terms of days lost and financial cost. Efforts to improve attendance continued through dashboard reporting, Red/Amber/Green (RAG) status meetings, and a review of absence pathways. Communication around the impact of absence and collaboration supported a person-centred approach.

We celebrated our Long Service Awards (December 2024) and Staff Excellence Awards (February 2025) recognising the outstanding contributions and dedication of our workforce. Delivered in a refreshed format, both events were a resounding success.

Regular review and evaluation enhanced clinical practice and workforce development. Highlights included the one-year review of the Clinical Care Policy, insights from the Training Needs Analysis Survey, and progress in Clinical Supervision and education for Healthcare Support Workers (HCSWs).

Preparations continued for the introduction of a Women's Service, ensuring care can now be delivered in Scotland, closer to patients' families and communities, in a setting specifically designed to meet their complex needs.

Our Seminar Series continued throughout the year as a valued multi-disciplinary educational forum. Held monthly, it provided a platform for presenting and discussing topics relevant to Forensic Psychiatry, benefiting professionals across all disciplines.

The State Hospital's Medical Education Programme continues to rank in the top 5% of training sites nationally for trainee experience and quality.

In 2024/25, we developed our five-year Quality Strategy, setting a clear and ambitious framework for continuous improvement across all aspects of care and service delivery. The strategy is grounded in our core values and shaped by extensive engagement with staff, patients, and partners. It prioritises safe, effective, and person-centred care, co-production, and a culture of learning and improvement. Designed to be applicable across both clinical and non-clinical services, the strategy supports a quality-led approach to change and innovation. Implementation will be guided by evidence-based models and supported by robust governance, ensuring that quality becomes a shared responsibility that is embedded in everyday practice.

Our Digital Innovation Programme progressed with a project commencing on the Transitions Ward, and our Cyber Resilience Exercise held on 25 February 2025 was a success, with follow-up actions being integrated into our resilience planning framework.

In June 2024, a new CCTV system was introduced across the site. The upgraded system supports improved surveillance coverage, enabling rapid incident response and reinforcing safety for patients, staff, and visitors. It plays a key role in deterring unauthorised access, monitoring movement across secure zones, and supporting investigations. This development forms part of the wider Physical Security Refresh Project, which aims to modernise infrastructure, reduce risk, and strengthen resilience across the Hospital's layered security model.

Research activity continues to thrive with 2024/25 marking another year of meaningful progress and innovation. Staff and patient contributions have shaped a research environment that is both rigorous and compassionate.

The Patients Outdoor 5K took place in June 2024 with patients having completed the Couch to 5K 12-week programme, demonstrating commendable motivation and inspiring others to participate.

In 2024/25, the Mental Welfare Commission for Scotland (MWC) unannounced inspection report was received. This was followed by an announced inspection to Mull and Lewis hubs in June 2024 which received positive feedback.

In July 2024, we were shortlisted for a Nursing Times Award in the Nursing in Mental Health category for our work in enhancing dementia care. The bespoke programme, developed with the University of the West of Scotland's (UWS) Alzheimer Scotland Centre for Policy and Practice, empowered 26 staff members and led to a win at the 2025 RCN Scotland Nurse of the Year Awards.

Board Development Sessions supported continuous learning, strategic reflection, and effective governance. Our Annual Delivery Plan, aligned with financial plans and ministerial priorities, was submitted to and approved by the Scottish Government in May 2024. A planning event in October 2024 informed the Hospital's Medium-Term Plan 2025/28, with strong attendance and positive feedback. The 2025/28 Workforce Plan was also developed, aligned with the Medium-Term Plan and key internal and external drivers, outlining an aspirational vision for workforce development, focusing on recruitment, retention, and innovation.

The Board Corporate Objectives for 2025/26 were approved in February 2025. These align with the Annual Delivery Plan, Medium-Term Plan, and financial and workforce planning. They reflect our core aims of delivering safe and secure care, whilst also supporting staff within a sustainable financial plan.

We hosted several on-site visits including the Chief Executive of the Scottish Ambulance Service, Tactical Command Chiefs from Police Scotland, the new Sheriff Principal for Lanark, the Mental Welfare Commission for Scotland, the Forensic Governance Advisory Group, and the Medical Director of Healthcare Improvement Scotland.

Our Medical Director was a guest speaker at the British Academy of Forensic Sciences and Forensic Network event 'Mental Health in the Criminal Justice System: Towards Reform' in October 2024.

In 2024/25, we were invited to present to the Scottish Prison Service Advisory Board on our governance arrangements. We outlined how our governance framework supports safe, secure, and person-centred care, and shared insights into our strategic planning processes, risk management systems, and performance monitoring mechanisms. The session also explored our operational model, including patient pathways, multi-disciplinary working, and the role of specialist services in delivering high-quality forensic mental health care. Our presentation was well received and provided a valuable opportunity to strengthen cross-sector understanding and collaboration.

Throughout the year, we fulfilled all governance and financial responsibilities, and maintained full compliance with legislative standards. The Board was within all three of its statutory financial targets and reported a carry-forward of £84k on its revenue resource limit. A positive engagement session with the Scottish Government Chief Operating Officer and our Sponsorship Directorate took place in February 2025.

As we look to the year ahead, our focus remains on delivering safe, person-centred care while continuing to invest in our people, services, and culture. We are committed to building on the progress made, embracing innovation, and working collaboratively to meet future challenges with confidence and purpose.

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 140 high-secure beds (plus four beds for emergency use) for male patients requiring maximum secure care: 12 beds specifically for patients with an intellectual disability. Additionally, the new dedicated Women's Service (from 21 July 2025) has a capacity to care for up to six females.

Wards are primarily 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 78% 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 2024/25 there were 36 patient admissions and 27 patient discharges compared to 21 admissions and 33 discharges in 2023/24.

- In 2024/25, all patients were 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 2025, the State Hospital employed 693 staff (598 wte) within its 60-acre campus.

Vision

"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."

Mission

"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 key elements that drive our mission forward, ensuring we stay focused on what truly matters:

- 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 patient, carers, and stakeholders.
- Working in partnership to achieve organisational health, wellbeing and an engaged and well supported workforce.
- Value for money and achieving financial balance.

Allied Health Professions (AHP) Development Day (March 2025)

Values

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.

Aims

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 2024/25 and comparative annual figures presents a high-level summary of organisational performance. Trend data is provided to enable comparison with previous performance.

Staff Excellence Awards - Winners (February 2025)

On-site Nursing Careers Event (March 2025)

AHP Careers Fair, Balerno High School, Edinburgh (March 2025)

3. Safe

Social Work colleagues from Psykiatrisk Afdeling Middelfart in Denmark - a medium secure forensic hospital (October 2024)

"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

Clinical Governance remains the cornerstone of the Board's statutory duty to deliver safe, effective, and high-quality care. It provides the framework through which we continuously improve our services, safeguard high standards, and foster an environment of clinical excellence and accountability.

At the heart of our approach is a commitment to patient-centred care, ensuring that each individual receives tailored support that addresses their full spectrum of needs. This includes not only psychiatric treatment, but also psychological therapies, rehabilitation, education, and physical health care.

We empower patients to be active participants in their recovery journey, supported by their clinical teams and other professionals.

The Clinical Governance Committee is supported by the Clinical Governance Group and the Clinical Forum – each playing a pivotal role in maintaining and enhancing the quality of care. The Committee provides strategic oversight, while the Group drives quality assurance and continuous improvement initiatives. The Forum continues to serve as a vital professional advisory body, ensuring that clinical voices inform decision-making at every level.

The Clinical Governance Committee Annual Report 2024/25 offers a comprehensive overview of our activities over the past year. It highlights key achievements, identifies areas for development, and reaffirms our unwavering commitment to delivering care that is safe, compassionate, and responsive to the needs of those we serve.

Patient Safety

Throughout 2024/25, the State Hospital's Patient Safety Group has remained committed to ensuring that every patient receives high-quality, safe, and person-centred care. The group placed particular emphasis on improving observation practices and minimising harms associated with restraint and seclusion.

Key priorities included evaluating the impact of the new Clinical Care policy, supporting the elimination of Daytime Confinement (DTC), repeating the patient safety survey, and reviewing safety and medicines management data by clinical service area. The group also promoted psychologically safe working environments through structured debriefing and introduced Quality-of-Care visits within the Hospital. Findings from six-monthly and annual patient safety reports were reviewed to celebrate areas of success whilst also identifying areas for further improvement.

The Hospital continued to participate in national patient safety meetings and learning events, ensuring alignment with broader healthcare standards. Monitoring of patient safety indicators remained a core focus, including complaints, staffing levels, and the provision of multi-disciplinary team support for patients who required periods of Enhanced Care. The Clinical Quality Department maintained its role in auditing policy compliance to support continuous improvement.

Realistic Medicine

During 2024/25, the Board continued to embed the principles of Realistic Medicine across the organisation, guided by the objectives set out in the Realistic Medicine Action Plan. There was a strong focus on developing outcome measures that were meaningful for both patients and staff.

Efforts to identify and reduce unwarranted variation in clinical practice remained a priority, with data being used to inform improvements and promote greater consistency in care. Quality Improvement approaches were further integrated into daily practice, supported by in-house training and the TSH3030 quality improvement initiative, equipping staff to lead and sustain positive change.

Staff were encouraged to use BRAN (Benefits, Risks, Alternatives, and Nothing) questions to support open, informed conversations with patients.

These initiatives will help ensure that Realistic Medicine continues to be embedded in the culture and daily practice of the organisation.

CPA / MAPPA

The Care Programme Approach (CPA) remains the structured framework for planning patient care, treatment, and risk management at the State Hospital, supporting a patient-centred and recovery-focused model. For the sixth consecutive year, 100% of transfers and discharges were managed through the CPA process, with 37 patients transferred or discharged during the reporting period.

Patient attendance at CPA meetings was strong at 74%, and carers participated in 73% of meetings where they were involved. Advocacy participation increased to 89%, reflecting a strong commitment to ensuring the patient's voice is heard. All required MAPPA notifications relating to admissions, discharges, and changes to patient status were completed. The new Multi-Agency Public Protection System (MAPPS) - which will replace the existing ViSOR system - is in development, and staff have received training ahead of its implementation.

Child and Adult Protection

The State Hospital has maintained a strong commitment to protecting children and adults with responsibilities embedded across all disciplines.

During the reporting period, 15 patients were authorised to have child contact and 89 child visits were facilitated, up from 48 the previous year. Significant efforts have been made to ensure that child visits can take place, with staff across the Hospital working together to accommodate the greatly increased numbers for the benefit of patients and their families.

In the same period, 20 Adult Protection inquiries were undertaken which was a significant increase from seven in the previous year. The majority of these related to patient to patient interactions. Two cases led to full Adult Protection Case Conferences being convened with positive input from key stakeholders.

Work has continued in relation to the implementation of the United Nations Convention on the Rights of the Child (UNCRC) which was incorporated into Scots Law. The Hospital will report on our progress in 2026. Meantime, we will continue to engage with national partners as we work towards this.

Infection Prevention and Control

In 2024/25, a comprehensive redesign of the infection prevention and control service model was undertaken, reflecting a strategic shift towards national consistency and improved operational efficiency. A full review of local policies and procedures was completed, with a deliberate move away from locally adapted documents in favour of national guidance.

This alignment ensures that infection control practices across the Hospital are both standardised and evidence-based.

Incident reporting processes were streamlined to enhance the accuracy and timeliness of investigations, supporting better organisational learning and accountability. To further strengthen compliance, a digital audit platform was introduced, enabling wards to monitor and maintain national standards more effectively. This system has improved visibility of performance and facilitated targeted support where needed.

A refreshed audit and inspection programme was launched, with compliance against Standard Infection Control Precautions (SICPs) now being routinely reported into the governance structure. These developments have reinforced the Hospital's commitment to maintaining a safe and hygienic environment for patients, staff, and visitors.

We continue to operate in line with Healthcare Improvement Scotland's Infection Control Standards (2022), and remain a key contributor to the Hospital's wider quality and safety agenda. Our work this year reflects a proactive and collaborative approach to infection prevention - one that is responsive to evolving risks and rooted in best practice.

Information Technology

Over the past year, the Board has made significant progress in modernising digital systems and strengthening information security. The Care Programme Approach (CPA) was successfully moved to a digital platform, giving patients greater involvement in their care and paving the way for the retirement of outdated systems. Access in year to electronic prescribing data has enabled the creation of business intelligence dashboards, supporting safer and more effective clinical decisions.

Cyber security has been enhanced through the adoption of Microsoft Defender, Advanced Threat Protection, and the national Microsoft 365 security baseline. The Board remains compliant with the Network & Information Systems (NIS) framework, with preparations underway for the next assessment. Artificial intelligence is being piloted, and Microsoft Copilot is being introduced to improve efficiency and productivity. Our cyber crisis simulation exercise in February 2025 was a success, demonstrating strong organisational readiness for digital incidents. Exercise follow-up actions were integrated into our resilience planning framework.

These achievements ensure the Hospital's IT environment is secure, patient-focused, and well placed to meet future challenges.

Information Governance

The organisation continues to demonstrate strong performance in meeting national Information Governance Standards, as monitored through the Data Protection Compliance Toolkit (DPCT). The principles of the Caldicott Guardian remain fully embedded across all Information Governance activities and standards.

Throughout 2024/25, governance reports were regularly reviewed across all domains, including RiO audits, records management, risk assessments, training compliance, Freedom of Information (FOI), data protection, and incident reporting.

Hospital-wide Information Governance Walkrounds were conducted across 11 areas, with nine receiving a rating of 'good' or higher. The Electronic Patient Record (EPR) system, RiO, saw continued development and integration, including successful upgrades and embedding within prescribing and access approval workflows. FairWarning alert thresholds were maintained to monitor access to personal information, and for the ninth consecutive year, no incidents of inappropriate access were identified. A new Records Management Plan was submitted to the Keeper of the Records of Scotland, developed with input from multiple disciplines. Sixteen personal data breaches were recorded, a reduction from 24 in the previous year, with only one incident requiring notification to the Information Commissioner's Office (ICO), and this was not attributable to the Hospital. FOI requests increased by 28% compared to the previous year, with all requests responded to within statutory timescales. In response to growing legislative and operational demands, a revised staffing model was introduced to enable staff to focus on defined areas of expertise.

Medical Education

The State Hospital continued to deliver high-quality undergraduate and postgraduate medical education. Undergraduate placements were provided for students from Edinburgh, Glasgow, and Dundee universities, with a 45% increase in the total number of students attending placements compared to the previous year. Feedback from students was consistently positive, and improvements have been made to the feedback collection process.

The induction programme for trainees remained highly valued, and the on-call rota was fully staffed and compliant with required standards. Recruitment to training posts was strong, with high fill rates and continued popularity of less than full-time working patterns.

Postgraduate training included placements for core and higher specialty trainees, with opportunities for research, portfolio development, and psychotherapy training.

The monthly Educational Forum and the "New to Forensic" programme supported trainee development, and the Hospital continued to perform exceptionally well in national training surveys, consistently ranking in the top 5% of sites for trainee experience.

Clinical Supervision

Implementation of the National Clinical Supervision Framework progressed steadily throughout 2024/25. The Nursing Practice Development (NPD) team delivered training across nursing staff, with a focus on Lead Nurses, Senior Charge Nurses (SCNs), and Charge Nurses. Mandatory training is now in place for Charge Nurses, and clinical supervision is embedded in Personal Development Planning & Review (PDPR) discussions.

The NPD team contributed to national working groups and will support upcoming Task and Finish Groups, while continuing to assist ward leadership teams in applying the framework locally. All new nursing staff are assigned a clinical supervisor to support their transition into the organisation, with the option of choosing their own supervisor thereafter. Group supervision remains a core part of NPD training and development sessions, fostering both professional and restorative dialogue.

Security

In 2024/25, the State Hospital made significant progress in strengthening its security infrastructure and governance. A major milestone - the Physical Security Refresh Project - was near completion. This project, being a complex, multi-phase initiative designed to modernise and future-proof the Hospital's high-security environment, included the installation of advanced surveillance systems, enhanced access controls, and improvements to ward design and perimeter defences, ensuring a layered and robust approach to physical security.

In parallel, the Hospital worked in close partnership with the Forensic Network to develop and implement a revised set of Security Standards. These standards, now formally approved by the Board, will serve as the foundation for all future security audits and compliance reviews. They reflect the evolving needs of a high-secure forensic mental health facility and align with national protocols and legislative requirements, including the Mental Health (Care and Treatment) (Scotland) Act.

Security enhancements this year were not limited to infrastructure. The Hospital also focused on refining operational procedures and staff training to ensure that security practices remained responsive, consistent, and person-centred. This included mandatory training for staff, annual reviews, and promoting a shared responsibility of safety and security awareness across all roles and departments.

These developments form part of a Security, Risk & Resilience Strategy which will be developed in 2025/26 to balance the dual priorities of maintaining safety and supporting therapeutic care. The strategy will also place emphasis on contingency planning, partnership working, and continuous improvement through regular audits and performance monitoring.

Risk & Resilience

The Risk and Resilience Department continues to play a central role in safeguarding the organisation's operational integrity by identifying, evaluating, and managing risk across all service areas. In 2024/25, the department led a full refresh of the Corporate Risk Register, ensuring that all risks were clearly defined, measurable, and aligned with strategic objectives. This work has strengthened the Board's assurance that key risks are being actively monitored and mitigated.

Throughout the year, risk information was consistently reviewed by dedicated committees and clinical teams, with patient-specific risks assessed regularly to support safe and effective care. The organisation demonstrated strong evidence of learning from incidents, with targeted actions implemented locally to reduce recurrence. Corporate and local risk registers remained well-established tools for tracking and managing risk, and the use of our incident management system was further enhanced to improve the quality of incident reporting and analysis.

Resilience planning also progressed, with staff training and scenario-based exercises supporting preparedness across departments. Risk, resilience and operational oversight is provided to senior leaders with regular insights into emerging risks and service adjustments to support risk reduction.

Collaboration with partner agencies such as Police Scotland and the Scottish Prison Service remained a core strength. These partnerships have facilitated shared learning opportunities, with the Hospital contributing to mental health training to their frontline staff and supporting the development of responsive approaches to meet the evolving needs of a changing population.

The organisation remains committed to fostering a culture of continuous improvement, resilience, and proactive risk management.

4. Effective

State Hospital Annual Review (November 2024)

"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

Comprising both Non-Executive and Executive Directors, the Board remains dedicated to the ongoing enhancement of governance practices, operational efficiency, and overall effectiveness.

The Board is accountable to Scottish Ministers through the Scottish Government. This accountability encompasses the quality of patient care and the responsible management of key resources, including facilities, personnel, and financial assets.

Board meetings are open to the public, with notices, agendas, papers, and minutes readily accessible via the State Hospital's website.

Our website and social media platforms serve as valuable resources for the public and external stakeholders, offering transparency and insight into the Board's activities.

Clinical Governance

A core principle of effective clinical governance is that robust systems and processes form the foundation for delivering the highest standard of patient care. The Clinical Governance Committee is responsible for overseeing these arrangements and providing assurance to the Board that appropriate clinical governance mechanisms are firmly in place.

The Clinical Governance Annual Report 2024/25 has been completed, and dedicated work plans have been developed for each of the key components of clinical governance.

Staff Governance

Staff Governance is defined as a system of corporate management of all staff. The Staff Governance Standard requires full compliance with legal obligations and the implementation of all relevant policies and agreements.

Under the Standard, staff are entitled to:

- Receive clear and timely information.
- Be appropriately trained and supported in their development.
- Participate in decision-making processes.
- Be treated fairly and consistently, with dignity and respect, in a workplace that values diversity.
- Work in an environment that is safe, continually improving, and promotes the health and wellbeing of staff, patients, and the wider community.

Progress against the Standard is assessed locally and contributes to the formal Annual Review process. Oversight is provided by Audit Scotland and the national Staff Governance and Workforce Committee (SWAG), which audit implementation and outcomes.

During the 2024/25, the Staff Governance Committee maintained its focus on monitoring these areas. Committee members reaffirmed their commitment to fostering a culture where excellence in staff management is a shared responsibility across the organisation, grounded in the principles of partnership working.

Our Organisational Development (OD) Strategy, developed in year, has taken an inclusive and engaging approach. Our focus remains on 'Prioritising Organisational Health' which will impact across all workforce and Staff Governance strands, along with the pursuit of the Attendance Management target of 5% absence.

Key Performance Indicator (KPI)
Sickness Absence.

Target - 5%. Data for 2024/25 – 7.51%. Performance Zone – Red.

The State Hospital's local target for sickness absence is one percent higher than the national target of 4%.

In 2024/25 the rate of absence was 7.51% compared to 7.81% in the previous year. This is a decrease of sickness absence levels by 0.3%. The State Hospital remained in the red performance zone all year.

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

Target - 80%. Data for 2024/25 – 88.78%. Performance Zone – Green.

This measure reflects compliance with the National Workforce Standards by tracking the proportion of staff who have completed a Personal Development Review (PDR) within the past 12 months.

PDR compliance for the current reporting year stands at 88.78%, reflecting a 2.85% increase compared to 2023/24 and marking the highest annual rate in the past six years. While there have been fluctuations over time, the indicator has consistently remained within the green zone since March 2019, demonstrating sustained performance.

Corporate Governance

Corporate governance at the State Hospital is guided by the Standing Orders, Standing Financial Instructions, and the Scheme of Delegation, which collectively promote the efficient and effective use of resources. These documents also define clear lines of accountability for the management and stewardship of assets. They are reviewed and updated annually to ensure continued relevance and compliance.

The Audit & Risk Committee is responsible for overseeing both external and internal audit processes related to the Board's financial and management systems. It also evaluates the overall effectiveness of internal controls. Further details are available in the Audit & Risk Committee Annual Report 2024/25.

Throughout the 2024/25 reporting year, the Board convened publicly on six occasions, with all meetings held virtually. Agendas, papers, and minutes were made readily accessible via the State Hospital's website. The Audit & Risk Committee, Clinical Governance Committee, Staff Governance Committee, and the Remuneration Committee each met four times.

Information on Board Members' and Senior Managers' Interests for 2024/25, as well as Board and Standing Committee Membership as of 31 March 2025, is included in the State Hospital's Annual Accounts 2024/25. An 'At A Glance' summary of Key Performance Indicators for 2024/25 is appended to this report.

Audit & Risk Committee

The Internal Audit Plan, developed by RSM (internal auditors), was subject to ongoing review throughout the year. It focused on priority areas and was structured to enable the Chief Internal Auditor to provide a formal opinion on the adequacy and effectiveness of internal controls. This assurance was delivered to the Audit & Risk Committee, the Chief Executive as Accountable Officer, and our External Auditors.

The overall internal audit opinion confirmed that the Board can be confident in the design, consistent application, and effective operation of the key controls relied upon across the organisation.

Further details of internal audit activity are available in the Audit & Risk Committee Annual Report 2024/25.

Remuneration Committee

The Remuneration Committee plays a key role in supporting the Board's commitment to being an exemplar employer. It ensures corporate accountability in the fair and effective management of Executive and Senior Management staff, and oversees the allocation of Consultants' Discretionary Points.

The Remuneration Committee Annual Report 2024/25 highlights the Committee's key achievements and developments over the year. It includes the Committee's Terms of Reference, reporting structures, and work programme, which are shaped by the requirement to implement pay arrangements for Executive and Senior Managers in line with Scottish Government guidance and performance appraisal outcomes.

In addition, the Committee routinely reviews the application and award of discretionary points, and considers ad-hoc remuneration matters as they arise.

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 2025, 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.

	Limit As Set	Actual Outturn	Variance (Over) / Under
	£000	£000	£000
Revenue Resource Limit			
- Core	42,270	47,167	103
- Non Core	3,414	3,414	–
Capital Resource Limit			
- Core	1,716	1,584	132
Cash Requirement	46,965	46,965	–

The limit is set by the Scottish Government Health & Social Care Directorates.

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 2024/25 increased by £5,048k from the previous year.

Capital Resources

The Board's Capital Programme for 2024/25 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 Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 requires Scotland to reduce Greenhouse Gases (GHGs) to Net Zero by 2045, with an interim reduction target of 75% against 1990 levels by 2030.

In recognition of this, in 2019 NHSScotland became the first national health service in the UK to commit to becoming a Net Zero organisation. Furthermore, NHSScotland recognised the need to accelerate efforts to cut GHGs to become environmentally sustainable, and hence brought forward its target date for achieving Net Zero emissions from 2045 to 2040.

The State Hospital has developed a Sustainability Action Plan and a Net Zero Route Map which are ensuring that sustainability becomes embedded in our way of working and decision making. The Hospital continues to investigate the viability of renewable energy options which have the potential to make a strong contribution towards increasing energy efficiency.

Focus for this year will be to develop and implement a high-level waste route map, move forward with an active travel agenda, increase biodiversity / greenspace awareness, and fully implement an Environmental Management System (EMS). A feasibility study has been commissioned to explore the use of heat pumps and electrical renewable technology.

As an organisation, we supported and promoted Climate Week in September 2024.

Efficiency and Productivity

Savings targets have consistently been achieved in recent years. However, it is increasingly likely that generating equivalent levels of cash-releasing savings will become more challenging in the future.

Climate Week 2024

To continue enhancing and developing service delivery, the focus must shift toward improving operational productivity. Achieving this will require innovative methods for driving and monitoring both efficiency and productivity.

The Hospital's strategic vision incorporates the core principles of the Sustainability & Value Programme, the NHSScotland 2020 Vision, and the Health and Social Care Delivery Plan.

Current challenges impacting progress include:

- Addressing the physical health inequalities experienced by patients.
- Reallocating resources to better meet patient needs and eliminate inefficiencies.
- Meeting the demand for recurring savings.
- Managing rising 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 2024/25 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 Communications Service consistently delivered high-quality, timely communications to stakeholders. Colleagues across the organisation also successfully fulfilled their communication responsibilities, contributing to strong collaborative outcomes.

All core functions including performance monitoring, quality assurance, and quality improvement targets were fully achieved. The service met legislative requirements, delivered on financial targets, and identified savings.

Key milestones in 2024/25 include:

- The development of the 2025/30 Communications Strategy, building on the success of the 2020/25 framework and strengthening future direction.
- Compliance in March 2025 against The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 following an audit in November 2024.

Focus remains on evolving the service to maximise resource efficiency and impact. Priorities include enhancing resilience, succession planning, and sustainable growth, alongside embracing digital innovation to ensure communication channels remain effective and responsive to stakeholder needs.

The service's impact and many accomplishments are showcased in the Communications Annual Report 2024/25.

Annual Review

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

We have received a formal letter highlighting the main points from the State Hospital's 2023/24 Annual Review which took place on 18 November 2024 with the Minister for Social Care, Mental Wellbeing and Sport. The Minister's feedback on patient centred care provided by the Hospital was positive. She also extended her gratitude to the patients - particularly those she met through the Patient Partnership Group - and highlighted the genuine sense of empowerment they felt in being able to influence and shape their own care experience.

The 2024/25 Annual Review is scheduled for 24 November 2025.

4.2 HIGH QUALITY PATIENT CARE AND TREATMENT

Clinical Quality

Clinical quality at the State Hospital continues to be a key driver in delivering safe, effective, and person-centred care. It provides a structured approach to evaluating patient observations, treatment pathways, care processes, and outcomes. The principles of continuous improvement and quality assurance are embedded throughout clinical practice, ensuring that services remain responsive and aligned with national standards.

In 2024/25, timely and robust measurement data informed decision-making and helped ensure that care delivery remained consistent with best practice. National standards and guidelines were also reviewed, assessing their relevance to the Hospital's patient population and supporting their integration into everyday practice.

Patient, carer, and volunteer feedback informed service development, with insights shared across teams to support collaborative improvement, and reflect a strong commitment to learning, transparency, and the ongoing enhancement of care quality across the organisation..

Clinical Governance Group

The Clinical Governance Group supports the delivery of safe, effective, and high-quality care across the State Hospital. Its remit spans both quality assurance and quality improvement, ensuring that clinical services are continuously reviewed and refined in line with best practice.

Throughout 2024, the group provided a structured forum for identifying and addressing clinical governance concerns, supporting the development of solutions that enhance patient care.

Visit from the Director of Nursing for Justice Health & the Forensic Mental Health Network in New South Wales, Australia (October 2024)

It also ensured that the Clinical Governance Committee received timely and relevant information to support oversight and decision-making.

The group contributed to service development by promoting innovation, supporting redesign initiatives, and encouraging the adoption of evidence-based approaches to mental health interventions - particularly in areas such as risk assessment and therapeutic care. The group worked closely with the Research Committee to help shape research priorities and integrate findings into clinical practice.

Training needs were regularly reviewed, helping to inform the Corporate Training Plan, and ensuring that clinical staff remain skilled and confident in delivering specialist mental health care. The group also monitored national standards and external guidance, and considered stakeholder feedback to support continuous improvement.

Further detail is available in the Clinical Governance Group Annual Report covering the period 1 January to 31 December 2024.

Clinical Audit

Clinical audit remains a key driver of quality improvement at the State Hospital. It provides a structured approach to reviewing care delivery against recognised standards to ensure best practice is consistently applied. During 2024/25, 21 audits were completed, each generating recommendations and improvement plans aimed at enhancing patient care and supporting continuous learning.

Standards and Guidelines

National standards and guidelines provide a vital framework for delivering safe, effective, and person-centred care. During 2024/25, the State Hospital reviewed 145 documents issued throughout the year, including standards, guidance, and reports. Of these, 26 were identified as directly relevant to the Hospital's patient population. For 10 of these, structured evaluations were completed to assess relevance and support implementation into practice.

Policies

The State Hospital maintains a robust and consistent approach to policy management, ensuring that all procedures are clearly documented, regularly reviewed, and aligned with legal and ethical requirements.

In 2024/25, 36 policy reviews were approved, each supported by an Equality Impact Assessment (EQIA) and Data Protection Impact Assessment (DPIA) to ensure compliance and uphold the principles of fairness, transparency, and accountability.

Research

The Research Committee Annual Report 2024/25 details a diverse portfolio of studies led by staff across disciplines, reflecting a strong culture of inquiry and evidence-based practice. The report outlines both completed and ongoing research projects, and highlights the dissemination of findings through publications, presentations, and contributions to national forums.

A particular highlight was the Forensic Network Research Conference held in November 2024, where State Hospital staff played a prominent role in sharing insights and advancing forensic mental health knowledge. This event underscored the Hospital's commitment to collaborative learning and sector-wide engagement.

This year also saw a focus on expanding the collaborative elements of patient involvement in research. In partnership with patients, bespoke Participant Information Sheet (PIS) templates were developed. This initiative represents a significant step towards inclusive research practices, ensuring that patients are not only participants but active contributors to the research process.

The Hospital remains committed to embedding research into everyday practice, using findings to inform service development and improve patient care.

Mid-Term Planning Session (October 2024)

5. Person Centred

Visitors from Landspítali – The National University Hospital of Iceland (March 2025)

"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

All transfers and discharges are carried out in accordance with the Care Programme Approach (CPA) which is a structured, multi-agency method of care planning. This approach actively involves professional staff, patients, and, where possible, their carers. Each patient is supported by a named Mental Health Officer, who plays a central role in the discharge process.

The State Hospital's Referrals Policy and Procedure is well established. Quarterly reports on patient movement are submitted to the Clinical Governance Committee, offering a comprehensive overview of key metrics including bed occupancy, admission sources and areas, any delays between referral and admission, admissions involving young people (under 18), admissions under 'exceptional circumstances', appeals against excessive security, discharges and transfers, and the number of patients awaiting transfer.

Patients typically progress through a structured pathway, moving from high security to medium security, and then to low security settings. Advancement to community placement depends on how well the patient responds to each stage of this step-down process.

Key Performance Indicator (KPI)
Patients are transferred / discharged using CPA.

Target - 100%. Data for 2024/25 - 100%. Performance Zone – Green.

The indicator is linked to the Mental Health Act 2003 and the streamlining of discharges and transfers.

Appeals Against Excessive Levels of Security

Under the provisions of the Mental Health Tribunal, patients have the right to appeal decisions regarding excessive levels of security.

During the 2024/25 reporting year, a total of 16 appeals were lodged. All of these were upheld, resulting in successful outcomes for the patients involved.

High Secure Forensic Health Services for Women

The State Hospital is progressing with the delivery of high-secure services for women in Scotland. This is aligned to the ambitions of the Mental Health and Wellbeing Delivery Plan for Scotland.

In year we collaborated with Rampton Hospital in England as a first phase of developing an interim ward and outreach service. Focus was on recruitment, staff training, referral criteria, and ward adaptations.

We also started to address the medium to long-term model for women's high security care and treatment. A feasibility study took place to assess site options. When an option has been agreed, we can then consider the development of a Full Business Case.

5.2 HIGH QUALITY PATIENT CARE AND TREATMENT

Care and Treatment Planning

Multi-disciplinary teams lead the delivery of high quality, specialist care within our secure and supportive environment. Practice is underpinned by a suite of strategic plans, frameworks, and policies that align with national standards and guidance, ensuring a consistent approach to care delivery and ongoing evaluation of systems and practices.

Clinical teams are composed of a diverse group of professionals, including consultant forensic psychiatrists, specialty and resident doctors, nurses, psychologists (clinical and forensic), occupational therapists, social workers, and a dedicated security manager. Their work is complemented by staff with expertise in dietetics, pharmacy, physiotherapy, speech and language therapy, activity and recreation services, and arts therapies covering art, music, and drama who all contribute to holistic patient care and rehabilitation.

Upon admission, each patient is assigned a Key Worker who is a Registered Nurse with responsibility for co-ordinating daily care. This role involves assessing needs, planning interventions, delivering care, and evaluating outcomes. The Key Worker builds a therapeutic relationship with the patient and their support network, ensuring care is tailored, compassionate, and consistent throughout the patient's stay.

Partnership working with patients, their families, and carers is recognised as a cornerstone of the care model.

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%	89.5%	81.7%
Medical	100%	91.7%	84.3%
Key Worker (KW) / Associate Worker (AW)	80%	56.9%	68.6%
Nursing	100%	96.2%	97.6%
Occupational Therapy (OT)	80%	67%	55.6%
Pharmacy	60%	55%	62.1%
Clinical Psychologist	80%	73%	87%
Psychology	100%	84.2%	93.3%
Security	60%	51.9%	57.4%
Social Work	80%	81.2%	91.1%
Dietetics	60%	61.9%	59.2%

Key Performance Indicator (KPI)
Patients have their Care and Treatment Plans reviewed at six monthly intervals.

Target - 100%. Data for 2024/25 - 91.01%. Performance Zone – Amber.

This requirement under the Mental Health Act 2003 applies to all patients in high secure care. The indicator assesses assurance that patients receive both intermediate and annual case reviews. Care and Treatment Plans are evaluated by multi-disciplinary clinical teams during these reviews, with goals set for the following six months.

Performance improved in 2024/25, with a 3.09% increase in annual data, moving from red to amber RAG status. A process review led to the development of a new workflow map, helping identify and address bottlenecks. The updated process has been shared with relevant teams, resulting in more timely uploading of CPA documentation and improved oversight of overdue records.

Key Performance Indicator (KPI)
Patients will have their Clinical Risk Assessment reviewed annually.

Target - 100%. Data for 2024/25 – 94.03%. Performance Zone – Amber.

Aligned with the Mental Health (Care and Treatment) (Scotland) Act 2003, this supports the use of structured clinical risk assessments in mental health settings.

Examples of such assessments include tools like the HCR-20 and SARA, which help evaluate potential risks and inform care planning.

Although performance against this KPI remained above 90% throughout 2024/25, there were fluctuations during the year. A decline in Quarter 1 was traced to processing issues related to uploading and closing clinical risk assessments on RiO, which were investigated by the Psychology Department. Following a review of these processes, significant improvements were observed in Quarters 2, 3, and 4, restoring strong compliance levels.

Duty of Candour

Between 1 April 2024 and 31 March 2025, the State Hospital reviewed a total of 170 incidents under the Duty of Candour procedure - an increase from 54 the previous year. Of these, four incidents met the statutory criteria outlined in the Duty of Candour (Scotland) Regulations. Each qualifying incident was subject to a full investigation, with outcomes shared across relevant teams to support organisational learning and continuous improvement.

The Duty of Candour Policy remains firmly embedded within the Hospital's governance framework. It provides clear guidance and outlines staff responsibilities when managing incidents that result in, or could result in, unintended harm. The policy supports a culture of openness, transparency, and accountability, ensuring that patients and families are informed and supported appropriately.

Training on the Duty of Candour continues to be a core component of the Hospital's corporate and directorate development plans. Staff are equipped with the knowledge and confidence to apply the procedure consistently and compassionately in line with national guidance and legislative requirements.
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The Hospital remains committed to upholding the principles of the Duty of Candour thus ensuring that when things go wrong, we respond with honesty, empathy, and a clear focus on learning.

Our Duty of Candour Annual Report 2024/25 provides further information.

Medicines Management

The Medicines Committee Annual Report (April 2024 to March 2025) provided assurance in respect of clinical leadership and oversight for safe, effective, and patient-centred medicines governance.

The Committee's work focused on three main areas: Clinical Quality, Medicines Management, and the Safe Use of Medicines.

Key achievements:

- Several policies and guidelines were reviewed and updated, including the Safe Use of Medicines Policy, High Dose Antipsychotic Guidelines, and new Lithium Guidelines (with an easy-read version for patients with intellectual disabilities). New procedures for medicines incidents and improved audit processes for controlled drugs were also introduced.

- The Pharmacy team continued to develop reporting from the HEPMA system, enabling daily checks for new drug orders and missed doses, reducing the risk of errors and improving patient safety. Technical progress was made in database connectivity, paving the way for enhanced reporting.

- Medicines expenditure decreased from the previous year. Significant savings were achieved through the introduction of generic paliperidone and ongoing formulary management. The top five medicines by spend included aripiprazole, clozapine, nicotine replacement therapy, lorazepam, and paliperidone.

- There were 71 medicines incidents reported, with a notable increase in administration incidents. The Committee implemented a new incident procedure and continued to monitor trends, sharing findings with relevant teams to drive improvement.

- Multiple medicines audits were completed, including audits of medicines fridges, medication trolleys, oxygen cylinders, and rapid tranquilisation practices. Improvements were noted at re-audit. National benchmarking was undertaken through the Prescribing Observatory in Mental Health (POMH), though the subscription was not renewed for 2025 due to reduced relevance.

- The Covid-19 and influenza vaccination programmes were delivered efficiently, with co-administration for patients and staff.

- Supply shortages were managed proactively with minimal impact on patient care.

- The Committee reviewed 76 NICE Medication Technology Appraisals, ensuring alignment with Scottish guidelines and local relevance.

Psychology

There was a 27% increase in psychological therapy sessions in 2024, returning to pre-pandemic levels despite staffing pressures. Eight therapeutic groups were run, alongside a notable rise in ward talking groups and relaxation sessions, reflecting a commitment to accessible psychological support.

Collaboration between Psychology and Nursing was strengthened through the Link Nurse pilot, which improved knowledge sharing and holistic care. Progress was also made in trauma-informed care, health psychology, and neurodevelopmental pathways, with staff contributing to national training and service development. Quality assurance and improvement remained a priority with new policies and ongoing work to enhance risk assessments and group interventions.

Key Performance Indicator (KPI)
Patients will be engaged in psychological treatment.

Target - 85%. Data for 2024/25 – 94.11%. Performance Zone – Green.

This indicator is a key priority within the National Mental Health Indicators, measuring the proportion of patients actively engaged in psychological treatment.

Performance stabilised in 2024/25, with a notable 11.9% improvement over the previous year, reaching an annual average of 94.11%. Contributing factors included successful recruitment, enhanced group offerings through the link nurse role, and improved data recording and reporting by the Psychology team. These changes enabled more patients to access treatment earlier and more consistently.

Key Performance Indicator (KPI)
Patients will commence psychological therapies <18 weeks from referral date.

Target - 100%. Data for 2024/25 – 99.90%. Performance Zone – Green.

This indicator aligns with the National Specification for the Delivery of Psychological Therapies and Interventions in Scotland, which sets the expectation that individuals should begin treatment within 18 weeks of referral.

The State Hospital has been working in partnership with Public Health Scotland to enable the submission of data for national analysis related to the 18-week psychological therapies treatment target. Progress continues toward full implementation, supported by a local agreement to submit data regularly. Performance against this target has been strong, with the Hospital consistently achieving near 100% compliance.

Rehabilitation Therapies

Over the past year, the Rehabilitation Therapies Service has continued to deliver a broad range of interventions and activities, supporting patient recovery and maximising independence. The service encompasses Allied Health Professions (AHPs) including Physiotherapy, and the Skye Centre, working collaboratively to provide both individual and group-based rehabilitation.

Key achievements:

- Recruitment has been notably successful with the appointment of two Occupational Therapists, a new Lead Arts Therapist and a trainee Drama Therapist

.

- The introduction of digital interventions such as patient access to iPads has enhanced communication and engagement, particularly for those with complex needs. The service has also developed new protocols and “activity boxes” to support individualised patient activity.

- The team has prioritised leadership and quality improvement with projects like “Rise & Shine” (physical activity sessions) and “Wellbeing Warriors” (staff wellbeing initiatives) being embedded into ongoing practice. The Nutritional Care Plan Process (NCPP) has been rolled out Hospital-wide, supporting compliance with national standards.

Activity highlights:

- Occupational Therapy delivered targeted group and individual interventions including skill-building in budgeting, self-care, and practical skills.
  The “Recovery Through Activity” group showed measurable improvements in patient motivation and engagement. Despite staffing challenges, group contacts increased, and new vocational opportunities were developed for patients.

- Dietetics maintained a broad remit supporting clinical teams and leading on Hospital-wide initiatives such as obesity management and nutritional care. The “Weigh to Go” initiative for staff and ongoing delivery of the REHIS Food and Health course were notable successes.

- Arts Therapies provided individual and group music therapy, including a patient choir that performed at multiple Hospital events.

- Speech and Language Therapy continued to offer comprehensive assessment and intervention, including the introduction of digital tools to support communication for patients with complex needs.

- Physiotherapy delivered 91 face-to-face sessions and contributed to wider health improvement initiatives, including the development of the Active Health Risk Matrix.

- Within the Skye Centre (for patient therapy and activity) a consistent programme of activities across Sports, Crafts, Gardens, and Patient Learning were delivered. The Centre also supported Mental Health Tribunals and court hearings.

Patient and stakeholder feedback was positive with patients valuing the range of activities and opportunities for skill development, socialisation, and personal growth.

Key Performance Indicator (KPI)
Patients will be engaged in off-hub activity centres

Target - 90%. Data for 2024/25 – 95.25%. Performance Zone – Green.

This indicator tracks the number of patients participating in scheduled activities outside their hub, recognised as therapeutic even if not directly linked to care plan objectives.

This indicator averaged 95.25% in 2024/25, remaining above target. A review was undertaken to expand the KPI to include all activity across the Hospital, not just off-hub sessions. Following initial data analysis, a revised timetable has been submitted for development, with completion expected in 2025/26.

5.3 PERSON CENTRED IMPROVEMENT

Person Centred Improvement Service (PCIS)

Service development by fostering genuine partnerships between patients, families, and healthcare teams continues to be driven by the Person Centred Improvement Service (PCIS). These partnerships are rooted in respect for individual preferences and values, with a strong emphasis on compassion, continuity, clear communication, and shared decision-making.

Over the past year (October 2023 to September 2024) notable progress has been made in several areas. The Hospital-wide "What Matters To You" initiative was facilitated ensuring that patient voices were central to care planning and service delivery, and ongoing support for the 'Nu2U' patient Charity Shop was provided. The Patient Partnership Group (PPG) Chair helped ensure that patient experience directly informed Clinical Model implementation.

Opportunities for weekend adult visits were increased, making services more accessible for carers and families. Engagement with carers and visitors was strengthened through the Visitor Experience Questionnaire and the development of a State Hospital Carer Strategy. Focus is on supporting carers to understand how we provide patient care, enhancing carer communication, improving the carer visiting experience, and linking carers with the Forensic Network.

Further achievements included progressing the 'Triangle of Care' assessment and regularly presenting patient and carer stories to Board meetings, ensuring that lived experience continued to shape organisational priorities and improvements. These activities reflect our commitment to inclusive, person-centred care and ongoing service enhancement.

Partners in Care

The State Hospital is committed to ensuring that every patient has access to independent advocacy, safeguarding their rights and supporting their participation in key processes such as tribunals and case reviews. On-site Advocates play a vital role in helping patients express their views and navigate complex decisions, with additional support available for individuals with intellectual disabilities or those for whom English is not their first language. The Patients' Advocacy Service (PAS) Annual Report covering August 2023 to July 2024 was favourably received by the Board in December 2024.

Carers are recognised as essential partners in the care journey, actively contributing through regular visits, attendance at meetings, and by providing valuable feedback that helps shape care planning and service delivery. Their involvement ensures that the perspectives and needs of patients are fully considered. The Carer Strategy focuses on supporting carers to understand how we provide patient care, enhancing carer communication, improving the carer visiting experience, and linking carers with the Forensic Network. In February 2025 we hosted a Patients' Celebration of Achievement Event, welcoming family and carers.

Volunteers also make a significant contribution to the Hospital community, enriching daily life for patients by offering companionship, supporting group activities, and assisting with initiatives led by the Spiritual and Pastoral Care Team. Through their dedication, volunteers help foster a supportive and inclusive environment that enhances the wellbeing of all patients. Responding to feedback, volunteer training materials were changed to hard copy format in year and volunteer recruitment processes were revised.

Complaints and Feedback

The State Hospital continued to promote a culture of openness and learning by encouraging feedback and supporting patients and carers to share their views through a variety of channels. The Person-Centred Improvement Team played a key role in ensuring that all stakeholders, including those with communication needs, were able to contribute. Notably, a Carer Experience Questionnaire informed the development of the new Carer Strategy, and regular stakeholder presentations provided valuable insights into patient and carer experiences.

During 2024/25, the Hospital received 83 complaints, an 11% decrease from the previous year. Early resolution remained effective, with 52% of complaints resolved at this stage and 82% of patient complaints supported by the independent Patients' Advocacy Service. 73% of Stage 1 complaints closed within the five-day target. While Stage 2 response times were longer due to complexity, a refreshed approach to staff resourcing aims to improve this in the coming year.

Themes emerging from complaints included clinical treatment, staff attitude, communication, and procedures around visiting and patient property. Actions taken in response to complaints led to tangible improvements such as clearer labelling of meals, streamlined processes for grounds access applications, and a review of protocols for food brought in by visitors. Compliments were also received, particularly regarding improvements in visiting arrangements and positive engagement through patient groups.

Staff training and awareness remained a priority with 98% of staff completing the national e-learning modules. The Board maintained strong governance and accountability with regular reporting and a focus on using feedback and complaints to drive service improvement and enhance the patient and carer experience.

5.4 HEALTH IMPROVEMENT

Supporting patients to manage their weight and increase physical activity remains a complex and ongoing priority for the State Hospital. The Skye Centre provides a vibrant environment for therapeutic and recreational engagement, structured around four main areas: Patient Learning, Sports & Fitness, Gardens & Animal Assisted Therapy, and Craft & Design. The Atrium further enhances the patient experience by offering access to amenities such as the Café, Library, Shop, and Bank, creating opportunities for social interaction and daily living skills.

Patients are encouraged to participate in a wide range of activities across these centres during the week with sessions tailored to individual needs and interests. In addition to structured programmes, the Skye Centre hosts a variety of facilitated groups that enrich the Hospital community. These include the Patient Partnership Group (PPG), Christian Fellowship, Multi-Faith Services, psychological therapy groups, and sessions led by Allied Health Professions staff.

This holistic approach reflects the Hospital's commitment to promoting physical, emotional, and social wellbeing. By providing meaningful activities and therapeutic support, the organisation aims to empower patients to make positive lifestyle changes, develop new skills, and build confidence within a supportive environment.

Mental Health

In 2024/25, the Mental Health Practice Steering Group (MHPSG) continued to play a pivotal role in advancing patient mental health outcomes while upholding the highest standards of clinical care. A key milestone this year was the successful transition to a digital Care Programme Approach (CPA) document. This new system places patients at the centre of care planning and has significantly enhanced both efficiency and effectiveness. The digital CPA is now embedded within routine practice, supported by a robust governance framework.

Beyond this, the MHPSG has maintained oversight of critical operational processes, including Grounds Access, ensuring that governance remains clear and consistent across the organisation. The group also remains actively engaged in reviewing national clinical guidelines and standards, with a strong emphasis on ensuring compliance and alignment with best practice.

Physical Health

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 on-site 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.

Our Physical Health Annual Report is well established. This 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 and weight management; food, fluid and 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.

Target - 100%. Data for 2024/25 – 100%. Performance Zone – Green.

This indicator is linked to the National Health and Social Care Standards produced by Healthcare Improvement Scotland (HIS).

This KPI tracks the completion of annual physical health overviews for patients. The Practice Nurse identifies individuals requiring face-to-face review by the GP, which are then carried out during routine clinic sessions.

Key Performance Indicator (KPI)
Patients requiring primary care services will have access within 48 hours.

Target - 100%. Data for 2024/25 – 100%. Performance Zone – Green.

This measure aligns with the National Health and Social Care Standards established by Healthcare Improvement Scotland (HIS). It applies to all services delivered within the Health Centre, including triage, and reflects the commitment to consistent, high-quality care across Primary Care Services.

This indicator has maintained full compliance consistently since the commencement of data collection.

Key Performance Indicator (KPI)
Patients will have a healthy BMI.

Target - 25%. Data for 2024/25 – 9.75%. Performance Zone – Red.

This indicator supports both national care standards and a key organisational objective. It represents an aspirational target and local priority, reflecting the need to address obesity within the patient population.

The average percentage of patients achieving a healthier BMI increased to 9.75%, up from 8.92% in the previous reporting year. As of March 2025, 6% of patients fell within a healthy BMI range, while 94% were classified as overweight or obese, marking the highest levels recorded in recent years.

Ongoing work is focused on the patient journey from the point of admission, examining how current practices contribute to weight gain, and identifying opportunities for improvement and enhanced patient support.

Following the recent launch of the BMI Tableau dashboard, monthly data reports are now distributed to each Senior Leadership Team (SLT). These reports aim to surface concerns across wards and services, stimulate discussion, and drive targeted action.

In terms of 12-Month Weight Gain Monitoring, between April 2023 and March 2024 there were 21 patient admissions of which 13 patients (62%) completed a full 12-month stay.

Among these:

- Three patients (23%) remained within the 5% weight gain threshold.
- One patient gained 4.5% of their admission body weight.
- Two patients experienced weight loss of 2.8% and 7.2% respectively.

The Supporting Healthy Choices Oversight Group is currently reviewing this measure with a view to replacing it. A key priority is to assess the associated risk status and determine necessary mitigation actions.

Key Performance Indicator (KPI)
Patients will undertake 150 minutes of exercise each week.

Target - 70%. Data for 2024/25 – 60.09%. Performance Zone – Red.

This indicator aligns with Scotland's national standards for physical activity and tracks the proportion of patients achieving at least 150 minutes of moderate exercise per week. The target for this indicator was increased to 70% in 2023/24 having been 60% in 2022/23.

Seasonal variation affects activity levels across services with higher engagement in Quarter 1 and Quarter 2 followed by a dip in Quarter 3 and early Quarter 4 before rising again. Performance varies by service, with Transition consistently meeting targets (87% median), while others show lower or fluctuating results. Factors influencing performance include weather, public holidays, staffing levels, and festive periods. Targeted projects are underway to improve compliance.

Rt Hon David Mundell MP Visit (December 2024)

THE STATE HOSPITAL
KEY PERFORMANCE INDICATORS
AT A GLANCE 2024/25

GREEN (G) - Achieved / Exceeded
AMBER (A) - Working Towards
RED (R) - Needs Improvement

Target 100%

Patients have their care and treatment plans reviewed at six monthly intervals.

RESULT **91.01%A**

Target 85%

Patients will be engaged in psychological treatment.

RESULT **94.11%G**

Target 90%

Patients will be engaged in off-hub activity centres.

RESULT

95.25%G

Target 100%

Patients will undertake an annual physical health review.

RESULT **100%G**

Target 70%

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

RESULT

60.09%R

Target 25%

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

RESULT **9.75%R**

Appendix 1

Target 5%

Sickness absence (National HEAT standard is 4%).

RESULT 7.51%R

Target 80%

Staff have an approved Performance Development Review (PDR).

RESULT 88.78%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 referal date.

RESULT 99.90%G

Target 100%

Patients will have their clinical risk assessment reviewed annually.

RESULT 94.03%A

SUMMARY

12 x Key Performance Indicators (KPIs)

Of these: 7 x Green, 2 x Amber and 3 x Red

PLUS

Attendance at Case Reviews by Clinical Staff

	Target	2024/25
Responsible Medical Officer (RMO)	90%	81.7%
Medical	100%	84.3%
Key Worker (KW) / Associate Worker (AW)	80%	68.6%
Nursing	100%	97.6%
Occupational Therapy (OT)	80%	55.6%
Pharmacy	60%	62.1%
Clinical Psychologist	80%	87%
Psychology	100%	93.3%
Security	60%	57.4%
Social Work	80%	91.1%
Dietetics	60%	59.2%

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