THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 23 APRIL 2020
9.45am

Meeting held by teleconferencing

A G E N D A

1.	**Apologies**		
2.	**Conflict(s) of Interest(s)** To invite Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.		
3.	**Minutes** To submit for approval and signature the Minutes of the Board meeting held on 27 February 2019	For Approval	TSH(M)20/01
4.	**Matters Arising:**		
	Actions List: Updates	For Noting	Paper No. 20/15
5.	**Chair's Report**	For Noting	Verbal
6.	**Chief Executive Officer's Report**	For Noting	Verbal
7.	**Main Item: Resilience Reporting - Covid 19 Response** - Including Board Governance Report by the Chief Executive	For Discussion	Paper No. 20/16
	CLINICAL GOVERNANCE		
8.	**Clinical Service Delivery Model Implementation Planning - Update** Report by the Medical Director	For Noting	Paper No. 20/17
9.	**Quality Assurance and Quality Improvement** Report by the Medical Director /Director of Nursing and AHPs	For Noting	Paper No. 20/18
10.	**Nurse and AHP Revalidation – Annual Update** Report by the Director of Nursing and AHPs	For Noting	Paper No. 20/19
11.	**Patient Learning Service – Annual Report** Report by the Interim HR Director	For Noting	Paper No. 20/20
	STAFF GOVERNANCE		

12.	**Workforce Plan – Update** Report by the Interim Director of HR	For Noting	Paper No. 20/21

CORPORATE GOVERNANCE

13.	**Project Oversight Board – Update** Report by the Director of Security, Estates and Facilities	For Noting	Paper No. 20/22
14.	**Finance Report to 31 March 2020** Report by the Finance & Performance Management Director	For Noting	Paper No. 20/23
15.	**Audit Committee** Approved minutes of meeting held 23 January 2020	For Noting	AC(M)20/01
16.	**Corporate Risk Register** Report by the Finance & Performance Management Director	For Discussion	Paper No. 20/24
17.	**Any Other Business**		
18.	**Date of next meeting** 18 June 2020, following Audit Committee		

THE STATE HOSPITALS BOARD FOR SCOTLAND TSH (M) 20/01

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 27 February 2020, in Jerviswood Hall, Lanark Memorial Hall, 13 St. Leonard St, Lanark, ML11 8RP

Vice Chair:	
Non-Executive Director	David McConnell
Present:	
Employee Director	Tom Hair
Chief Executive	Gary Jenkins
Non-Executive Director	Nicholas Johnston
Director of Finance and Performance Management	Robin McNaught
Non-Executive Director	Brian Moore
Director of Nursing and AHPs	Mark Richards
Medical Director	Lindsay Thomson
In attendance:	
Interim HR Director	Elaine Anderson
Non-Executive Director Patient Advisory Service	Heather Baillie (Item 10)
Chair of Clinical Forum	Aileen Burnett
Interim Manager Patient Advisory Service	Patricia Davidson (Item 10)
Head of Communications	Caroline McCarron
Board Secretary	Margaret Smith
Director of Security, Estates and Facilities	David Walker

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr McConnell welcomed everyone to the meeting, and apologies were noted from Mr Terry Currie, Board Chair, who was unable to be present. In Mr Currie's absence Board Members agreed that it would be appropriate for Mr McConnell to chair this meeting.

Apologies were also noted from Mrs Maire Whitehead, as well as from Mr Bill Brackenridge.

Mr McConnell welcomed Mr Moore to his first meeting of the Board, following his appointment as the Board's Whistleblowing Champion, effective from 1 February 2020 for a four year term.

Mr Moore introduced himself, outlining his career history in both health and social care, and described the new role of the Scottish Public Service Ombudsman (SPSO) as Independent National Whistleblowing Officer. This was part of a suite of initiatives across NHS Scotland taking a "Once for Scotland" approach to enhance existing openness and transparency in this key area. Mr Moore highlighted his own view that visibility for whistleblowing standards was essential, this being something that a smaller organisation like The State Hospital should excel in. This suite of measures should be seen as aligned to the Sturrock Report emerging from NHS Highland's experience in 2019, as well as originally taking root with the earlier Frances Report in 2013, following events in Mid Staffordshire NHS Foundation Trust.

2 CONFLICTS OF INTEREST

There were no declarations of conflicts of interests from Members in respect of the business to be discussed at this meeting.

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 19 December 2019 were noted to be an accurate record of the meeting,

The Board:

1. Approved the minute of the meeting held on 19 December 2019.

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board noted progress on the action points from the last meeting with each item having either been completed or being included in today's agenda.

The Board:

1. Noted the updated action list.

5 CHAIR'S REPORT

In Mr Currie's absence, Mr McConnell provided an update report from the Board Chair.

Mr McConnell noted that although Board Meetings were, as appropriate, always open to members of the public, this was the first meeting of the Board to take place outwith the hospital setting for some time. This was in an effort to further support the Board's commitment to openness and transparency.

He provided an update from the Board Chair on the meeting of the NHS Chairs' group, which took place on 27 January 2020. Chairs had received a presentation from Ms Rosemary Agnew, the Ombudsman, on the SPSO Whistleblowing Standards. NHS Board Chairs, alongside the new Whistleblowing Champions, had been invited to attend specific training on 28 February 2020. Both Mr Currie and Mr Moore would be in attendance.

At the meeting, Chairs were advised that the Chief Medical Officer and Chief Nursing Officer would be issuing guidance relating to Coronavirus (known as Covid-19).

The Cabinet Secretary had referred to Chief Executive leadership across NHS Scotland, and the moves involving NHS Highland, NHS Fife as well as NHS Orkney. In addition she noted the position at NHS Greater Glasgow in Clyde (NHSGGC) which had been placed in special measures. Mr Calum Campbell, Chief Executive Officer of NHS Lanarkshire, had been appointed as Turnaround Director at NHS GGC.

The Cabinet Secretary advised that work was being progressed in relation to the Ladder of Escalation, this being the process through which Health Boards were categorized between a rating of 1 – 5, across a range of indicators depending on current performance. This was intended to bring greater transparency to the process and to clarify the linkages with the Corporate Governance Blueprint.

At this meeting, NHS Chairs had noted that the access and performance targets had been stabilizing following the seasonal period.

Chairs had also noted that whilst contingency planning for "no deal" EU withdrawal had been placed in abeyance at this time, arrangements would remain in place given the uncertainty about how the deal between the U.K and the EU would develop through the transition period.

Malcolm Wright had asked NHS Chairs to ensure that they take cognisance of the report recently published into Mental Health Services in NHS Tayside, by Mr David Strang.

Finally, Mr McConnell asked Board Members to note key dates on the horizon, particularly the Patient Learning Awards scheduled to take place in the hospital. The Patient Learning Awards would take place on 11 March, and the Sportsman Dinner on 18 March.

The Board:

1. Noted this update.

6 CHIEF EXECUTIVE'S REPORT

Mr Jenkins provided the Board with a verbal update on his activities since the date of the last Board meeting.

Firstly, he noted that Mr McConnell had been appointed as Vice-Chair of the NHS Board, by the Cabinet Secretary for Health and Sport and this appointment was endorsed warmly by Board Members.

Mr Jenkins also asked the Board to note that Mr Currie's term as Board Chair had been further extended to 31 December 2020.This was to provide continued stability for the Board during this year, during which the Independent Review into Forensic Mental Health Services was due to report. This extension to Mr Currie's term had been referred to the Ethical Standards Commissioner and endorsement for this position received. In addition, Mr Jenkins noted that the call for evidence in the Independent Review had closed, and that the report was expected to be delivered to Scottish Government in September 2020.

Mr Jenkins also extended a welcome to Mr Moore as the Board's Whistleblowing Champion.

He advised that at the last meeting of NHS Chief Executives, there had been discussion on the work progressing on the Ladder of Escalation for NHS Boards.

Within The State Hospital (TSH) focus had been on planning for the Clinical Service Delivery Model, and a fully detailed update would be provided to the Board under Item 7 of today's meeting. A Supporting Healthy Choices Workshop had taken place on 20 January, to explore new and existing approaches to this key strategic area for the hospital, and further reporting would be brought the Board.

Mr Jenkins had met with internal and external auditors as part of the planning process for audit in the next financial year, as well as finalising these processes towards year end 2019/20.

He described the detailed work with Scottish Government on the Annual Operational Plan, placed within three year strategic planning. This had been both helpful and positive. In addition, the Deputy Director for the Mental Health Directorate at the Scottish Government, Ms Angela Davidson had visited TSH to meet with the Chair, Chief Executive, Medical Director as well as the Director for Nursing and AHPs. She had also been able to undertake a tour of the hospital including patient facilities both in ward areas as well as the Skye Centre.

Mr Jenkins confirmed that the tender for the security refresh of the hospital had been signed this month, and that reporting on this was included in today's meeting at Item 17.

The recruitment process to appoint a Director of Human Resources and Organisational Development was underway with interviews scheduled for 26 March 2020.

Mr Jenkins reported on his attendance at a patient discussion group, underlining the continued importance of engaging with patients to discuss their experience and perspective on the direction of travel within the organisation.

Mr Jenkins provided the Board with an update on the Police Care Network and Prisons Care Network which would combine to form a Health in Custody Board chaired by Mr Jenkins.

The hospital would host visitors from Norway's Forensic Mental Health services on 6 March to share learning on best practice.

There had been no major adverse weather events at the hospital to date during the winter period.

Finally, Mr Jenkins advised that a further Development Session for the Executive Team had taken place in January, which had focussed on systems leadership as a cohesive team.

Mr Jenkins then asked Mr Richards to provide an update to the Board on preparation for the impact of the global Covid-19 outbreak for TSH. Mr Richards outlined the growing concern at national and international level and confirmed that TSH was linking with both Scottish Government and Health Protection Scotland to ensure that all necessary preparation was underway as appropriate.

A dedicated intranet site had been set up for staff for information updates. A Pan Flu exercise had been carried out on 5 December 2019 which had demonstrated staff availability for care delivery. Mr Walker, as the organisation's resilience lead, had linked with local regional and national resilience forums to ensure the organisation was well informed and that these key links were in place should the situation escalate. Overall, the organisation was taking a proportionate and considered response which was in line with Scottish Government advice.

The Board:

1. Noted the update from the Chief Executive Officer.
2. Noted the update on the developing response to the global Covid-19 outbreak.

7 CLINICAL SERVICE DELIVERY MODEL

A paper was received from the Chief Executive Officer and Medical Director, which provided the Board with a detailed update on progress achieved on the implementation process for the new clinical service delivery model, following endorsement of this plan at the Board meeting which took place on 19 December 2019. The Board were asked to note progress as well as to endorse the terms of reference of the Clinical Model Oversight Board (CMOB).

Mr Jenkins confirmed the significant level of work progressed by the Clinical Model Oversight Board, as well as that each of the workstreams underpinning the process had met and were actively working towards their targets. As work continued to progress, it was planned to invite the Minister for Mental Health to come to the hospital to see progress at first hand, during late spring or towards summer.

Professor Thomson provided further detail on the work progressed by the Clinical Delivery workstream, which had successfully drafted guidance for the new clinical service delivery model, and this had been reported to and endorsed by the Clinical Model Oversight Board. This guidance put patients at the centre of care delivery and had a major focus on patient activity given the strategic importance of this to the hospital. She advised the Board that there had been some variation from the first model, with Transitions care to be delivered by a stand-alone service. This was to underpin

the importance of this area and for patient activity within wards as well as the Skye Centre. There would be continuing engagement with staff throughout the implementation process; and a second desk-top exercise would be conducted in March to ensure that patients were placed in the clinically appropriate area. This would enable engagement with patients on how the new model would inform the delivery of their own care pathway.

Professor Thomson highlighted that the hospital currently had an increased number of exceptional circumstances patients (these are patients placed within TSH due to lack of availability within the wider Forensic Network). This could present a challenge to the delivery of the ten ward model. In view of this, Mr Jenkins and Professor Thomson were engaging with the both Forensic Network colleagues as well as the NHS Chief Executive Group, and Scottish Government. TSH would, if required, place a limit on the number of exceptional circumstance patients who could be admitted to the hospital with priority given to those being cared for within a prison setting.

Board Members received this update positively and asked for assurance that both staff and wider stakeholders, like volunteers, were involved to date. Mr Jenkins confirmed that all staff groups were involved and that wider staff groups who were not clinically focused would also be affected, citing administrative support across the hospital which may need to be delivered in a more structured and aligned way. Engagement with staff and stakeholders across all areas of the organisation had been open and transparent with a key focus on getting communication right with all groups.

In answer to a point made by Mr Hair on restructuring of roles, Mr Jenkins confirmed that it was essential to be mindful that work was progressing on the portfolios of the Executive Leads, and this would enable wider structural change within the organisation. However, this process would be informed by the Clinical Service Delivery Model and it was important to see how this developed before restructuring. All individual staff members affected would be taken through a change process in a supportive way. Professor Thomson added that there had been helpful discussion in this area in the CMOB on 23 February, with each professional group working toward defining their function within the new model. The intention was for this work to progress quickly over the course of the next four weeks. Mr Richards added that a logistics workstream had been set and had met to help facilitate this process.

The Board asked for assurance on the planned timeline for delivery and as to how this was recorded on the Corporate Risk Register. Mr Jenkins recognised that this was a live process and that there would need to be fluidity on operational work but that it was essential to have key milestones in place at this stage. Further reporting would be brought to the Board at April's meeting on this as well as further reporting on linkage to overall financial monitoring for the Board.

Actions – Ms Merson/ Mr McNaught

The Board:

1. Noted the progress achieved to date on implementation of the clinical service delivery model.
2. Noted that further reporting would be provided to the Board in April, with additional focus on any risk presented to delivery within the prescribed timeline as well as financial impacts.
3. Endorsed the terms of reference for the Clinical Model Oversight Board.

8 INTERNATIONAL TRAVEL REQUEST

The Board received a report from the Medical Director, requesting approval for international approval for travel by the Global Citizen Champion to Pakistan to deliver teaching. As the travel had been arranged at short notice, the request had already been approved by the Board Chair. The Board noted this and endorsed this position.

The Board:

1. Noted and endorsed this request.

9 PATIENT SAFETY, INFECTION CONTROL AND PATIENT FLOW REPORT

A paper was received from the Director of Nursing and AHPs, which summarised activity within the hospital in relation to patient safety, healthcare associated infection (HAI) and patient flow. Mr Richards summarised the report for the Board.

He asked the Board to note that Leadership Walkround programme was being reviewed to ensure it was more service focussed, and that reporting would be brought back to the Board on any proposed changes.

Mr Richards provided an update on the work of the Water Safety Group which was led through the Infection Control Committee. In relation to the Water Risk Assessment, most of the actions had been progressed; and appropriate mitigation had been put in place for those actions that remained outstanding. This work was continuing, with progress monitored through the Infection Control Committee. In answer to a further question on this, Mr Richards confirmed that a process of audit was in place with spot checking being carried out.

Mr Walker added a further update for the Board to confirm that this risk had not been recorded on the local risk register and that this had been amended. An update would also be made to the Corporate Risk Register to reflect this though the next meeting of the Risk, Finance and Performance Group.

Action – Mr Walker

Professor Thomson provided reporting to the Board on patient flow. She noted the increase in exceptional circumstance patients currently admitted to TSH, and referred to her update under the previous item on the work being progressed in this regard.

The Board:

1. Noted the content of the report.

10 PATIENT ADVOCACY SERVICE ANNUAL REPORT - 2018/19

A report was received from the Patient Advocacy Service (PAS), and it was noted that this report had been delayed in coming to the Board due to long term sickness of a key member of the PAS team.

Ms Davidson and Ms Baillie were in attendance to provide an overview of the report and answer any questions from the Board. They highlighted that the report aimed to provide assurance to the Board that PAS continued to meet the needs of TSH patients as set out in the Service Level Agreement.

Ms Davidson highlighted that the aim within PAS was always to seek to improve the service, and she asked Board Members to take note of their performance against the key performance indicators outlined in the report. She also highlighted some areas of good practice, especially in the context of patient stories and outcomes from support offered through PAS. She described future areas of work and potential areas of development within the service.

The Board welcomed the report and there was agreement on the useful nature of the structure of the report as well as the detailed nature of the content. Board Members found the patient stories included within the report to be particularly helpful in demonstrating the nature of the work progressed by PAS by bringing it to life through patient experience. This led to a discussion of how

patient focussed the service was; and the work progressed on focus groups with patients to help provide a link to PAS for patients as soon as possible after admission. Patients were noted to be keener to use the service once they had a clear understanding of its aims and purpose.

In answer to a question on PAS use of social media (e.g. a twitter account) Ms Davidson advised that this would enable PAS to link with wider mental health services and show the work taken forward within TSH, whilst acknowledging there be limits to this in terms of patient confidentiality.

Ms Baillie also asked the Board to note the contribution made by PAS for end of life care within the hospital, in what was a particularly sensitive area. PAS provided support in accessing legal advice for patients e.g. to set up legal power of attorney, and this was of growing importance as patients came into the hospital with more financial assets.

Mr McConnell thanked Ms Davidson and Ms Baillie for their report, which had helped to underline the good work carried out for TSH by PAS.

The Board:

1. Noted the content of the report.

11 CLINICAL GOVERNANCE COMMITTEE

The Board received the approved minutes of the meeting of the Clinical Governance Committee which had taken place on 14 November 2019.

Mr Johnston provided a verbal report on the Clinical Governance Committee which had taken place on 13 February 2020. The key issues discussed had been the Clinical Service Delivery Model, as well as the visitor experience, impact of the safe staffing legislation as well as Triangle of Care.

The Board:

1. Noted the content of the approved minutes of the meeting which took place on 14 November 2019.
2. Noted the verbal update from the Chair of the Clinical Governance Committee for the meeting which took place on 13 February 2020.

12 CLINCIAL FORUM

The Board received and noted the minutes of the meeting of the Clinical Forum which took place on 5 December 2019. The Chair of the Clinical Forum, Dr Burnett, was in attendance and provided a summary for the Board.

She advised that the Clinical Forum had been closely involved in the development of the new Clinical Service Delivery Model, and that members of the forum had found this to be an extremely positive experience in collaborative working, which had enabled them to add their professional clinical expertise to the process. She also advised that positive links had been made with the Area Clinical Forum National Chairs Group, which would be built on in the coming months.

The Board:

1. Noted the content of the minutes of the meeting of the Clinical Forum which took place on 5 December, and the update from the Clinical Forum Chair.

13 ATTENDANCE MANAGEMENT REPORT

A paper was received from the Interim Director of Human Resources, which outlined staff attendance data over the course of the latest reporting period of December 2019 and placed this within the context of the rolling 12 month figures.

Ms Anderson asked the Board to note that the rolling 12 month figure continued to demonstrate an overall reduction with the previous 12 month period. Mr Jenkins added that focus was on long term absences within hot spot areas, using relevant policies to monitor the position and support staff appropriately.

The Board:

1. Noted the content of the report.

14 STAFF GOVERNANCE COMMITTEE

The Board received the approved minutes of the meeting of the Staff Governance Committee held on 29 November 2019.

The Board:

1. Noted the approved minutes from the Staff Governance Committee held on 29 November 2019.

15 DRAFT CORPORATE OBJECTIVES

A report was received from the Chief Executive, which set out the draft corporate Objectives for the Board for the period 2020/21. These had been developed in conjunction with the Executive Directors, taking into account the key strategic priorities across the organisation.

Mr Jenkins asked the Board to note that the objectives were grouped around the themes of Better Care, Better Health, Better Values and Better Workplace and set these within the framework of the operational business model for The State Hospital. The Board was asked for approval of these high level themes whilst noting the link to the headings within the draft Annual Operational Plan.

The report was received positively by the Board, as clear and strongly focussed. There was discussion around highlighting the role of Information Governance and performance management; as well as an overview statement to highlight the focus on improvement work.

Mr Jenkins welcomed this feedback and confirmed that this would be taken forward.

Action – Mr Jenkins

The Board:

1. Approved the content of this report, subject to minor amendment as detailed.

16 DRAFT ANNUAL OPERATIONAL PLAN

The Board received a report confirming that a draft Annual Operational Plan 2020/21 had been submitted to Scottish Government in November 2019, with work progressed since in conjunction with Scottish Government colleagues so that a second draft could be submitted on 14 February 2020.

A copy of the draft plan had been circulated to Board Members for their information, with assurance that a final draft would be submitted to Scottish Government on 28 February 2020, to include the Board's

view on the draft Corporate Objectives submitted to this meeting in Item 15.

Board Members noted their endorsement on the direction of travel in the draft Annual Operational Plan.

Mr Johnston considered that it would be helpful for consideration to take place within each of the governance committees of the Board to ensure that their workplans and agendas throughout the year were reflective of the content of the Annual Operational Plan so that it was a genuinely living document. Mr Jenkins agreed with this point, adding that the plan should be used actively for accountability and reporting purposes.

Action: Ms Smith/ Committee Chairs/ Executive Leads

The Board:

1. Noted the content of this report.

17 PROJECT OVERSIGHT BOARD – UPDATE AND GOVERNANCE ATTANGEMENTS

A report was received from the Director of Security, Estates and Facilities which confirmed that the tender contract had been signed on 6 February 2020 and that reporting would be brought to the Board at each throughout the progress of the contract. A programme workshop had been established with survey work commencing in the hospital. The Project Oversight Board had been refreshed and had been due to meet on 12 February 2020. However, this meeting had to be re- scheduled due to adverse weather at the hospital on this day. Therefore, the Board was asked to note the content of the draft terms of reference for the Project Oversight Board and that these would be brought back for endorsement.

Action – Mr Walker

The Board:

1. Noted the content of this report.

18 FINANCE REPORT AS AT 31 JANUARY 2020

The Finance Report to 31 January was submitted to the Board by the Finance and Performance Management Director, and Members were asked to note the content of this report.

Mr McNaught led Members through the report highlighting the key areas of focus notably that the Board was reporting an overall underspend position of £0.236m. It was currently anticipated that the forecast break-even position for the Board would be achieved by 31 March 2020. He advised that whilst there had been strong efforts across all directorates to achieve a challenging savings target, the Board remained behind trajectory on the planned savings to date. There also continued to be a risk of savings pressure through the National Boards' Collaborative.

The Board welcomed the report which demonstrated an improved position in comparison to prior years. There was discussion around the need to continue to monitor the position to year end especially given a picture of increased clinical activity in the hospital. Mr Jenkins confirmed that a tracking process was under development through business tableau which would give clarity to any peaks in clinical activity and the staffing levels required to support. This would be linked to monthly financial reporting in a tangible way, going into the new financial year. This would also help to facilitate direct cost charging for exceptional circumstance patients.

The Board:

1. Noted the content of this report.

19 PERFORMANCE REPORT – QUARTER 3 2019/20

The Board received a paper from the Finance and Performance Management Director, which provided a high level summary of organisational performance for Quarter 3, October to December 2019. Mr McNaught led Members through the report and asked them to note that that work was continuing to be progressed on local Key Performance Indicators (KPIs) leading to a new structure for 2020/21.

The Board discussed the work being progressed on Supporting Healthier Choices, and noted the continuing work being progressed through the workshop which had met on 20 January 2020. Following this a working group had been established to take this work forward, which would meet for the first time on 11 March 2020.

The Board:

1. Noted the content of this report.

20 RESILIENCE REPORTING

A report was received from the Director of Security, Estates and Facilities which provided an update of resilience activities recently undertaken as well as those planned for the coming months.

Mr Walker summarised this activity for the Board, particularly the preparatory work being undertaken in relation to the Covid-19 outbreak although acknowledging that the impact of this was not yet known.

The Board:

1. Noted the content of this report.

21 CORPORATE GOVERNANCE IMPROVEMENT PLAN

A paper was received from the Chief Executive, which outlined progress made in relation to the Corporate Governance Improvement Action Plan since the date of the last Board Meeting.

Ms Smith asked the Board to note work progressed on Actions 2 and 11 – both in relation to effective rostering, and on nurse recruitment. Further, the establishment of the SPSO as Independent National Whistleblowing Officer and that the SPSO would be in a positon to start to review cases in July 2020.

She also advised Board Members that every effort had been made to promote this Board Meeting, taking place outside the hospital, and to promote public attendance. Contact had been made with local elected representatives as well as mental health stakeholder groups. The meeting had been advertised so that carers of TSH patients as well as the wider local populace were aware of it with a poster campaign in the local area.

The Board acknowledged these efforts, and that unfortunately this had not elicited a response with no members of the public in attendance at today's meeting. However, Members agreed that nonetheless this was a good progressive measure and that consideration should continue to hold Board Meetings at venues outwith the hospital. This engagement work was valuable in of itself as a way of positive liaison with stakeholders and with the public.

It was emphasised that there should be continued focus on making Board papers public though the website, as well as considering releasing a short bulletin publicly on any key decisions made by the Board. The Board was content for an engagement plan to be developed with Mr Jenkins to lead with

Ms Smith and Ms McCarron going forward, with reporting to come back to the Board through the Corporate Governance Improvement Plan.

Action – Mr Jenkins/ Ms Smith/ Ms McCarron

The Board:

1. Noted the content of this report

22 AUDIT COMMITTEE

As Chair of the Audit Committee, Mr McConnell asked the Board to note a verbal update on the meeting of the Audit Committee which had taken place on 23 January 2020. This had focussed on internal controls measures, attendance management and the Corporate Risk Register. The Committee had received a progress report from the internal auditors, and had received and noted the External Audit plan for 2019/20.

The Board:

1. Noted the verbal update from the Chair of the Audit committee on the meeting held on held on 23 January 2020.

23 CORPORATE RISK REGISTER

The Board received a paper from the Finance and Performance Management Director, which provided an overview of the high and very high risks featuring on the Corporate Risk Register, and to provide assurance that these were being addressed appropriately.

Mr McNaught provided a summary of the report, and added that the intention would be to add detail on risks currently rated as medium on the register to the report for reference for the Board.

The Board noted the report and did not consider that discussion at today's meeting had indicated that any amendment or addition should be made to the Corporate Risk Register, beyond the matter identified at Item 9 above.

Action – Mr McNaught

The Board:

1. Noted the content of this report
2. Noted that future reporting would include risks currently rated as medium.

24 ANY OTHER BUSINESS

There were no other items of competent business for discussion at this meeting.

25 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 23 April 2020, in The State Hospital.

26 EXCLUSION OF PUBLIC AND PRESS

Members approved a motion to exclude the public and press during consideration of the items listed

at Part II of the agenda in view of the confidential nature of the business to be transacted.

ADOPTED BY THE BOARD

CHAIR _____
(Signed Mr Terry Currie)

DATE 27 February 2020

MINUTE ACTION POINTS
THE STATE HOSPITALS BOARD FOR SCOTLAND
(From December 2019)

ACTION NO	AGENDA ITEM NO	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	7	Clinical Service Delivery Model	Update on key milestones for delivery – overall financial monitoring and recording on CRR.	R McNaught/ M Merson	April 2020	**Paused due to Covid-19**
2	9	Patient Safety Infection Control and Patient Flow report	Update on water safety to CRR	D Walker	April 2020	**Completed**
3	15	Draft Corporate Objectives	Amendment to Corporate Objectives to be included in draft AOP for submission to Scottish Government	G Jenkins	Immediate	**Completed**
4	16	Annual Operational Plan	Reflect content of AUP in governance committee workplans	M Smith/ Committee Chairs/ Exec Leads	Ongoing	**Paused due to Covid-19**
5	17	Security project Update	Terms of reference to be approved by POB, and submitted to Board	D Walker	April 20	**Delayed due to Covid-19**
6	21	Corporate Governance Improvement Plan	Review engagement plan for Board in holding meetings externally	G Jenkins/ M Smith/ C McCarron	Ongoing	**Paused due to Covid-19**

Board Paper 20/16

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No: 7
Sponsoring Director:	Chief Executive
Author(s):	Head of Corporate Planning and Business Support Board Secretary
Title of Report:	The State Hospital Resilience Response to Covid 19 Global Pandemic
Purpose of Report:	For Discussion

1 SITUATION

Novel Coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China. The World Health Organisation declared the global outbreak to be a pandemic on 11 March 2020.

Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. The UK and Scottish Governments announced that, as of 16 March 2020 anyone developing symptoms consistent with COVID-19, should stay at home for 7 days from the onset of symptoms

All UK citizens have been advised to keep a safe distance from others, known as social or physical isolation and all places where citizens meet have been closed e.g. schools, clubs, restaurants and pubs in a move to reduce the spread across communities. It is now recommended that anyone living in the same household as a symptomatic person should self-isolate for 14 days. Anyone who falls into an 'at risk' group has been advised to self-isolate.

The State Hospital has responded to the unprecedented global pandemic through the prioritisation of strategies to protect the health and wellbeing of patients and staff and minimise, as far as possible, the risk of transmission of the virus through staff and patient populations. This paper sets out the governance structures and operational actions taken to meet the twin aims of health protection and prevention of spread.

2 BACKGROUND

To provide the Board with the background and framework through which TSH is managing its response to the Covid-19 outbreak.

2.1 Board Governance

On 25 March 2020, Scottish Government Health Finance, Corporate Governance & Value Directorate advised that effective governance should be maintained in NHS Boards, though this may be different from the structures currently in place. The State Hospitals Board for Scotland

(TSH) has carried out a review of the corporate governance framework for the NHS Board to ensure effective oversight during the coming months.

This review was conducted within the requirement of existing legislation, and in reference to the existing Standing Orders of the Board. The aim was also to identify new emerging risks within the corporate governance framework as well as options to mitigate these risks. A report was prepared and circulated to Board Members on 30 March 2020, and this is attached **(Appendix A).**

The recommendations of this report are summarised as follows:

1) Board Meetings should continue on agreed schedule, and that special meetings can be convened as required. The business transacted at the Board will be reviewed to allow oversight of the Covid-19 response as well as resilience of the senior leadership team to provide reporting to the Board during this challenging time.

2) Governance Committee meetings should be critically reviewed and may be paused depending on the emergent situation in managing the response to Covid-19. If the situation arises where a meeting is not quorate then it would be the intention to reschedule to the earliest possible date.

3) Any divergence from the agreed workplans for the Board and its Committees, should be recorded in the minutes of the meeting appropriately.

4) The Board should note the risk to achieving required quorum for Board and committee meetings.

5) All Board and committee meetings should be held virtually by way of teleconferencing.

6) There is no requirement to amend existing Standing Orders.

7) This position should be reviewed by the Board in six months' time, or sooner should the global pandemic situation change significantly.

Following agreement by the Board to each of these recommendations, this position was reported to Scottish Government on 1 April 2020.

2.2 Incident Command Structure

Establishing an Incident Command Structure is in accordance with the resilience framework of TSH which ensures that TSH, as part of NHS Scotland, has emergency preparedness in place to plan for and respond to a major incident:

Preparing for Emergencies: Guidance for Health Boards in Scotland (2014) states that:

"Health Boards need to be sufficiently resilient to deal with the consequences of these incidents that may put the organisation under severe pressure, while maintaining patient care".

Although TSH is not a Category 1 or 2 responder as defined by the Civil Contingencies Act 2004, the TSH resilience framework aims to ensure that all statutory requirements and criteria of the Scottish Government and Health Improvement Scotland (HIS) standards are met. Above all, as far as possible, the Incident Command Structure enables TSH to respond to this emergency while minimising the impact on the level of care provided to patients and maintaining a safe environment.

There are three levels of planning and response, and the Covid-19 pandemic is a Level 2 event. This means that significant service disruption problems are expected which will require the special redeployment of staff or other resources with an associated interruption to the routine services of the hospital. Further, that these are likely to affect multiple departments/areas of the hospital and will require full plans.

The resilience framework stipulates that in the event of a Level 2 response the Incident Officer will be responsible for establishing members and assigning roles of the Incident Command Team.

Within The State Hospital (TSH) an Incident Command Structure was established on 16 March 2020 to provide daily leadership and management of the organisational approach to addressing all issues associated with the impact of COVID-19 on the hospital. The Incident Command Structure is being led by the Chief Executive Officer as Gold Command, supported by the Director of Security, Estates and Facilities and the Director of Nursing and AHPs as Silver Command.

To support partnership working, the Employee Director is part of this structure as Bronze Command, and is a member of the Silver and Gold Commands. A dedicated Covid Support Team has been set up in support of the Incident Command Structure.

Silver Command meetings are held daily, with Gold Command meetings held a minimum of once per week. A formal log is kept of each meeting, through which decisions and actions are tracked and can be evidenced. The Incident Command structure with schematic is attached **(Appendix B).**

2.3 National Guidance

National guidance is developing at pace to support adjustment and response of the NHS and wider public services in managing the global pandemic. Guidance has emerged from UK Government, Scottish Government and Professional Bodies with key areas of guidance and legislation providing the framework through which TSH is shaping its response to the challenge of managing the response to COVID-19.

Legislatively, the Coronavirus (Scotland) Bill completed all stages of the legislative process in the Scottish Parliament on Wednesday 1 April 2020. Scottish Government has advised that the Act is intended to provide relief during the coronavirus outbreak, and the disruption caused by the outbreak.

National Guidance for NHS Scotland is being issued in response to the emergent situation covering the full range of resilience and planning in response to the pandemic; including clinical guidance, personal protective equipment guidance, staff well-being and employment terms and conditions as well as financial guidelines. Guidance is being tracked and reviewed through the Incident Command Structure on a daily basis to ensure that TSH is in operating in compliance with all relevant guidance. The Covid Support Team is tracking each guidance document as it is received and disseminated across the organisation, and this will be used going forward as the organisation continues to plan strategically in management of its response.

3 ASSESSMENT

To provide the Board with a review of the key decisions taken and how these align with the framework outlined in the previous section.

3.1 Interim Clinical and Support Services Operational Policy

Following guidance from the United Kingdom and Scottish Government on 16 March, the hospital introduced a number of restrictions and social distancing measures, including:

- Staggering the use of dayroom and dining facilities
- Phasing the timings of patients utilising communal areas
- Staff guidance on the management of patients, the use of PPE, and infection control
- Closure of the Skye Centre from 21st March
- Closure to all family, carer and professional visitors from 21st March

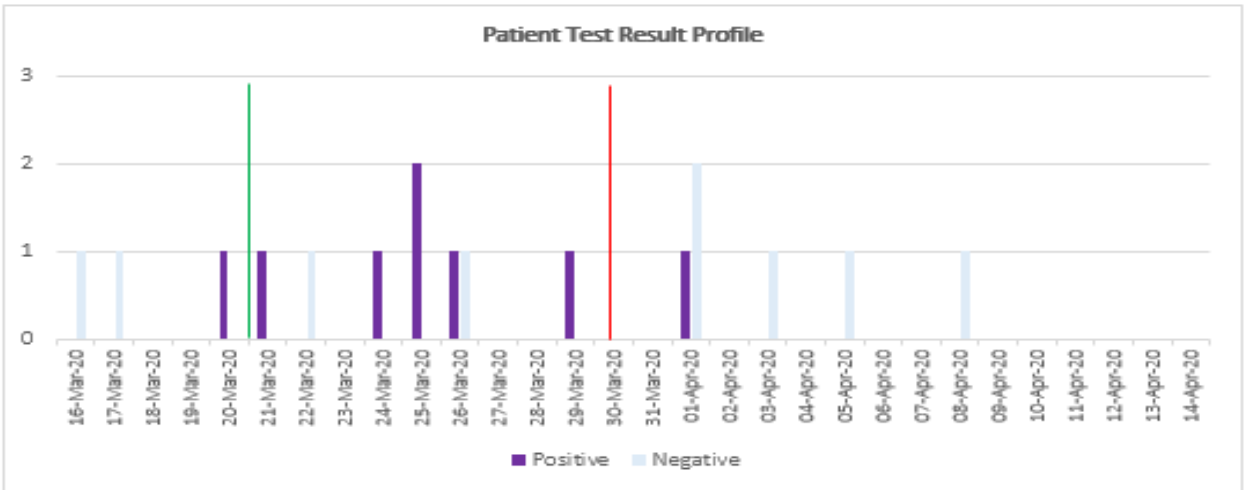
These initial measures were based on the principles of each ward being a 'family unit' of 12 patients. Consideration was given to sub dividing wards into groups of 6 plus 6 patients. Advice was taken from NHS Lanarkshire ICD. The impact of the sub division model would have the same impact as cohorting in groups of 12, as patients are sharing the same common ward environment and facilities.

In line with government restrictions on movement of individuals, the State Hospital's Gold Command Committee agreed an Interim Clinical and Support Services Operational Policy. This was introduced on Monday 30th March 2020, with a commitment to review regularly. The policy will help ensure safe, individualised care to patients through a social distancing model that minimises the risk of COVID-19 transmission and helps protect our patients and staff. In this model patients spend more time in their bedrooms. This is not seclusion, but is a variation of our model of confinement which is a well established part of our safe care delivery overnight.

Each patient has an individualised care plan in place, which specifically covers how their care needs are met during this period of more socially distant care. The impact of patients physical and mental wellbeing is measured daily through a report that monitors a range of indicators including mental health, uptake of activity and access to outdoor space. This is reviewed daily at Director and senior clinical team level with adjustments made to care as a result. A weekly report is also produced and reviewed by a wider range of multi disciplinary team members and actions taken as a result to ensure, quality of care and protection of patients is maintained.

A weekly summary report is also produced. The data in this report is used to inform the work of a weekly monitoring and review group, which is chaired by the Medical and Nurse Directors, and involves various service professional leads. This data is also shared with a wider range of multi disciplinary team members, with local actions taken to ensure, quality of care and protection of patients is maintained

Graph 1 Patient infection from COVID -19 from 15th March – 14th April 2020



The green line indicates when the initial set of social restrictions were implemented, the red line indicates when the full ICOP was implemented.

3.2 Infection Control

A strong focus on infection prevention and control has been central to the Board's response to COVID-19. The Senior Nurse for Infection Control is part of the internal COVID-19 response team with external support from Dr Tom Gillespie (Consultant Microbiologist/Infection Control Doctor in NHS Lanarkshire).

The State Hospital Pandemic Influenza Outbreak Plan, the Pandemic Influenza Communication Strategy and HAI Outbreak Reporting requirements have been reviewed against the incident command model. It has been confirmed that all areas of activity described in these plans are covered through our incident command arrangements**.**

Specifically, the Silver Command level has superseded the Infection Control Problem Assessment Group and Incident Management Team that is normally a requirement when managing an outbreak situation.

National guidance related to COVID-19 is being issued regularly and has also been subject to regular updates. To help ensure connectivity in this area the Senior Nurse for Infection Control is involved in the following teleconferences:

- Health Protection Scotland x 2 weekly
- The State Hospital medical staff daily
- The State Hospital staff side daily
- Silver Command daily briefings

The Executive Team are also connected to various national and regional meetings concerning managing and leading the response to COVID-19 as it relates to infection control.

It was agreed by Senior Nurse for Infection Control, supported by the Infection Control Doctor that the national guidance for household isolation would be implemented as an initial framework for guiding our response to COVID-19. As more guidance has been produced by HPS / PHE a combination of the following documents were used to inform the State Hospital Clinical Care Guidance document:

- Infection prevention and control measures - caring for a variety of patients including some who may be suspected or confirmed cases of COVID-19
- Guidance for non-healthcare settings
- Information and guidance for social or community care and residential settings
- Guidance for first responders and others in close contact with symptomatic people with potential COVID-19

The following pieces of work have been put on hold to allow space for the necessary focus on COVID-19:

- Monthly Hand Hygiene audit reporting
- Monthly HAI Reporting Template
- Infection Control Annual Report and Clinical Governance Report.

3.3 Clinical Care Guidance for COVID -19 patients

The COVID-19 TSH Clinical Care Support Documentation was developed to assist in the care of patients who have COVID-19 within The State Hospital**.** It has been developed in partnership with key individuals within The State Hospital and NHS Lanarkshire who will provide support to patients who require enhanced medical and nursing care for physical health symptoms as a result of COVID -19.

A six bed General Medical ward has been established in Mull Hub which is equipped and ready to accept any patient who requires enhanced care for symptoms of COVID -19.

3.4 Personal Protective Equipment

NHS Scotland's National Procurement has worked alongside a number of partners, to deliver on the growing and evolving Personal Protective Equipment (PPE) supply requirements to support the delivery of care and protect staff and patients where required. Immediate and longer term supply issues are being addressed. Supply of PPE to The State Hospital of essential equipment is addressed on a daily basis and reviewed at Silver Command meetings. No shortages of essential equipment for the immediate delivery of care are experienced at present. The quality of supplies being issued is reviewed. Training for staff in using equipment is being provided through nursing leadership and on-line resources.

3.5 Patient Flow

The Board routinely receives a high level update on patient flow at each Board meeting.

This will continue as part of Covid-19 reporting to provide the necessary data and context of patient flow throughout the period of the outbreak.

The following table outlines the high level position from 1 February to 31 March 2020.

	MMI	**LD**	**Total**
Bed Complement (as at 31/03/20)	128	12	140
Staffed Beds (i.e. those actually available) (as at 31/03/20)	108	12	120
Admissions (from 01/02/20 – 31/03/20)	8	0	8
Discharges / Transfers (from 01/02/20 – 31/03/20)	5	0	5
Average Bed Occupancy February 2020 – March 2020	-	-	111 92.5% of available beds 79.3% of all beds

3.6 Attendance Management

The Board receives an update on attendance management at each Board meeting. This will continue as part of reporting on the response to Covid-19.

The latest available figures are for February 2020. Absence data reported is extracted from both the SWISS, the national source and SSTS local information system.

The TSH sickness absence level in-month figure for February 2020 was 5.95%; with an average rolling 12 month figure of 5.75% for 1 March 2019 to 29 February 2020. The rolling 12 month figure is 2.76% lower than the 1 March 2018 to 28 February 2019 figure (8.51%). The current national

target is to achieve a 0.5% reduction in sickness absence per annum over 3 years. The Board should note the local target level is 5%.

The February 2020 sickness level of 5.95% is the lowest February figure recorded by TSH in the last 4 years (February 2019 - 6.06%, February 2018 - 6.92%, February 2017 - 7.38%, February 2016 - 6.04%). However, this does exceed the 5% target.

Long/short term absence split is 4.25% and 1.70% respectively. These figures were recently recalibrated and therefore make comparison with historic data irrelevant.

The February 2020 absence level equates to a loss of 5850.73 hours / 35.95 WTE.

The main reasons for absence continue to be Anxiety/Stress/ Depression/Other Psychiatric Disorders (37.43%), Musculoskeletal (13.26%) and Gastro-intestinal (7.9%).

These figures pre-date the current situation and the following section outlines planning for extreme loss of staff due to the Covid-19 outbreak.

3.7 Planning for Extreme Loss of Staff

During the current Novel coronavirus (COVID-19) outbreak, The State Hospital will enact resilience plans already developed. The Loss of Staff Level 2 Resilience Plan identifies the key processes and contingencies essential for the safe operation of the hospital.

However given the predictions of staff sickness and ability to attend work due to guidance on isolation a plan for managing ‘Extreme Loss of Staff; has also been developed and approved through Gold Command. This builds on the ‘Loss of Staff Plan’ already agreed for the hospital. The priority of the organisations’ response to loss of staff is to ensure safety, security and care for patients and staff.

Key processes that will be prioritised throughout the pandemic are are personal care to patients, medical care to patients, site security, provision of food, ward and site cleanliness and maintenance, maintenance of information systems and essential transportation across the site.

The Extreme Loss of Staff Plan outlines the:

- contingences to be taken at points of criticality for safe delivery of service during COVID-19 outbreak
- Identify where staff may be deployed to in the event that departments fall below minimum tolerable numbers to deliver a safe service
- Identify any areas of training that may be reasonably carried out in advance to up skill/orientate staff to departments and roles they may be asked to support

- Consider how the organisation can gather and review staffing across all disciplines to enable effective planning
- Identify IT needs to support remote working for those staff who can work from home

3.8 Staff Recruitment

In line with national directives and the loss of staff plan, recruitment of nursing staff has been a priority. Recently retired staff have been contacted to scope re-employment. This will realise a small number of registered nursing staff returning to employment in TSH.

Student nurses' roles have been adjusted, with them now completing the last 6 months of their education in clinical practice, working directly as part of ward teams. They are employed by the Board at band 4 level.

11 students started work in this capacity on 13 April 2020. One Occupational Therapist has also joined the workforce through the same route which is also available to AHP students.

3.9 Staff Health and Wellbeing

Staff health and wellbeing is key priority for The State Hospital. In response to the additional demands that the pandemic has put on staff, a range of resources and activities are available for staff to protect and promote their health and wellbeing.

Staff are signposted to a range of support information and advise lines through staff bulletins and the intranet. Plans are in place to build on the reflective practice activates that have been embedded in clinical practice to focus on the challenges that COVID-19 has for staff.

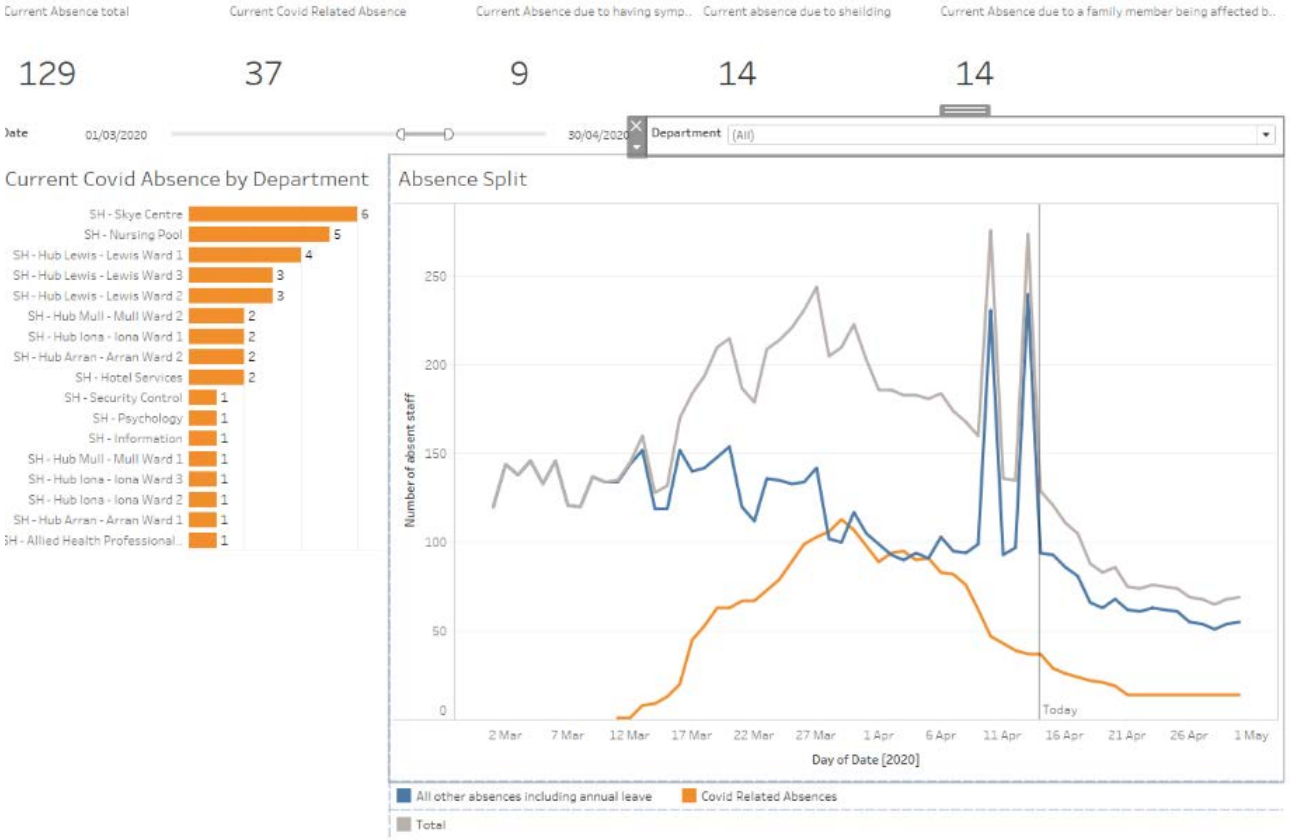
3.10 Staff Testing for COVID-19

Scottish Government announced a programme of staff testing for COVID-19 on 25 March 2020.

Staff testing is available through NHS Lanarkshire Occupational Health Department and also a West of Scotland staff testing facility based in Glasgow Airport. Testing facilities have detailed guidance on criteria for who should be referred. It is anticipated as more testing becomes available, staff testing will broaden and ultimately enable surveillance, management of outbreaks and source identification. Current prioritisation is focused on enabling staff to return to work. This is a dynamic process and monitored regularly to ensure efficient use of resources.

The numbers of staff who are self-isolating as a result of COVID-19 has reduced from a peak of 114 on 30.03.2020, to 37 on 14.04.2020. This is closely monitored by HR, and discussed at Silver Command in a daily basis. The tableau business reporting system has been rapidly developed to allow the assessment of staffing on a daily basis.

The following graph demonstrates the impact the pandemic has had across the organisation



3.11 Communication

Communication of information and decisions from the Gold and Silver Command meetings are shared with staff via bulletins released in the afternoon of the same day. These include any national updates together with TSH specific information.

Each Bronze command has also been tasked with ensuring that their teams are briefed regularly on key developments. Feedback on communications has been positive. The COVID-19 support team receive regular questions and queries from staff, a commonly asked question and answer page has been established in the intranet to enable staff to track questions and answers. Regular meetings take place with staff side representatives to enable resolution of issues in a timely fashion.

3.12 Impact of response to Covid – 19 on business continuity

As outlined, operational management of the hospital is being led by the Incident Command Structure, headed by the Chief Executive for Gold Command. Therefore, TSH operational governance structure is paused and leadership of ongoing workstreams required have been subsumed into the command structure.

Advisory committees across TSH have been paused, including the Nursing and AHP Advisory Committee, Medical Advisory Committee and Clinical Forum.

It has been necessary to pause the following work streams, so that all staff group activities can be focussed on the Covid-19 response as required. The pausing of these work streams was reported formally to Scottish Government on 7 April 20. In addition, it should be noted that national

guidance has been issued from Scottish Government requesting that work streams be paused, particularly around Staff Governance.

This report provides assurance to the Board that TSH is adhering to national guidance, in this regard as part of the overall NHS Scotland response, as well as taking into account specific local impacts.

The Board would expect to receive reporting on these workstreams as part of the Board Workplan and should note that this reporting has likewise been paused.

Medical Directorate

- Clinical Model Service Delivery Implementation
- Supporting Healthy Choices new action plan
- All Research studies suspended with all fieldwork involving patients or staff ceased
- Hospitals Electronic Prescribing and Medicines administration (HEPMA) system implementation suspended

Nursing and AHPs Directorate

- Scottish Patient Safety Programme
- Infection Control Committee (subsumed within work of incident command)
- Medicines Incident Review group
- Excellence in Care Steering Group
- Safe Staffing Steering Group
- Person Centred Improvement Steering Group
- Child and Adult Protection Forum

Security, Estates and Facilities Directorate

- Security Refresh – following Scottish Government guidance on projects, preparatory works commenced with a modified timetable commenced and revised plan under consideration, to pause work within patient areas.

Finance and Performance Management Directorate

- Policy review
- Monthly audits of RMO record keeping
- Clinical Audits – locally and nationally
- Variance Analysis Tools from Case Reviews – will continue with a minimum dataset
- Gap analysis reviews from new national evidence base
- Significant Adverse Event Reviews for Category I events
- Strategic Review of Performance and the Quality Improvement work.

Human Resources and Organisational Development

- Job evaluation
- Organisational Change (Senior Staff Nurses)
- Implementation of eEES self Service for Managers and Staff
- Sickness absence routine stage review meetings
- HR Connect – further development through the National working Group

- Development and implementation of Values Based Recruitment including the values and competency based interviewing toolkit
- Non-urgent Employee Relations cases (except cases linked to potential serious misconduct and where there is the possibility of dismissal, or where there are wider site implications)

- Staff training & development (except core induction and essential statutory and mandatory training)
- Leadership & management development (including the National Boards Management Matters project)
- Organisational development (culture, values & behaviours work stream)
- Team Development Programme with Internal Teams

Corporate Services:

- Corporate Governance Improvement Action Plan.

4 RECOMMENDATION

The Board is invited to:

1. Review and discuss the position outlined in this report in respect to the operational management and governance of the organisation in response to the global Covid-19 outbreak.

2. Endorse the framework for operational management and governance.

3. Outline any additional addition reporting requirements required.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support operational management and corporate governance structure of the NHS Board durtinf Covid 1-19 emergency response
Workforce Implications	Considered in this report
Financial Implications	Financial implications outlined within assessment section
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board requested
Risk Assessment (Outline any significant risks and associated mitigation)	Fully outlined and considered in the report
Assessment of Impact on Stakeholder Experience	Fully outlined and considered in the report
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

Appendix A

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	30 March 2020 - Circulated by email
Agenda Reference:	Item No: N/A
Sponsoring Director:	Chief Executive Officer
Author(s):	Board Secretary
Title of Report:	Corporate Governance Arrangements during Public Health Emergency – Covid 19
Purpose of Report:	For Decision

2 SITUATION

The State Hospital (TSH) faces an unprecedented situation due to the Covid-19 public health emergency. The challenge presented is global and is continually changing at a rapid pace.

In this situation, a review of the corporate governance framework for the NHS Board is required to ensure effective oversight during the coming months.

2 BACKGROUND

On 25 March 2020, Scottish Government Health Finance, Corporate Governance & Value Directorate advised that effective governance will need to be maintained, though this may be different from the structures currently in place. It is acknowledged that changes to existing corporate governance arrangements may be necessary at this time, and advised that any proposed change should, for good governance reasons, be presented to the Board as quickly as possible.

Whilst acknowledging that no single approach will fit all NHS Boards, Scottish Government have advised that any change to governance should:

- enable agile and effective decision-making;
- place staff and their resilience at the centre;
- build important links with the public and community at this time;
- ensure that Boards operate in an open and transparent way to enable public scrutiny.

The review should be conducted within the requirement of existing legislation, and in reference to the existing Standing Orders of the Board. Further, to identify new emerging risks within the corporate governance framework and options to mitigate these risks.

3 ASSESSMENT

In a fast moving situation, it is imperative that the Board continues to be able to meet the challenges presented by the Covid-19 pandemic; and to meet its governance responsibilities. The key factors in consideration are outlined as follows.

Oversight of Covid-19 Response

The Board currently meets bi-monthly, on the third Thursday of the month and is due to meet on the following dates over the next six months: 23 April, 18 June and 27 August 2020.

In addition, Standing Orders state that:

"The Chairperson may call a special meeting of the Board at any time as required or on receiving a requisition in writing for that purpose signed by one third of the whole number of Members of the Board (including at least two non-executive Members)."

Therefore, it is proposed that the agreed schedule of Board Meetings remains in place and that existing Standing Orders allow sufficient flexibility for further special meetings to be called if required thus enabling scrutiny and oversight of the response to Covid-19. This will continue to support agile and effective decision-making by the Board.

Resilience of Senior Leadership

There is a risk that the current arrangements for the Board and its Standing Committees are not flexible enough to allow the organisation to meet an escalating crisis most effectively. This takes cognisance of whether the Chief Executive and Executive Team, Senior Management Team, Board Secretary and wider administrative function can be in a position to adhere to the current arrangements, whilst at the same time actively engaging in the urgent requirements of managing the Covid-19 response through the TSH Covid-19 Command Structure. Therefore, there should be ongoing critical review of Board and Governance Committee business, with particular attention to agenda setting over the course of the next six months.

The Staff Governance Committee, the Clinical Governance Committee and the Audit Committee meet quarterly. The Remuneration Committee meets as required. It is not recommended that these Committees be paused at this point but that the need for each committee to take place should be kept under review over the course of the next six months. Meetings may need to be deferred or the business conducted reduced during this period of time, prioritising any agenda items which require specific and timely approval.

Agenda setting for the Board and Committee meetings should be considered in the context of managing the Covid-19 response and in line with the agreed Board and Committee workplans. Any change to the meeting schedule or the agendas can be audited through the Board minutes; or through the Committee minutes which are reported to the Board.

The agendas for the Audit Committee and Board meetings of 18 June include a number of items focussed on the financial year-end and the annual accounts review and sign-off. Currently we are still progressing towards the 31 March financial close, with accounts submission for 30 June in line with the original year-end / audit timetable. However, this position is under review at Scottish Government / NHSScotland level, and may change in the coming weeks with possible options including a later accounts submission deadline, or an abbreviated form of reporting and audit review, or other alternatives not yet disclosed. Should this be the case, then our governance meetings will be required to be amended accordingly to suit any new timescale.

Conduct of Board and Committee Meetings

Consideration must be given to the health and well-being of Members of the Board and Committees as well as wider attendees should meetings continue to be held in a face to face basis; and also for any member of the public in attendance at Board Meetings.

A key risk will be that meetings do not achieve their quorum due to illness within the membership, meaning that decision-making may need to be deferred. Existing Standing Orders stipulate quorum for the Board to be at least one third of Members, and two of which should be Non-Executive Members. In practical terms this is four Members, two of which are Non-Executives. It is considered that this allows sufficient flexibility for the transaction of business, even at this challenging time.

The Public Bodies (Admission to Meetings) Act 1960 required Board Meetings to be held in public. However under Section 1(2) the Act sets out circumstances win which the public can be excluded.

"whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons".

In these circumstances, a resolution can be passed allowing the public to be excluded. All NHS Boards have legal responsibilities to protect public health, and current U.K. Government and Scottish Government advice on social distancing means that it would not be appropriate to convene Board Meetings publically. This would also avoid all but essential travel.

The existing Standing Orders state that:

"*The ordinary meetings of the Board shall, unless the Board otherwise agrees, be held on the third Thursday of every second month at the State Hospital, Carstairs or at such place and at such time as the Board shall determine*".

It is considered that this description gives sufficient flexibility to allow Board Meetings to take place virtually by way of teleconferencing or videoconferencing, and the decision to do so can be recorded in the minutes of the meeting.

Board Meeting papers, including Board and Committee minutes, are routinely published through the organisation's website and this practice should continue to encourage public engagement and scrutiny.

4 RECOMMENDATION

The Board is invited to <u>agree</u> that:

8) Board Meetings should continue on agreed schedule, and that special meetings can be convened as required. The business transacted at the Board will be reviewed to allow oversight of the Covid-19 response as well as resilience of the senior leadership team to provide reporting to the Board during this challenging time.

9) Governance Committee meetings should be critically reviewed and may be paused depending on the emergent situation in managing the response to Covid-19. If the situation arises where a meeting is not quorate then it would be the intention to reschedule to the earliest possible date.

10) Any divergence from the agreed workplans for the Board and its Committees, should be recorded in the minutes of the meeting appropriately.

11) The Board should note the risk to achieving required quorum for Board and committee meetings.

12) All Board and committee meetings should be held virtually by way of teleconferencing.

13) There is no requirement to amend existing Standing Orders.

14) This positon should be reviewed by the Board in six months' time, or sooner should the global pandemic situation change significantly.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support corporate governance structure of the NHS Board
Workforce Implications	Considered in this report
Financial Implications	No financial implications if approved
Route To Board Which groups were involved in contributing to the paper and recommendations.	In response to Scottish Government request
Risk Assessment (Outline any significant risks and associated mitigation)	Considered in the report
Assessment of Impact on Stakeholder Experience	Considered in the report
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

Appendix B

The State Hospital Incident Management Structure

Incident Management Structure

Responsibilities of the Strategic (Gold) Team

To dictate the policy on recovery
To devise a long term strategy
To take major financial decisions
To liaise with senior managers and communicate with staff
To coordinate a media response, sign off statements and monitor the media strategy
To ensure recovery is in line with long term interests of TSH
To take ultimate ownership of the operation
To decide when to close down the incident

Responsibilities of the Incident Command (Silver) Team

Coordinate the recovery of operations across all disrupted areas
Coordinate communication with stakeholders including all staff
Forms a team to deal with ongoing incident and any unforeseen consequences
Develops a recovery strategy
Informs the Strategic Team of the impact of the incident on the service.
Allocate resources and resolve any conflicts over resources
Coordinates incident management
Liaise with HR over prioritisation of services, redeployment of staff and trade union issues
Advises on the closing down of the incident
Coordinates the incident report, debrief and review

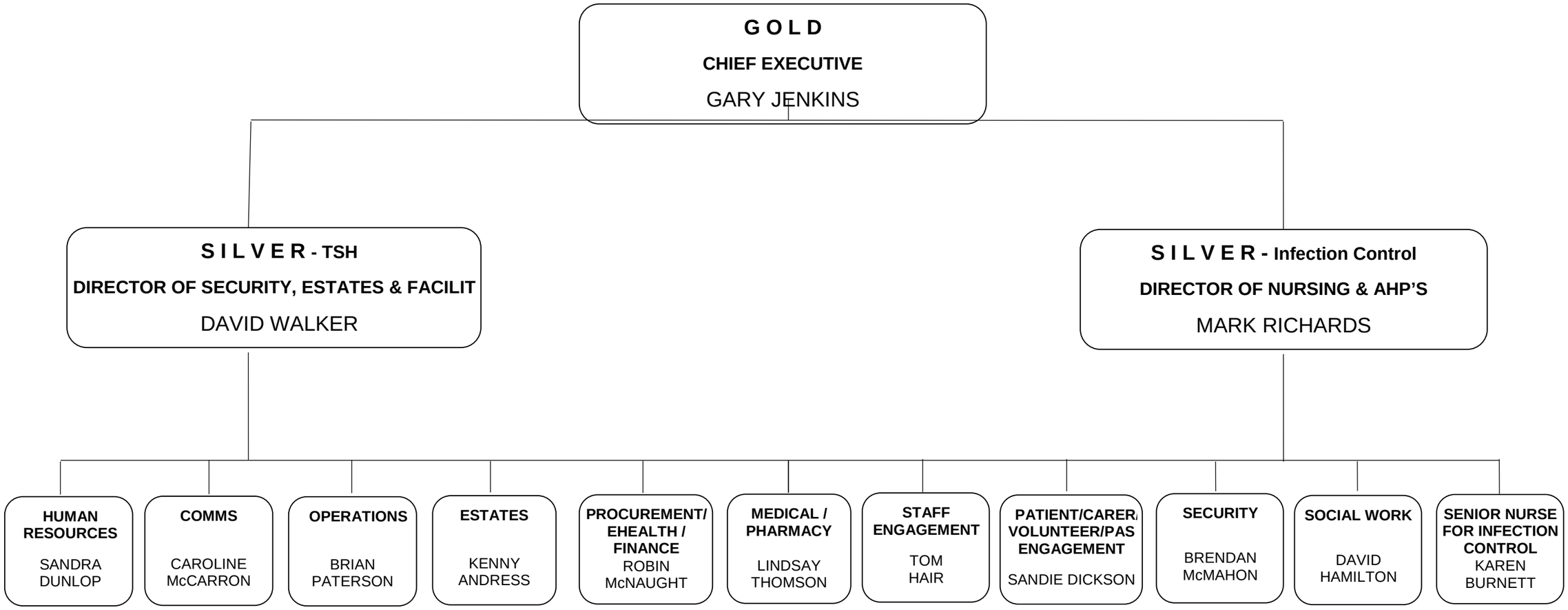
Responsibilities of the Departmental (Bronze) Teams

Implement the Resilience Plan as directed by the Incident Command Team
Communicates with their staff on site
Appropriate stakeholder communication is agreed with the Incident Command Team
Keep the Incident Command Team informed on the progress of events and the impact on operations
Rationalise departmental resources in an attempt to minimise the impact upon the service.

THE STATE HOSPITAL

CORONAVIRUS

TSH COMMAND STRUCTURE



AIM: MITIGATE AND MANAGE THE IMPACT OF COVID 19 ON THE STATE HOSPITAL

V1.4

Board Paper 20/17

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No. 8
Sponsoring Director:	Medical Director
Author:	Head of Corporate Planning and Business Support
Title of Report:	Transition plan for implementation to the new Clinical Service Delivery Model
Purpose of Report:	For Noting

1. SITUATION

The Board has received regular progress reports on the status of the Clinical Care Model process.

The Board endorsed the preferred option for the new Clinical Care Model at its meeting on 24 October 2019. This model outlined a 10 ward model with eight major mental illness wards and two intellectual disability wards. The Board agreed to a quarterly review process to review effectiveness and challenges of operating the new model review.

2. BACKGROUND

A detailed planning and implementation process was developed and presented at the Board meeting in December 2019. This process included the establishment of a Clinical Model Oversight Board. The Clinical Model Oversight Board met three times form January – March and progress was made on the following work streams

- Workforce
- Clinical Delivery
- Culture, values, behaviours and leadership
- Finance
- Security and Environment
- Communication and Engagement

3. ASSESSMENT

In March, It was agreed by members of the Clinical Model Oversight Board to suspend activity on this area of work due to the current situation with COVID-19. All members, external stakeholders and The State Hospital Board agreed this was the most appropriate course of action. This situation will be reassessed in June when the Clinical Model Oversight Board are due meet next.

Recent progress had been noted over the course of March on the following areas:

- The desktop exercise was completed, this would be reviewed and updated when the Clinical Model Implementation is reinstated to account for changes in patient population and placement in wards.
- Progress had also been made with operational documents and clinical guidance
- Progress had been made with training needs analysis and workforce models.
- Completion of the EQIA
- Indicators for quarterly review process

4. RECOMMENDATION

The Board is asked to:

- Note the suspension of this program of work due to COVID -19

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support implementation of the clinical model
Workforce Implications	As considered and detailed within report
Financial Implications	As considered and detailed within report
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board requested
Risk Assessment (Outline any significant risks and associated mitigation)	As detailed within report
Assessment of Impact on Stakeholder Experience	As detailed within report
Equality Impact Assessment	To be reviewed as part of process
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified to date
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No: 9
Sponsoring Director:	Medical Director/ Director of Nursing and AHPs
Author(s):	Head of Corporate Planning and Business Support
Title of Report:	Quality Assurance and Quality Improvement
Purpose of Report:	For Noting

1 SITUATION

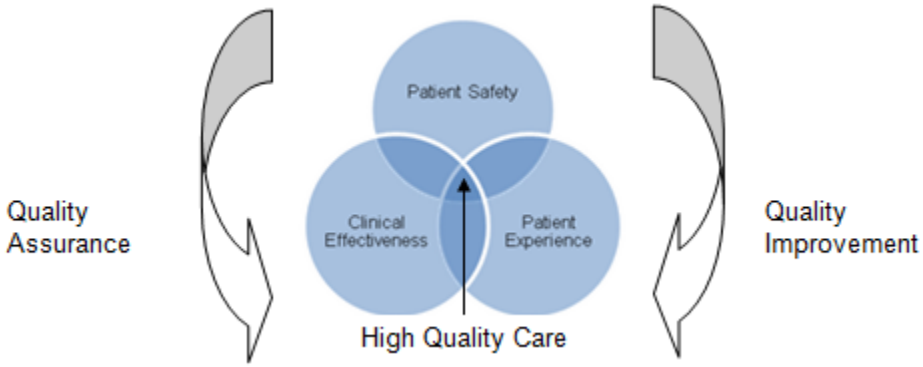
This report provides and update to The State Hospital Board on the progress made towards quality assurance and improvement activities. It is the intention to produce a regular report to draw attention to these areas and outline the strategic intention of The State Hospital to embed quality assurance and improvement as part of how care and services are planned and delivered

2 BACKGROUND

Quality Assurance and Improvement in The State Hospital links to the Clinical Quality Strategy 2017 – 2020. The State Hospital Clinical Quality Strategy sets out the direction, aims and ambitions for the continuous improvement of clinical care within The State Hospital. It outlines the following 7 goals to ensure the organisation remains focussed on delivering our quality vision:

- Setting and delivering ambitious quality goals to support the provision of high quality care and services to our patients and carers;
- Engaging staff, patients, carers, volunteers and other stakeholders in improving our quality of care;
- Ensuring that everyone in the organisation understands their accountability for quality and are clear about the standards expected of them;
- Gaining insight and assurance on the quality of our care;
- Ensuring access to and understanding of improvement data to build a positive momentum in relation to quality improvement;
- Evaluating and disseminating our results;
- Building improvement knowledge, skills and capacity.

The State Hospital's quality vision is to deliver and continuously improve the quality of care through the provision of safe, effective and person-centred care for our patients and to be confident that this standard will be delivered.



3 ASSESSMENT

The paper outlines key areas of activity in relation to:

- Quality Assurance including current audits with their associated findings, update from the Forensic Network Continuous Quality Improvement Framework, learning from complaints from Q3 and the recommendation from the Mental Welfare Commission recent visit.
- Quality Improvement including an overview of the work of the QI Forum
- Evidence for quality including analysis of the national and local guidance and standards recently released and pertinent to The State Hospital
- An overview of the capacity building activity to support QA and QI

4 RECOMMENDATION

The Board are asked to note the content of this paper

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	The Quality Improvement and Assurance report supports the corporate objectives by outlining the actions taken across the hospital to support QI and QA
Workforce Implications	None
Financial Implications	None
Route To Committee / Group	This paper is reviewed by CMT then presented to the Board
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications, full DPIA included.

QUALITY ASSURANCE AND IMPROVEMENT IN THE STATE HOSPITAL

REPORT TO CORPORATE MANAGEMENT TEAM

MARCH 2020

INTRODUCTION

Quality Assurance and Improvement in The State Hospital links to the Clinical Quality Strategy 2017 – 2020. The State Hospital Clinical Quality Strategy sets out the direction, aims and ambitions for the continuous improvement of clinical care within The State Hospital. It outlines the following 7 goals to ensure the organisation remains focussed on delivering our quality vision:

- Setting and delivering ambitious quality goals to support the provision of high quality care and services to our patients and carers;
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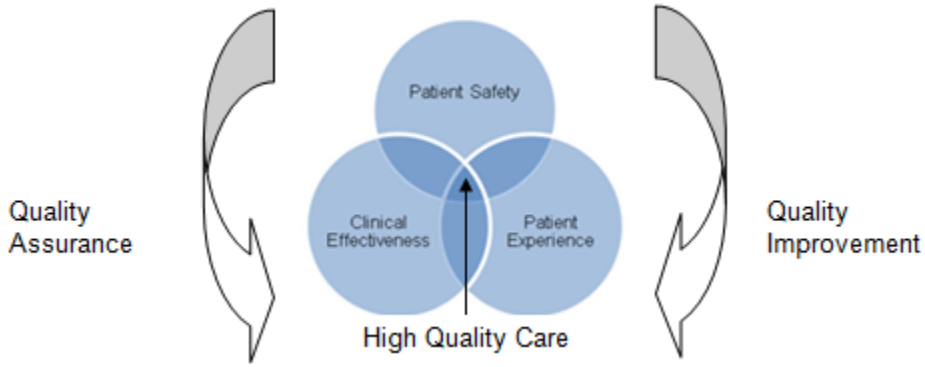


ASSURANCE OF QUALITY

Clinical Audit

The Clinical Effectiveness Team carry out a range of planned audits. Over the course of a year there are generally 25 – 28 audits carried out. These aim to provide feedback and assurance to a range of stakeholders that clinical policies are being adhered to. All clinical audit reports contain recommendations to ensure continuous quality improvement and action plans are discussed at the commissioning group.

Recent audits completed between 1st January and 31st March 2020 include:

- An audit of the PANNS
- High Dose Prescribing Guidance Adherence
- Local PRN Policy Adherence
- Forensic Psychiatric Observation Policy Adherence

The PANSS assessment has been used at The State Hospital for a number of years. It was added to the Treatment and Rehabilitation Variance Analysis Tool (VAT) on 1 April 2016. Audit carried out to ensure consistency in PANSS recording and ensure that the informant questionnaire is completed for each patient**.** An improvement plan is being progressed with regards to the informant questionnaire.

The High Dose Prescribing Audit gave assurance in many areas including:

- The organisation can be reassured that systems are in place for the identification of high dose patients by the Pharmacy Department and referral to the Health Centre for appropriate monitoring.
- The audit identified that, while one patient refused an ECG, all 9 agreed to participate in other forms of monitoring (i.e. bloods). This enables us to do some monitoring and ensures that we have some information of how the patients are responding physiologically.
- All patients had a T2b or T3b that documented explicitly that the patient was in excess of BNF guidelines or manufacturers advisory maximum limit.

The Local PRN Usage Audit showed that although 82.2% of our patients are written up for psychotropic PRN medication, only 25% of them had it administered during the audit period. The vast majority of these were oral psychotropic medication, with only 3 IM routes being used over the period. This is in adherence to the Guidance for Use of intramuscular (IM) Medication for Acutely Disturbed or Violent Behaviour.

The Observation Policy audit showed various areas for improvement including the correct process to be used when a patient has been put on increased levels and the use of the sub headings within RiO. These are being taken forward through the PMVA Group.

Audits that have commenced and part way through the audit cycle include:

- Child Visit Policy Adherence
- Antimicrobial Prescribing
- Pre-Admission Assessment Process
- Audit of Physical Health and Physical Activity Information within weekly Clinical Team Meetings
- Cancelled Clinical Outings Guidance Adherence

Due to the outbreak of Covid 19 The State Hospital had to pull out the Prescribing Observatory for Mental Health - Antipsychotic prescribing in people with a learning disability under the care of mental health services (Topic 9d) national audit in March 2020.

PMVA (Prevention Management of Violence and Aggression)
The Clinical Governance Group received a report in February from the PMVA Group. Below is the audit cycle of the policies supporting the management of violence and aggressions. Four of the nine polices need a review of the audit cycle following policy review and update.
A schedule has been agreed in relation to the auditing of PMVA Policies. It was agreed at this group that responsibility for the PMVA policy suite will move over to the Scottish Patient Safety Programme.

PMVA Policies	Audit Cycle
Forensic Psychiatric Observation Policy	Audited quarterly
Disassociation Policy	Audited within CPA audit – 2 year cycle
Physical Intervention Policy	Audited bimonthly
Medication in the Management of Violence Policy	Annually
Seclusion Policy	Annually
Mechanical Restraint System Policy	Audit tool to be agreed following policy review
Use of Extra-ordinary Personal Protective Equipment Policy	Audit tool to be agreed following policy review
Strong Clothing/Strong Bedding Protocol	Audit tool to be agreed
Initial Admission Risk Assessment	Audit under review

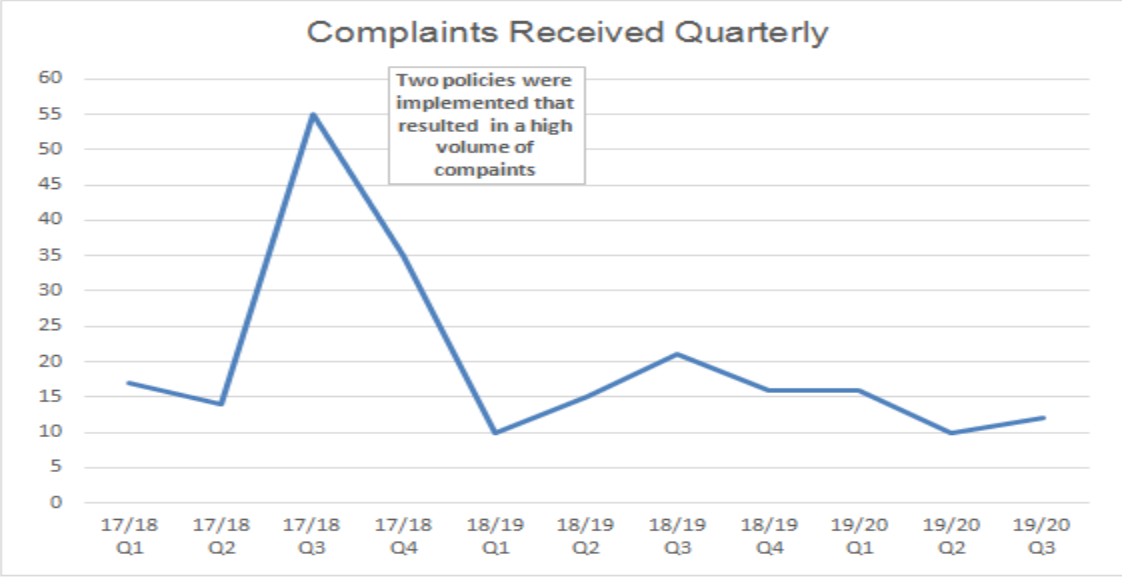
Forensic Network Continuous Quality Improvement Framework

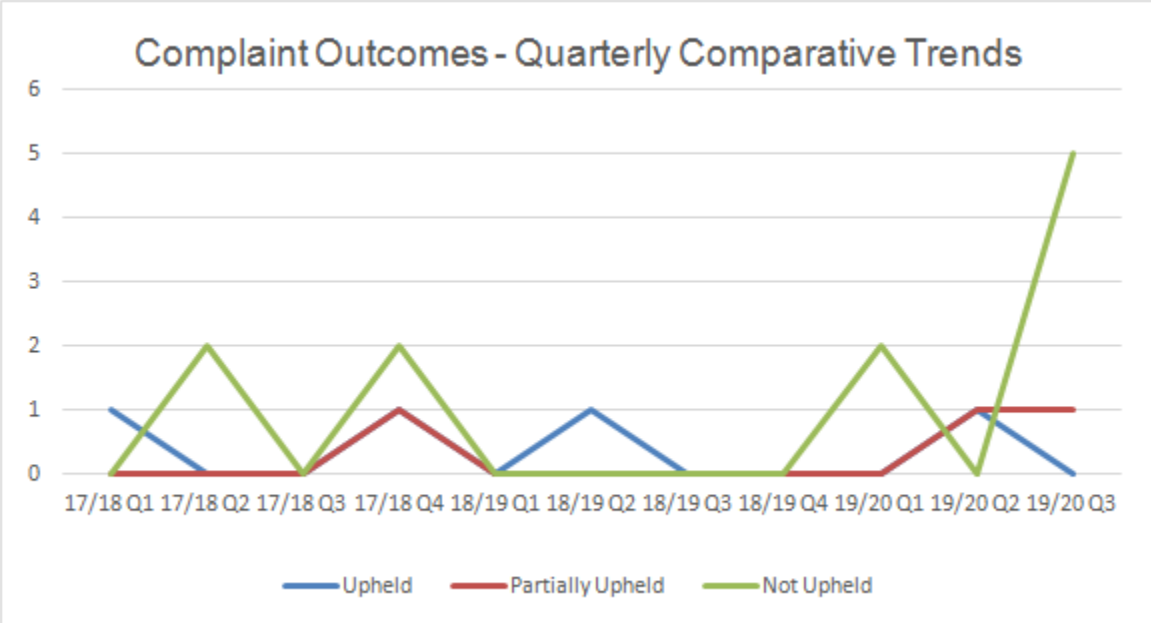
A peer review visit took place in April 2018 to assess The State Hospital against the Continuous Quality Improvement Framework standards. A report was issued and an action plan has been agreed. The 37 actions have been categorised into high, medium and low for implementation purposes. Progress on actions is reported through the Clinical Governance Committee through the Clinical Governance Group. In February 2020 it was noted that from the 11 high graded actions, now only 3 are outstanding: from the 15 medium graded actions, currently 4 outstanding and from the 11 low graded actions, 3 are outstanding with significant work towards one of these noted.

Learning from complaints

The Model Complaints Handling Procedure (MCHP), was implemented in April 2017, this was revised from the previous complaint handling process by the Scottish Public Services Ombudsman (SPSO) with an emphasis on early resolution. It is intended to support NHS Boards to take a consistently person centered approach to managing complaints. It aims to implement a standard process which ensures that NHS staff and people using NHS services can have confidence in complaints handling. It also encourages NHS organisations to learn from complaints in order to continuously improve services

The graphs below outlines the number of complaints received per quarter and the breakdown of whether these were upheld, partially upheld or not upheld.





Below is a summary of the complaints received during the third quarter of 2019/20, covering the period 1 October to 31 December 2019

- 12 new complaints were received in this quarter;
- 8 complaints were submitted by the carers of 2 patients;
- 8 complaints received related to Iona 2;
- Staff Attitude/Behaviour/Conduct accounted for the majority of issues raised;
- 10 complaints were closed in this quarter;

- 3 complaints were resolved at Stage 1;
- 4 complaints were escalated to Stage 2;
- No complaints were upheld in this quarter;
- 1 complaint was partially upheld and 8 complaints were not upheld;
- The average time taken to respond to a complaint at Stage 1 was 2 days, similar to the previous quarter;
- The average time taken to respond to a complaint at Stage 2 was 24 days, an increase from 16 days in previous quarter;
- The average time taken to respond to a complaint at stage 2 following escalation, was 16 days compared to 19 days in the previous quarter;
- No new complaints were escalated to the SPSO in this quarter;
- Once complaint under consideration by SPSO has been closed without going to investigation.
- There are currently no other complaints being considered by SPSO.

Mental Welfare Commission (MWC)

The MWC visited 2 Hubs in The State Hospital in September. The **r**eport from this visit has been circulated for information. This was a positive report with only one recommendation around activity provision. This action will be addressed through the work going on with the clinical model on activity provision.

COVID 19

During the current Novel coronavirus (COVID-19) outbreak, The State Hospital's Gold Command Committee agreed it was necessary to introduce a further range of enhanced measures to best ensure the health and wellbeing of our patients. This Interim Clinical and Support Services Operating Procedure was developed and describes the adjustment made to care from 30th March 2020.

A daily indicators report is being provided to the Director of Nursing & AHPs and the Medical Director on a daily basis to give the hospital assurance around the patients physical and mental wellbeing. The indicators included within the report are:

- Datix incidents around assaults, attempted assaults and behaviour (includes verbal)
- Complaints
- Feedback
- Ward staff shortages (with details of the professions backfilling)
- Number of patients on Level 3 observations (including incidents they have involved them)
- Number of patients with an increased DASA score (is an indicator of patient's mental wellbeing)
- Episodes of Seclusions
- Number of patients unable to tolerate isolation
- Episodes of SRK (soft restraint kit)
- Number of patients not accessing fresh air
- Number of patients not accessing physical activity
- Number patients not accessing fresh air or physical activity

The first weekly report showed: very few Datix incidents; no new episodes of seclusions; more patients had an increased DASA score at the end of the week; no episodes of SRK usage; 23 pieces of feedback were received; 0 complaints; 8 patients had no fresh air or physical activity for the week (3 of these patients had been in isolation for part of the week). This daily and weekly monitoring process will continue over the implementation period of the Interim Clinical and Support Services Operating Procedure

QUALITY IMPROVEMENT

The State Hospital places a priority in designing and delivering quality improvement programmes, including the patient safety programme. The need to focus on continually improving quality of care for patients is ongoing and has challenges with both operational and financial pressures. *Improving* quality and reducing costs to deliver better outcomes at lower cost (improving value), can be achieved for example by reducing unwarranted variations in care and addressing overuse, misuse and underuse of treatment. There are many examples across the NHS showing that even relatively small-scale quality improvement initiatives can lead to significant benefits for patients and staff, while also delivering better value

Realistic Medicine (RM) is the Chief Medical Officer (CMO)'s strategy for sustaining and improving the NHS in Scotland. It is the CMO's vision that, by 2025, all healthcare professionals in Scotland will demonstrate their professionalism through the approaches of RM.

The six key themes of RM are:

- Building a personalised approach to care
- Changing our style to shared decision making
- Reducing harm and waste
- Becoming improvers and innovators
- Reducing unwarranted variation in practice and outcomes
- Managing risk better.

Quality Forum

The Quality Forum meet regularly to champion and lead the quality improvement initiatives across the hospital and raise awareness and understanding of QI approaches. The focus of the Quality Forum has primarily been on building QI capacity and awareness within the hospital and supporting improvement initiatives such as TSH3030, hosting the QI connect series of Webinars, hosting QI Cafes and the recently launched QI Essentials training programme. There is ongoing discussion around how to better engage frontline staff in the use of data for improvement, the Mental Health Practice Steering Group has supported various projects aimed at building a more personalised approach to care. So far the main areas of focus have been around embedding QI approaches, shared decision making and engaging staff in areas of work that align well with the Realistic Medicine principles.

TSH3030

The State Hospital has implemented a quality improvement initiative TSH3030 for 2 years, in 2018 and again in 2019. The most recent cycle of TSH3030 launched in September 2019 and invited teams to form and work on a Quality Improvement project. This cycle of TSH3030 brought applications in from 38 teams, 28 teams went onto complete the 4 week challenge and submit final posters.

Over 20 QI methods were used by the teams, including process mapping, patient feedback and run charts. Quality Improvement Training was held over 2 days in October and many teams benefited from team members taking part in this. The majority of teams were multi-disciplinary and many had patients as members, some teams involved staff and patients on a ward to work together on Quality Improvement.

Overall 146 staff and 64 patients were engaged. The focus of projects included increasing patient engagement and activity, staff health and wellbeing, improving processes in the hospital and raising awareness of services and activities

There were five separate Oscars Ceremonies on the 18th December across all the Hubs to recognise staff and patient achievements. Overall 18 Oscars were awarded with a range of categories from Best Patient Involvement and Use of QI tools to People's Choice award and Most Creative project. The overall Best Project of 2019 Oscars winner was Lewis One Striders with their project which consistently delivered excellent improvements. Their aim was to increase the level of physical activity by 10% by walking around the isle of Lewis. It was creative, engaging and achieved their aim. There was an impressive use of QI tools and methods including a fishbone analysis, PDSA cycles and force field analysis.

Quality Improvement activities from Service Reports

Two twelve monthly reports were submitted to the Clinical Governance Committee in February 2020, the Mental Health Practice Steering Group (MHPSG) and the Psychological Therapies Service.

The MHPSG improvement work included the establishment of updated patients' admission guidance aimed at supporting the earliest possible engagement in activity for all newly admitted patients and a piece of work to improve the advance statement processes within The State Hospital.

The Psychological Therapies Services report highlighted that in 2019 Psychologists, Nurse Practitioners and Psychology Administration staff were all heavily involved in the TSH3030 projects and awards. There has also been strong engagement with other QI projects across the hospital including the improvements with the delivery of the HCR20 training to staff across the hospital and the improved facilitator availability for delivering groups that has reduced the time between groups ending and new groups beginning.

EVIDENCE FOR QUALITY

National and local evidence based guidelines and standards

The State Hospital has a robust process in place for ensuring that all guidance published and received by the hospital is checked for relevancy. If the guidance is deemed relevant this is then taken to the appropriate multi disciplinary Steering Group within the hospital for an evaluation matrix to be completed. The evaluation matrix is the tool used within the hospital to measure compliance with the recommendations.

Over a 12 month period, an average of 200 evidenced based guidance documents issued from a variety of recognised bodies can be reviewed for relevancy by the Standards and Guidelines Co-ordinator. During the period 1 January to 29 February 2020, 25 guidance documents have been reviewed, none of which require the completion of an evaluation matrix.

Body	Total No of documents reviewed	Documents for information	Evaluation Matrix required
Healthcare Improvement Scotland (HIS)	6	4	0
Mental Welfare Commission (MWC)	3	3	0
National Institute for Health and Care Excellence (NICE)	16	1	0

As at the date of this report, there are currently 4 evaluation matrices awaiting review by their allocated Steering Group.

Body	Title	Allocated Steering Group	Current Situation	Publication Date
HIS	From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care	MHPSG (via Patient Safety)	Evaluation matrix completed with 28 outstanding recommendations waiting on Project Lead to take to Patient Safety Group for review.	15/01/2019
MWC	The use of seclusion	MHPSG (via Patient Safety)	Evaluation matrix in draft awaiting return of Director of Nursing from leave to take to Patient Safety Group for review.	10/10/2019
MWC	Autism and complex care needs	MHPSG	Evaluation matrix in draft waiting proofing of content by review sub-group.	30/10/2019

SIGN	Assessment, diagnosis and interventions for autism spectrum disorders	MHPSG	Initial evaluation matrix to be updated in line with content of MWC Autism guidance released 30/10/2019. Evaluation matrix in draft waiting proofing of content by review sub-group.	June 2016

For each of the 4 Steering Groups available to review guidelines, a Guidelines Action Plan is created to record the progress of any outstanding recommendations to be achieved.

	Total Outstanding Recommendations	Total Outstanding Guidelines
Physical Health Steering Group	3	3
Mental Health Practice Steering Group	13	6
Person Centred Improvement Steering Group	1	1
Medicines Committee	4	2

CAPACITY BUILDING FOR IMPROVEMENT AND ASSURANCE

The State Hospital has a range of Quality Improvement leaders supporting QI initiatives. There are four senior staff who have completed the ScIL Programme - Scottish Improvement leads and a Consultant Psychiatrist who has competed the Scottish Quality and Safety Fellowship. The QI leads have established a QI Forum which meets regularly throughout the year and promotes QI approaches and methods. They host QI cafes to support ongoing projects, QI Connect to connect to international webinars on topical QI issues and delivered 2 days of training for TSH staff in October, this focused on the model for improvement, settings aims statement, measurement for improvement and spreading improvement.

Plan for building capacity in 2020 include supporting TSH Board to continue and develop their focus on QI and QA and also mentor applicants from across the hospital to apply for nationally supported Scottish Improvement Leaders (ScIL) and Scottish Improvement Foundation Skills (SIFS).

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No: 10
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Director of Nursing and AHPs
Title of Report:	Nursing staff registration and revalidation
Purpose of Report:	For Noting

1 SITUATION

This paper outlines the process for monitoring professional registration status of Nurses working at The State Hospital. It also provides assurance to Board members that all registered Nursing staff hold current professional registration.

This report covers the period 1 April 2019 to 31 March 2020.

2 BACKGROUND

Every 3 years, there is a requirement for nurses to renew their registration with the Nursing and Midwifery Council (NMC) to allow them to continue to work as a registered nurse. They do this by meeting the NMC revalidation standards which are:

- Completion of 450 practice hours
- 35 hours of CPD activity
- Submission of 5 pieces of practice related feedback
- Submission of 5 reflective practice accounts.

If a nurse does meet these standards, this will cause their registration to lapse. Legally, they are unable to work as registered nurse, and there are potential legal ramifications for employers if nurses are found to be working with a lapsed registration.

As an employer, the State Hospitals Board is responsible for ensuring regular checks of the nurses we employ.

3 ASSESSMENT

Whilst revalidation is the responsibility of individual nurses, internal processes have been put in place within the State Hospital to ensure that:

(i) All affected staff understand the NMC requirements (including individual registrants and their line managers)

(ii) Registered nursing staff are supported in preparing for revalidation

(iii) Robust monitoring systems and checks are in place to ensure compliance with the requirements of revalidation.

Human Resources carry out an initial online check in the middle of each month and notify nursing staff in writing to ascertain the status of their registration if it has not been updated at that time. If a member of staff has not updated their registration, both they and their line manager is notified by a reminder letter.

It is the responsibility of both the employee and the line manager to ensure that this situation is rectified as a matter of urgency. In the event that it is not renewed, the staff member will not be authorised to practice.

There are 206 registered nurses employed by the State Hospital, with 162 of these staff working in ward based roles.

During the 2019/2020 reporting period, two employee's registrations lapsed and they were unauthorised to practice as a registred nurse until their registrations had been renewed.

Where any NMC registration has lapsed, staff contracts are varied and they are employed as Band 3 Nursing Assistants until the point that they are back on the NMC register.

In response to COVID-19, the NMC has extended the time that nurses have to submit their revalidation evidence by a period of 3 months.

3 RECOMMENDATION

The State Hospitals Board is asked to **note** the report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support clinical governance and support professional registration of staff
Workforce Implications	Considered in this report
Financial Implications	Considered in report
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board requested
Risk Assessment (Outline any significant risks and associated mitigation)	Fully outlined and considered in the report
Assessment of Impact on Stakeholder Experience	Fully outlined and considered in the report
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No. 11
Sponsoring Director:	Interim HR Director
Author(s):	Interim HR Director/ Patient Learning Manager
Title of Report:	Patient Learning 12 Monthly Update Report
Purpose of Report:	For Noting

1 SITUATION

The attached report provides an update on patient learning services within the State Hospitals Board. It details service activity levels and key achievements for the period January-December 2019. Current challenges and future developments are also highlighted within the report.

2 BACKGROUND

Patient learning services within the State Hospital are aimed at:

- Widening access and participation in learning and education
- Raising basic standards of literacy and numeracy
- Increasing skill levels and qualification attainment rates
- Improving the quality and range of learning opportunities available
- Reducing barriers to engagement in education and learning
- Enhancing integration of patient learning and the care and treatment planning process

For patients within the State Hospital, participation in education and learning can be an empowering and socialising process and can make a significant contribution to care, treatment and longer-term recovery and rehabilitation.

3 ASSESSMENT

Despite 2019 being a challenging year, positive progress has been made in a number of areas to help maintain and enhance patient learning services within the State Hospital.

- The curriculum framework continues to provide access to a broad range of nationally recognised qualifications and accredited national units.

- Learning opportunities available range from entry level through to further and higher education and include clear progression pathways.

- A total of 72 patients engaged in formal learning programmes.

- 83 formal qualifications were attained within 2019.

In relation to the objective of enhancing basic literacy and numeracy skills by increasing the number of patients with core skills in communication and numeracy at Level 3 or above, a total of 1 core skill progression was achieved during 2019, with 1 patient progressing from level 3 to level 4 in numeracy. This brings the total number of progressions to 92 (with 66 progressions in numeracy and 26 in literacy).

4 RECOMMENDATION

The Board is invited to note the progress that has been made during the past 12 months and the planned future developments that are detailed within this report.

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Patient learning services support patient care and treatment and contribute directly to targets to enhance patient literacy and numeracy skills.
Workforce Implications	No proposed change to current staff establishment within the Patient Learning Centre. In addition, staff responsible for the development and delivery of patient learning programmes within the different Skye activity centres require dedicated time to be allocated on a consistent and regular basis to facilitate ongoing delivery of current programmes This resource requirement needs to be factored in to operational work plans plus the organisational workforce plan. Continuing support/resourcing from eHealth is required to assist with IT issues/developments relating to patient network system and to provide ongoing maintenance support.
Financial Implications	Patient learning services are managed within the current allocated budget.
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	Formal reports on patient learning are reported on an annual basis to The State Hospital Board. Key performance indicators associated with patient learning are also monitored on an ongoing basis by the Skye Centre Leadership Group.
Risk Assessment (Outline any significant risks and associated mitigation)	Failure to comply with Awarding Body programme resourcing and governance arrangements would mean a risk to our accreditation status within the hospital.
Assessment of Impact on Stakeholder Experience	Qualification attainment levels are good and patient feedback in relation to patient learning services and activities is very positive.
Equality Impact Assessment	Screened – no issues.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

Patient Learning 12 Monthly Update Report

Reference No:		**Issue:**	1
Lead Author:	Training & Professional Development Manager		
Contributing Authors:	Patient Learning Manager		
Approval Group:	The State Hospital Board for Scotland		
Effective Date:	January 2019-December 2019		
Review Date:	April 2020		
Responsible Officer:	HR Director (interim)		

Contents

1. Situation

This report provides an update on patient learning services within the State Hospital. It details service activity levels and key achievements for the period January – December 2019. Current challenges and future developments are also highlighted within the report.

2. Background

2.1 Service overview

Education and learning are widely recognised as important elements in promoting individual health and well-being. Key benefits associated with education and learning include improvements in self-confidence and self-esteem, personal development and self-fulfilment, enhanced life and social skills, social inclusion and behavioural change. The contribution of education in helping to address health inequalities is also well documented.

The following activities fall within the scope of patient learning within the State Hospital:

- Core skills development (i.e. literacy, language and numeracy)
- Open and distance learning (including further and higher education)
- Vocational training (e.g. horticulture, animal care, library and sports)
- ICT skill development
- Arts and crafts
- Personal and social development skills.

Although often encompassing an educational component, therapeutic interventions such as psychological or occupational therapies are regarded as outwith the scope of patient learning.

2.2 Service objectives

Patient learning services within the State Hospital are aimed at:

- Widening access and participation in learning and education
- Raising basic standards of literacy and numeracy
- Increasing skill levels and qualification attainment rates
- Improving the quality and range of learning opportunities available
- Reducing barriers to engagement in education and learning
- Enhancing integration of patient learning and the care and treatment planning process

For patients within the State Hospital, participation in education and learning can be an empowering and socialising process and can make a significant contribution to care, treatment and longer-term recovery and rehabilitation.

2.3 Service delivery

Patient learning programmes are delivered within a range of Skye activity centres. This includes: Patient Learning Centre; Patient Library; Gardens & Animal Assisted Therapy Centre; Sports & Fitness Centre and the Craft Centre.

Learning provision includes both accredited and non-certificated programmes and the hospital has ‘approved centre’ status with a number of qualification awarding bodies. This includes the Scottish Qualification Authority (SQA), the British Computer Society (BCS), the Royal Environmental Health Institute of Scotland (REHIS), and Sports Leaders UK.

The staffing resource within the Patient Learning Centre is detailed in Table A.

Table A – Patient Learning Centre Staffing 2019

Post	**wte**	**Comments**
Patient Learning Manager (Band 7)	1	Supports activity across the hospital and wider Forensic Network
Charge Nurse (Band 6)	1	Replaced the Band 5 Staff Nurse from August 2019 following staff movement within the Skye Centre.
Education & Learning Officer (Band 5)	2	
Senior Rehabilitation Instructor (Band 5)	1	
Total	**5 wte**	

Service delivery within the Patient Learning Centre (PLC) is supported through the use of volunteers. There are currently 3 volunteers who provide input to the PLC on a sessional basis (totalling 3 sessions per week).

Although learning programmes are primarily delivered 'in-house', partnership arrangements are in place with several colleges and external training providers, and specialist services and support are bought in when required to address gaps in internal expertise (e.g. programme verification for vocational qualifications within gardens; development support for new qualifications).

There is a budget allocation of £6000 to support delivery of patient learning programmes and activities (including all costs associated with qualification approval, candidate registrations, external provider inputs, learning resources, equipment and materials, and staff development).

2.4 Governance arrangements

The Senior Rehabilitation Instructors within each Skye activity centre (which includes the Education & Learning Officers in the PLC) are responsible for operational delivery of patient learning programmes. Service planning and development of the education programmes is co-ordinated and managed by the Patient Learning Manager, and professional leadership and quality management is provided by the Training and Professional Development Manager.

Patient learning updates are presented to The State Hospital Board on an annual basis. Key performance indicators associated with patient learning are monitored on an ongoing basis by the Skye Centre Leadership Group.

3. Assessment

3.1 Key achievements during 2019

Details of key achievements and patient learning activities undertaken during 2019 are provided below.

3.1.1 Core skills screening

The aim of the core skills screening process is to obtain baseline data on educational ability levels and identify individuals with literacy, numeracy or language development needs. The assessment tool used is the Core Skills Initial Screening Tool developed by SQA. The tool incorporates two assessments (Communication and Numeracy) and maps the individual's literacy and numeracy abilities against levels 2 - 5 of the Scottish Credit and Qualification Framework (SCQF).

During 2019 a total of 37 patients were invited to take part in the core skills screening process. Of this group, 20 patients (54%) completed the screening, 13 patients (35%) declined to take part at that time, and 4 patients (11%) were unable to participate due to health reasons.

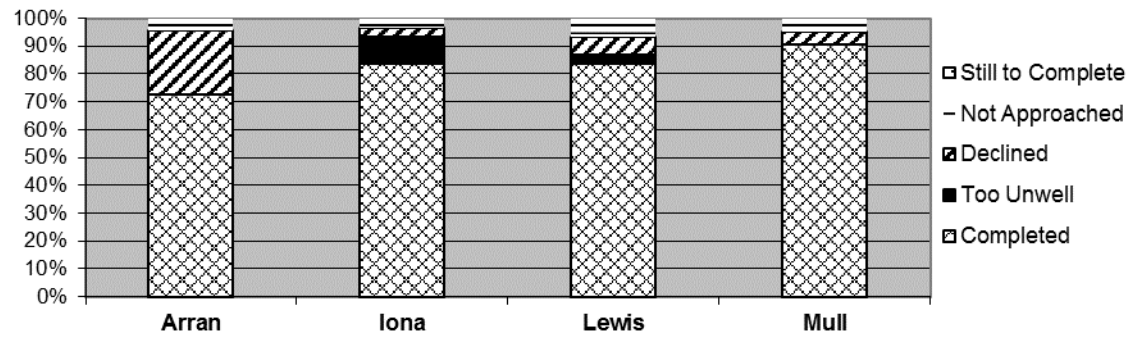
Of the 20 patients screened:
- 4 (20%) were existing patients who had been re-approached after previously being too unwell to take part or having previously declined to participate.
- 16 (80%) were new admissions to the hospital in 2019.

The screening process has been incorporated within the Skye Centre induction programme and of the 20 patients who completed the screening in 2019, a total of 16 patients (80%) did so as part of their Skye Centre induction. The remaining 4 patients (20%) completed the screening process through direct input from the Patient Learning Centre.

At 31 December 2019, a total of 100 patients (95% of the patient population) had been invited to complete the screening process. Of the 5 patients not yet approached, 1 patient is unable to take part due to English not being his first language, 3 are new admissions and are commencing their Skye Centre induction in January 2020, and 1 is a new admission that has not yet engaged in the Skye Centre induction process.

Of the 100 patients invited to participate in screening, 87 patients (87%) had completed the screening process at 31 December 2019. Of the remaining patients, 9 declined to take part (9%) and 4 were unable to participate due to poor mental health (4%). A breakdown of participation levels by Hub is provided in Figure 1.

Figure 1 : Core Skills Screening - Participation Levels by Hub



The literacy and numeracy screening results for the 20 patients who completed the screening process in 2019 are provided in Figure 2a and 2b.

Figure 2A: Literacy Screening Results

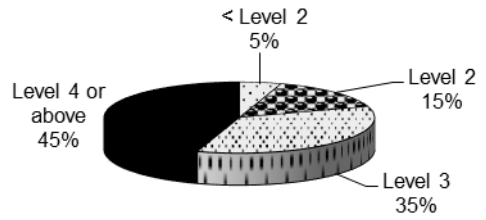
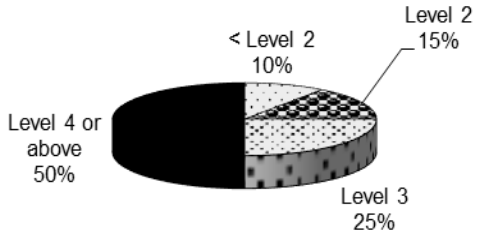


Figure 2B: Numeracy Screening Results



As indicated in Figure 2a and 2b above, of the 20 patients screened in 2019:

- 80% have literacy skills at the functional level of Level 3 or above
- 15% have literacy skills at Level 2 (indicating skill deficits)
- 5% have literacy skill at below Level 2 (indicating significant skill deficits)

- 75% have numeracy skills at the functional level of Level 3 or above
- 15% have numeracy skills at Level 2 (indicating skill deficits)
- 10% have numeracy skills below Level 2 (indicating significant skill deficits)

All patients who were identified with a skills deficit in 2019 were offered a placement within the Patient Learning Centre. Of the 6 patients involved, 3 are currently attend the patient learning centre, 1 patient was referred and refused to attend, 1 patient is due to commence a placement in early 2020, and 1 patient declined to participate at this time.

Details of the literacy and numeracy assessment results for the total current patient population who have completed the screening process are provided in Figure 3a and Figure 3b below.

Figure 3A : Literacy Screening Results

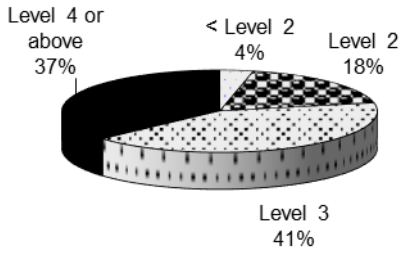
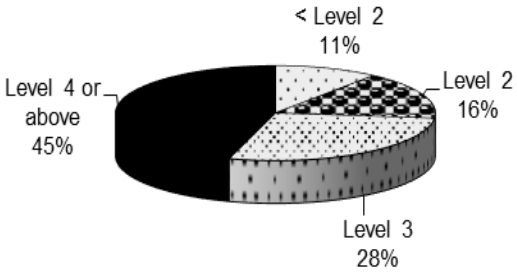


Figure 3B : Numeracy Screening Results



In summary, of the total patient group screened:

- 78% have literacy skills at the functional level of Level 3 or above
- 73% have numeracy skills at the functional level of Level 3 or above

When compared to screening results from 2018, the number of patients with literacy skills below Level 3 has decreased by 1% to 22%, and the number of patients with numeracy skills below Level 3 has decreased by 2% to 27%.

It is worth noting that 10% of patients completing the screening process are patients with a diagnosed Intellectual and Development Disability (IDD). When assessment results for patients with IDD are removed from the overall total, the number of patients with literacy skills below the functional level of Level 3 is reduced to 17%, and the number of patients with numeracy skills below Level 3 is reduced to 22%. As with previous years, this indicates that the number of patients with identified literacy and numeracy deficits is broadly comparable with the levels reported amongst the general population (where literacy deficits are estimated at 16.4% and numeracy deficits at 24%).

3.1.2 Core skill national qualifications

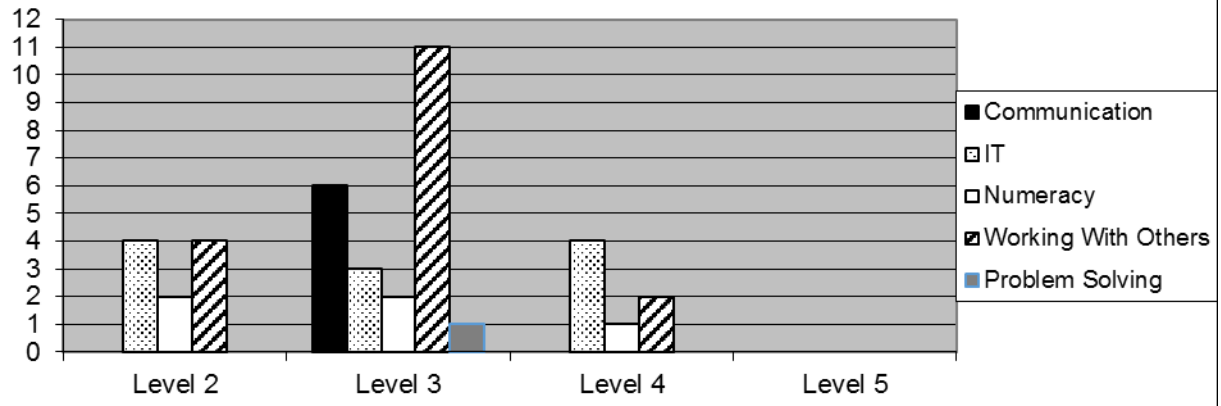
Core skills are a key component of the national education and lifelong learning strategy. They represent the broad, transferable skills that help to develop the main capabilities that people need to participate as full and active members of society. They underpin the adult literacy and numeracy strategy and the core skill framework aims to develop key skills in the areas of:

- Communication
- Numeracy
- Information technology
- Problem solving
- Working with others

Individuals can gain credit for achieving core skill national units at different levels, and core skills can be assessed at levels 2-5 of the Scottish Credit and Qualification Framework.

During 2019, there were 40 core skill completions. A breakdown of completions, by subject and level, is provided in Figure 4.

Figure 4 - Core Skills Completions (Jan 2019 - Dec 2019)



A key focus for core skills delivery in 2019 (as with the previous year) was on supporting development of basic skills and, during this period, 82% of the core skill qualifications achieved were at Level 2 and Level 3.

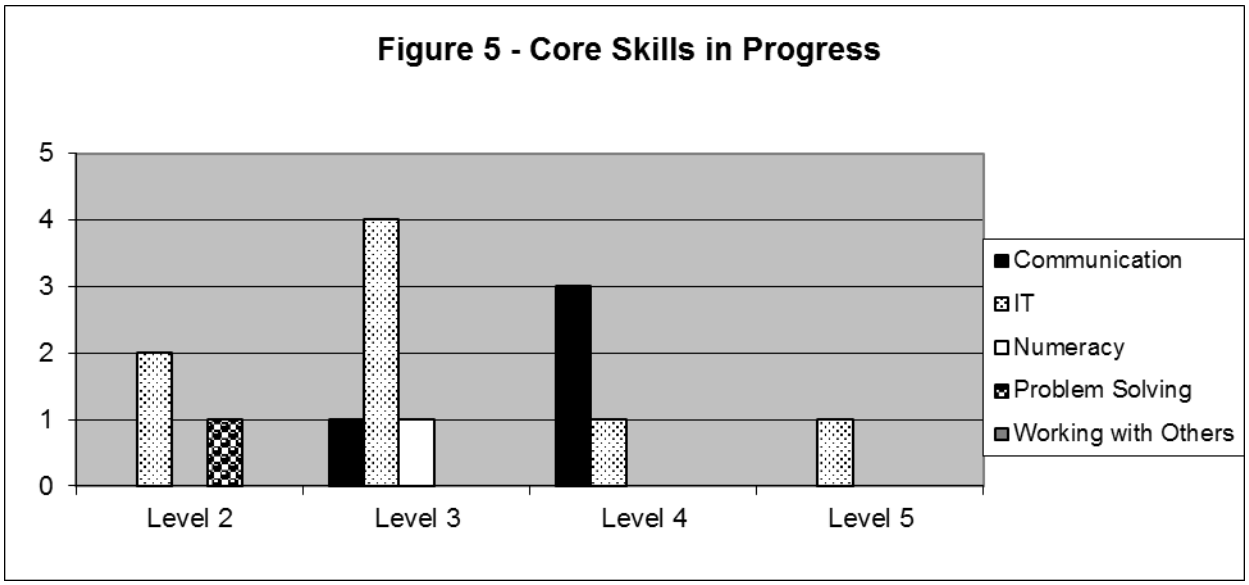
Three ‘themed learning’ groups were delivered within the Patient Learning Centre during 2019. The topics were ‘Robert Burns, ‘Dragons Den’ and ‘Movie Magic’. The themed learning groups were used to support and facilitate core skill achievements in ‘Communication’ and ‘Working With Others’. This group learning approach is now a regular part of the curriculum and patient feedback from the groups delivered in 2019 was highly positive.

In addition to the themed groups above, the 'Working With Others' core skill qualification was also completed by a number of patients who were members of a new Events Committee group that was introduced within the Skye Centre in 2019. This group, which was facilitated by the Skye Centre's Specialist Occupational Therapist, and supported by an Education & Learning Officer from the PLC, provides a mechanisms for patients to get involved in planning and running a range of events. Embedding the qualification within the group activities aims to widen participation in accredited learning and engage patients that do not currently attend the Patient Learning Centre or other formal learning programmes. Following participation in this group, 1 patient is now seeking a referral to the PLC to undertake further learning. This is testament to the merits of embedding accredited learning opportunities within a range of activities.

Three 'work-based' core skill qualifications were completed in 2019 – 2 x Level 3 ICT and 1 x Level 3 Communication. A further 2 Communication Level 4 'work-based' core skills qualifications were commenced in 2019 and are currently ongoing. The work-based qualifications are undertaken by patients working in the Patient Library Volunteer role. The volunteer role enables patients to gain valuable skills in team working (whilst working with other patient library volunteers) and provides opportunities to use real 'work' situations to develop skills in communication, ICT, problem solving and working with others. These skills are important in both a work and social context, and are highly transferable to many aspects of daily life.

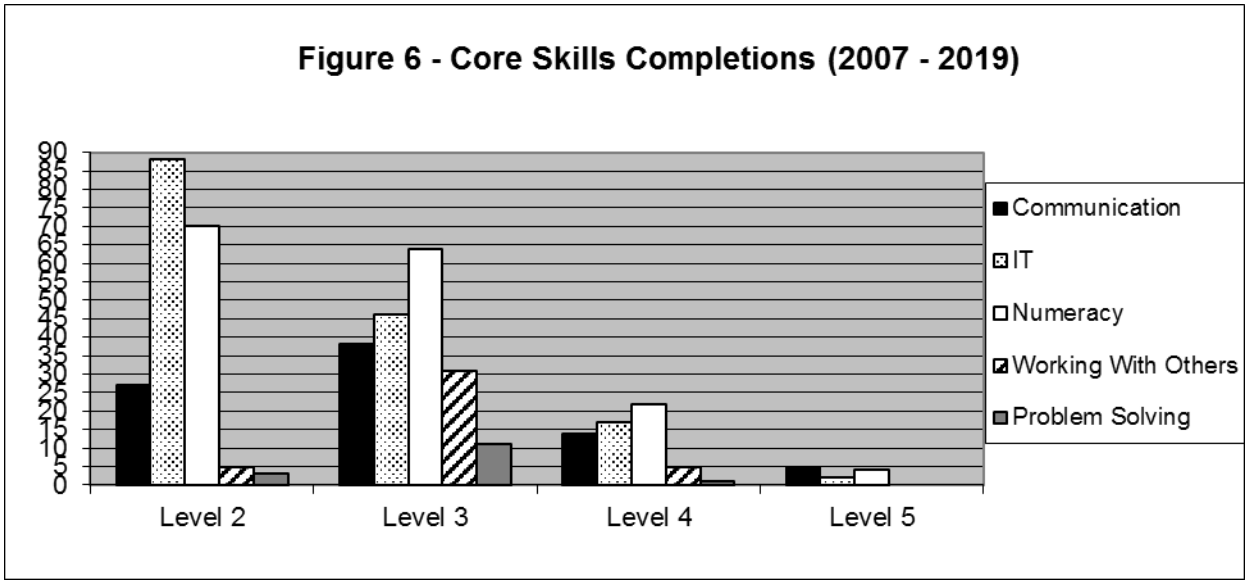
In addition to the 40 core skill qualifications achieved in 2019, a further 14 core skill units are currently in progress (i.e. patients are working towards completion). A breakdown of these units, by level and subject, is provided in Figure 5.

Figure 5 - Core Skills in Progress



In addition to the above, a new ICT level 3 course is due to commence within the PLC in January 2020 and a further 5 learners are enrolled to take part in this programme.

A total of 453 core skill units have now been completed since the qualifications were introduced in October 2007. A breakdown of completions, by subject and level, is provided in Figure 6.



It is worth noting that the number of core skill attainments slightly increased by 17% in 2019 in comparison to 2018.

3.1.3 Literacy programme

Literacy programmes are designed primarily to target individuals with literacy skills below Level 2. The current programme is delivered via one-to-one tuition, by PLC staff and volunteers, and aims to improve basic literacy and communication skills.

Literacy skills learning is delivered within the Patient Learning Centre and through outreach provision within the wards. The patients taking part often experience lack of confidence, memory problems, lack of concentration and low motivation. In addition, their attendance can be sporadic due to behavioural and mental health issues. The staff and volunteers delivering this programme adopt a flexible approach to help address these issues and maximise learning for the patients involved. This includes delivering 1:1 sessions at ward level for patients who are unable to attend the PLC and/or who have long periods of absence due to behavioural or mental health issues.

During 2019, a total of 7 patients engaged in the literacy programme and 5 of these patients are making good progress with their reading and writing skills, with 2 patients progress being slow due to limited interactions as a result of behavioural and mental health issues. Of the total group, 1 patient left the hospital during 2019 and the remaining 6 will continue this programme in 2020 as they are not yet ready to progress to mainstream learning at this time.

In addition to the basic literacy programme, an 'English for Speakers of Other Languages' (ESOL) programme is also available within the PLC to support learners for whom English is not a first language. It aims to assist learners to develop their basic spoken and written English for everyday life. During 2019, 1 patient participated in ESOL learning and this is currently ongoing.

3.1.4 Open/distance learning programmes

During 2019 a total of 2 patients participated in open/distance learning programmes. This included 1 patient who was continuing their studies from the previous year, and 1 patient who recommenced a distance learning programme after a break in learning. A total of 6 modules were undertaken, including 3 modules that were ongoing from 2018, and 3 new module enrolments.

Patients who undertake qualifications via open/distance learning attend the Patient Learning Centre for at least 4 sessions per week due to the study demands of these courses. Details of the range of modules that were undertaken in 2019 are provided below:

Course	***Provider***	***Enrolments in 2019***	***Status***
Essential Mathematics 1 (2 learners)	Open University	1	1 Completed 1 Withdrawn
Investigating the Social World	Open University		1 Completed
Law: Concepts & Perspectives	Open University		1 Completed
An Introduction to Law	Open University	1	1 Ongoing
Advancing Social Psychology	Open University	1	1 Ongoing

At 31 December 2019, a total of 3 modules were completed, 2 are ongoing and 1 patient was withdrawn from a module at the request of the clinical team. This is a temporary deferral and it is hoped that the learner can recommence their studies learner at some point in 2020 once the patient is ready and recommencement is approved by the clinical team.

During 2019 one learner was awarded a 'Certificate of Higher Education in Psychology' due to the credits that have been completed for different psychology units in the previous year. This patient has also registered with Open University to complete a BSc (Honours) Mathematics and will work towards this over the next few years.

3.1.5 Vocational qualifications

A total of 8 vocational programmes were delivered during 2019 (an increase of 2 programmes from 2018) and 43 vocational qualifications were successfully achieved (an increase of 13 achievements from the previous year).

The programmes were delivered across a range of activity centres and details of the programmes offered, qualifications achieved, and projected activity for 2020 are summarised in Table B.

During 2019, the Gardens department updated the 'Feeding and Watering of Small Animals' qualification in conjunction with internal verification support from Dundee & Angus College. This programme had not been delivered since 2016 due to resource and capacity issues within the department and was reintroduced and successfully delivered at the end of 2019 (with 6 patients achieving the qualification). A plan is also in place for early 2020 to deliver this programme to patients who have low-tooled access and individuals with Intellectual and Development Disability (IDD). The programme has been adapted to enable delivery within low-tooled sessions and to provide access to patients who may need more 1-1 support to undertake this practical qualification.

The Craft & Design department successfully delivered the National 2 Practical Crafts qualification (with 8 patients achieving the qualification) plus a new National 2 Creative Arts programme that was developed and approved in 2018. (Delivery of the latter programme is currently ongoing.) Introduction of the Creative Arts programme allows patients attending the department to extend their knowledge across two different introductory programmes and both programmes are accessible to all patients during tooled and low-tooled session. In addition, the department developed and gained approved to deliver the SQA National 3 and National 4 Art and Design qualifications. The new programme at National 3 will be piloted in 2020 and provides learners with a further progression pathway.

Both the Introductory and Elementary Food Hygiene programmes were delivered in 2019 (with 10 Introductory level qualifications and 9 Elementary level qualification achieved). These programmes are accredited by the Royal Environmental Health Institute for Scotland (REHIS) and delivering both programmes provides further progression opportunities for learners.

The ECDL programme was delivered in 2019 with 5 module achievements.

The Sports activity centre continued to successfully deliver the level 4 Sports Leaders programme during 2019 (with 5 qualifications achieved). In addition, the department successfully developed and introduced the level 5 Sports Leaders programme as a progression route for the learners who had completed the Level 4 qualification. The first cohort commenced the level 5 qualification at the end of 2019 and are expected to achieve this award in 2020. This new level 5 programme is being co-delivered with patients that were appointed to the newly introduced Sports Volunteer role within the Sports department and provides patients with both practical volunteering experience and accredited learning.

Table B – Vocational Programmes & Qualification Achievements

Qualification /Awarding Body	Activity centre/ area delivering award	Date Award Approved	Achievements in 2019	Total no of completions since approval of award	No of patients currently working towards award	New enrolments planned for 2020 with expected start dates
Practical Tasks for Information & Library Work – Intermediate level 1 (SQA)	Library (Atrium)	2011	0	18	0	Available as required for new Library Assistants
Small Animal Care Unit – Intermediate level 1 (SQA)	Gardens & AAT Centre	2009	6	52	0	1 course planned
Soft Landscaping Unit – Intermediate level 1 (SQA)	Gardens & AAT Centre	2011	0	8	0	The learning and assessment materials are currently being revised and updated. Aim to deliver 2 of 4 units in 2020.
Laying Slabs and Paving unit – intermediate level 1 (SQA)	Gardens & AAT Centre	2013	0	13	0	
Horticultural Fence Construction – intermediate level 1 (SQA)	Gardens & AAT Centre	2013	0	9	0	
Use of hand tools in horticulture – intermediate 1 (SQA)	Gardens & AAT Centre	2014	0	7	0	
Creative Arts - National 2 Award (SQA)	Crafts	2016	0	18 (54 units)	8 (24 units)	2 courses planned
Practical Crafts – National 2 Award (SQA) (NEW)	Crafts	2018	8 (24 units)	8 (24 units)	0	1 course planned
Introductory Food Hygiene Certificate (Royal Environmental Health Institute for Scotland)	Patient Learning Centre/ L&D	2010	10	103	0	Minimum of 1 course to be scheduled
Elementary Food Hygiene Certificate (Royal Environmental Health Institute for Scotland)	Patient Learning Centre/ L&D	2012	9	58	0	Available as required
European Computer Driving licence (ECDL) - accredited modules (British Computer Society)	Patient Learning Centre	2011	5	60	2	Available on demand
ECDL - full award (comprises 7 accredited modules) (British Computer Society)	Patient Learning Centre	2012	0	4	0	Will be available once learning network testing is complete
Advanced ECDL – accredited modules (British Computer Society)	Patient Learning Centre	2013	0	0	0	
Sports Leadership Level 4 Award (Sports Leaders UK)	Sports	2012	5	31	5	2 courses planned
Sports Leadership Level 5 Award (Sports Leaders UK) (NEW)	Sports	2019	0	0	3	1 course planned

Several qualifications/programmes were not delivered in 2019. Reasons for this are noted below.

- Practical tasks for Information & Library Work qualification – No library qualifications were delivered during 2019 as all the current patient library volunteers had achieved the award in 2018. This patient group undertook work-based core skill qualifications during 2019, as indicated in section 3.1.2.

- Horticulture qualifications - No horticulture qualifications were delivered during 2019 due to an ongoing vacancy within the Gardens department. A new Senior Rehabilitation Instructor was, however, appointed in August 2019 and work is currently being progressed to recommence delivery of horticulture qualifications in 2020.

3.1.6 Other initiatives

Other programmes and learning initiatives that were delivered in 2019 include:

- 'Bikeability' cycling proficiency programme – The Sports and Fitness Centre successfully delivered the national 'Bikeability' programme during 2019. This is a national training scheme and aims to increase skills and confidence in cycling safely and carrying out simple bike safety checks. The programme is delivered over a 4-6 week period and a total of 9 patients participated and achieved the certificate in 2019.

- Patient Reading Group - This group is delivered on a weekly basis within the Skye Centre and has capacity to support 8 patients per session. A total of 12 patients regularly took part throughout the year. Information is read aloud within the group and then a discussion takes place about what has been read. Topics that were covered during 2019 included Queen Victoria, Greek mythology, and D Day landings. Short stories were also read within sessions and writing activities, using imagery to create short stories, were also undertaken within the group.

  The librarian also introduced a new programme in 2019 called 'Reading Ahead'. This is a national programme run by The Reading Agency which challenges participants to read, rate and review 6 new things (which can include books, magazines, articles etc). The programme takes place every year in public libraries, colleges, workplaces and prisons across the UK, and is open to all levels of reader. Participants who successfully complete the programme receive a certificate for the 'Reading Ahead' challenge. This challenge can help to improve literacy skills but aims primarily to show that reading can be undertaken for leisure, fun and learning. This new group commenced in October 2019 (with 6 patients taking part) and is due to complete in February 2020. The group members have been reading a variety of non-fiction items and discussing these within the group. Some of the participants have also written reviews on what they have read to encourage others to engage in reading. Through participation in this initiative, 4 patients have enrolled to undertake core skills qualifications in Communication and Problem Solving at Level 3 and are due to commence in early 2020.

- Events Committee Group – This group was delivered over 14 sessions within the Skye Centre. It was developed to promote patient participation in planning events by offering opportunities to participate in a voluntary role, as an events committee member. This group was created to organise 4 summer evening events in the Skye Centre and was attended by 8 patients. The patients were offered the opportunity to undertake the 'Working With Others' core skill and 4 patients successfully completed this qualification. The group utilised a practical, task-based approach and provided patients with an opportunity to develop the skills necessary to work effectively with others as well as supporting development of organisational and planning skills. Patients that participated in the group also reported that being part of the group, and working with their peers, and helped to enhance their confidence and self-esteem.

3.1.7 Evaluation of accredited learning programmes

During 2019 a total of 52 patients completed a learning evaluation questionnaire (an increase of 24% from the previous year). The aim of the questionnaire is to obtain patient feedback on learning programmes that were undertaken and identify what benefits they felt they had derived from their participation in learning and education.

Feedback was received on a range of programmes. This included: Core Skill Qualifications (including communication, ICT, numeracy, problem solving and working with others), Practical Crafts qualification; Feeding & Watering Small Animal qualification and the Sports Leadership award. A summary of how the patients rated different aspects of programme delivery is provided in Table C.

Table C – Learner feedback

Areas covered	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Induction to learning programme	62%	38%	0%	0%
Information given about qualification	60%	40%	2%	0%
Information given about assessment process/outcomes of learning	65%	33%	2%	0%
Information given about your responsibilities	69%	29%	2%	0%
Access to support and guidance from tutor/instructor	79%	21%	0%	0%
The pace of learning	65%	31%	4%	0%
The learning methods and resources used	69%	31%	2%	0%
Opportunities to discuss and review learning	69%	31%	0%	0%
Assistance to address any problems experienced during learning	73%	27%	0%	0%
Overall satisfaction with the learning programme undertaken	79%	21%	0%	0%

As indicated in the table above, the majority of patients were either ‘Very Satisfied’ or ‘Satisfied’ with all areas of programme delivery (with only 2 patients reporting dissatisfaction with some aspects of the learning experience).

All areas showed an increase in being ‘very satisfied’ (apart from ‘information given about the qualification’ which remained the same as the previous year) with reported satisfaction in relation to ‘access to support and guidance from tutor/instructor’ increasing by 10% from the previous year. The number of patients reporting that they were overall very satisfied with the learning programme undertaken increased by 3% to 79% when compared to the previous year. It is worth noting that since the introduction of the evaluation process the patients have consistently reported high levels of satisfaction across the different programmes offered. This high level of overall satisfaction across the learning programmes is testament to the ongoing dedication and commitment of staff within the different activity centres who deliver the qualifications. It also confirms that patients are having a positive experience whilst undertaking learning.

As part of the evaluation questionnaire, patients were asked to identify what benefits they felt they had gained from their participation in the learning programme. The key reported benefits reflect the themes identified in last year's Patient Learning report and include: improved knowledge and skills (in the area of study); feeling encouraged to do more learning; improved confidence and self esteem; personal satisfaction/sense of achievement; improved concentration, personal enjoyment and happiness; and opportunities to work with others in groups. Attached in Appendix 1 are comments provided by patients about the benefits they felt they had gained from their learning experience. These comments give some insight in to 'why' patients are satisfied with the Patient Learning activities offered across the hospital.

3.2 Key performance indicators

Key performance data relating to patient learning services and activities for the period January – December 2019 is provided below.

3.2.1 Participation levels

a) Engagement in learning

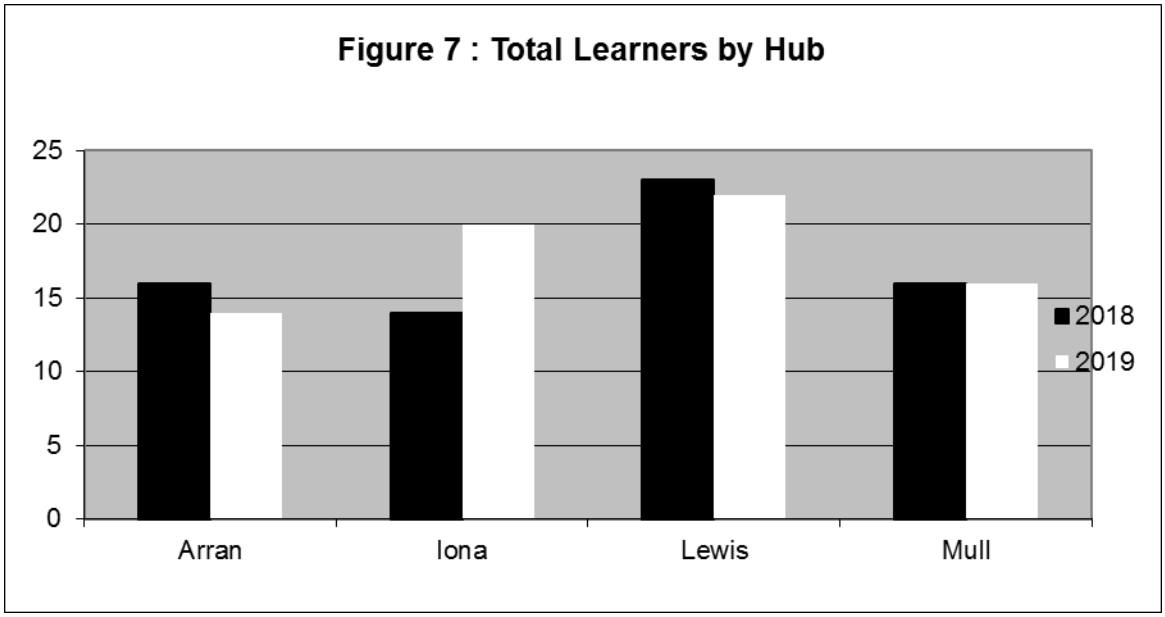
During 2019, a total of 72 patients within the hospital engaged in formal or accredited learning. This equates to 69% of the total patient population (an increase of 5% from 2018) and 84% of the patient population who attend Skye Centre placements (an increase of 12% from last year).

Of the 72 patients who participated in formal or accredited learning:

- 60 patients (83%) attended the Patient Learning Centre over the course of the year.
- 26 patients (36%) achieved more than one qualification (an increase of 10% from 2018).
- 40 patients (55%) engaged in multiple programmes during the year (an increase of 3% from 2018).

A breakdown by Hub of patients who engaged in formal or accredited learning during 2019 is provided in Figure 7. Comparative data from 2018 has also been provided.

Figure 7 : Total Learners by Hub



b) Referrals and leavers

There were 24 new referrals to the Patient Learning Centre during 2019. Of this total:

- 18 commenced a placement in PLC
- 3 patients were offered a placement but refused to attend
- 2 patients were referred at the end of 2019 and are due to commence their placement in January 2020
- 1 referral was deferred as the patient was not able to sustain an additional placement due to their mental health

A total of 23 patients ceased attendance at the Patient Learning Centre in 2019. The reasons for leaving are noted below.

- 14 transferred to other hospital/prison
- 3 were unable to continue due to mental health issues/behaviour
- 2 withdrew from accredited learning programmes
- 4 completed the induction process and withdrew from placement

It is worth highlighting that for patients who transfer to other facilities the PLC staff work in partnership with staff in the receiving facility to ensure that, where possible, patients are supported to continue their learning following transfer.

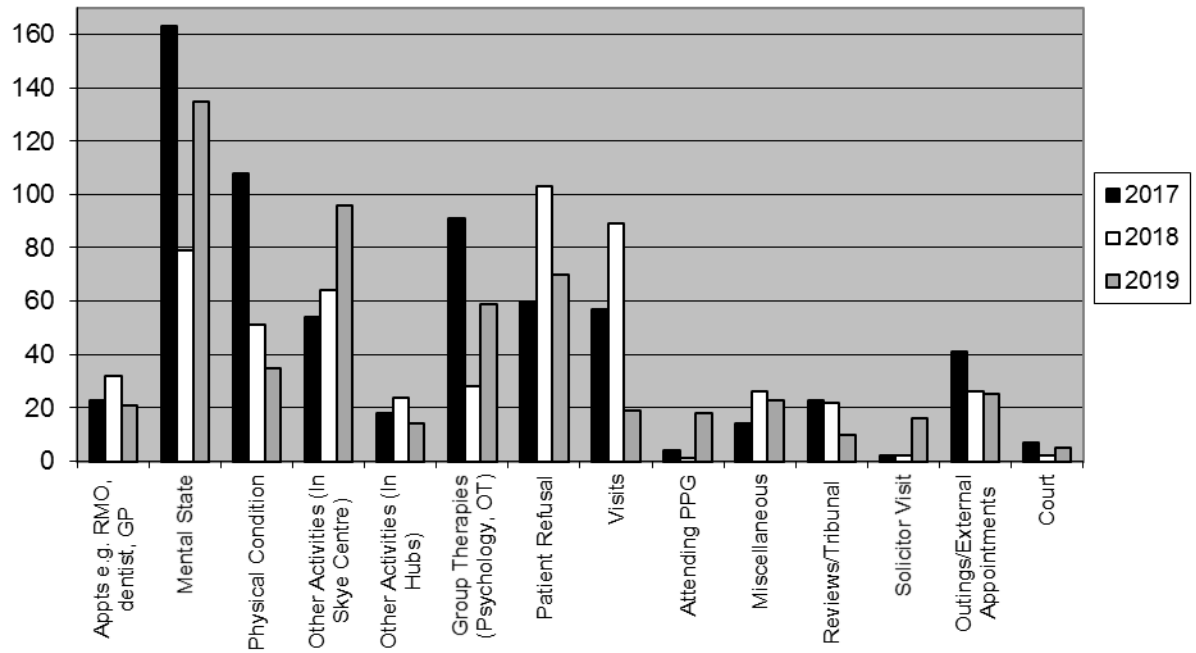
c) Capacity uptake

The Patient Learning Centre is scheduled to open 8 sessions per week (plus 1 tailored session to accommodate patients who require 1:1 support and are unable to be integrated into sessions with other patients).

During 2019 there were 61 unscheduled closures - an increase of 16 sessions from the previous year. Some of the reasons for closures included: 9 closures linked to installation of new PC's in the PLC; 5 closures due to other events taking place (e.g. Christmas lunches); 6 closures due to staff training; and 6 closures due to inclement weather conditions. The remaining 35 closures were due to staffing resource issues within the PLC or other Skye activity centres/wider organisation (an increase of 7 sessions from last year).

Planned attendance within the Patient Learning Centre during 2019 equated to a capacity uptake level of 93%. Actual attendance was 81% of available capacity (an increase of 1% from 2018). The primary reason for the variation between planned and actual capacity uptake was patient non-attendance. There were 546 incidents of non-attendance during 2019 (similar to the previous year). A summary of reasons for non-attendance is provided in Figure 8. Comparative data from 2017 and 2018 has also been provided and highlights that the reasons for non-attendance vary from year to year.

Figure 8 : Reasons for Non-Attendance

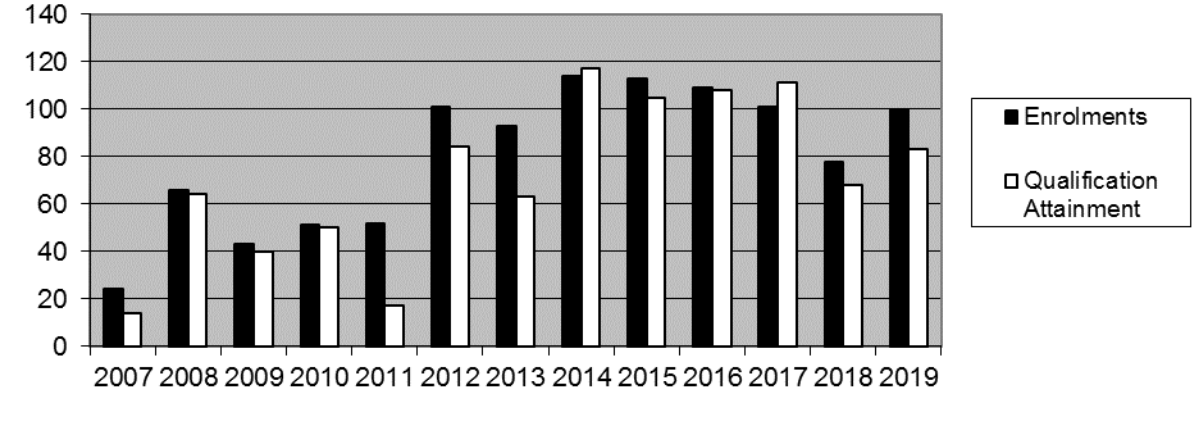


The main reasons for non-attendance in 2019 were deterioration in mental state, attendance at group therapies and other Skye Centre activities/placements and patient refusals. The categories of attendance at group therapies and other Skye Centre activities/placements accounted for 28% of non-attendance. This may be linked to timetabling issues, however it is hoped that the introduction of the Rio Timetable system will help to address these issues going forward.

3.2.2 Course enrolments & qualification attainments

Figures for course enrolments and qualification attainment levels (e.g. accredited core skill units, vocational qualifications, and open/distance learning module completions) for 2019 are provided in Figure 9. Comparative data from previous years has also been provided.

Figure 9 : Enrolments and Qualification Attainment (2007-2019)



As is evident in Figure 9, course enrolments and attainments for 2019 have both increased from the previous year (with a 28% increase in enrolments and a 22% increase in attainments).

This overall increase in enrolments and attainments is due to a number of factors including: an increase in the number of different qualifications being delivered; increased group learning opportunities offered for core skills; and an increase in the number of patients completing more than one qualification or engaging in multiple programmes during the year.

The attrition rate for learning programmes delivered in 2019 was 12% (a decrease of 5% from the previous year). Of the total withdrawals/non-completions:

- 7 patients were transferred prior to completion of their qualifications
- 3 patients ceased attending their placements
- 1 patient was unable to complete the qualification due to ability issues
- 2 patients were unable to continue due to deterioration in their mental health. The patients in this latter group can re-enrol in the programmes once they are well enough to re-engage in learning.

3.2.3 Core skill progressions

In relation to the objective of enhancing basic literacy and numeracy skills by increasing the number of patients with core skills in communication and numeracy at Level 3 or above, a total of 1 core skill progression was achieved during 2019, with 1 patient progressing from level 3 to level 4 in numeracy

This brings the total number of progressions to 92 (with 66 progressions in numeracy and 26 in literacy). It is worth noting that many of the learners who attained core skill qualifications in 2019 were working towards their first core skill at level 2 or 3.

In addition to the above, a total of 6 patients achieved progressions in IT core skills in 2019.

3.3. Comparisons with previous years

Based on the performance data presented in sections 3.1 and 3.2 of this report, key comparisons with performance for the previous five years is summarised in the Table D.

Table D – Performance Data 2014-2019

PERFORMANCE DATA	2014	2015	2016	2017	2018	2019
▪ Percentage of patients who participated in formal or accredited learning	63%	54%	68%	62%	64%	68%
▪ Course enrolments (= individual unit enrolments)	114	113	109 (123)	107 (119)	78 (105)	100 (132)
▪ Course completions / qualification attainments (= individual unit completions)	117	105	108 (122)	111 (129)	68 (104)	83 (128)
▪ Core skill progressions (LDP target)	9	20	12	13	8	1
▪ Percentage of patients invited to participate in core skills screening	82%	84%	90%	86%	95%	95%
▪ Percentage of the above patients who have completed the screening process	88%	87%	93%	93%	88%	87%
▪ Percentage of patients with identified literacy deficits (i.e. <Level 3)	23%	18%	23%	21%	23%	22%
▪ Percentage of patients with identified numeracy deficits (i.e. <Level 3)	30%	27%	37%	35%	29%	27%
▪ Number of new referrals to Patient Learning Centre	20	24	22	19	24	24
▪ Number of leavers from Patient Learning Centre	25	13	25	16	29	23
▪ Patient Learning Centre closures (unscheduled)	37	10	22	26	45	61
▪ Episodes of non-attendance within Patient Learning Centre	559	625	675	665	549	546
▪ Capacity uptake within Patient Learning Centre	83%	83%	75%	77%	80%	81%

3.4. Areas of good practice

Areas of good practice identified for 2019 are outlined below.

- Flexible delivery and enhanced learning support – During 2019 there has been continued delivery of 1:1 interventions at both ward level and in the PLC to support learning needs identified. In 2019 this approach has been extended to group learning and as part of the Events Committee group one patient who has an intellectual disability was offered the opportunity to complete the Working With Others core skill qualification as he was motivated to take part and valued his contribution in the group. Additional support was put in place to meet the patient's needs and included: introducing visual symbols to support understanding; adaptation of language used in the group sessions; and offering additional 1:1 sessions in conjunction with the group sessions. This individual patient showed a marked improvement in his ability to work as part of a group – with improved listening skills and increased confidence to contribute ideas within the group – and by the end of the group he successfully achieved the Level 2 Working With Others qualification. This intervention was a good example of excellent multi-disciplinary working across clinical and learning disciplines to provide a pathway of learning which was person-centred and individualised.

- SQA Verification – The quality assurance procedures laid down by the Scottish Qualification Authority (SQA) require that all centres delivering SQA-accredited qualifications are subject to monitoring and review. External verification (EV) is the means by which checks are made to ensure that qualifications are being delivered to the required national standards. The EV process is carried out by SQA-appointed staff and the process involves scrutiny of the learning environment and programme delivery arrangements, the validity of the centre's assessment instruments and how they are applied, and the reliability of the centre's assessment decisions. Two audits were carried out in 2019 - an external verification for National 2 Crafts qualifications (February 2019) and a systems verification which ensures compliance for all learning-related systems and processes across the organisation (May 2019).

  Feedback provided from the external verification for the National 2 Craft qualifications indicted that all the standards had been met with a 'green' rating (indicating 100% compliance) for all the quality standards assessed. The feedback from SQA stated that the evidence submitted provided many examples of good practice including: the internal verification process being highly effective and robust; clear demonstration of fully implementing CfE (Curriculum for Excellence) in its approach to assessment; and evidence of personalisation and candidate choice throughout the portfolios.

  The systems verification feedback indicated a 'green rating' for all 26 standards audited. The SQA verifier reported that the quality assurance policies and procedures reviewed demonstrated that the hospital's approach was of a high standard and that quality evaluation has been embedded throughout all activities. Additionally the SQA verifier expressed how impressed she was with the centre and she subsequently nominated the centre for SQA's Star Awards. Appendix 2 details the nomination that was put forward by the verifier under the category 'Promoting Inclusion'. This nomination is the verifier's own words/perception from her visit and is very complimentary about our Centre and the work and effort that is put in by the staff delivering learning and qualifications.

- Staff Excellence Awards – Staff and volunteers who took part in delivering patient learning were recognised at the Staff Excellence Awards ceremony which took place in October 2019. Three awards were presented:
  - Outstanding Individual Clinical – staff member from Crafts
  - Outstanding Individual Voted by Patients – volunteer from PLC
  - Outstanding Volunteer – volunteer from PLC

  The 3 individuals in 2019 were recognised by both staff and patients for their commitment to providing patient learning activities and it is good to see their contribution being recognised within the hospital.

3.5. Identified issues and potential solutions

As indicated previously, good progress has been made during 2019 to further enhance and maintain patient learning provision within the State Hospital.

Key issues and challenges have included:

- Staffing resource pressures – As with previous years, staffing resource issues within the Skye Centre and across the wider organisation have resulted in PLC closures and the requirement, at times, to redeploy staff within the PLC and other Skye Centre activity centres to provide staffing cover in other activity centres or within the wards.

- Movement of technical skilled staff - Redeployment of technical skilled staff from within the PLC (and other activity areas) to provide session cover in other areas can impact on programme delivery and continuity of learning in a range of ways (for example: session staffing levels being reduced; learners not having the same tutor at their sessions due to staff moves; staff who are leading a learning session, or have certain specialist skills, being moved leaving other staff who are not familiar with the programme content or experienced in delivering the learning to undertake the session). The impact of these issues can be particularly significant during delivery of specific programmed learning courses e.g. themed learning.

  In collaboration with the Skye Centre Manager, timetable changes are being introduced in 2020 which will include sessions where courses linked to specific qualification will be delivered, dependent on needs and demands of learners. At these times the technical staff, where possible, will not be utilised in other areas within the Skye Centre. This change should help improve the continuity of learning by enabling pre-planning of staff moves and ensuring that appropriate technical staff will be present during the courses offered.

- Staff vacancies – The horticulture-related qualifications were unable to be delivered within the gardens department due to there being no suitably experienced or qualified technical staff available. The Senior Rehab Instructor post within the Gardens department was successfully recruited to in August 2019 after a lengthy period of being vacant. Development work is due to commence on the horticulture qualifications in early 2020. This will be undertaken by the Senior Rehab Instructor, Internal Verifier and Patient Learning Manager and the plan is to reintroduce delivery of horticulture qualifications within the Gardens department from the spring/summer 2020 onwards.

- Limited planning and programme development time - As a result of the staffing resource issues identified above, ensuring adequate provision of dedicated planning and programme development time was difficult at times during 2019. This was provided where possible, however, this required to be balanced with maintaining overall service provision within the Skye Centre. Planned changes to the timetable structure should enable more pre-planned development time and this will continue to be monitored moving forward.

- Patient Learning Network (PLN) – During January-July ongoing IT issues associated with the patient network had a significant impact on the delivery of ICT– related learning. A new network and computer hardware were installed and tested within the PLC in July/August 2020 and the majority of the issues have now been resolved. Dedicated eHealth support was provided to assist with installation of the new network and the support provided was excellent, with any problems being dealt with as they arose.

There is an ongoing issue with regards delivery of the ECDL programme. This is due to the testing requirements for the qualification – which requires internet access to complete the testing online. A potential solution to this issue is currently being tested by eHealth and it is hoped that this issue will be resolved, and online testing will be operational, by March 2020.

Planning for phase 2 of the Patient Network project will also be undertaken during 2020. The aim of phase 2 is to extend the network and associated computer hardware upgrades to other activity centres within the Skye Centre.

The Skye Activity Centre Leadership Group is aware of the above issues and their impact on patient learning activities.

3.6. Future developments

Maintaining, revising and expanding patient learning programmes and opportunities will be an ongoing priority in 2020. This will include:

- Ongoing liaison with the eHealth to progress the technological solution for the ECDL programme, secure future provision of routine eHealth support for patient learning-related IT systems and new developments, and to develop a plan for implementation of the roll out of the patient learning network across other Skye activity centres.

- Development of a low-tooled option for the Feeding and Watering Small Animals programme to increase access to learning.

- Redesign and delivery of the horticulture-related qualifications.

- Development of the Volunteering Skills SQA Award at Level 3 and Level 4 for patients undertaking Patient Volunteer roles. The Level 3 will target patients undertaking tailored and supported placements and the Level 4 will target patients who are undertaking the full Patient Volunteer role.

- Exploring options for patients to undertake distance learning programmes in the following subjects – business administration, customer service and nutrition and health.

- Explore options for developing an employability/essential skills group to be delivered in the Skye Centre co-facilitated by the Specialist Occupational Therapist and PLC staff, in line with the hospital's employability/vocational rehabilitation pathway.

3.7. Financial implications

Implementation of the developments detailed above will be resourced from existing budgets. Successful completion will depend in part, however, on the resource issues highlighted in section 3.5 being successfully addressed. Suitably qualified and experienced staff must be available to deliver learning programmes, and dedicated planning and programme development time needs to be provided for the staff responsible for programme delivery across the range of activity centres.

3.8 Summary

In summary, 2019 has been a challenging but positive year. Staffing resource issues have impacted on the delivery of patient learning activities in a range of ways, however, good progress has been made in a number of areas to help maintain and enhance patient learning services within the State Hospital. The curriculum framework continues to provide access to a range of nationally recognised qualifications and accredited learning programmes. The number of patients participating in accredited learning programmes remains high, and a significant number of qualification attainments continue to be achieved each year.

3.9. Review date

The next review date for patient learning services is January 2021.

4. Recommendations

The Board is invited to note the progress that has been made during the past 12 months and the areas for future development that are detailed within this report.

Detail the benefits you feel you have gained from your learning experience?

1. I am very thankful for being given this chance from the Charge Nurse and my tutor and slave driver staff member R. Treating me as a human for the first time is wonderful.
2. My benefits are many because this workplace qualification was done at the right pace and with the best staff god ever created. My confidence is through the roof. My self-esteem is in the same within a decent and well balanced amount of the care.
3. I have learned points about computing and my ICT qualification. Very well done staff member R and patient A.
4. Speaking in front of others has improved for me.
5. I enjoyed seeing how ideas could be turned into reality.
6. Confidence, team work, getting ideas, experience & homework.
7. I have gained a little confidence in myself, thanks.
8. I found a brand which I will use when will be back in society. I was given chance to work with something I am passionate about – Highland Cow advertising.
9. Gained qualification.
10. To work as a team, take advice and there is no rush.
11. Made me feel happy – better than sitting on the ward doing nothing. It helped my confidence organising the event.
12. I felt positive working with a group and gained skills.
13. It was good to learn new tasks and skills properly.
14. I was so happy coming on the course.
15. I used my good MS Word skills; I created posters for event – which was shown in Skye Centre. I felt proud of my work and received compliments – which helped my self-esteem.
16. Public speaking, organisational skills, confidence gained.
17. Qualification.
18. Organisational skills, working with other people, concentration, listening to others and socialising.
19. Felt that I done good.
20. I would like to go on to study psychology and this qualification is a stepping stone towards that.
21. I would believe that passing the course has proved to me now that I know I can do it.
22. Struggled with memory but good to try and learn.
23. It's an achievement just to complete it.
24. I found the course quiet hard but the staff helped me get through it and I enjoyed doing it.
25. I have better knowledge of using computer programmes.
26. I feel that my memory has improved with everything including computers, thanks.
27. Feel more confident.
28. Helped have a better understanding on the computer.
29. This has helped me as I feel a huge sense of achievement this course has inspired me to do more courses.
30. I am becoming a typist slowly but surely. I want to get 30wpm. I enquired about another placement.
31. Learning new skills.
32. Great for my mental health and wellbeing. Enjoyed working with other patients in group..
33. New skills, good for confidence, fun and good teachers.
34. Something new.
35. I learned how to use clay which was interesting. I'm very happy.
36. Great course.
37. I have gained a qualification, which I could use in the future.
38. I really enjoyed the course.
39. Learned the needs of small animals.
40. Become more focused. Now confident reading instructions off board and physically implementing them.
41. I have learned new skills with preparing different foods for animals.
42. It's an achievement to complete it.

Appendix 2

SQA Star Award Nomination (Submission by SQA External Verifier)

Every so often in working life a day happens that stands out, where the people you meet are so impressive, and the work being undertaken so important, that you want to mark and recognise this is a public way. This happened to me the day I visited The State Hospital to conduct a Systems Verification event. Having never visited before, I admit that I felt a certain trepidation beforehand. What I found was a centre and a team absolutely committed to providing equality of access to training for all of their learners, inventive in their approaches and embedding high quality evaluation throughout their activities.

The whole team were there to welcome me and to talk openly about their experiences as staff. I learned about how new staff are inducted into their role as assessors or internal verifiers and observed how the team communicate with and support each other on an on-going basis through close team working and peer support. The staff team enhance their professional competence by taking the SVQ in Custodial Care where appropriate. To better understand the context for patient learners, I was shown the learning spaces. This revealed a peaceful and well-stocked art room, a farm and area for outdoor construction activities. An indoor garden area where all plants are cared for by patients is also used as the venue for celebration events: the team use every possible means to recognise achievement and involve external guests in these important events to encourage patient learners, families and friends alike. A large sports hall and personal training equipment ensure access for both team and individual exercise. Lastly, a working library is staffed by patient learners and provides a simulated working environment to progress their skills. In terms of increasing access to qualification opportunities, I believe the resources outlined above show us a centre making every possible effort to provide inclusive, imaginative and stimulating learning environments.

The centre has carefully chosen qualifications which meet the needs of their patient learners and use both National Qualifications at Access level and a range of vocational Units, as well as Core Skills Units – these are embedded in engaging project work which also support community events, such as Burns Suppers. I was especially impressed to learn that the Patient Learning Manager engages with other institutions to ensure that, where possible, learners can progress in their learning pathway without undergoing duplicate initial screening or testing when they move on.

SQA centres are highly committed to their learners, but can struggle with maintaining the quality of their policies and procedures. I believe The State Hospital is unusual in embedding inclusion across both of these areas. SQA's Quality Assurance criteria are carefully designed to ensure that centres are staffed and managed in such a way that risks are minimised and opportunities maximised. Throughout the entirety of their policies and procedures great attention had been paid to all of the fine detail of these criteria. In addition, the documents were written in plain English with a fine regard to accessibility. Patient learners furthest from the world of work will find that their rights and responsibilities are clearly, carefully and sensitively communicated. The State Hospital embeds the entirety of their quality enhancement processes in all of their activities: while patient care is always foregrounded, this is sustained by an open and engaged cycle of evaluation and improvement. Learners themselves are offered regular and supported opportunities to offer feedback on their experiences. Since the centre was approved, over 200 individuals have gained formal recognition of their learning through SQA certification.

Quality Enhancement Managers gain a unique insight into centres when conducting systems verification. The process is robust – our job is to make sure that centres have the right systems in place to maintain the integrity and credibility of all SQA qualifications across a wide range of very detailed criteria.

It therefore unusual for centres to gain the famous "all-green" confidence statement at the end of the day's visit. The centre I would like to nominate has gained this outstanding achievement for two successive Systems Verification events in a row, demonstrating exceptional levels of commitment, engagement and creativity.

What makes this achievement all the more impressive is the centre's context. The State Hospital at Carstairs offers maximum access to learning and qualifications to individuals in the most challenging of circumstances. It thus makes an invaluable and sustained contribution to the life chances of individuals and I believe would make an exceptionally worthy recipient of SQA Star Award for Promoting Inclusion.

Board Paper 20/21

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No: 12
Sponsoring Director:	Interim HR Director
Author(s):	Interim HR Director
Title of Report:	The State Hospital Workforce Plan
Purpose of Report:	For noting

1 SITUATION

Further to the update on the Workforce Plan presented to the Board in December 2019, this report provides a further update on progress and the current position.

2 BACKGROUND

As part of the Clinical Model Implementation Plan, a Workforce Planning, Training and Development workstream was established in December 2019 to lead on the development of a workforce strategy to deliver the revised clinical model. The key objectives of this partnership group are to develop the Board Workforce Plan, oversee any organisational change required to align staff to the revised model, and to design and deliver a training and development plan to ensure the hospital has the right staff, in the right place, at the right time, with the right skills.

A separate programme of work is also being taken forward within the Board, utilising the Nursing and Midwifery Workload and Workforce Planning Tools as part of a 'Common Staffing Method,' to support implementation of the 'Health and Care (Staffing) (Scotland) Act'.

3 ASSESSMENT

Due to the current situation with COVID-19, it was agreed by the Clinical Model Oversight Board to temporarily suspend implementation of the revised clinical model. Suspension of the Clinical Model Implementation Plan and all related workstreams, was activated on 23 March 2020 and will be reviewed on 22 June 2020.

Progress made within the Workforce Planning, Training and Development workstream prior to work being paused included:

1. Workforce work-stream paper completed, based on six steps methodology.
2. Workforce planning templates returned from all areas and analysis of workforce and finance variance completed.
3. Engagement with Glasgow Caledonian University regarding delivery of a Training Needs Analysis for the intellectual disability service.

In addition to the above, notification was received from the Scottish Government on 23 March 2020 to advise that the Health Care Staffing Programme was being suspended with immediate effect until further notice due to the current pandemic. Prior to the suspension, use of the Nursing and Midwifery Workload and Workforce Planning Tools had been rolled out to 5 wards within The State Hospital, however, as a result of work being suspended we are unable progress this further or assess the impact on workforce planning at this time.

This work will recommence as part of a staged, phased return to 'business as usual', contingent on national and local activities associated with COVID-19.

4 RECOMMENDATION

The Board is invited to note the content of this report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Ensures projection of appropriate staff for future needs are aligned to Clinical Model
Workforce Implications	Ensures projection of appropriate staff for future needs
Financial Implications	Accurate workforce projections reduce demand on more costly staffing solutions e.g. overtime. Locums, etc
Route To Board Which groups were involved in contributing to the paper and recommendations.	N/A
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	None identified
Equality Impact Assessment	None identified
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No: 13
Sponsoring Director:	Director of Security, Estates and Facilities
Author(s):	Programme Director/ Head of Estates and Facilities
Title of Report:	Perimeter Security and Enhance Internal Security Systems: Project
Purpose of Report:	For Noting

SITUATION

This paper summarises the current status of the Perimeter Security and Enhance Internal Security Systems project.

BACKGROUND

The successful Contractor is Stanley Security Solutions Limited (Stanley), and the finalised contract was signed on Thursday 6 February 2020. A contract pre-start meeting was held with Stanley on Friday 7 February 2020 and work commenced w/c 6 April 2020.

ASSESSMENT

Following the outbreak of Covid-19, the decision to allow the project to commence was reviewed internally with key staff members, including staff side representation. Following government guidance issued it was agreed that the project should be considered essential to public services as it involves the repair and maintenance of critical infrastructure. The guidance issued also places the onus upon each individual NHS Board to make decisions on their own sites and projects in conjunction with contractors.

A new programme has been developed to work around the limitations that Covid-19 into the summer period, which is when Stanley were originally planning the rolling ward decant programme. The programme requires TSH approval and is currently being reviewed and indications are that there is no significant time or cost delay caused by the change of programme.

The proposed programme will initially involve cabinets being installed in plant rooms followed by cable pulls across the site. This will have minimal impact on daily activities. In parallel, work will also start in the Skye Centre from mid-May to the end of June. The rolling ward decants now start in July. These works will remain under constant review.

RAMS (Risk Assessment / Method Statements) have been produced to ensure safe systems of work take account of Covid-19 precautions.

As outlined in the paper to the Board meeting of February 2020, the Project Oversight Board is being led by the Chief Executive and the Director of Security, Estates and Facilities.

The Project Oversight Board has again been re-scheduled due to Covid-19 outbreak. Further reporting will be brought back to the NHS Board at its next meeting in June 2020.

RECOMMENDATION

That the Board note the current status of the Project.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Maintain / improve safety and security
Workforce Implications	Admin support and Director costs to be addressed through revenue, though this is under discussion
Financial Implications	Overall reduction in maintenance cost if approved Significant increase in revenue requirement if not approved Capital expenditure if approved
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	Project Oversight Board and Corporate Management Team
Risk Assessment (Outline any significant risks and associated mitigation)	Risk to service if not approved
Assessment of Impact on Stakeholder Experience	Addresses request from patients for introduction of CCTV in clinical areas
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No: 14
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Head of Management Accounts
Title of Report:	Financial Position as at 31 March 2020
Purpose of Report:	For Noting

1 SITUATION

The Board is asked to consider the Revenue and Capital Resources spending plans, and monitor financial outturn. This report provides information on the financial performance to 31 March 2020, which is also reported to the Senior Management Team and Partnership Forum, and is issued monthly to Scottish Government (SG) along with the statutory financial reporting template.

2 BACKGROUND

Scottish Government are provided with an annual Operational Plan and 3-year financial forecast template, which was confirmed at the 20 June 2019 Board meeting, setting out a balanced budget for 2019/20 based on achieving £2.103m efficiency savings, as referred to in the tables in section 4.

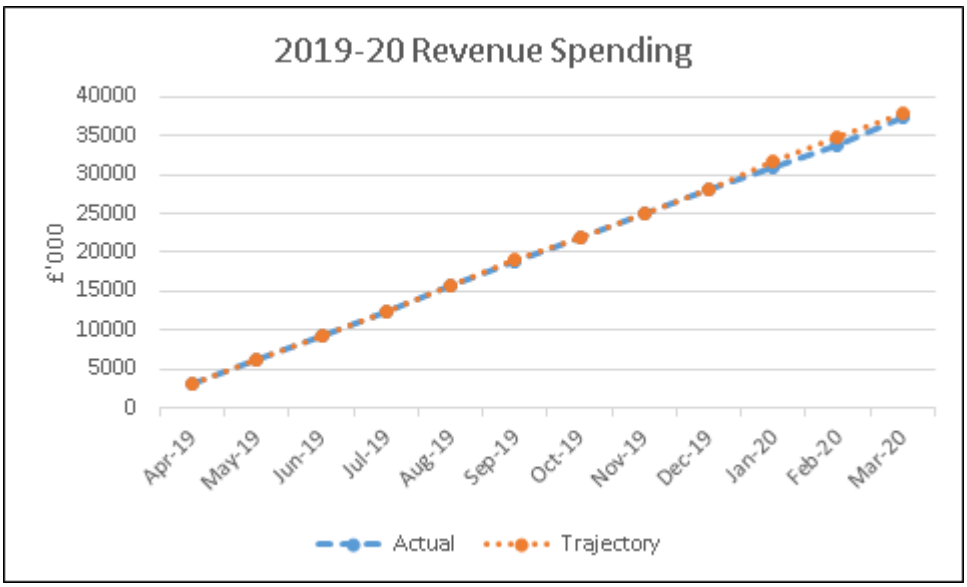
The annual budget of £37.645m is primarily the Scottish Government Revenue Resource Limit allocation, now augmented with the addition of part funding of the costs of the recent Pay As If At Work ("PAIAW") agreement).

3 ASSESSMENT

3.1 Revenue Resource Limit Outturn

The Board is reporting an under spend of £0.150m to 31 March 2020 – which is a year-to-date favourable variance of 0.4%. This is a draft outturn position, subject to the year-end external audit review which is due in May 2020.

Per the chart below, the current spending position is therefore closely aligned with the forecast trajectory / budget.
The underspend position, in contrast to the forecasted breakeven, is mainly to do with the significant reduction in Nursing overtime.



At this stage in 2018/19, there was an underspend of £0.012m.

Specific nursing controls were introduced in 2019 with the aim of reducing overtime – e.g. increasing the number of new start staff working on a five over seven day shift pattern and the use of pool staff to cover clinical activity. These controls are being monitored by nursing with the aim of evaluating their impact on 2019/20, and to provide meaningful comparisons for the future evaluation of the impact of the new clinical model in 2020/21.

However, while overtime levels are reduced, they continue to be affected by nursing staffing recruitment challenges, similar to other patient facing NHS Boards, but also sickness absence and clinical activity associated with the high numbers of 'exceptional circumstances' patients in our care.

3.2 **Key financial pressures / potential benefits.**

3.2.1 *Covid-19*

There have been additional costs incurred in the final month of the financial year which are regarded as being specifically due to the Covid-19 crisis.
These costs, together with those now being incurred on an ongoing basis, are formally reported weekly to the Scottish Government's Covid-19 Health Finance team within the Health Finance and Infrastructure Directorate, and feedback is received directly on these reports.
This now includes specific reference to any costs in excess of £100k for Scottish Government notification and agreement in line with new governance arrangements approved in April 2020 by Chief Executives and Directors of Finance.

During March, the undernoted revenue costs were specified in the Hospital's returns.
i – Overtime costs £170k – additional overtime was incurred in March due principally to the increased levels of staff sickness;
ii – Delayed annual leave £44k – increased year-end accrual for staff leave due in March now deferred due to staff required to be on-site or absent through sick leave;
iii – Covid-19 support team £18k – in March the Hospital established a specific team to provide support to the management of the Covid-19 crisis, comprising 9 members of staff seconded from various departments;
iv – IT costs £20k – additional equipment (laptops, mobile phones, licences etc.) was necessary in order to facilitate remote working for a number of staff and other essential IT site requirements;

v – Equipment costs £8k – this includes new monitors, some pandemic PPE stock, uniforms, and patient tvs/radios;
vi – Estates/facilities costs £6k – including the requirement for additional lockers, trolleys, chairs etc.

For 2020/21, the above items i and iii are ongoing, together with additional individually identified costs for deep cleaning, drugs, oxygen, specific equipment and potential delay costs for the perimeter security refreshment project.

It is understood that these costs both in March 2020 and ongoing in 2020/21 should, in time, be reimbursed from the Scottish Government's share of the £5bn being provided by the UK Treasury (Barnett-based – approx. £430m). However, while the position on this remains to be finalised the costs remain specific to the board, and will continue to be reported weekly.

3.2.2 *Existing pressures / potential benefits*

	PRESSURES	Risk	Best estimate £'k
(i)	Holiday Pay - Lock v British Gas - PAIAW - Full Year 19/20 (NB Received RRL for £141k for Aug 17 to Mar 18 retrospection)	High	140
(ii)	Rebandings arrears (some already paid to date)	High	tbc
(iii)	Clinical Model Review	High	tbc
(iv)	Legal Fees	High	101
(v)	Office 365	High	250
(vi)	3 yr up for opt out sup'an end Nov 19 (approx 100 staff not sup'an)	Med	112
(vii)	EU Exit (may get guidance from sub group)	Low	tbc
(viii)	Perimeter Fence - FBC - Additional Staff (Capital funding pending)	Low	170
	BENEFITS	Risk	
(ix)	Exceptional Circumstance Patients (new - recharging host Board)	Med	290
(x)	VAT element on Utilities in our favour (v HMRC) (some already paid to date)	Low	50

i – PAIAW
This was a ruling from the courts following the Lock v British Gas case, for payment as if at work, so in effect staff at TSH now get a % payment for overtime when on annual leave. Payments in 2019/20 to date comprise (SG funded) Aug 2017- Mar 2018 £141k, and TSH funded Apr 2018 - Mar 2019 £210k. In addition, the value for 2019/20 was originally estimated as £212k (first tranche paid December 19, £101k, and is to be funded by TSH). However, because overtime has reduced considerably this financial year the payment is much less than planned (based on prior year's amounts).
There has been a thorough review of central reserves, and finance for this has been identified. However, there may be claims going further back, but nothing definite yet, however we did get an early indication and have accrued March 2020 on that advice.

ii - Rebandings
There was a number of rebanding appeals for certain posts within the hospital, the most recent of which was backdated to 2015; costs of these require to be recognised in the year of settlement.
This year we have paid £25k of arrears (this excludes PAIAW arrears).
HR have improved the process and reduced the number of outstanding appeals.
Accruals have been put in place March 2020 for likely rebandings and tribunals.

iii – Clinical Model review
The review of the clinical model has identified potential recurring savings in ward nursing, - values to be confirmed – which would be beneficial from early 2020/21 and will be monitored as part of the overall evaluation of the model. There are, however, potential unidentified 2019/20 costs yet to be determined subject to the steps required to prepare for the implementation of the model e.g. Estates costs. – now principally deferred into 2020/21.

iv – Legal fees
These are currently higher than budgeted due principally to individual one-off cases requiring significant CLO input. All use of CLO is scrutinised to ensure it is essential and their advice is taken at all times regarding potential settlement of cases.

v – Office 365
NHS Scotland are directing all Boards to the implementation of Office365 in 2020. This will require input from all directorates and much staff commitment. While the plan was originally likely to be underway in early 2020, with timing now uncertain, the potential costs are being evaluated and should additional funding be required to meet the demands of this, a specific business case will be developed.

vi – Superannuation opt-out
Staff who are not superannuated will be automatically enrolled at the end of November 2019 (this happens every three years), for those who do not choose to opt out (within 4 months – this will be tracked), the Board will incur sup'ers on costs. The hit in December pay is £28k, however a number has opted out since and this will continue to be monitored.

vii – EU Exit
While there are no specific costs currently identified, this aspect will continue to be monitored.

viii – Perimeter Fence project
While we have had authorisation by email that certain additional staff costs (facilitation / support staff) directly related to the project will be able to be included in the final capital settlement, this remains noted as a potential risk in case there is any change in the application of the allocation by SG.

ix – Exceptional Circumstance patients
Certain Territorial boards are due to pay TSH for patients who are at the Hospital under "exceptional circumstances" from other territorial boards – generally due to lack of bed availability. The boards have all been written to formally regarding o/s payments, and while payments are now forthcoming, an element for unpaid to date (to March 2020) invoices has been allowed in the final March 2020 accounts. This matter will be escalated through Finance Directors and, if required, Chief Executives for any non-paying boards.

x – HMRC
HMRC has settled in our favour to reduce VAT on utilities to 5% from 20%, providing a windfall payment, which has benefitted TSH in 2019/20 (£64k). This has concluded the process re Electricity costs, with details now awaited re Gas.

3.3 **Year-to-date position – allocated by Board Function / Directorate**

Directorates	Annual Budget 19/20 £'k	YTD Budget Mar 20 £'k	YTD Actuals Mar 20 £'k	YTD Variance (budget - actual) (adverse) / favourable Mar 20 £'k	Budget wte	Actual WTE
Nursing And Ahp's	19,856	19,856	19,539	317	378.53	390.00
Security And Facilities	5,977	5,977	5,926	51	123.63	117.18
Medical	3,732	3,732	3,437	295	36.58	29.94
Chief Exec	1,844	1,844	1,793	51	22.45	21.87
Human Resources Directorate	836	836	847	(11)	13.38	12.78
Finance	3,025	3,025	3,065	(40)	37.53	37.31
Cap Charges	2,857	2,857	2,853	4		
Misc Income	(724)	(724)	(808)	84		
Central Reserves	242	242	844	(602)		
Under / (over) spend	**37,645**	**37,645**	**37,496**	**150**	**612.10**	**609.08**

Nursing & AHPs - see further detail below

Security & Facilities – see further detail below

Medical – There is in–year pressure due to cross-board costs for Senior Trainee Doctors, although there is an overall underspend in Medical department due to staff vacancies and a consultant vacancy being filled by a specialist registrar.
Continuing vacancies in Psychology is also a main factor in the favourable variance, while Pharmacy (Drugs) is also reporting an under spend for the year.

Chief Executive – There is a small underspend resulting from the interim HR director having been with TSH on a 0.5 WTE basis against a full-time budget.

HR –There are in-year pressures from Occupational Health (due to backdated invoicing for 2018/19).

Finance – The main overspend is the result of the higher legal fees for the year to date (as noted in para 3.2.iv.)

Capital Charges – These relate to depreciation for the period and have no significant variance.

Miscellaneous Income – Income for exceptional circumstances patients are coded here.

Central Reserves – Remaining reserves at the year-end are mainly for apprenticeship levy and provisions that hit the ledger at the year-end. Other reserves are for additional funding from SG for specific projects (many are Nursing), of which some monies have been deferred in to next year. Also year-end accruals for covid-19, PAIAW, rebandings and tribunals.

3.3.1 **Nursing & AHPs** – further breakdown as below –

Nursing & AHP's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 12	Budget WTE	Actual WTE
Advocacy	147	147	144	3	0	0
AHP's & Dietetics & SLA'S	653	653	602	51	13	12
Hub & Cluster Admin & Clinical Operations	831	831	778	53	23	20
PCI & Pastoral	220	220	185	35	3	3
NPD & Infection Control & Clin Gov	416	416	394	22	6	5
Skye Centre	1,738	1,738	1,543	195	38	35
Ward Nursing	15,851	15,851	15,892	(42)	295	315
Total Nursing and AHP's	**19,856**	**19,856**	**19,539**	**317**	**378.53**	**390.00**

Underspends (apart from Advocacy) are due to staff vacancies.

Ward Nursing – further breakdown as below -

	2019/2020	Ward Nursing overtime						
Prior Year Variance £'k	Ledger Ward Nursing	Annual Budget £'k	In month / Year to Date Budget £'k	In month / Year to date Actuals £'k	YTD Variance (budget less actuals) £'k	Budget WTE	Actual WTE	Contracted/ conditioned wte's
23	Total April 19		1,286	1,350	(65)	295.00	318.77	289.30
(43)	Total May 19		1,286	1,343	(58)	295.00	315.33	289.30
(117)	Total June 19		1,286	1,282	3	295.00	309.54	286.30
(84)	Total July 19		1,286	1,286	(1)	295.00	303.18	288.28
(194)	Total Aug 19		1,577	1,583	(6)	295.00	309.99	281.72
(116)	Total Sept 19		1,293	1,301	(8)	295.00	312.86	291.55
(90)	Total Oct 19		1,287	1,264	23	295.00	296.78	285.70
(28)	Total Nov 19		1,322	1,244	78	295.00	302.54	287.00
4	Total Dec 19		1,369	1,335	34	295.00	301.23	290.64
(61)	Total Jan 20		1,287	1,272	15	295.00	299.25	293.14
(53)	Total Feb 20		1,287	1,323	(36)	295.00	315.68	304.02
(105)	Total Mar 20		1,287	1,307	(21)	295.00	314.97	293.30
(863)	Cumulative	15,851	15,851	15,892	(42)			
^ slot in								
	Variance analysis:		PAIAW arrears Aug 19 and Dec 19					
	Overtime for vacancies backfill				(275)			
	Phased savings (not yet realised)				(150)			
	'Nursing Resource' to analyse			*	383	New control measures in place		
					(42)			

The overspend to date £0.042m, in comparison to the previous year's overspend of £0.863m, is vastly improved (favourable movement of £0.821m), this is due to various management control measures now introduced and in place. February is showing a spike (patient 'levels'), and continues into March, although this will continue to be carefully monitored in order to prepare for meaningful comparison to levels under the new clinical model in 2020/21. However further fluctuations now imminent re Covid-19.

3.3.2 **Security and Facilities** – further breakdown as below –

Security & Facilities	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 12	Budget WTE	Actual WTE
Facilities	4,206	4,206	4,122	83	84	75
Security	1,640	1,640	1,671	(32)	40	37
Perimeter Security	132	132	132	(0)	0	5
Total Security & Facilities	**5,977**	**5,977**	**5,926**	**51**	**123.63**	**117.18**

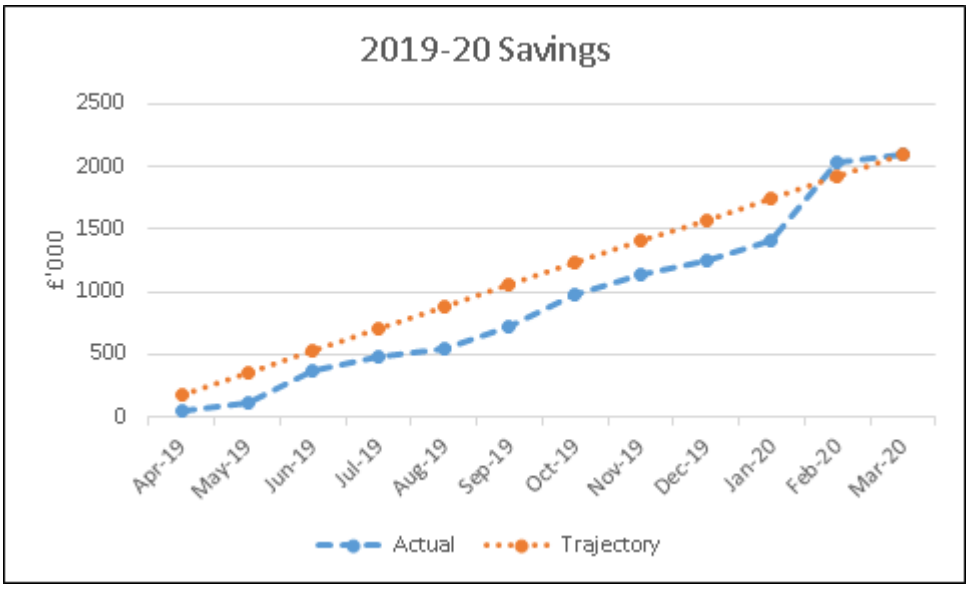
Facilities – The favourable variance for the period is due to vacancies in Hotel Services and Housekeeping. The income for the dining room has far exceeded the forecast for this year.

Security – The overspend is due to changes in staffing structure. However, a workforce review should address this within the Directorate.

Perimeter Fence – The potential pressure of the costs of project staffing are currently recognised within unidentified savings pressures, pending final confirmation of their inclusion in capital funding (per para. 3.2. viii).

4 ASSESSMENT – SAVINGS

4.1 The board at 31 March 2020 is now very slightly ahead of trajectory on the planned savings to date, this is due to backdated recharges (actioned in February ledger) to other (host) Boards for exceptional circumstance patients. This additional income was used to offset much of the unidentified savings, phased to February and March 2020.



There remains a major focus through all directorate budget-holder reviews to identify further savings for 2020/21, and this will continue as the main financial priority.

The following table shows the target savings from the Operational Plan, with savings achieved to date and the remaining balance still to be achieved by the year-end, but as can be noted we slightly overachieved our savings this year.

Savings Annual Target LDP	Savings Annual Target LDP			Savings (Achieved), as at Mar 20			Savings still to be achieved by year end		
	2019-20 Rec £'k	Non-Rec £'k	Total £'k	2019-20 Rec £'k	Non-Rec £'k	Total £'k	2019-20 Rec £'k	Non-Rec £'k	Total £'k
Efficiency & Productivity Workstreams:									
Service redesign (Clinical)	(22)	(95)	(116)	0	90	90	(22)	(5)	(26)
Drugs & Prescribing	0	(20)	(20)	0	46	46	0	26	26
Workforce	(57)	(481)	(538)	22	1,011	1,033	(34)	530	496
Procurement	0	0	0	0	0	0	0	0	0
Infrastructure *(e.g facilities mgt, IT, other support services)*	(56)	(309)	(365)	5	209	214	(51)	(100)	(151)
Other	0	(100)	(100)	0	0	0	0	(100)	(100)
Financial Management / Corporate Initiatives	0	0	0	0	0	0	0	0	0
Unidentified Savings	0	(965)	(965)	0	723	723	0	(242)	(242)
Total In-Year Efficiency Savings	**(134)**	**(1,969)**	**(2,103)**	**27**	**2,079**	**2,106**	**(107)**	**109**	**3**
Trajectory (1/12ths of LDP)				**134**	**1,969**	**2,103**			
(under) / over achieved against trajectory				**(107)**	**109**	**3**			

While the extensive work on the clinical model review was not undertaken with the aim of savings, it is anticipated that the planned model's implementation will however result in some being achieved – and this would provide a key contribution to improving the recurring / non-recurring balance. The vast majority of our savings are through vacancy management, which is treated as non-recurring.

While an improved level of the proportion of recurring savings is a national focus that has been highlighted by audit, it should be noted that of the Hospital's budget, nearly 85% of costs are pay/staff-related. The remaining non-pay cost element from which recurring savings are being pressured is therefore only 15%.
By comparison, many territorial boards have a non-pay cost element of around 65%, and other National boards have non-pay costs ranging from around 80% (NSS, NES) to 30/40%.

National Boards Contribution

4.2

The eight National Boards (formerly Special Boards) continue to work towards joint efficiencies and collaborative working. With a challenging £15m collective savings target to be achieved per annum, there is pressure on each board to contribute towards any shortfall.

While the level to which the Board have agreed for 2019/20 has remained at £220k, there continued to be pressure due to the £15m not yet being fully attained.

However, the position presented by both the Finance & Performance Management Director and the Chief Executive at their respective National Board sessions is that £220k remains our maximum contribution, subject only to any significant underspend should it be the position after final year-end audit, and while also noting that there is currently no contribution for 2019/20 from another, larger board.

5 CAPITAL RESOURCE LIMIT

The capital allocation from Scottish Government for the year is £0.269m, from which as noted below a part-contribution is agreed each year towards the perimeter fence project.

The Capital Group meets regularly to monitor capital spend and demands across the site, however due to Covid-19 there were delays in anticipated spend on specific items in March 2020, and it is planned that the underspend can be carried forward to help 20/21 recognised pressures.

	Annual Plan £'k	YTD Plan £'k	YTD Actual £'k	YTD Variance £'k
Estates	165	30	30	-
IM&T	104	104	104	-
Vehicles	-	-	-	-
Other equipment	-	-	-	-
Security Fence Dvpt	-	55	55	-
TOTAL	**269**	**190**	**190**	**-**

6 RECOMMENDATION

Revenue
Year-to-date: £0.150m under-spend, subject to audit review.
Capital
Year-to-date: £0.079m under-spend, subject to audit review.

Quarterly Financial Review meetings across all directorates, over and above the regular monthly Management Accounts meetings, help maintain accurate revenue budgeting in the accounts and support forecasting the year-end outturn. A strong emphasis on the management of savings remains the priority for the Board.

The Board is asked to note the content of this report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Monitoring of Financial Position
Workforce Implications	No workforce implications – for information only
Financial Implications	No workforce implications – for information only
Route to SG/Board/SMT/Partnership Forum Which groups were involved in contributing to the paper and recommendations.	Head of Management Accounts
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	None identified
Equality Impact Assessment	No implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One ☑ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed. ☐ There are privacy implications, full DPIA included.

APPROVED Minutes of the meeting of the Audit Committee held on Thursday 23 January 2020 at 9.45am in the Boardroom, The State Hospital, Carstairs.

PRESENT:

Non-Executive Director	Bill Brackenridge
Non-Executive Director	David McConnell **(Chair)**

IN ATTENDANCE:

Internal

Chairperson	Terry Currie
PA to Finance and Performance Management Director	Fiona Higgins **(Minutes)**
Chief Executive	Gary Jenkins
Finance and Performance Management Director	Robin McNaught
Head of Corporate Planning and Business Support	Monica Merson
Director of Nursing and AHPs	Mark Richards *(Item 12)*
Director of Security, Estates and Facilities	David Walker *(Item 5)*

External

Auditor, RSMUK	Sue Brookes *(via teleconference, item 12)*
Director, Scott Moncrieff	Karen Jones
Head of Internal Audit, RSMUK	Marc Mazzucco

1 APOLOGIES

David McConnell chaired the meeting and welcomed those present.

Apologies for absence were noted from Maire Whitehead, Tom Hair and Assam Hussain.

2 CONFLICTS OF INTEREST

There were no conflicts of interest noted.

3 MINUTES OF THE PREVIOUS MEETING OF 20 JUNE 2019

The Minutes of the previous meeting held on 10 October 2019 were amended at page 3 item 7 to include reference to trade unions and subsequently **approved** as an accurate record.

4 MATTERS ARISING - ACTION NOTES UPDATE

Members **noted** that all actions were either complete or were on the agenda for further discussion. It was agreed that going forward the action notes would have a status update in advance of the meeting.

ACTION: FIONA HIGGINS

INTERNAL AUDIT

5 ANNUAL UPDATE ON STATE HOSPITAL RESILIENCE ARRANGEMENTS

Members received and noted an update on resilience and emergency planning arrangements which was presented with additional verbal update by David Walker, Director of Security, Estates and Facilities. The report provided an overview of the work of the Resilience Committee, which reports to the Senior Management Team and annually to the Audit Committee.

Members were advised that 3 key areas which will be progressed as a priority through the Resilience Committee in 2020 will be the updating of the undernoted resilience plans:

- Loss of Staff
- JANUS System Failure
- Pandemic Flu

The report provided details of all level 2 training and exercises undertaken across the year, including 4 table top exercises, members noted that going forward a review of all Level 2 contingency plans will be undertaken bimonthly.

In relation to Level 3 exercises a meeting was held with Police Scotland, NHS Lanarkshire and South Lanarkshire Council in order to commence review of the multiagency plans for response to incidents within the State Hospital, this is ongoing at present with the Hospital waiting on confirmation of an exercise date from Police Scotland. Members were advised that the requirement for emergency service resources in September/October at the national Climate Change Conference in Glasgow may impact on the timing of this exercise.

An exercise with Fire Scotland was held at the Hospital on the evening of Monday 20 March 2020 within the Estates Compound. The exercise went well and there were no significant issues of concern noted.

Work is also underway with the 3 Medium Secure Units across Scotland who are currently reviewing their Loss of Accommodation Resilience Plans, this is being taken forward through the Forensic Network.

Members asked if there were any concerns in relation to the out of date Resilience Plans and David Walker advised the only concern would be the Loss of Staff Plan, however in compliance with the new Once for Scotland Adverse Weather Plan all line mangers are required to ensure they hold up to date records of their team's addresses and how staff can safely get to work, this also includes the categorisation of key departments.

Terry Currie noted his concern that a multi agency exercise had not been held since 2013 although he understood that this should be held every 2 years. David Walker advised that he was not in a position to respond to this having only recently taken up his position at the Hospital. However he advised the Committee that planning was underway for a Level 3 Multi Agency exercise with an expectation that this will be held in 2020. He also highlighted that the timing of this is very much outwith the control of the State Hospital as this is dictated by the Category 1 and 2 Emergency Responders, who are Police; Ambulance and Fire; the State Hospital does not fall within the emergency responder category as this we do not provide an emergency service.

Members agreed that a paper be prepared for the March Audit Committee providing assurance that the governance process around resilience planning is in place, including a review of Level 2 and 3 plans and timeframes.

ACTION: GARY JENKINS / DAVID WALKER

Members **noted** the content of the report.

David Walker leaves the meeting.

6 ATTENDANCE MANAGEMENT UPDATE

Members received and noted an update on attendance management for the period to 30 November 2020. The sickness absence figure for this period is 6.07% with the long/short term split being 4.58% and 1.48% respectively. The total hours lost was 6,105.09 which equates to 37.51 wte.

A breakdown of sickness absence continues to be issued to all Directors / Managers for monitoring and review.

Members were pleased to note the continued improvement towards achieving the national target and acknowledging the commitment and work of staff, management and trade unions in making this progress. Work continues in relation to the complex long term absences, with a case review being undertaken by the Interim Human Resources Director to investigate strategies and provision of support for staff.

Members **noted** the content of the report.

7 FRAUD UPDATE

Members received and noted an update on fraud allegations and notifications received from Counter Fraud Services, which was presented by Robin McNaught, Finance and Performance Management Director, who advised that since the previous Audit Committee, four alerts had been received, both now closed with no further actions required.

In relation to the outstanding allegation noted on the action plan, Robin McNaught advised that this had been cleared and closed.

Members **noted** the content of the report.

8 FRAUD ACTION PLAN

Members received and noted the Fraud Action Plan which was presented by Robin McNaught, Finance and Performance Management Director. Members noted that the 2018 date referred to on page 5 (Appendix 2) of the report should read 2019. The report noted that the activities recorded within the report will be used to gauge Counter Fraud Services' level of engagement with each Board at their annual customer engagement visit, which is expected to be held mid April 2020.

In relation to the provision of a Fraud Awareness Session for staff it was agreed that Marc Mazucco and Robin McNaught would take forward the drafting of a programme for presenting to the March Audit Committee.

ACTION: MARC MAZUCCO / ROBIN McNAUGHT

Members **noted** the progress on engagement activities; noted the update on communication; reviewed the Fraud Action Plan and noted the review of the top ten risks identified from the FRAM.

9 CORPORATE RISK REGISTER

Members received and noted an update on the Corporate Risk Register which was presented by Robin McNaught, Finance and Performance Management Director. The report provided an overview of the corporate risk register, to which there are no new additions from the previous report and one amendment in relation to the line of accountability.

The process of reviewing high and very high risks monthly with directors is working well as is the review of risks at the appropriate strategic and governance groups.

Members noted that all risks have actions plans in place with the exception of Deliberate Leads to Media which is currently under review with the Interim Human Resources Director. Gary Jenkins advised members that a response had been received from the Information Commissioner's Office which will inform the action plan for this risk.

Members **noted** the content of the report.

INTERNAL AUDIT

10 PROGRESS REPORT 2019/20

Members received and noted a progress report on the internal audit plan for 2019/20 which was presented by Marc Mazucco, Head of Internal Audit at RSM UK. Members noted the audit progress recorded in the report and approved RSM UK's proposal, made verbally at the meeting, to move forward the timings of both the Accounts Payable and Patient Funds and Property Audits Members also requested that the patient purchase, dispatches and returns be included within the Patient Funds and Property Audit, and confirmed that any review in connection with the Clinical Model would be deferred until later in 2020/21.

ACTION: MARC MAZUCCO

11 MANAGEMENT ACTION TRACKING REPORT

Members received and noted the management action tracking report which was presented by Marc Mazucco, Head of Internal Audit at RSM UK and which provided an update on the current status of all audit actions.

Members noted that, with the new Risk Management Facilitator now in post, there will be a greater focus on internal audit actions, it is also expected that the implementation of the new electronic system should help action owners and the Audit Committee to monitor actions.

Gary Jenkins advised that he intends to embed this within the Senior Management Team agenda to ensure action owners take responsibility for their actions and to raise awareness of the requirement and significance of providing assurance to the Audit Committee.

Members discussed inclusion of audit awareness within the Leadership Programme, focussing on the audit function, what it drives and what it improves. Members agreed that it would be helpful for middle managers to ensure an understanding of the organisation and its functionality and governance requirements.

Mark Richards arrives at the meeting
Sue Brookes joins the meeting via teleconference

12 ROSTERING AND SCHEDULING OF WORKFORCE AUDIT REPORT

Members received and noted an audit report on Rostering and Scheduling of Workforce which was presented by Sue Brooke, RSM UK via teleconference. Mr Muzucco explained that the report was advisory in nature, rather than generating an specific audit opinion. In light of the late circulation of the report, due to the audit work being carried out very close to the Audit Committee date, members received a more full verbal summary from Marc Mazucco and detailed comments from Mark Richards, Director of Nursing and AHPs.

Members agreed that this was a complex audit area and noted the key findings highlighted in the report.

Mark Richards advised that in line with Safe Staffing Legislation there is a requirement for a report to be presented bi monthly to the Hospital Board and to the Scottish Government and that assistance is currently being provided by Healthcare Improvement Scotland in taking this forward.

Members discussed the current mix of shift patterns, the use of pool staff, the budgetary responsibility level and the reliance on paper based systems and acknowledged that this is a challenging and sensitive subject and consideration in relation to marketing, phasing, development, change process and benefits would need to be presented carefully, ensuring the discussion are data driven using audit outcomes and with a transparent end goal visible to staff.

Members agreed that this was an informative report and noted that it would be taken forward as part of the clinical model work.

Gary Jenkins and Mark Richards are to review the management actions to ensure these are appropriate and feedback to Marc Mazzuco.

ACTION: GARY JENKINS / MARK RICHARDS

Mark Richards leaves the meeting
Sue Brookes leaves the meeting

EXTERNAL AUDIT

13 AUDIT RISK ANALYSIS AND PLAN

Members received and noted the External Audit Risk Analysis and Plan which was resented by Karen Jones, Director, Scott Moncrieff, who advised that the annual plan is formed of two parts:

- Audit of annual accounts

  Planning meeting held with Robin McNaught and Moira Donoghue and risks listed on page 14 of the report. All of these are standard risks and none of concern were identified.

- Wider scope audit including:

  - Financial Sustainability
  - Financial Management
  - Governance and Transparency
  - Value for Money

  No risks were noted for the above key areas with the exception of Financial Sustainability in relation to planning for the long term financial position, however the new governance strategy proposed by the Scottish Government will assist though this is only at development stage at the moment.

Members **noted** the planned audit work to be provided by Scott Moncreiff and **approved** the Audit fee as detailed within the report whose parameters are set by Audit Scotland.

It was agreed that going forward a one page covering report highlighting the key areas and what the Audit Committee is being asked to note or approved should be provided.

ACTION: KAREN JONES / ROBIN McNAUGHT

OTHER ISSUES

14 POLICY UPDATE

Members received and noted an update on Policies which was presented by Robin McNaught, Finance and Performance Management Director. The report showed continued improvement and good progress being made with policies. As at January 2020 the Hospital has 134 policies, of these policies 23 are currently out of date, Clinical Effectiveness continues to seek updates from Policy Owner/Authors at least monthly. and noted that a further update would be provided to the March Meeting.

ACTION: ROBIN McNAUGHT

15 OPERATIONAL PLAN UPDATE

Members received a verbal update on the Hospital's Operational Plan from Gary Jenkins, Chief Executive. Members noted that the first draft had been submitted to the Scottish Government Health Directorate with verbal feedback provided on Tuesday 21 January 2020 that they are content with the plan. A second draft will be submitted at the end of February with a finalised plan expected in April.

Members **noted** the update and that there are no issues of concern.

16 ANY OTHER BUSINESS

There was no other competent business.

17 DATE AND TIME OF NEXT MEETING

The next meeting is proposed to take place on Thursday 26 March 2020 at 9.45am in the Boardroom.

Board Paper 20/24

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 April 2020
Agenda Reference:	Item No: 16
Sponsoring Director:	Finance & Performance Management Director
Author(s):	Risk Management Team Leader
Title of Report:	Corporate Risk Register – Very High/High/Medium risks
Purpose of Report:	For Discussion

1 SITUATION

This paper is prepared to provide oversight to the Board of the medium, high and very high risks featuring on the Corporate Risk Register and to provide assurance that these are being addressed.

2 BACKGROUND

The Corporate Risk Register is presented to the Audit Committee and is also a standing agenda item on the quarterly Risk, Finance and Performance Committee.

3 ASSESSMENT

There is one Very High risk
CE 14 The risk that Coronavirus (Covid-19) could affect The State Hospitals primary aim to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff.

The 7 following risks are graded as High:

MD30 Failure to prevent/mitigate obesity
*SD51 Physical or electronic security failure
*SD53 Serious security breaches (eg escape, intruder, serious contraband)
ND70 Failure to utilise our resources to optimise excellent patient care and experience
*ND71 Failure to assess and manage the risk of aggression and violence effectively
FD97 Unmanaged smart telephones' access to The State Hospitals information and systems.
HRD111 Deliberate leaks of information

The following 21 risks are graded as Medium

*CE10 Severe breakdown in appropriate corporate governance
*CE11 Risk of patient injury occurring which is categorised as either extreme injury or death
CE12 Failure to utilise appropriate systems to learn from prior events internally and externally
MD32 Absconsion of patients

*MD33 Potential adverse impact arising from clinical presentation out of hours with no doctor on site (5pm - 6pm)
*MD34 Lack of out of hours on site medical cover
MD35 Non-compliance with Falsified Medicines Directive
SD50 Serious Security Incident
SD52 Resilience arrangements that are not fit for purpose
SD54 Climate change impact on The State Hospital
SD55 Negative impact of EU exit on the safe delivery of patient care within The State Hospital
SD56 Water Management
ND72 Failure to evolve the clinical model, implement and evidence the application of best practice in patient care
ND73 Lack of SRK trained staff
FD90 Failure to implement a sustainable long term model
FD91 IT system failure/breach
FD93 Failure to complete actions from Cat 1/2 reviews within appropriate timescale
FD94 Inadequate data centre
*FD95 Lack of IT on-call arrangements
*FD96 Cyber Security/Data Protection Breach due to computer infection
HR112 Compliance with Mandatory PMVA Level 2 Training

*target risk met

CE = Chief Executive
MD = Medical Director
SD = Security Director
ND = Nursing Director
FD = Finance Director
HRD = Human Resource Director

These risks are reviewed by risk owners (Directors) monthly and have action plans in place to assist reduction to their target level. All other risks fall into the review cycle detailed below:

Low risk	6 monthly
Medium risk	Quarterly
High risk	Monthly
Very High	Monthly

Risk distribution of other risks are as follows:

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain				CE14	
Likely			ND70	MD30, HR111	
Possible			CE12, SD50, SD54, ND72, ND73, FD91, FD93, FD94, FD95	ND71, FD97	
Unlikely			MD33, MD35, SD55, FD90, FD96	MD34, SD52, SD56 HR112	SD51, SD53
Rare			CE13	MD32	CE10, CE11

4 RECOMMENDATION

Board members are invited to review and discuss the Corporate Risk Register Very High/High/Medium Risk report, and to consider any amendments required.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	N/A
Workforce Implications	N/A
Financial Implications	N/A
Route To Board Which groups were involved in contributing to the paper and recommendations.	Risk, Finance & Performance Group
Risk Assessment (Outline any significant risks and associated mitigation)	As per paper
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One ☑ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	RA	AP	Monitoring Frequency
Corporate CE 10	Reputation	Severe breakdown in appropriate corporate governance	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/05/20	Board	Y/Y	N/A	Quarterly
Corporate CE 11	Health & Safety	Risk of patient injury occurring which is categorised as either extreme injury or death	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/05/20	Clinical Governance	Y/Y	N/A	Quarterly
Corporate CE 12	Strategic	Failure to utilise appropriate systems to learn from prior events internally and externally	Major x Possible	Moderate x Possible	Moderate x Unlikely	Chief Executive	Risk Management Team Leader	31/05/20	Risk, Finance & Performance Group	Y/Y	N/A	Quarterly
Corporate CE 13	Strategic	Inadequate compliance with Chief Executive Letters and other statutory requirements	Moderate x Unlikely	Moderate x Rare	Moderate x Rare	Chief Executive	Board Secretary	30/04/20	SMT	Y/Y	N/A	6 monthly
Corporate CE 14		The risk that Coronavirus (Covid-19) could affect The State Hospitals primary aim to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff.	Major x Almost Certain	Major x Almost Certain	Minor x Possible	Chief Executive	Chief Executive	25/03/20		Y/Y		Weekly
Corporate MD 30	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	30/04//20	Clinical Governance Committee	Y/Y	Y/Y	Monthly
Corporate MD 32	Medical	Absconsion of Patients	Major x Unlikely	Major x Rare	Moderate x Rare	Medical Director	Associate Medical Director	31/01/20	SMT	Y/Y	N/A	Quarterly
Corporate MD 33	Medical	Potential adverse impact arising from clinical presentation out of hours with no doctor on site (5pm - 6pm)	Moderate x Unlikely	Moderate x Unlikely	Moderate x Unlikely	Medical Director	Associate Medical Director	31/01/20	SMT	Y/Y	N/A	Quarterly
Corporate MD 34	Medical	Lack of out of hours on site medical cover	Major x Unlikely	Major x Unlikely	Major x Unlikely	Medical Director	Associate Medical Director	31/01/20	SMT	Y/Y	N/A	Quarterly

Corporate MD 35	Medical	Non-compliance with Falsified Medicines Directive	Moderate x Unlikely	Moderate x Unlikley	Moderate x Rare	Medical Director	Associate Medical Director	29/02/20	Medicines Committee	Y/Y	N/A	Quarterly
Corporate SD 50	Service/Business Disruption	Serious Security Incident	Moderate x Possible	Moderate x Possible	Moderate x Possible	Security Director	Security Director	30/06/20	SMT	Y/Y	N/A	Quarterly
Corporate SD 51	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Extreme x Unlikely	Extreme x Unlikely	Security Director	Security Director	30/04/20	Audit Committee	Y/Y	Y/Y	Monthly
Corporate SD 52	Service/Business Disruption	Resilience arrangements that are not fit for purpose	Major x Unlikely	Major x Unlikely	Major x Rare	Security Director	Security Director	30/06/20	SMT	Y/Y	N/A	Quarterly
Corporate SD 53	Service/Business Disruption	Serious security breaches (eg escape, intruder, serious contraband)	Extreme x Unlikely	Extreme x Unlikely	Extreme x Unlikely	Security Director	Security Director	30/04/20	Audit Committee	Y/Y	Y/Y	Monthly
Corporate SD 54	Service/Business Disruption	Climate change impact on the State Hospital	Minor x Possible	Moderate x Possible	Minor x Possible	Security Director	Head of Estates and Facilities	30/06/20	SMT/Resilience Committee	Y/Y	N/A	Quarterly
Corporate SD 55	Service/Business Disruption	Negative impact of EU exit on the State Hospital	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Chief Executive	Security Director	30/06/20	SMT	Y/Y	N/A	Quarterly
Corporate SD 56	Service/Business Disruption	Water Management	Major x Unlikely	Major x Unlikely	Major x Rare	Security Director	Head of Estates and Facilities					New
Corporate ND 70	Service/Business Disruption	Failure to utilise our resources to optimise excellent patient care and experience	Moderate x Possible	Moderate x Likely	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	30/04/20	SMT	Y/Y	Y/Y	Monthly
Corporate ND 71	Health & Safety	Failure to assess and manage the risk of aggression and violence effectively	Major x Possible	Major x Possible	Major x Possible	Director of Nursing & AHP	Director of Nursing & AHP	30/04/20	SMT	Y/Y	Y/Y	Monthly
Corporate ND 72	Service/Business Disruption	Failure to evolve the clinical model, implement and evidence the application of best practice in patient care	Moderate x Possible	Moderate x Possible	Moderate x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	29/02/20	SMT	Y/Y	N/A	Quarterly

Corporate ND 73	Service/Business Disruption	Lack of SRK trained staff	Moderate x Likely	Moderate x Possible	Moderate x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	30/04/20	PMVA Group and SMT	Y/Y	N/A	Quarterly
Corporate FD 90	Financial	Failure to implement a sustainable long term model	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Finance & Performance Director	Finance & Performance Director	31/07/20	Audit Committee, RF&P Group & SMT	Y/Y	N/A	Quarterly
Corporate FD 91	Service/Business Disruption	IT system failure/breach	Moderate x Possible	Moderate x Possible	Minor x Possible	Finance & Performance Director	Head of eHealth	31/07/20	Information Governance Group & SMT	Y/Y	N/A	Quarterly
Corporate FD 93	Health & Safety	Failure to complete actions from Cat 1/2 reviews within appropriate timescale	Moderate x Possible	Moderate x Possible	Moderate x Unlikely	Finance & Performance Director	Head of Corporate Planning and Business Support	31/07/20	CMT, SMT	Y/Y	N/A	Quarterly
Corporate FD 94	Service/Business Disruption	Inadequate data centre	Moderate x Likely	Moderate x Unlikely	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	31/07/20	SMT/Resilience Committee	Y/Y	N/A	Quarterly
Corporate FD 95	Service/Business Disruption	Lack of IT on-call arrangements	Moderate x Possible	Moderate x Unlikely	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	31/07/20	SMT/Resilience Committee	Y/Y	N/A	Quarterly
Corporate FD 96	Service/Business Disruption	Cyber Security/Data Protection Breach due to computer infection	Moderate x Unlikely	Moderate x Unlikely	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	31/07/20	SMT/Resilience Committee	Y/Y	N/A	Quarterly
Corporate FD 97	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Major x Possible	Major x Unlikely	Finance and Performance Director	Head of eHealth	31/05/20	Information Governance Group & SMT	Y/Y	Y/Y	Monthly
Corporate HRD 110	Resource	Failure to implement and continue to develop the workforce plan	Moderate x Possible	Moderate x Possible	Minor x Rare	Interim HR Director	Interim HR Director	30/11/19	SMT	Y/Y	N/A	Quarterly
Corporate HRD 111	Reputation	Deliberate leaks of information	Major x Possible	Major x Likely	Moderate x Unlikely	Interim HR Director	Interim HR Director	01/12/19	SMT	Y/Y	Y/N	Monthly
Corporate HRD 112	Health & Safety	Compliance with Mandatory PMVA Level 2 Training	Major x Unlikely	Major x Unlikely	Major x Rare	Interim HR Director	Training & Professional Development Manager	30/11/19	H&S Committee	Y/Y	N/A	Quarterly

*out of date reviews are highlighted – owners are aware

Very High Graded
Actions from those not at target level

CE14 The risk that Coronavirus (Covid-19) could affect The State Hospitals primary aim to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff.

- As this is a developing situation control measures are being looked at daily through the established command centre
- Guidance being updated on a daily basis and being relayed to staff as soon it is can be.

High Graded
Actions from those not at target level

MD30 Failure to prevent/mitigate obesity

- Ongoing patient education and where appropriate restrictions/limits on additional food stuffs (snacks, takeaways, high energy food items and similar) being available out with meals in conjunction with 'Supporting Healthy choices' remit for those 'at high risk'.
- Planned hospital workshop in January 2020 to scope work and changes required.
- Review of cumulative effect of availability of food to patients and how this can be managed in a least restrictive manner to support patients physical health.
- Increased accessibility of physical activity opportunities for all patients daily – move to national physical activity targets (min 150 minutes vs. 90).
- Increased education and training for staff around physical health needs – identified key support staff (trained and assistant proposed) to follow on from health champion posts in 2020 across the site supporting physical health matters.
- Ongoing implementation and audit of health and Wellbeing plans for 100% patients updated monthly and discussed at CPA's.
- Initiation of 'counterweight plus' (VLCD plans) in 2020 to targeted patients.

ND70 Failure to utilise our resources to optimise excellent patient care and experience

- Recruitment to funded establishment
- Review of recruitment processes to streamline and minimise risks of gaps in workforce
- Review of roles and responsibilities regarding Nurse rostering and associated decision making
- Introduction of e-rostering platform
- Increase in staffing allocated to the nursing 'pool'
- Variation to shift pattern for new starts – 7.5 hour shift x 5 day
- Development of nursing element of workforce strategy

- Improved workforce information

FD97 Unmanaged smart telephones' access to The State Hospital information and systems.

- Ongoing monitoring of increased security aspects of new phones introduced in 2019 – through qtrs. 1 and 2 2020 – to ensure compliance and reduced likelihood of breach.

HRD111 – Deliberate leaks of information
No actions identified to reduce to target level – will be highlighted to risk owner.

Medium Graded
Actions from those not at target level

CE12 Failure to utilise appropriate systems to learn from prior events internally and externally

- Await outcome of HIS notification process.

FD90 Failure to implement a sustainable long term financial model

- Review longer-term projections for sensitivities and potential budgetary pressures.

FD91 IT system failure/breach

- No further actions but not at target level

FD93 Failure to complete actions from Cat 1/2 reviews within appropriate timescale

- Regular robust reporting arrangements required.

FD94 Inadequate data centre

- Replacement data centres in place April 2019 - now being closely monitored post-implementation. Further actions also now being addressed to introduce formal regular disaster recovery checking procedures (now underway in 2020 Qtr.1) and to reduce any identified unnecessary storage levels.

FD96 Cyber security/Data Protection breach due to computer infection.
At target level however:

- Cyber security training development ongoing.

SD52 Resilience arrangements that are not fit for purpose

- Increase frequency of testing programme.
- Completion of training plan for Incident Command.

SD54 Climate Change impact on the State Hospital

- Monitoring of climate change.
- Representation on NSS Sustainability Group (Head of Estates)
- Local sustainability group meetings.

SD55 Negative impact of EU exit on the safe delivery of patient care within The State Hospital

- Complying with national guidance re: communication to staff
- Maintain links with partner agencies regarding ongoing developments.

SD 56 Water Management

MD32 Absconsion of patients
No actions identified to reduce to target level – will be highlighted to risk owner.

MD35 Non-compliance with Falsified Medicines Directive

- NHS Lothian verification procedures to be in place before TSH implements own FMD. Likely end 2020.
- Standalone software and scanner required for TSH from JAC
- Identify location and staffing requirements within TSH for verification and decommissioning. Suitable training will be delivered.
- Register with Securmed for database link
- Standard operating procedures will be developed for process and how to deal with any ‘fake’ medicines identified. These should however have been picked up earlier in the NHS supply chain. Single SOPs for Scotland proposed.

ND72 Failure to evolve the clinical model, implement and evidence the application of best practice in patient care

- Conclusion of review of clinical service delivery model, and implementation of agreed changes during 2020.

ND73 Lack of SRK trained staff

- Training of all ward nursing staff in use of SRKs as part of PMVA training.

HR112 Compliance with Mandatory PMVA Level 2 Training
No actions identified to reduce to target level – will be highlighted to risk owner.