

THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

**THURSDAY 15 APRIL 2021
at 10am, held by MS Teams**

A G E N D A

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|------------|--|--------------|-----------------|
| 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 25 February 2021 | For Approval | TSH(M)21/01 |
| 4. | Matters Arising: | | |
| | Actions List: Updates | For Noting | Paper No. 21/20 |
| 5. | Chair's Report | For Noting | Verbal |
| 6a. | Chief Executive Officer's Report | For Noting | Verbal |
| 6b. | Independent Review of Forensic Mental Health | | |

10.20am COVID-19 RESPONSE

- | | | | |
|-----------|--|--------------|-----------------|
| 7. | <u>Covid 19 Response and Remobilisation:</u> | | |
| a. | Resilience Update
Report by the Chief Executive | For Decision | Paper No. 21/21 |
| b. | Financial Update
Report by the Director of Finance & E-Health | For Noting | Paper No. 21/22 |
| c. | Recovery and Innovation – Update
Report by the Head of Corporate Planning and Business Support | For Noting | Paper No. 21/23 |

BREAK 11.15am to 11.30am

11.30 am CLINICAL GOVERNANCE

- | | | | |
|-----------|---|------------|-----------------|
| 8. | Patient / Carer Story: “Nu to U”
Introduced by the Director of Nursing, AHPs and Operations | For Noting | Presentation |
| 9. | Supporting Healthy Choices - Draft Workplan
Report by the Medical Director | For Noting | Paper No. 21/24 |

10.	Nursing Registration and Revalidation Report Report by the Director of Nursing, AHPs and Operations	For Noting	Paper No. 21/25
11.	Quality Assurance and Improvement Report by the Head of Corporate Planning and Business Support	For Noting	Paper No. 21/26
12.	Clinical Forum Chair's Update – meeting held 23 March 2021 Approved Minutes of meeting held 26 January 2021	For Noting	Verbal CF(M) 21/01

12.30pm STAFF GOVERNANCE

13.	TSH Interim Workforce Plan 2021/22 Report by the Interim Director of Human Resources and Staff Wellbeing	For Decision	Paper No. 21/27
14.	Attendance Performance Update Report by the Interim Director of Human Resources and Staff Wellbeing	For Noting	Paper No. 21/28
15.	Independent National Whistleblowing Officer Launch - Update Report by the Interim Director of Human Resources and Staff Wellbeing	For Noting	Paper No. 21/29

BREAK 1pm to 1.20pm

1.20pm CORPORATE GOVERNANCE

16.	Perimeter Security and Enhanced Internal Security Systems Project Report by the Director of Security, Estates and Resilience	For Noting	Paper No. 21/30
17.	Finance Report to 28 February 2021 Report by the Director of Finance & E-Health	For Noting	Paper No. 21/31
18.	Digital Transformation – Update Report by the Director of Finance & E-Health	For Noting	Paper No. 21/32
19.	Corporate Governance Improvement Plan – Update Report by the Board Secretary	For Decision	Paper No 21/33
20.	Audit Committee Chair's update – meeting held 25 March 2021 Approved Minutes - meeting held 21 January 2021	For Noting	Verbal A(M) 21/01
21.	Corporate Risk Register including update to local risk reporting Report by the Director of Security, Estates and Resilience	For Decision	Paper No. 21/34
22.	Any Other Business		Verbal
23.	Date of next meeting 17 June 2021 (following Audit Committee)		Verbal

24. Proposal to move into Private session, to be agreed in accordance with Standing Orders. For Approval Verbal
Chair

Estimated end at 2pm



THE STATE HOSPITALS BOARD FOR SCOTLAND

TSH (M) 21/01

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 25 February 2021.

This meeting was conducted virtually by way of MS Teams, and commenced at 10am.

Chair: David McConnell

Present:

Non-Executive Director	Stuart Currie
Non-Executive Director	Cathy Fallon
Employee Director	Tom Hair
Chief Executive	Gary Jenkins
Director of Finance and eHealth	Robin McNaught
Non-Executive Director	Brian Moore
Non-Executive Director	Pam Radage
Director of Nursing, AHPs and Operations	Mark Richards
Medical Director	Lindsay Thomson

In attendance:

Person Centred Improvement Lead	Sandie Dickson [Item 8]
Chair of Clinical Forum	Sheila Howitt
Head of Communications	Caroline McCarron
Head of Corporate Planning and Business Support	Monica Merson
Board Secretary	Margaret Smith [Minutes]
Director of Security, Resilience and Estates	David Walker
Interim Director of HR and Wellbeing	John White

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr McConnell welcomed everyone to the meeting, and no apologies were noted. He noted that this was the first meeting of the Board for new non-executive members, and also that some members of staff from the wider organisation had joined the meeting as part of their development.

2 CONFLICTS OF INTEREST

There were no conflicts of interest noted in respect of the business on the agenda.

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 17 December 2020 were noted to be an accurate record of the meeting.

The Board:

1. Approved the minute of the meeting held on 17 December 2020: TSH(M)20/11

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board received the action list (Paper No. 21/01) and noted progress on the action points from the last meeting, with actions either being completed or progressed satisfactorily.

The Board:

1. Noted the updated action list.

5 CHAIR'S REPORT

Mr McConnell provided an update to the Board in relation to meetings of the NHS Chairs group including their most recent meeting with the Cabinet Secretary for Health and Sport.

He confirmed that NHS Chairs had discussed progress of implementation of the new Independent National Whistleblowing Officer, noting that The State Hospital (TSH) was in a position of readiness for this. The group had also considered the report published by the Commissioner for Ethical Standards in respect of terms and conditions for the non-executive director cohort, noting that the NHS Corporate Governance Steering Group would review the report in detail. The report would be circulated to the Board for their information at this stage.

Action – Ms Smith

He advised that the Active Governance workstream led through NHS Education for Scotland was paused at present and that the proposed development sessions with individual boards were expected to take place in the autumn of this year.

In relation to the national response to Covid-19, NHS Chairs had received an update on the rollout of the vaccination in terms of the progress made and some the challenges experienced. The group had been joined by the National Clinical Director, Professor Jason Leitch, for this discussion.

Lastly, Mr McConnell highlighted that publication of the final report of the Independent Review of Forensic Mental Health was expected imminently and that he and the Chief Executive would be taking the opportunity to discuss its findings with its Chair, Mr Derek Barron in the near future.

The Board:

1. Noted this update from the Chair.

6 CHIEF EXECUTIVE'S REPORT

Mr Jenkins provided an update to the Board on key national issues, since the date of the last Board meeting,

He provided an update on the work of the NHS Chief Executive group which continued to meet weekly to focus on the national response to Covid-19, as well as routinely through its business meetings. NHS Chief Executives continued to work collectively to deliver the Test and Protect contact tracing service as well as the roll out of staff Covid-19 testing and vaccination programmes. There was continued focus on the redesign of unscheduled care including within paediatrics, and on leadership for care homes across the national framework. The NHS Chief Executives had also considered the recently published Independent Review of Adult Social Care.

Mr Jenkins advised that the mental health agenda continued to be a key national focus, especially in relation to the delivery of services during and in response to the Covid-19 crisis.

He provided an update to the Board on the meeting held with local constituency MSP Ms Aileen Campbell, also attended by the Board Chair and Board Secretary and the intention to further develop links with local elected representatives.

Mr Jenkins provided an update to the Board on key areas of development within TSH, including progress on the pilot taking place within Human Resources reviewing performance metrics, information asset register training and internal audit planning for the coming year. He noted that the end of year meeting had taken place with the Mental Welfare Commission, and that a new educational seminar series had commenced through digital means, replacing the Journal Club, providing an opportunity for continuing development across the organisation.

He advised that the one year Remobilisation Plan for 2021/22 had been drafted and was ready for submission to Scottish Government this week, and that the plan would be considered in today's private session.

Mr Jenkins also underlined the progress made at TSH in preparation for the new national whistleblowing arrangements commencing on 1 April 2021. Finally, he referenced the expected imminent publication of the Independent Review of Forensic Mental Health, and readiness within TSH to respond to leadership in this area through Scottish Government.

Mr Walker then provided the Board with an update for TSH following the withdrawal from the European Union by the U.K at the end of January 2021. He was able to provide assurance that to date there had been no impacts as a result of this in terms of supply or costs. He would continue to keep a watching brief in this regard and to link in with the Lanarkshire Resilience Partnership, to ensure appropriate horizon scanning for future risk. Any significant impact or risk that developed in the future would be brought to the attention of the Board.

The Board:

1. Noted the update from the Chief Executive
2. Noted the imminent publication of the final report from the Independent review into Forensic Mental Health
3. Noted the update on EU withdrawal with no impact to date for TSH, and continuance of risk surveillance for the organisation.

7a RESILIENCE REPORTING – COVID 19 RESPONSE

A paper was received from the Chief Executive (Paper No. 21/02) to provide the Board with an overview of the way in which TSH was continuing to manage its response to Covid-19, and to provide key updates to the Board on actions taken since the date of the last Board meeting.

Mr Jenkins then led the Board through the detail of the report confirming that, following a small outbreak situation in the hospital, it had been considered necessary to move from the interim management structure back into the incident command structure for a brief period before being stood down at the close of the outbreak. This had also led to a review of the Interim Clinical and Support Services Operational Policy, as outlined in the report. Mr Jenkins described in detail the response made by the organisation to this outbreak situation, including leadership through an Incident Management Team and Gold Command. He outlined the continuing focus on infection prevention and control within TSH and the structures and actions in place to support this.

He noted the arrangements put in place over the festive period to support in person visiting where possible, in line with national guidance as well as the subsequent pause to this due to the implementation of a national lockdown. He highlighted the value and importance of virtual visiting arrangements for patients and their carers to give some form of contact, as well as the work being

progressed to explore and benchmark further possible options for this type of visit.

Mr Jenkins provided an update on the vaccination programme within TSH, which had commenced in the hospital on the week beginning 21 December, and which had enabled delivery of the first dose of the vaccine to 500 staff and also to the 13 patients considered to be clinically vulnerable. There had been no wastage of any vaccine supplied. He added that the programme would re-start in March to deliver the second dose of the vaccine to front line staff, as well as to the remainder of the patient group who were all now eligible to receive it in line with the JCVI schedule of priority groups.

Mr Jenkins confirmed the progress made for the roll out of staff testing using Lateral Flow tests (LFTs) in line with national guidance. Following a programme of orientation for staff, they had been supplied with kits and asked to complete testing and to record their results on the national database system. There was a continued promotion of the importance of this to staff, and encouragement to meet the requirements. Mr Jenkins also highlighted the continued availability of a medical care ward within TSH, should this become necessary at any point. He advised that there continued to be no identified risk in the supply of PPE, and that a programme of face fit testing for relevant staff would begin in March to ensure continued compliance within the organisation. He also referenced the position for the flow of patients across the forensic estate, and that the improved picture in this regard was continuing.

Mr White then provided the Board with an overview of issues relating in particular to the workforce including focus on recruitment to vacancies as well as to overall staff wellbeing. This was an area of central focus for TSH, and was being well lead by the Staff Wellbeing Champion. The Staff Wellbeing Centre was now firmly embedded within Harris, and considerable efforts were also being made to ensure inclusion in wellbeing initiatives for staff who were not currently working on site including those staff in the shielding category. A new innovation was planned for a garden area for staff to enjoy.

Mr Jenkins then completed this update to the Board with an update on the continuing work progressed through the Recovery and Innovation Group, as well as the important support provided through the communications and eHealth departments.

Mr Currie raised points in relation to virtual and in person visiting. He referenced the resumption of visiting within the care home sector, and placed this within the context of the impact of both the vaccination programme as well as the staff testing programme using LFTs. He added that it was pleasing to see the work progressed to facilitate video visiting, and noted that digital poverty in wider society could potentially impact successful delivery of this. Mr Jenkins confirmed that the issue of digital poverty was actively being considered within TSH at present so that the organisation could understand the nature of any challenge for the family and carer cohorts and to signpost these groups towards help already available as well as to consider if TSH could provide any additional support where required. Mr Richards confirmed that the guidance relating to care home visiting did not apply to TSH; he added that there was synergy for TSH with the care home sector in relation to long stay patients albeit within the specific and unique aspects of the care provided at TSH. Mr Jenkins noted the importance of volunteer visitors, and the value this brought and the organisational enthusiasm for a restart once national restrictions allowed.

Mr Moore asked for assurance on how TSH compared with other NHS Boards on uptake for LFTs by staff, as well as whether these were being undertaken by contractors working on site. Mr Jenkins confirmed that contractors working on site had been paused temporarily in January in view of national lockdown restrictions, but that the LFT programme had allowed them to restart essential on site working – oversight of this was through the Director for Security, Resilience and Estates and monitoring reporting was made through the TSH Scientific Technical and Advisory group (STAG). Professor Thomson confirmed that TSH continued to be in line with rates of LFT reporting in other NHS Boards.

Cathy Fallon noted that overall the response by TSH to the continuing pandemic was impressive; she was pleased to see the work progressed in relation to staff wellbeing. She asked for benchmarking to other similar organisations for virtual visiting. She also noted that it would be helpful

to see further background on the actions taken in response to areas of non-compliance for staff in respect of personal development planning and reviews (P DPRs) in future reporting.

Actions – Mr Walker/ Mr White

Mr McConnell summarised the discussion on behalf on the Board, and encapsulated the views expressed around the table that the organisation was continuing to fulfil its responsibilities very well. Reporting in this area was very fully made and useful to the Board. The notes on areas for future reporting would be noted and taken forward at the next meeting.

The Board:

1. Discussed and noted 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. Endorsed the position as an appropriate framework for continued operational management and governance during the Covid-19 pandemic.
3. Confirmed an additional reporting requirements for benchmarking of virtual visiting as well as actions taken in response to non-compliance in staff P DPRs.

7b COVID -19 RESPONSE - FINANCIAL GOVERNANCE

A paper was received from the Finance and E-Health Director (Paper No. 20/03) to provide the Board with an update on financial governance to date, during the Covid-19 pandemic, including reporting of specific Covid-19 related costs to Scottish Government.

Mr McNaught advised that following submission of Covid-19 costs for Quarter 2 (July to September 2020) in October 2020, allocations were made in January 2021. In line with TSH requirements, no additional funding was made. The Quarter 3 submission had been made in January 2021, and further consultations would take place with Scottish Government. He outlined the nature of the TSH submission in this regard.

Mr Moore raised a question in relation to any potential impact on undelivered savings for TSH, and Mr McNaught confirmed that this was not anticipated as the identified savings for the current financial year had been realised. Ms Radage asked for further clarification around overtime costs included within costs for Covid-19, and how this compared to overtime costs historically within the organisation as well as benchmarked to other boards. Mr McNaught advised that the period immediately pre-dating the onset of the pandemic had seen a considerable improvement in the rate of overtime payments within nursing, with the expectation that this improvement would stabilise the position on overtime costs. However, the impact of Covid-19 had brought an increase in overtime costs in order to meet service delivery, and that this was in line with the experience of other boards. Mr Jenkins added his assurance that nurse overtime had been a long-standing challenge and the Director of Nursing, AHPs and Operations had successfully led work to bring controls to this area. The new clinical model and safe staffing legislation, once able to be implemented, would further support this position in the future.

Mr McConnell confirmed the Board's position as being content with this update on financial governance, with further reporting in this area to be presented at the next meeting of the Board.

The Board:

1. Noted the updated advice on financial governance through the Covid-19 pandemic.

8 PATIENT/ CARER STORY: VISITING PERSPECTIVES

The Director of Nursing, AHPs and Operations introduced a presentation from the Person Centred

Improvement Team in relation to different perspectives on virtual visiting during the Covid-19 pandemic.

Ms Dickson joined the meeting – she told the story of a virtual visit that had recently taken place and did so using the reflections on it from the patient and the carer involved, as well as from the staff who had supported the visit. The feedback from each included both positives and negatives from the experience and included how each had felt in response to visiting through virtual means. Ms Dickson highlighted the importance of taken learning from the feedback – this seemed to suggest that in the future a blended approach of both in person and virtual visiting models would be most effective.

Mr Currie noted the value of taking both negative and positive aspect of feedback and this would best inform learning. He thought offering choice to patients and their visitors would help them to feel empowered. Mr Hair agreed with this and the direction of travel. There was further discussion around how to structure virtual visits using methods like interactive games during the visit as this could help support the connection made during these sessions.

Mr McConnell summarised for the Board, noting the learning taken in this area.

The Board:

1. Noted the update from feedback on visiting perspectives.

9 SUPPORTING HEALTHY CHOICES

The Board received a paper from the Medical Director (Paper No. 20/04) to provide reporting on the key clinical area of overweight and/or obese patients within TSH.

Professor Thomson provided an overview of the report for the Board including the work undertaken to date around Supporting Healthy Choices. She detailed how the patient cohort was split into prevention and treatment groups, and the challenges experienced in enabling improvement. Given this, the workstream had been refreshed and a new plan was being formulated. This would be brought to the next meeting of the Board in April 2021. There were no specific questions in this respect and Mr McConnell noted that the Board was content to await further reporting at its next meeting.

The Board:

1. Noted the content of the report.

10 GLOBAL CITIZENSHIP

The Board received a paper from the Medical Director (Paper No. 21/05) which outlined the progress of the Global Citizenship Programme at TSH, linking the Pakistan Psychiatry Society with the Forensic Mental Health to share developments within Scottish medico-legal domains and share expertise. Professor Thomson provided the Board with an outlined of developments in this area, noting that TSH inputs were made from existing resources with no costs implications.

Mr Jenkins also asked the Board to note the initial contact made with the Sir C J Institute and confirmed that due diligence would be carried out as appropriate and reporting made to the Board should this initiative be progressed further, and there was agreement around the table.

Mr Mc Connell summed up the discussion on this basis.

The Board:

1. Noted the content of the report.

11 QUALITY ASSURANCE AND IMPROVEMENT REPORT

A paper was received from the Head of Corporate Planning and Business Support (Paper No. 21/06) to give the Board a regular update on the progress made toward quality assurance (QA) and Quality Improvement (QI) activities in the period since the date of the last Board meeting.

Ms Merson provided a summary of activity including clinical audit, learning from complaints and feedback and Service Reports, asking the Board to note the detail of reporting and continued progress in these areas. She noted that the Board had asked for further detail on the Realistic Medicine workstream, and therefore the relevant workplan had been added to reporting.

Mr Moore welcomed the addition of reporting on Realistic Medicine, and asked for clarification on the timing of the safety review noted which Ms Merson provided in context of the review of the clinical model in 2019. Professor Thomson further outlined the current approach through daily and weekly monitoring reporting and the development of business tableau reporting. She linked this to the need to link to consideration of individual patient care plans, as well as the practice of complex case reviews by clinical peers as a result of incident activity. Cathy Fallon noted the reported increase in carer attendance at review meetings and Professor Thomson confirmed this had been facilitated through digital means.

Mr McConnell summed up for the Board, noting the value of this reporting.

The Board:

1. Noted the content of the report.

12 CLINICAL GOVERNANCE COMMITTEE

Mr Moore noted that he had chaired the Clinical Governance Committee which had taken place on 11 February 2021 and provided an update for the Board. The approved minutes of the meeting from 13 August were received and noted.

The Board:

1. Noted the update from the meeting on 11 February 2021, and the approved minutes of the meeting held 12 November 2020.

13 CLINICAL FORUM

Dr Sheila Howitt, Chair of the Clinical Forum, provided an update to the Board on the activities of this group. Following a pause in 2020 due to the Covid-19 pandemic, the group had recommenced. It had most recently met on 26 January 2021, and had focussed on the election of new office bearers as well as a review of its membership and terms of reference overall. The group had considered and updated its workplan for 2021 and agreed a schedule of meetings. Dr Howitt advised that this meeting had also encompassed remobilisation within TSH as well as particular focus on digital solutions for the delivery of therapeutic group care.

Mr McConnell thanked Dr Howitt for this very helpful update and that the Board looked forward to receiving further updates from the Clinical Forum.

The Board:

1. Noted the content of the update from the Clinical Forum.

14 TSH WORKFORCE PLAN 2021/22 – UPDATE

The Board received a paper from the Interim Director of Human Resources and Wellbeing (Paper No. 21/07) which outlined the position on revised workforce planning guidelines for NHS Boards. Mr White provided a summary of this for the Board, noting the requirement to produce a one year plan for the coming year 2021/22, and the timeline for submission to Scottish Government at the end of April 2021. Progress in preparation of this was underway through the Corporate Management Team, and a full report with the draft plan would be brought to the next meeting of the Board.

Mr McConnell asked if there were any potential impact for TSH due to the change to a one year planning cycle, and Mr White advised his view that this would allow for greater focus on the remobilisation and recovery over the coming year.

The Board:

1. Noted the content of the report and that a full report would be brought to the next Board meeting.

15 ATTENDANCE MANAGEMENT REPORT

The Board received a paper from the Interim Director of Human Resources and Wellbeing (Paper No. 21/08) outlining the position on staff attendance for the period up to 31 December 2020.

Mr White introduced this paper by noting that the Staff Governance Committee, at its meeting on 18 February, had reviewed the mechanics of reporting on attendance management in detail. The Committee had taken the view that, given the much improved situation for the Board in relation to sickness absence, continued detailed reporting direct to the Board may no longer be required. The committee would continue to lead on detailed oversight in this area. Therefore, reporting was reformulated for the Board to give a high level performance assurance summary.

Mr Moore added that this reporting had, to date, also been routed through the Audit Committee as attendance management had been such a key area of concern and potential risk in organisational performance, but that recent improvements rendered this less necessary.

There was discussion around the table on this and agreement that this format of reporting was preferred, with the Board being able to ask for further detail by exception should this be required. Mr Hair asked for further detail in respect of Table 3 in the report – to make the 5 % target level for TSH more apparent.

Ms Radage, as Chair of the Staff Governance Committee, welcomed the helpful discussion on streamlining of reporting. Mr Jenkins added that a document could help demonstrate reporting to the Board and its standing committees to help the escalation process for reporting.

Action – Mr White

Ms Fallon linked this reporting to the number of vacancies and also whether this would then offset the level of overtime spend, and Mr McNaught clarified that this was not the case.

Mr McConnell noted the Board's agreement on a tiered approach to reporting going forward, as well as the good progress being made in this area.

The Board:

1. Noted the content of the report.
2. Agreed that a tiered approach should be taken in reporting attendance management data for the future with detailed reporting being to the Staff Governance Committee only and with a summarised report to the Board.

16 EVERYONE MATTERS PULSE SURVEY 2020 – UPDATE

The Board received a paper from the Interim Director of Human Resources and Wellbeing (Paper No. 21/09) which provided a summary of the outcome of the pulse survey undertaken in September 2020, and reported in full in December 2020.

Mr White noted that the Staff Governance Committee had considered the report in detail at its meeting on 18 February 2021. To ensure that learning could be taken, the committee had endorsed the position of triangulating the results of this survey with that of other organisational data work carried out over the past year. This work would be fed through the newly constituted HR and Wellbeing group which reported to the Corporate Management Team.

Cathy Fallon requested sight of the internal survey conducted through psychological therapies, for information.

Action – Mr White

Mr McConnell summed up the position in that the Board was content to note this reporting and that more detailed oversight in this area was being led by the Staff Governance Committee.

The Board:

1. Noted the content of this report.

17 STAFF GOVERNANCE COMMITTEE

The Chair of the Staff Governance Committee, Ms Radage, asked the Board to note the main topics of discussion at the meeting which took place on 18 February. The Board also noted the approved minutes of the meeting which had taken place on 19 November 2020.

The Board:

2. Noted an update on the meeting on 18 February 2021, and the approved minutes of the meeting which took place on 19 November 2020.

18 DRAFT CORPORATE OBJECTIVES 2021/22

The Board received a report from the Chief Executive Officer (Paper No. 21/10) which summarised the review of its corporate objectives for the coming year from 1 April 2021 to 31 March 2022.

Mr Jenkins provided an overview of this for the Board, outlining the key priorities for the organisation, grouping activity within the framework of Better Care, Better Health, Better Values and Better Workplace.

This was received positively by the Board, with agreement to add the new whistleblowing arrangements as well as greater emphasis on staff training and development.

With these amendments, the Board approved to the reviewed framework for corporate objectives.

The Board:

1. Approved the Corporate Objectives for 2021/22 subject to minor amendment as noted.

19 PERIMETER SECURITY AND ENHANCED INTERNAL SECURITY SYSTEMS PROJECT

A report was received from the Director of Security, Resilience and Estates (Paper No. 21/11) in relation to the Perimeter Security and Enhanced Internal Security Systems Project. Mr Walker asked the Board to note the continuing progress, noting completion of works as well as the status of the works underway both on and off-site. In addition, the Board were asked to note that the project was proceeding according to the projected cost plan, and with all quality targets being met.

Mr Walker advised that a further report would be submitted to the private session of the Board, due to the commercial sensitivity and level of security information involved, meaning that that reporting would not be appropriate in the public domain.

There were no questions raised and Mr McConnell noted the position for the Board.

The Board:

1. Noted the content of this report.
2. Agreed to further reporting being made in a private session of the Board.

20 FINANCE REPORT AS AT 31 OCTOBER 2020

A paper was submitted to the Board (Paper No. 21/12) by the Finance and E-Health Director, which presented the financial position to month 7 (31 October 2020).

Mr McNaught summarised the report, outlining the Board's financial position, and confirmed that TSH was reporting an underspend at this date of £0.526m, and the capital budget fully utilised. A break-even position was being predicted for this financial year. He confirmed that work was progressing on the savings plan and budgets for the coming year.

The question of spending requests before yearend was raised, and Mr McNaught confirmed that these were currently under consideration.

Mr McConnell confirmed that the Board were content to note this paper.

The Board:

1. Noted the content of this report.

21 PERFORMANCE REPORT QUARTER 3 – 2020/21

A report was received from the Head of Corporate Planning and Business Support, which provided a summary of organisational performance across key performance indicators, for the period of 1 October to 31 December 2020. Ms Merson provided the Board with an overview of the report, highlighting the new format of reporting which had been formulated to give greater visibility and transparency to the reporting of the KPIs.

Mr Currie noted that the format and content of the report was helpful. He asked about how the Board would formulate the key issues and risk within the future landscape as this was likely to include the changes and impacts experienced through Covid-19. Mr Jenkins agreed with this and the need to overlay metrics going forward and of accepting that the landscape, as informed by the Covid-19 experience, would become a baseline position rather than being viewed as a temporary obstacle.

Professor Thomson noted that looking at the clinical indicators within the reporting period, most had been met even in the context of Covid-19, and those not met could be seen as due to temporary factors.

Mr McConnell confirmed that the Board were content to note this paper.

The Board:

2. Noted the content of this report.

22 BOARD AND COMMITTEE MEMBERSHIP

The Board received a paper from the Board Secretary (Paper No. 21/14) which summarised the position for membership of the Board and its standing committees, following a period of a number of tenures ending and new appointments being made. Ms Smith noted that these had been agreed through email reporting, and this report noted the position for the public session of the Board.

The Board:

1. Noted the content of this report.

23 BOARD PUBLIC MEETINGS AND ATTENDANCE

The Board received a paper from the Board Secretary (Paper No. 21/15) which assessed the Board's response to encouraging public attendance at its public sessions during the Covid-19 pandemic situation.

Ms Smith provided an overview for the Board, detailing the work progressed previously through the corporate Governance Improvement Plan to encourage public attendance especially through locating meetings outwith the high secure setting of the hospital itself. She underlined the nature of the Board as national board, which also provided a service to Northern Ireland, and the need to reach this wide public domain. She asked the Board to recognise the key success made in digital transformation by the organisation in response to Covid-19 and the enabling of a digital platform through which to hold meetings. The Board was asked to consider building on this to include public participation in digital meetings, and the value this may have for carers and wider stakeholders.

Mr Hair welcomed the report and provided support to this as a way forward. This was echoed by Mr Currie who noted that it was for the public to choose if they wished to participate and for the Board to enable this. He added that it was essential to signal the difference between a public and private sessions of the Board clearly.

Professor Thomson noted that it may be possible to also include the patient cohort in public meetings, provided this was supported with guidance. There was agreement around the table that further consideration should be given to this aspect in order to ensure it could be supported appropriately. Mr Jenkins added that there should be rigour to the process taken forward, with focus on inclusiveness through a public interface.

Mr McConnell provided a summary on behalf of the Board to the effect that this direction of travel was supported, and that there should be more consideration of the methodology through which to take it forward to ensure as much inclusiveness as possible.

Action – Ms Smith

The Board:

1. Approved the recommendation to take forward public participation through digital means.
2. Requested further consideration of how to make this as inclusive as possible, including the patient group.

24 BOARD WORKPLAN 2021 – UPDATE

The Board received a paper from the Board Secretary (Paper No. 21/16) which presented an overview of the workplan for the Board for 2021.

Ms Smith presented this to the Board, noting that it has initially been reviewed at the meeting which took place in December 2020. Given the recent turnover in membership, this was being re-submitted to allow new members to add their comments and to lend approval. She noted some of the changes made compared to ensure that business was being remitted to the standing committees as appropriate to enable detailed oversight in key workstreams.

This was positively received by the Board in terms of the comprehensive nature of the workplan, and the level of detail provided.

The Board:

1. Approved the workplan as outlined for 2021.

25 AUDIT COMMITTEE

Mr Moore asked the Board to note the meeting that took place on 21 January 2021, as well as the approved minutes of the meeting which had taken place on 8 October 2020.

The Board:

2. Noted an update on the meeting on 21 January 2021, and the approved minutes of the meeting which took place on 8 October 2020.

26 CORPORATE RISK REGISTER

The Board received a paper (Paper No. 21/17) from the Director of Security, Estates and Resilience, which provided an overview of the medium, high and very high risks featuring on the Corporate Risk Register, and to provide assurance that these were being addressed appropriately. Mr Walker summarised the detail of the report for the Board.

Mr McConnell confirmed that the Board noted the report and did not consider that discussion at today's meeting had indicated that any further amendment or addition should be made to the Corporate Risk Register.

The Board:

1. Noted the content of this report

27 ANY OTHER BUSINESS

There were no further competent areas of business for discussion at this meeting.

28 DATE AND TIME OF NEXT MEETING

The next public meeting would take place on Thursday 15 April 2021, by way of MS Teams.

29 PRIVATE SESSION

The Board then considered and approved a motion to exclude the public and press during consideration of the items listed as Part II of the Agenda in view of the confidential nature of the business to be transacted.

The meeting ended at 1.35pm

ADOPTED BY THE BOARD

CHAIR

DATE

**THE STATE HOSPITALS BOARD FOR SCOTLAND
ROLLING ACTION LIST**

ACTION NO	MEETING DATE	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	February 2020	Clinical Service Delivery Model (Item 7)	Update on key milestones for delivery – overall financial monitoring and recording on Corporate Risk Register.	R McNaught/ M Merson	April 2020 – paused	<p><u>Paused:</u> <u>For Discussion:</u> Due to Covid-19 – Remobilisation Planning underway and Board to consider if this action can be reviewed as part of reporting during 2021, with any restart of clinical model as part of that process.</p>
2	October 2020	Corporate Risk Register (Item 23)	To track risks no on target for timescales and actions taken direction of travel and include in regular reporting	D Walker	April 2021	<p><u>On Agenda</u> Report previously amended with direction of travel noted and further work in progress on format.</p> <p>Further updated report is on the agenda for this meeting.</p>

3	February 2021	Chair's Report (Item 5)	Circulate Ethical Commissioner's report on non-executive recruitment	M Smith	March 2021	<u>Completed</u>
4	February 2021	Resilience Report – Covid-19 (Item 7a)	Provide benchmarking comparison to other organisations on use of virtual visiting	M Richards/ D Walker	April 2021	<u>On agenda - Update: - within Item 7a</u>
5	February 2021	Resilience Report – Covid-19 (Item 7a)	Provide further detail on actions taken for on PDPRs	J White	April 2021	<u>On agenda – Update Item 7a</u>
6	February 2021	Attendance Management Report (Item 15)	Add board's sickness absence target (5%) to table 3. Provide document map of this report to board and standing committees.	J White	April 2021	<u>On agenda – Item 14</u>
7	February 2021	Everyone Matters Pulse Survey	Circulate TSH psychological therapies survey	J White	March 2021	<u>Completed</u>
8	February 2021	Board Public Meetings (Item 23)	Review route to enable this and if possible to route to patient cohort	M Smith	June 2021	<u>In progress in line with virtual engagement with patients, further update to follow.</u>

Updated – 08.04.21 – M Smith

Author:
Margaret Smith
Board Secretary
01555 842012

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 7a
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	TSH Response to Covid 19 Global Pandemic – Update
Purpose of Report:	For Decision

1 SITUATION

This report provides an update to the Board on The State Hospital (TSH) response to the unprecedented global Covid-19 pandemic through the prioritisation of strategies to protect the health and wellbeing of patients and staff and to minimise, as far as possible, the risk of transmission of the virus through staff and patient populations.

On 18 March 2021, the Cabinet Secretary for Health and Sport confirmed in a statement to the Scottish Parliament that NHS Scotland would remain on an emergency footing until at least 30 June 2021.

The Board has received reports at each of its meetings throughout from the pandemic, to set out the actions taken. The Board prepared an Interim Remobilisation Plan (for the period to August 2020) as well as a TSH Remobilisation Plan (for September 2020 to 31 March 2021) which were submitted to, and received approval from, Scottish Government.

In line with Scottish Government guidance, a Remobilisation Plan for the period 1 April 2021 to 31 March 2022 has been prepared and submitted to Scottish Government for approval. This plan provides an update and is a further iteration of the existing Remobilisation Plans developed, and summarises key areas of activity for the next financial year. It includes a focus on staff wellbeing, workforce and finance plans for the year, continued management of Covid 19, as well as learning from the pandemic. Once approved, this report will be brought back to the Board and published on the TSH website.

2 BACKGROUND

This report will provide the Board with a detailed update on the framework through which TSH has continued to manage its response to Covid-19, since the date of the last Board meeting.

2.1 Senior Leadership and Management Structure

The Incident Command Structure was first established on 16 March 2020. As part of the TSH Remobilisation Plan for the period to 31 March 2020, it was agreed that the Incident Command Structure would be stood down, and a planned shift made to an interim management structure. This process was completed on 9 December 2020. During January and February 2021, the hospital experienced two small outbreaks of Covid-19. This required a shift back to the Incident Command Structure for a brief period of time from 30 January until 15 February 2021, to place the organisation in the most effective position to manage this situation.

The Covid Support Team has continued to support the management structure, with dedicated advice from infection control, risk management, operational management and human resources.

The process of reviewing and implementing national guidance from UK Government, Scottish Government and Professional Bodies continues to be tracked by the Covid Support Team, and reviewed through the Scientific and Technical Advisory Group (STAG). The STAG has continued to report to the Corporate Management Team (CMT).

The Board reviewed the interim management structure through a board development session in November 2020. It was agreed that this structure would be in place until the end of March 2021, and then be subject to review.

Therefore, the CMT undertook a detailed review of the interim management structure at its most recent meeting on 7 April and agreed that the structure should now be made permanent. The rationale for this is that this provides a more linear leadership structure and cohesion through the directorate structure. CMT took the view that development should continue to embed the management group structure within the organisation to ensure strong links are supported throughout each layer of hospital management and with the Board. Further, that the Board Secretary should continue to undertake a review of the whole system with particular focus on how the system supports effective decision-making and the flow of actions.

3 ASSESSMENT

This aims 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 TSH Route Map and the Interim Clinical and Support Services Operational Policy

The Interim Clinical Operational Policy remains subject to regular scrutiny and review. This is underpinned by daily data gathering and reporting, and a formal weekly review meeting through the Operating Model Monitoring Group. This results in a recommendation to the CMT (or Gold Command when stood up) regarding continuation and/or adjustment to the Policy. Monitoring is focused on a range of key areas of data including clinical incidents, observation levels, patient feedback and participation in meaningful activities, including access to fresh air and participation in exercise. The Mental Welfare Commission receives weekly reports, which adds an important additional element of scrutiny.

The policy has been subject to very regular review alongside the TSH Route Map, to align with the changing landscape nationally and the societal restrictions put in place at both local and national levels.

The Board has received regular, detailed reporting on all aspects of this, with the background and rationale for each change being outlined. At its last meeting on 25 February, the Board was advised that in response to events, the interim clinical policy was amended as of 1 February 2021, with patients being cared for through a model of social distanced groups of three patients being permitted in the main ward areas at any time, and no mixing of ward or patients in social bubbles. The Skye Centre was closed to activity.

On 23 February 2021, STAG reviewed these restrictions and agreed that there could be some relaxation of this, and the policy was revised to allow a 6+6 household model with physical distancing. This was implemented at ward level on 26 February and in the Skye Centre as of 1 March 2021.

The position was carefully monitored and reviewed again by the STAG. As no further patients within TSH tested positive for Covid-19, it was agreed that it would be possible to move to a 6 + 6 household model of care with no physical distancing being necessary. This model was implemented from 15 March 2021.

Most recently, CMT reviewed the TSH Route Map on 7 April, taking on the recommendations made in this regard from the STAG. The guidance below for TSH provides the earliest indicative dates for remobilisation of services and facilities. These are conditional on supportive data and advice from Infection Control.

It is emphasised that these transition activities will continue to operate in a Covid 19 secure fashion by adhering to standard operating procedures developed to keep staff and patients safe. This includes the continued roll out of the vaccination programme to both patients and staff in line with the JCVI guidance, and the use of Lateral Flow Testing.

Oversight will continue through the STAG and the CMT and any re-emergence of Covid 19 within the patient group may result in delays to the timeline below. Clinical priorities, safety of staff and patients and staff wellbeing continue to be a priority and should be considered when transitioning through this guidance.

Table 1 – TSH Route Map Summary

Earliest Indicative Date	Proposed Movement / Changes
12-15 March	No changes to current model
15 March	6+6 care model with no physical distancing
5 April	Hairdresser re-opening
19 April	Move to household model of 12 with no physical distancing Skye Centre to fully re-open including atrium for individual wards only (tea/coffee permitted). Patient volunteers (Sports/library/cafe) to be re-instated in line with models of care
26 April	Gym can re-open for staff for single exercise Visits can be re-instated normally within the family centre

	Up to 6 patients can meet in the grounds from different hubs
17 May	Mixing of wards within 1 hub area Tea/coffee permitted within atrium – no Hub mixing as yet in Skye Centre Patients shop to re-open for face to face shopping
	Professional visitors to visit on site (lateral flow testing available for visitors) Regular face to face group clinical supervision / reflective practice can resume Hospital dining room (canteen) to re-open subject to capacity constraints
31 May	2 hubs can mix together without physical distancing Badminton for staff can restart
14 June	No requirement for physical distancing among patient group All activities to resume in Skye Centre subject to capacity constraints No requirement to follow one-way system in grounds Patients can mix in grounds and Skye Centre, groups and activities with patients from different Hubs can operate freely.

3.2 Infection Control

Infection prevention and control remains central to the response to Covid-19 within TSH, and has informed all decision-making throughout the recent outbreaks. The Board is aware that the Senior Nurse for Infection Control is part of the internal Covid-19 response team and receives external support from the Public Health team in NHS Lanarkshire. All changes to practice are reviewed by the STAG, and the Infection Control Committee continues to meet regularly. Since the date of the last Board meeting, there have been no confirmed cases of Covid-19 within the patient population in TSH.

Table 2: Number of Patient tests, positive and negative results

October 2020 – March 2021

Month	Oct	Nov	Dec	Jan	Feb	March
Total Tests	10	14	9	57	60	22
Asymptomatic tests	5	12	8	52	59	20
Positive results	0	0	0	4	2	0
Negative results	10	14	9	53	58	22

Of all TSH staff (N=650), 263 staff tests have now been conducted to date. 42 staff have tested positive for Covid-19, with 221 testing negative.

Table 3: State Hospital Staff tests by result, for national test centre results

Date to end of 31 March 2021

	Number	% of Total Staff population (n=650)
Staff tests	263	38%
Positive test results	42	6%
Negative test results	221	32%

In addition to the usual reporting of national test centre tests, mass asymptomatic testing of staff was also conducted on-site in response to outbreaks in Lewis and Iona, between the 28 January and 1 February, and on the 18 February.

3.3 Virtual and In Person Visiting

In Person Visiting

The Board has previously been advised of the action taken during 2020 to resume in person visiting at TSH in line with national guidance, beginning 13 July 2020 for single named visiting contacts. This was implemented by re-designation of the Family Centre for this purpose and separate arrangements in place for those patients who would not be able to be able to move from their ward area for visiting.

However, in person visiting was necessarily paused on 11 September 2020, following the local restrictions put in place in South Lanarkshire local authority area, and this has been followed by wider national restrictions throughout the past six months. There was a brief period of relaxation in the national guidance over the festive period commencing on 23 December, for a limited number of in person visits, considered safe and clinically appropriate to offer this and which was tailored according to individual patient need. This approach was paused again, as of 26 December, with the national restrictions in force at that point.

In line with national guidance and detailed in the TSH Route Map, visiting in person will recommence at TSH on 26 April. Plans are in place to reintroduce with same model as before, utilising the Family Centre.

Virtual Visiting

Throughout the Covid-19 pandemic, in person visiting has remained a challenge and is dependent on the spread of the virus both locally and nationally. TSH has focussed on digital means to ensure that an alternative solution has been available to patients and their families and carers to continue to connect throughout the past year. The Board is aware that video-visiting was introduced in TSH in April 2020 at the start of the crisis, and that the value this innovative service could offer soon became very clear. At its meeting in February, the Board received a presentation on visiting perspectives on this type of visit from a patient, his carer as well as the staff supporting the visit. This highlighted both the advantages and the disadvantages of the virtual experience, compared to in person visiting.

Further work is progressing to benchmark the delivery of virtual visiting with other high secure hospitals in NHS England, to develop and support this, exploring the available options. The aim is to ensure that the best experience for our patients and carers is available, as well as meeting security requirements within the hospital as well as at the user end. Work has progressed to review the software and hardware options available, as well as the logistics of introducing the different options available to a high secure setting. This has included the security and information governance aspects as well as costs.

As part of this process a multidisciplinary group was organised to view a demonstration and consider viability of use within the hospital, and the advantages and possible disadvantages compared to the video-conferencing system currently in use. This allowed consideration of whether this would bring improvement for the user, as well as the impact of staff resourcing. The CMT considered the outcome of this and the potential benefits and agreed to a Short Life Working Group being taken forward to explore this area further. This is now being led through the Director of Finance and eHealth through the eHealth Transformation Group, and further updates will return to the Board, including benchmarking reporting to how this area is being progressed within other high secure hospitals in the U.K.

3.4 Covid-19 Vaccination Programme

TSH has undertaken a programme of vaccination for both patients and staff as part of the national roll out of the Covid-19 vaccination programme. This is a rolling programme and so the data below is being updated weekly with the most up to date position.

3.4.1 Staff

In line with the JCVI guidelines, staff were identified who work in roles where they have direct care contacts with patients such as nursing and medical staff; and where they work in roles that require them to work in patient settings, such as housekeepers. The programme was for the first dose of the Pfizer vaccine and was rolled out between 21 December 2020 until 22 January, with 500 staff receiving the vaccine. All staff who were eligible to receive the vaccine, and who wished to do so, were vaccinated. The second dose of this vaccine was then completed for these 500 staff during March 2021.

In addition, 36 staff have received the Astra Zeneca vaccine, and these staff will be due a second dose to be rolled out on the week commencing 10 May 2021.

3.4.2 Patients

In December 2020, 14 patients were identified as being clinically vulnerable (through their individual care plans). It was confirmed through Scottish Government colleagues that any vaccine supply provided for staff (and which was left over from the programme to vaccinate staff) could be used to vaccinate this patient cohort, and 13 patients accepted the vaccine. These patients were then offered the second dose of this vaccine in March 2021, with 11 accepting.

Vaccination of all remaining patients (as per the JCVI guidance) with a first dose was undertaken on 29 and 30 March, and a second dose will be administered eight weeks later. A total of 87 patients accepted this meaning that 100 patients have received at least one dose of a Covid-19 vaccine. The second dose of patient vaccinations will be provided the week beginning 24 May.

To date, vaccine wastage within TSH is at less than 3%

3.5 Test and Protect: Test Expansion Programme

A letter was issued to NHS Chief Executives on 27 November 2020 detailing the expansion of testing to all patients on admission to hospital and twice weekly testing of patient-facing staff within hospitals, the Scottish Ambulance Service (SAS) and COVID-19 Assessment Centres.

Testing of asymptomatic healthcare workers can contribute to reducing the risk of transmission via early identification of cases and ensuring positive members of staff can self-isolate quickly and contact tracing can commence. This is through regular self-testing using Lateral Flow Tests (LFTs) with positive results meaning that confirmatory PCR testing can then be conducted.

In line with all other NHS Boards, TSH began a programme to coordinate implementation at a local level, and this commenced on 28 December 2020. All patient-facing healthcare workers were issued with LFT testing kits and are being supported to conduct twice weekly testing, uploading results to the national database.

This self-testing by staff is on a voluntary basis, with eligible staff being strongly encouraged to undertake and register their LFT test results on a twice weekly basis, highlighting the benefits to them, their families and our patients. NHS Boards are asked to report testing levels each week, as well as positivity rates.

Progress reporting is submitted through the CMT. The testing rate for TSH is currently 20-25% approximately, and this is at the low end of the national comparator in this regard. Work is focussed on understanding the reasons for the uptake rate including the practicalities of self-testing and self-reporting, as well as ensuring that staff feel supported throughout. Communications has been issued to staff regarding improvements to the registration system, and to encourage staff to ensure they register results when they have completed LFTs. It is noted that it is likely that all TSH staff will be asked to undertake LFTs before the end of April as part of national expansion of LFT programme.

In addition, TSH requires all contractors coming on site to undertake Lateral Flow Testing. An Audit tool is in place and monitoring reporting is submitted to the STAG weekly, as well as to the CMT and the Project Oversight Board. To date, no issues have been noted with uptake and management of this control measure.

3.6 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. During the initial phase of the pandemic, a six bed General Medical ward was established and equipped to accept any patient who required enhanced care for symptoms of Covid-19, and could not be transferred to an acute hospital. To date, it has not been necessary to use this facility.

The CMT convened on 31 March 2021 and considered the necessity of this remaining open at this time given the lessening of pressure for intensive care beds in NHS Scotland, the closing of the NHS Louisa Jordan, and also to consider the ward decant programme to accommodate the security refresh project within TSH. A decision was taken to make arrangements to close the ward, although TSH remains equipped and ready to respond should any patient require enhanced care for symptoms of Covid-19 to be delivered on site.

3.7 Personal Protective Equipment

TSH continues to be linked with National Services Scotland (NSS) through procurement. National stockpile supplies have been received by the hospital for Personal Protective Equipment (PPE). To date, there have been no issues with stock availability on site.

PPE usage and the availability of supplies are monitored daily. Escalation routes remain available through the TSH Single Point of Contact (SPOC), the Director of Security, Estates and Resilience, and through NSS Covid-19 Supplies Portal.

At the start of the pandemic, clinical staff were individually fitted with appropriate masks. A programme of re-fitting some staff has been required. These are staff who had been fitted for two models of FFP3 masks as these masks are due to expire at the end of June 2021, and new stock will no longer be available. An alternative mask has been sourced and a face fit testing programme commenced on 15 February, over three weeks. A final week of fit testing will commence on 12 April to complete the re-testing programme for 64 staff members. Any testing required at the end of this programme will be managed locally to ensure that all relevant staff have been re tested and fitted for a FFP3 mask before the deadline of 30 June 2021.

There has been no supply or cost impact for TSH since the withdrawal of the U.K from the European Union on 31 January 2021, and this area is monitored continually through the Director of Security, Resilience and Estates.

3.8 Patient Flow

As part of the wider forensic network, TSH continues to be linked in collaborative work with medium and low security care providers, and in conjunction with Scottish Government Mental Health Directorate, focussed on the challenge of Covid-19. This includes admission to, and transfer between, secure mental health services, suspension of detention and preparation for moving into the community.

The following table outlines the high level position from 1 February to 31 March 2021.

Table 4: Patient flow 1 February to 31 March 2021

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds	108	11	119 (1 bed closed for repairs)
Admissions	13	0	13
Discharges / Transfers	3	0	3
Average Bed Occupancy: Available beds/All beds			90.4% / 77.5%

3.9 Workforce

3.9.1 Attendance Management

The Board now receives dedicated reporting in this area, including Covid-19 related absence.

3.9.2 Planning for Extreme Loss of Staff

The Extreme Loss of Staff Plan for TSH was developed at the start of the pandemic, in response to a significant threat to business continuity as a result of the coronavirus pandemic. A level 2 resilience exercise was held to stress test this plan and provided assurance on preparedness at a local level. This remains a focus to ensure that local knowledge is refreshed regularly.

3.9.3 Staff Recruitment

Human Resources have continued to take forward the recruitment process for all confirmed positions with appointments made across a range of disciplines. There are currently 37 posts actively moving through the recruitment process from the following departments: eHealth, Medical Records, Security, Estates, Psychology, AHPs, Medical, Nursing, Infection Control, & Skye Centre Nursing.

Since the date of the last Board meeting, recruitment activity has concluded for posts within Housekeeping, Finance, eHealth, Forensic Network, AHPs, Estates, Security & Nursing departments.

3.9.4 Staff Wellbeing

Staff Wellbeing continues to be prioritised throughout the Covid-19 pandemic, with a focus on how to support and maintain staff health and wellbeing during this period of significant challenge. The Professional Nurse Advisor has continued in her role as the nominated Wellbeing Champion, leading the local support model based on the principles of Psychological First Aid (i.e. Care, Protect, Comfort, Support, Provide, Connect, Educate).

The National Wellbeing Hub is widely advertised throughout the hospital, and the Staff Wellbeing Centre in Harris is regularly used by staff who are on site. The centre has experienced increased footfall recently, linked to the setting up of the vaccination clinic for staff. The centre was promoted as a facility for staff to wait safely for their vaccine in an area conducive to relaxation and managed with safe infection control measures in place. This has been successful in heightening awareness of what the centre has to offer with access to online resources, peer support and refreshments, and staff feedback has been very positive.

The Staff Wellbeing and Healthy Working Lives Groups have continued to promote appreciation, thanks and gratitude to all staff during their work throughout the pandemic. Beginning by celebrating Mental Health Nurses' Day on Sunday 21 February, this has continued throughout this period to help support all staff.

Staff who are shielding continue to be offered a virtual online session every fortnight as a support mechanism and as a way of keeping in touch.

During March 2021, the Staff Wellbeing Centre led on an Easter Egg Appeal and staff donated 190 chocolate eggs. The Salvation Army in Shotts benefited from this wonderful cause as TSH staff were able to donate 125 eggs to their socially distanced Easter Egg Hunt on Monday 5 April. Families from across both South and North Lanarkshire took part in this event. The remaining eggs were shared amongst three local schools; Carnwath Primary, Carstairs Junction and Carstairs Village to be used for their Easter activities in school.

The team also organised “Afternoon tea” by way of delivery of a box of treats supplied by a local caterer for those key staff working within the hospital who continue to provide patient care and support services – nursing staff, housekeeping, kitchen and security staff.

3.9.5 Personal Development Planning and Review (PDPR) compliance

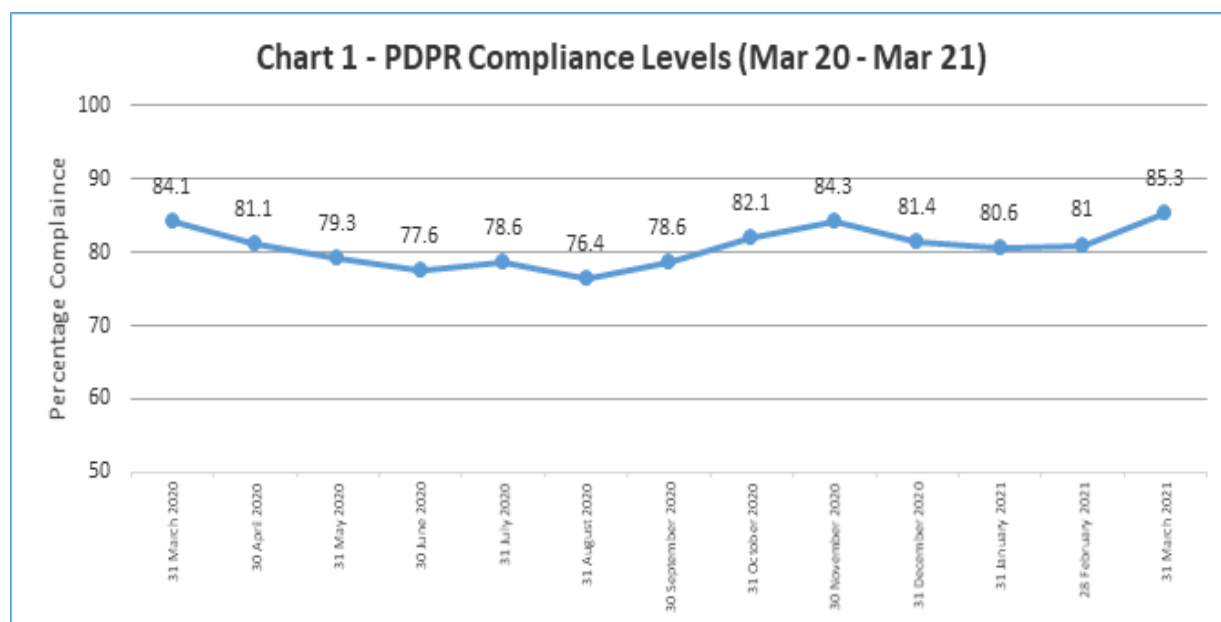
In line with national targets, a key priority within the State Hospital's Staff Governance Action Plan is to ensure that all staff have an annual personal development planning and review meeting with their line manager. This was paused in line with national guidance in March 2020.

TSH remobilisation planning has encouraged line managers to resume the PDPR process and to make arrangements to complete the overdue and forthcoming reviews. The Staff Governance Committee has reviewed progress in detail at its meeting in February 2021, and the current position is summarised as follows:

As at 31 March 2021:

- The total number of current (i.e. live) reviews was 516 (85.3%).
- A total of 77 staff (12.7%) had an out-of-date PDPR (i.e. the annual review meeting is overdue).
- A further 12 staff (2%) had not had a PDPR meeting. Staff in this group are predominantly new staff with an initial set-up review meeting overdue.

Chart 1 shows the trend in organisational PDPR compliance levels for the 12-month period from March 2020 to March 2021.



Of the reviews that are overdue, 27 are less than a month overdue, 26 were due in January or February 2021, and the remaining 36 are over 3-months overdue. There are 8 overdue reviews awaiting final sign-off on Turas, and a further 23 reviews currently in progress. Primary reasons for overdue reviews include sickness absence (of staff or the reviewer), plus competing work priorities (for example, the vaccine roll-out programme) that have impacted on capacity within some departments to complete reviews when they are due.

3.10 Recovery and Innovation

Through the HR & Wellbeing Group, a programme of work has been prepared in anticipation of a gradual move into the recovery phase of the pandemic in 2021. Although it was not possible to make immediate progress during the additional restrictions the hospital has experienced in the months of January and February 2021, the aim now is to refocus this workstream. As such the Board will receive dedicated reporting in this area at this meeting.

3.11 Communication

Staff Bulletins continue to provide key communication throughout the organisation, providing high level feedback to staff about national developments, as well as more focussed updates for TSH. Information is captured within weekly staff bulletins, which has a specific section dedicated to updates in relation to Covid-19, and dedicated bulletins are produced when needed, e.g. to support the uptake of Lateral Flow Tests. A Covid-19 page has been created to provide a one stop shop on the staff intranet for Covid-19 information and which houses all bulletins released to staff. The TSH website is regularly monitored and updated as required.

3.12 Digital Technology

As the Board is aware, significant gains were made for both patients and staff throughout 2020. This is a key area of focus for the Board in 2021, and is being led by the Director of Finance and eHealth. The Board will receive dedicated reporting in this area at this meeting.

4 RECOMMENDATION

The Board is invited to:

1. Discuss and endorse the position outlined in this report in respect to the ongoing operational management and governance of the organisation in response to the global Covid-19 pandemic.
2. To consider and outline any additional reporting requirements that the Board may require in this area.

Author:
Margaret Smith
Board Secretary
01555 842012

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<p>To support operational management and governance structure of the NHS Board during Covid 1-19 emergency response ensuring the NHS Board received detailed reporting across directorate areas.</p>
<p>Workforce Implications</p>	<p>Considered in this report – noting staff wellbeing, staff appraisal arrangements and recruitment.</p>
<p>Financial Implications</p>	<p>Financial implications outlined within a separate dedicated Financial report related to Covid-19 presented at same Board meeting</p>
<p>Route to Board Which groups were involved in contributing to the paper and recommendations.</p>	<p>Board requested for each meeting</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>Fully outlined and considered in the report</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>Fully outlined and considered in the report: staff patients, carers, volunteers</p>
<p>Equality Impact Assessment</p>	<p>Not required for this report as monitoring summary report.</p>
<p>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).</p>	<p>There are no identified impacts.</p>
<p>Data Protection Impact Assessment (DPIA) See IG 16.</p>	<p>Tick One <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications , full DPIA included.</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Item:	Item No: 7b
Sponsoring Director:	Director of Finance and eHealth
Author(s):	Director of Finance and eHealth
Title of Report:	Financial Governance – Covid-19
Purpose of Report:	Update on current Covid financial impact

1 SITUATION

Due to the Covid-19 crisis, additional specific costs are now being incurred by the Hospital on an ongoing basis. These costs have been identified since the onset of the crisis in March 2020, as the Hospital operates under new ways of working.

2 BACKGROUND

These specific Covid-related costs have been formally reported on a regular basis, since March, to the Scottish Government's Covid-19 Health Finance team within the Health Finance and Infrastructure Directorate. Feedback / discussion has followed directly on each of these reports, including a focus on consistency of reporting between boards.

An initial report – for the three-month period April-June (Q1) – was submitted mid-August, incorporating a forecast of expected costs for the remainder of the financial year.

The principal SG exercise for funding purposes was to collate the Q1 reports for all boards, with a review to assess the overall NHSScotland position and what proportion of individual board costs were to be reimbursed as additional in-year allocation. The outcome of this review was notified on 1 October, as noted below in 3.1 and 3.2.

The next stage of SG review related to the report for the Q2 period (to 30 September) – which was submitted in late October. From this next review, updated allocations were issued in January 2021 to those boards for whom there had been additional Covid costs unidentified or underestimated at the initial stage. From this – in line with our requirements – there was no additional Covid funding necessary to TSH.

Further to Q3 cost submissions in January 2021, during February there was further consultation between SG and individual boards to look at expectations for Covid costs in the final quarter, from which it was anticipated that where actual costs materialised below forecast then there would be an element of handback. For TSH – per 3.2.1 – this relates principally to staff costs and contingent project costs.

We have now met with SG to review the Q3 and Q4 draft position and the outcome is noted below in 3.1.1.

3 ASSESSMENT

3.1.1 Financial Governance and SG allocation 2020/21

As previously notified, any specific individual costs in excess of £100k with relation to Covid19 were required to be notified for approval to Scottish Government - agreement being in line with new governance arrangements approved in April 2020 by Chief Executives and Directors of Finance.

For the returns submitted, including forecast costs for the remainder of the year, the revenue costs as noted in paragraph 3.2 below were specified in the Hospital's Covid19 returns – including contingent items.

While initial indications from SG were that all Boards' estimated Covid-related costs would be reimbursed in full, it became clear during Q2 that this would not be affordable for SG, and the actual position now confirmed as an additional allocation is that TSH are receiving approx. £1.6m for 2020/21. From this, there remains the possibility of allocation revisions in the event of any variations in spend, including the likelihood to an element of handback relating to funding provided for costs not materialised – for reallocation to Boards with underestimates or for whom there are now previously unforeseen costs.

In the meantime, we are apportioning the receipt of the additional allocation against our costs for on the above basis, and factor that same apportionment into the forecast costs for the remainder of Q4.

As noted above, we have now met with SG to review the forecast outturn and the anticipated draft position is that the Hospital Covid allocation was not fully utilised, principally due to –

- i – sickness levels and resultant overtime not reaching the highest potential levels;
- ii – some dual running post costs not materialising in the forecast timeframe;
- iii – perimeter project contingency costs not being at the highest risk levels forecast.

However, this being a position shared with many other boards, after some consideration it was instructed by SG that – rather than this being adjusted within our Covid allocation and then a further allocation issued for new payroll funding requirements – we are to offset this against the additional costs materialising in late 2020/21 with regard to the £500 staff bonus now paid, and the 1% pay increase announced to apply retrospectively from December 2020. This is now being done as agreed and the breakdown notified to SG for their collective reporting.

3.1.2 SG allocation 2021/22

While it was initially anticipated that Covid costs for 2021/22 would be reported to SG for allocation agreement in the same was as Q3 and Q4 of 2020/21, it has now been indicated that this will not be the process. Instead, we will continue to report Covid costs through Q1 and into Q2, with the timing of the review for allocations then to be determined likely to be summer 2021, in a similar way to that which was applied in August 2021 for the early months of the Covid crisis.

While our budget for 2021/22 is being drafted with an assumption that Covid-related costs will continue though Q1 and Q2 only, we will monitor this position on a month-by-month basis for reporting and forecasting to ensure all relevant costs are included for consideration in the new year's Covid allocation process.

3.2.1 Covid19 specific costs

The principal revenue costs incurred in relation to Covid19 in 2020/21, as submitted in the Board's Q3 return and Q4 forecast (Q4 return pending after year-end) are as undernoted.

- i. Overtime costs Q1-3 £940k, forecast Q4 £300k – additional overtime incurred each month due principally to the increased levels of staff absence arising from Covid absences (classified as special leave), together with an element of high level clinical demands.
- ii. Nursing recruitment Q1-2 £260k – being an additional 12 student nurses on 6-month contracts. While this was initially understood to be funded by NES as part of a national initiative to support Covid pressures, this did not materialise and it was then to be regarded as provided directly through the Covid funding.
- iii. Additional deep cleaning Q1-3 £7k, Q4 £3k – being extra cleaning requirements specific to rooms for patients with positive Covid test results.
- iv. Telephony, related IT and digital costs Q1-3 £48k, Q4 £12k – being the costs of teleconferencing and other remote communication costs now being incurred.
- v. Estates/facilities costs Q1-3 £16k, Q4 £6k – including the requirement for additional lockers, trolleys, chairs etc.
- vi. “dual running” staff costs – forecast Q3-4 £260k.

We have incurred the costs of the Covid-19 support team (Q1-3 £315k) – having in March established a specific team to provide support to the management of the Covid-19 crisis, comprising 9 members of staff seconded from various departments where their normal workload either stalled or was being undertaken by others in the team, with no backfill in place. Being staff seconded in this manner, these costs are viewed as supported from within budget.

However, the Hospital is now taking forward new staffing posts which are resulting from the ongoing crisis and the recommencing of areas of work while – at the same time – maintaining this Covid support team – the “dual running” costs of these posts is now recognised in the forecast. With the timing of posts being advertised, and some being able to be addressed by revised approaches and vacancy management, it is now unlikely that the level of dual running costs will be at the forecast level – this is now being quantified for SG reporting.

- vii. IT costs Q1-3 £20k, Q4 £20k – additional equipment (laptops, mobile phones, licences etc.) necessary in order to facilitate remote working for a number of staff and other essential IT site requirements.
- viii. Other equipment costs Q1-2 £14k – including new monitors, some pandemic PPE stock, uniforms, and patient tvs/radios.

- ix. Perimeter project contingent costs Q4 £250k – this was included in our forecast costs to cover the contingent risk of any project delay or contractor access delay arising from staff being unable to access TSH site due to Covid – cost estimate being based on potential daily delay costs which could arise. While an element of delay has been incurred due to the site restrictions in late January / early February, it is not expected that the cost value will be at this level. This is currently being evaluated for year-end accrual as the actual cost, while relating to this period, may not be charged until after 31 March.

3.2.2 Covid19 costs – vaccinations programme 2021

In addition to the above, there are costs to the Hospital which arose from taking forward the programme of Covid-19 vaccinations for frontline staff in Q4 2020/21.

At this stage, these costs (relating to staffing – vaccinators and backfilling of roles, refrigeration / storage of vaccines etc.) amounting to £30k were submitted to SG as part of an additional national reporting schedule. With the vaccination still ongoing in territorial boards, and the second stage timing underway, these costs will be subject to separate collation for review by SG and future consideration for any reimbursement.

4 RECOMMENDATION

The Board is asked to note 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 financial implications – for information only
Route to SG/Board/SMT/Partnership Forum Which groups were involved in contributing to the paper and recommendations.	Finance and Performance Management Director
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 <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed. <input type="checkbox"/> There are privacy implications, full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 7c
Sponsoring Director:	Chief Executive
Author(s):	Head of Corporate Planning and Business Support
Title of Report:	Recovery and Innovation Update
Purpose of Report:	For Discussion

1 SITUATION

Responding to Covid-19 has meant that TSH has undergone significant reconfiguration in how care and services have been delivered to protect patient and staff health. In order to capture learning from these changes and move forward with useful activities, a Recovery and Innovation Group was established in May 2020. This short life working group oversaw a range of engagement activities to capture learning and identified a set of priority areas for action.

Moving forward with recovery from Covid-19 and developing new approaches to delivering care, recovery and innovation continue to be crucial elements of ensuring TSH is an agile and responsive organisation. This paper sets out what has been achieved through the Covid-19 period.

2 BACKGROUND

Staff engagement activity was carried out from May – July 2020. This provided an opportunity to ‘check in’ with staff and understand their experience of the range of changes implemented as a response to Covid 19. Staff engagement processes targeted specific groups such as RMO’s and clinical leaders as well as engaged staff from all levels and departments across the site. Over 250 staff members engaged in responding to the questionnaire, participated in teleconference calls, MS team meetings, 1:1 discussions and group response activities. The Royal Society of Arts framework (RSA) was used to present feedback into the categories of temporary, innovative, obsolete and paused activities.

The staff engagement exercise was positively received, with many respondents identifying areas of creative and innovative practice as a result of changes to care and service delivery. Opportunities to change some aspects of how the organisation delivers care and services in the future were identified and an overall impression that staff were keen to pursue a process of change was apparent.

The matrix below provides a summary of the key areas raised in the RSA framework.

RSA Framework

<p>Establishment of IC structure. Establishment of Covid-19 support team. Establishment of Clinical Operation Guidance and Monitoring of this. Establishment of STAG. Home/remote working. Business meetings held through MS Teams. Changes to practice: taking an infection control and PH approach (security, estates and facilities, site cleaning). Suspension of training activities including H&S. Establishment of Medical Ward i.e. Mull 3 ward for Covid-19. Redistribution and changes to staff roles and activities in response to Covid-19 restrictions to continue to provide patient-centred care. Improved collaborative working to facilitate patient-centred care.</p> <p style="text-align: center;">TEMPORARY ACTIVITY</p>	<p>Changes to clinical team meetings and practices to be more tailored to needs of patients. Increased access to outdoor activities and fresh air for patients. Clinical teams given autonomy to adapt ICP's. Flexible and efficient approach to meetings which stand up meetings quickly as required. Increased use of digital technology to enable attendance at meetings. Home and remote working success – blended approach. Development of systems and processes to be more efficient and responsive to need. Greater connection to external partners (NSS, NHS Lanarkshire). Staff wellbeing approaches should continue to evolve to support staff based on need. Streamlined decision making. Revised leadership and management structure. Shared sense of purpose. Continue to increase physical activity for patients. Continue to evolve use of data for assurance and improvement. Grounds access policy. Pace of change.</p> <p style="text-align: center;">INNOVATIVE ACTIVITY</p>	<p>NEW PRACTICE</p>
<p>Review meeting structure and function to ensure current and responsive to need. Ensure that systems and processes make best use of staff time and provide quality impact for patients. Gathering of data and reporting that does not drive improvement. Travelling to national meetings.</p> <p style="text-align: center;">OBSOLETE ACTIVITY</p>	<p>Clinical model. Strategic review of performance. Training – H&S, PMVA, PTS. Monthly PPG Meetings. Management meetings – managerial decision-making. Supporting healthy choices. Implementation of HEPMA.</p> <p style="text-align: center;">PAUSED ACTIVITY</p>	<p>OLD PRACTICE</p>

The above feedback was considered by the Recovery and Innovation Group, Gold Command / CMT and the QI Forum. Feedback and associated actions were reflected in The Covid-19 Remobilisation Plan, September 20 - March 21. The emergent themes below from the staff engagement exercise were matched against the main themes of the Sturrock Review as well as areas of relevant learning for TSH from the Strang Report into Mental Health Services in NHS Tayside.

- Building a personalised approach to care
- Digital transformation
- Increase in patient activity and improve physical health of patients
- Organisational and clinical effectiveness and reduction/ review of low value activities
- Organisational leadership and culture
- Staff Health and Wellbeing

A programme of work, from the themes above was developed with Executive Directors, using the RSA framework as a structure to organise the feedback and associated actions. Directors were appointed as leads for each area. Red, amber and green status for each activity were tracked to indicate the level of progress achieved in each. These activities were reviewed by CMT in January. In total, there were 142 activities identified through staff engagement, 67 of these have been completed, 70 are in progress, three are no longer relevant, with only two not started due to the continued pause on activity to progress the new clinical model.

3 ASSESSMENT

The Recovery and Innovation Group have supported this work to date. A Staff Bulletin was shared on 17th February to update staff on progress towards the RSA framework and highlight the changes implemented. Future developments should connect through the staff HR & Wellbeing group, recently formed as a result of organisational portfolio realignment. Further engagement with staff to check out experiences and gain further insights into how we can progress will be carried out through the staff wellbeing survey. This survey was launched in mid March and will be available to all staff to complete until early May. It will provide comparative data from the previous round of data gathering and give staff an opportunity to feedback on their health and wellbeing as result of Covid 19 pandemic.

The table below highlights key activities and outcomes achieved against the themes identified through the recovery and innovation work.

Theme	Key activities	Outcomes achieved
Digital transformation	<p>Digital inclusion group established</p> <p>Equipment to support remote working available for all who require</p> <p>Dashboard development progressing to support data driven decisions</p>	<p>Remote working available for all</p> <p>Office 365 email migration completed across TSH</p> <p>Digital inclusion embedded as a key focus</p>
Staff health and Wellbeing	<p>HR and Wellbeing Group established with regular meetings and wide representation from across the organisation. It provides a focal point for all health and wellbeing areas and allows for quick decision making based on up-to-date data</p> <p>Staff Wellbeing Centre (SWC) established and has become a key focus of wellbeing self-care activities, resources and support for staff.</p> <p>Healthy Working Lives working closely and successfully with SWC to provide a healthy working environment</p> <p>Charity funding available from Charities Together for further staff wellbeing work</p> <p>Appointment of Wellbeing Champion</p>	<p>Staff wellbeing embedded as priority within TSH</p> <p>Tiered support model adopted locally based on principles of Psychology First Aid</p> <p>Staff are reporting very positively on the impact of SWC with many participating in self-care activities</p>
Physical health of patients	<p>Physical Health Practice Steering Group focus on patient activity</p> <p>Supporting Healthy Choices Group</p>	<p>Physical health of patients is a strategic priority for TSH</p>

	redeveloped action plan	
Building a personalised approach to care	Mental Health Practice Steering Group reviewing the Care Plan Approach process	Individualised care planning embedded as practice
Organisational and Clinical Effectiveness	Development and daily monitoring of Interim Clinical Operational Policy and associated indicators. OMMG meeting weekly to review data	Data driven decision making embedded as a regular multidisciplinary approach to planning and delivery of care
Organisational leadership and culture	New management structure and reporting routes agreed through Board and commenced in December 2020	Clarity of corporate functions through streamlining of portfolios and governance reporting routes.

As the pandemic continues to impact on staff and patients, there is a need in 2021/21 to ensure that work streams are contemporaneous with staff and patient needs. Further re-engagement work will be supported through the directorate structure with Heads of Departments and line managers taking a leading role at a local level, transitioning the Recovery and Innovation work stream to the Human Resources and Wellbeing Group

4 RECOMMENDATION

The Board is invited to note the progress made with recovery and innovation work stream.

Author:
Monica Merson – Head of Corporate Planning and Business Support

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?</p>	<p>In support of Scottish Government requirement for NHSScotland remobilisation</p>
<p>Workforce Implications</p>	
<p>Financial Implications</p>	
<p>Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?</p>	<p>Board required / in support of Scottish Government directive</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>These implications have not been formally assessed.</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>Internal stakeholder engagement carried out as part of process described in paper, external stakeholder impact not formally assessed.</p>
<p>Equality Impact Assessment</p>	<p>No identified implications, and not required</p>
<p>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).</p>	<p>No identified implications</p>
<p>Data Protection Impact Assessment (DPIA) See IG 16.</p>	<p>Tick One <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications, full DPIA included.</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 9
Sponsoring Director:	Medical Director
Author(s):	Supporting Healthy Choices Group
Title of Report:	Draft Supporting Healthy Choices Plan
Purpose of Report:	For Noting

1 SITUATION

There remains significant concern regarding obesity levels, and associated risks, in The State Hospital patient group. In March 2021 89.9% of the total patient population (109pts) were overweight or obese. Nationally being overweight or obese remains a high priority for Governments with *A healthier future: Scotland's diet and healthy weight delivery plan* published in 2018 and the publication in 2020 of *Tackling Obesity: empowering children and adults to lives their lives* for England. In recognition of this problem within secure settings Public Health England recently produced *Managing a healthy weight in adult secure services – practice guidance* (PHE, Feb 2021).

Table 1 BMI of State Hospital Patient 2020-2021

Weight range	Oct '20 % Patients	Nov '20 % Patients	Dec '20 % Patients	Jan '21 % Patients	Feb 21 % Patients	March '21 % Patients
No BMI data	3.7	4.6	5.8	7.5	4.8	3.7
Normal	13.8	14.7	14.4	8.5	11.5	10.1
Overweight	39.4	37.6	36.5	34	34.6	36.7
BMI 30-34.9	26.6	26.6	26.9	34	30.8	33.0
BMI 35-39.9	15.6	14.7	14.4	13.2	15.4	14.7
BMI 40+	0.9	1.8	1.9	2.8	2.9	1.8
Total owt/obese	82.6	80.7	79.8	84	83.7	89.9

Despite an improvement in the latter part of 2020 with respect to BMI, which may have been attributed to COVID measures regarding physical activity and changes in access to various food provisions, since Jan 2021 obesity levels have increase again. The winter weather, a decline in physical activity levels, the post festive period effect and changes in admissions and discharge of patients all likely effecting this. January alone saw a higher proportion of patients refusing to have their weight taken which can effect results in a small patient population

2 BACKGROUND

In 2014 a Short Life Working Group (SLWG) was formed that was tasked with looking at the way forward in terms of how we support patients to make healthier choices regarding food and fluid intake and as well to increase their activity levels. In autumn of 2019 discussion took place to tackle the ongoing management of obesity with a further SLWG being established. A stakeholder workshop was delivered in January 2020 to review practice and collate ideas going forward. Delay in actioning this remit during 2020 occurred due to the COVID19 pandemic. Work resumed in autumn of 2020 to action the terms of reference agreed.

3 ASSESSMENT

In March 2020 the terms of reference (ToR) for the SHC Development Group were finalised;

Terms of Reference

1. To carry out a literature review on the prevention and management of obesity in people with major mental disorders in an institutional setting - Completed 30/12/20
2. To determine actions to be completed from the 2016 Supporting Healthy Choices plan, to set out a timetable for completion of these and to incorporate them into the new plan. Two outstanding items: 1 on timing of meals added to new draft plan; 1 on placing calorific values on menus set aside – Completed 30/12/20
3. To develop a new SHC 2020 evidence based action plan focussed on the prevention and reduction of obesity - draft prepared and attached
4. To incorporate recommendations on patient activity, physical and other, into the new SHC 2021 plan - 3 main themes identified in literature review and incorporated - completed 17/12/21
5. To include treatments for high risk patients - Included in Weight Management Plan. – Counterweight, 1:1 intervention, Low calorie diet plans, Orlistat,
6. To determine outcome measures and frequency of measurement for this plan -Completed. See Appendix 2 (designed with support from Clinical Effectiveness Department).
7. To establish and liaise with SHC 2020 Implementation Group - To be established as draft plan is consulted upon.

A draft action plan has been developed (Appendix 1). A GAP analysis of the PHE 'Managing overweight and obesity in secure settings' has carried out. Health and Wellbeing plans have been audited with a plan of action agreed. A consultation plan is being developed.

4 RECOMMENDATION

The Board for Scotland is asked to:

- Note the progress against the terms of reference of the SHC Development Group
- Comment on the draft plan
- Note that recommendations from the Public Health England Guidelines on the management of overweight and Obesity in Secure Settings (State Hospital GAP Analysis) where appropriate the actions

Appendix 1 - Supporting Healthy Choices Work Plan 2021/21 for approval by the State Hospital Board for Scotland

These recommendations have been prepared by Supporting Healthy Choices Development Group to address the obesogenic environment in The State Hospital. The recommendations are based on the Realistic Medicine Principles and informed by the obesity workshop January 2020 and Public Health England Guidelines (PHE) for 'Managing overweight and obesity in secure settings'. These recommendations require to be consulted upon and approved by The State Hospital Board for Scotland. A SHC Implementation Group will be established to deliver the plan.

Reduce Harm and Waste

Objective	Source -Literature Review Reference - Workshop Recommendation	Aim - Reduction - Prevention	Progress	Responsibility	Timescales
Review the size of the current shopping bags made available to patients, with a view to reducing the size taking into consideration healthy and non-food items. At least monthly discussion with patients and Key workers to review agreed shopping plans. Develop adherence agreements with patients who wish a mechanism to pause non-compliance with agreed shopping plans.	Workshop Recommendation PHE 2021	Reduction and Prevention		Skye Centre Team	6-9 months
Review access to and educate around high fat, salt and sugar items such as access to butter and sugar portions	PHE Guidelines Prebble 2011.	Reduction		Dietetic Team	9-12 months
Review current practice supporting visitors to bring food / fluids into the Hospital for patients.	PHE 21 Workshop Recommendation	Prevention	Forms part of wider visiting experience work streams	Person Centred Improvement Team / Deputy Director of	12-15 months

Revisit access for patient gifts of food /fluids by delivery to the Hospital.				Security	
Personalised Approach to Care					
Review location of outdoor exercise equipment in collaboration with patients	Haw 2011 Workshop recommendation	Prevention & Reduction	Pro-Form developed and engagement exercise is underway	Person Centred Improvement Team	6-9 months
Ensure that patients have up to date health and wellbeing plans with meaningful implementation through the weekly Clinical Team Meeting as well as Care Programme Approach meetings Address issues in HWPs including psychological treatments/ support groups	Workshop recommendations Parity of esteem 2019	Prevention and reduction		Keyworker supported by Dietetic Teams	6-9months
Re-explore 2016 recommendation to review patients' meal times taking into considerations any budgetary constraints and ensuring that changes comply with employee contracts	Workshop Recommendation	Prevention		Dietetic and Catering Team	9-12 months
Review, re-distribute and audit practice regarding the use of the weight management pathway (appendix 3)	Oakley 2013 Every Palner 2018	Prevention & Reduction		Dietetic / Clinical Effectiveness Teams	9-12 months
Review menu format for patients to make these easier for patients to read and identify healthier options and ensure compliance with food, fluid and nutritional care standards	Workshop Recommendation	Reduction		Dietetic Team	6-9 months

Paper No. 21/24

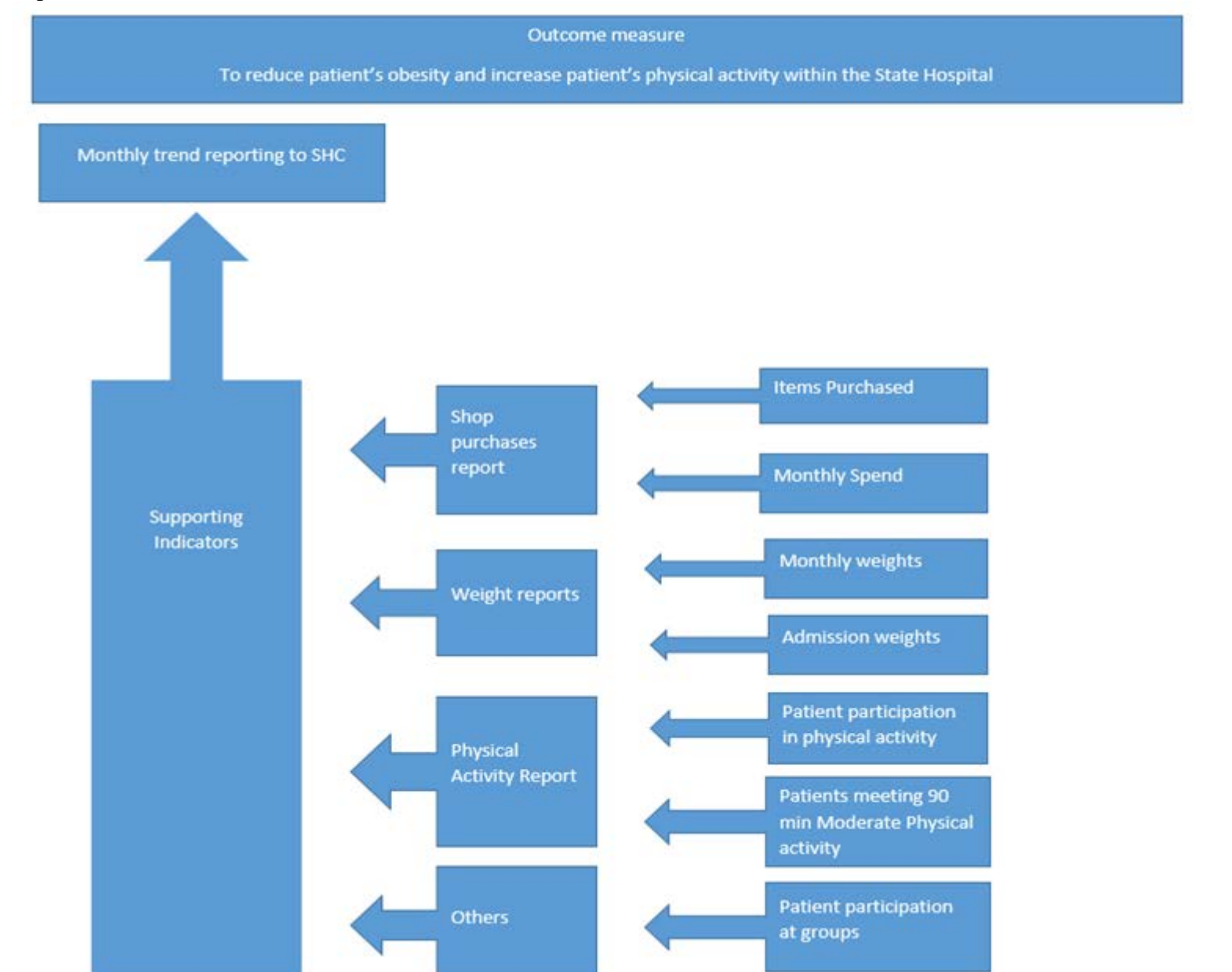
Review the current role of the Health Champion across the hubs	Rylance 2012. Long 2016. Choudhry 2017. PHE 2021.	Reduction & Prevention		Dietetic Team and Practice Development Nurse Specialist	9-12 months
Review the role and remit of the Trainee Health Psychologist. Plan appointment of Health Psychologist.	Psychological perspective on obesity 2019	Reduction & Preventions		Psychology Team	12-15 months
Extend the use of Counterweight plus extending this initiative to more high risk patients within the State Hospital	National Obesity Forum	Reduction		Dietetic Team	12-15 months
Manage Risk Better					
Explore new national guidelines for limiting patient spending in shop encouraging patients to budget more effectively ensuring this includes patients within the highest risk categories	Harper 2008 PHE 2021	Reduction		Social Work and Occupational Therapy Teams	12-15 months
Review pre-admission information to include weight, weight history and physical activity history	PHE 2021	Prevention		Person Centred Improvement Team	9-12 months
Explore the opportunity of link patient passports with health and wellbeing plans	PHE 2021	Prevention and Reduction		Dietetic / Occupational Teams	12-15 months
Become Improvers and Innovators					
Review and re-introduce budget management group for patients	Harper 2008. Workshop Recommendations	Prevention		Occupational Therapy	12-15 months
Explore and develop admissions screening process for disordered eating / eating disorder in conjunction with national trauma pathway and Psychology with input from Health Psychology	Psychological perspectives on obesity 2019.	Prevention and Reduction	Could be included within the Pre-admission Specific Needs Form which already includes a section relating to	Psychology / Dietetic Team	12-15 months

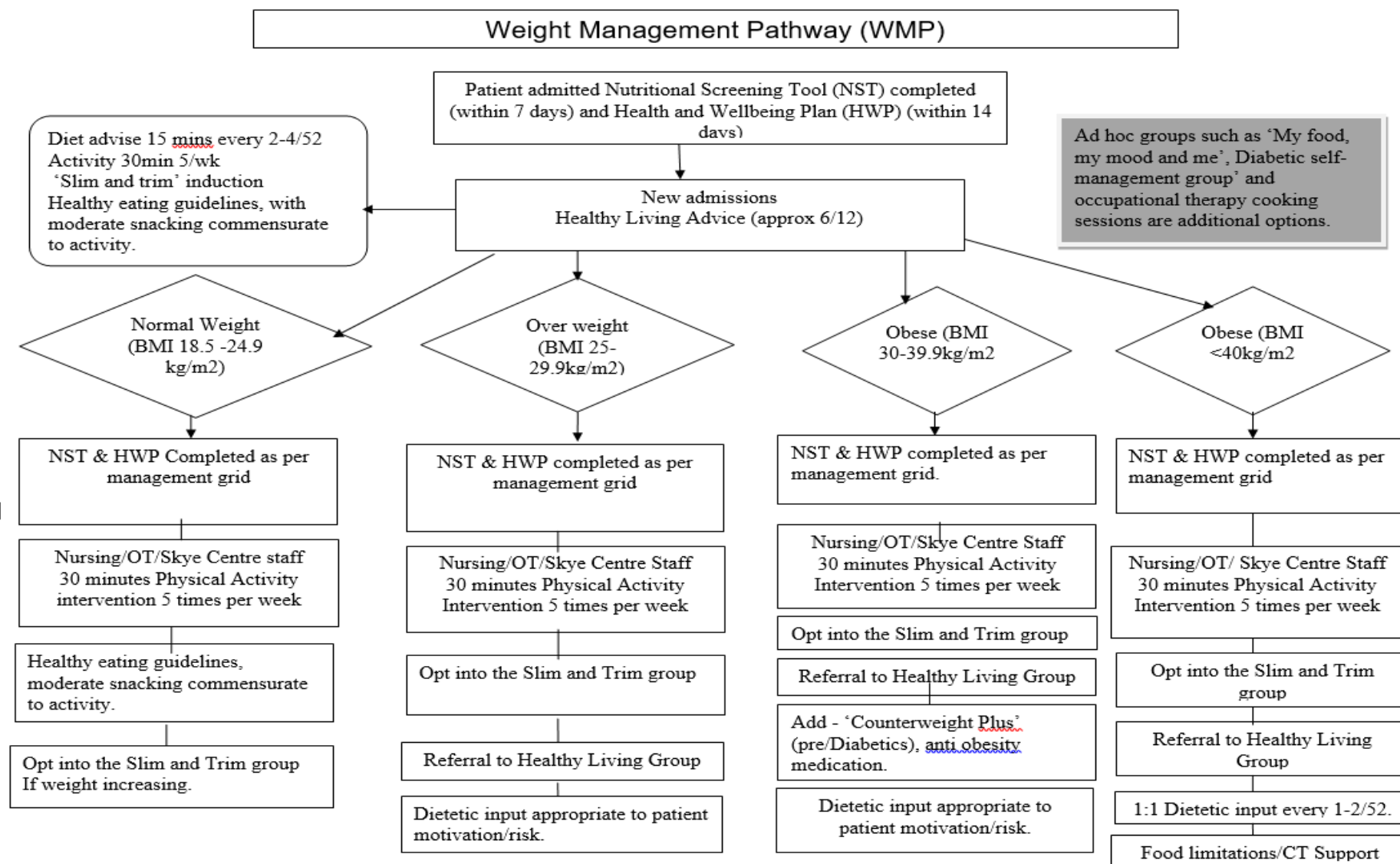
			nutrition.		
QI Project outlining staff education/awareness pathway to supporting patients with their physical activity and weight levels	Parity of esteem 2019.	Reduction		Dietetic, Psychology and Learning Centre Teams	12-15 months
Explore opportunities for a wider range of activities to include more structure daily routines for newly admitted patients and more pre planning of seasonal activities with a variety of ward base, weekend and evening options to increase more opportunities for physical activity	Cormac 2013 PHE 2017 – Working together to address obesity in AMHSU. SG plan for a 'healthier future' 2018.	Prevention		Skye Centre/ AHP/Psychology Team	9-12 months
Scope the possibility of full length mirrors available on ward for patients ensuring this meets with security restrictions	PHE 2021 guidelines	Prevention & Reduction		Security Teams	9-12 months
Reduce unwarranted variation					
Identify measurable outcomes to monitor success of action plan	As per Clinical Effectiveness department measures	Prevention & Reduction	Develop monitoring flowchart Including increased reporting on weight change within the first 6 months of admission	Clinical Effectiveness	Baseline will be set once finalised plan approved by the Board. SHC implementation group will monitor the success of the action plan through monthly trend data
Ensure that takeaway meals meet the TSH guidance document and ongoing audit	Haw 2011. PHE 2021.	Prevention		Infection Control and Clinical Effectiveness	12-15 months
Adapt the TSH3030 (Lewis) project allowing patients access to the	Long 2016 PHE 2021.	Prevention		Skye Centre / Psychology Teams	6-9 months

Paper No. 21/24

Sports and Fitness Department when attending the shop ensuring that it is consistent across the site					
Shared decision making					
Refresh and promote current health education available to patients on weight gain following admission	PHE 21	Reduction		Dietetic and Clinical Teams	6-9 months
Communicate with relevant stakeholders, adopting a tailored approach to share information in an understandable format	Lady Dorian 2010 recommendations	n/a		Supporting Health Choices Team/ Person Centre Improvement Team	6-9 months

Dated: 01 April 2021





Paper No. 21/24
MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<ul style="list-style-type: none"> (i) Improve patient physical wellbeing (ii) Improve patients access to activity (iii) Reduce obesity rates (BMI) (iv) Duty of care to patients (v) Efficient/effective use of resources.
<p>Workforce Implications</p>	<p>See 'recommendations'</p>
<p>Financial Implications</p>	<p>See 'recommendations'</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations?</p>	<p>The Supporting Healthy Choices Short-Life Working Group The Senior Management Team</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<ul style="list-style-type: none"> (i) Unable to resource (ii) Competing priorities (iii) Legal challenge (iv) Risks of not supporting recommendations
<p>Assessment of Impact On Patient Experience</p>	<p>Reduce obesity, improve activity and exercise levels and improve physical wellbeing / life expectancy.</p>
<p>Equality Impact Assessment</p>	<p>EQIA completed at relevant stages of process so far and should continue</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 10
Sponsoring Director:	Director of Nursing, AHPs and Operations
Author(s):	Clinical Operations Manager
Title of Report:	Nursing 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 (TSH). It also provides assurance to Board members that all registered Nursing staff hold current professional registration.

This report covers the period 31 March 2020 to 1 April 2021.

2 BACKGROUND

In order to maintain registration with the Nursing and Midwifery Council, nurses need to pay an annual fee to allow them to continue to work as a registered nurse. In addition, every three years, there is a requirement for nurses to renew their registration through revalidation. They do this by meeting the NMC revalidation standards which are:

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

If a nurse does not renew their registration annually and meet the standards for revalidation every three years; this will cause their registration to lapse and they will have to reapply to join the register. Legally, they are unable to work as registered nurse once registration has lapsed, and there are potentially serious legal implications for employers if nurses are found to be working with a lapsed registration.

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

3 ASSESSMENT

Whilst registration 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 registration.

The NMC advise nurses 60 days before the fee expiry date or revalidation application date as a reminder.

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. A further check is completed to confirm registration has taken place by the last day of the month and any lapses in registration is escalated immediately to the Director of Nursing, AHPs and Operations.

In the event that registration has not been renewed, the staff member will not be authorised to practice.

There are currently 207 registered nurses employed by the State Hospital. During the 2020/2021 reporting period, no employee's registration lapsed.

If it is the case that any NMC registration has lapsed, staff will be employed in a suitable alternative role, and paid at the band of that role, until the point that they are readmitted to 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 three 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 (by workplan)
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. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications , full DPIA included.



THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 11
Sponsoring Director:	Medical Director
Author(s):	Head of Corporate Planning and Business Support Clinical Effectiveness Team Leader
Title of Report:	Quality Assurance and Quality Improvement
Purpose of Report:	For Noting

1 SITUATION

This report provides an update to The State Hospital Board on the progress made towards quality assurance and improvement activities since the last Board meeting in February 2021. The report highlights activities in relation to QA and QI and outlines how these relate to strategic planning and organisational learning and development. It contributes to 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 through:
 - Clinical audits and variance analysis tools
 - Clinical and Support Services Operating Procedure Indicators Report
- Quality Improvement through the work of the QI Forum
- Capacity Building for Quality Improvement
- Evidence for quality including analysis of the national and local guidance and standards recently released and pertinent to The State Hospital

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 Quality Strategy and Corporate Objectives by outlining the actions taken across the hospital to support QI and QA
Workforce Implications	Workforce implications in relation to further training that may be required for staff where policies are not being adhered to.
Financial Implications	Covid monies have been approved to continue with the Daily Indicator Report due to CED staff workload/ weekend working
Route To Board	Route to the Board is via the CEO
Risk Assessment (Outline any significant risks and associated mitigation)	The main risk to the organisation is where audits show clinicians are not following evidence based practice.
Assessment of Impact on Stakeholder Experience	It is hoped that the positive outcomes with the weekly indicator report will have a positive impact on stakeholder experience as they will be getting more fresh air, physical activity and timetable sessions
Equality Impact Assessment	All the policies that are audited and included within the quality assurance section have been equality impact assessed. All larger QI projects are also equality impact assessed.
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).	This will be part of the project team work for any of the QI projects within the report
Data Protection Impact Assessment (DPIA) See IG 16.	<p>Tick One</p> <p><input checked="" type="checkbox"/> There are no privacy implications.</p> <p><input type="checkbox"/> There are privacy implications, but full DPIA not needed</p> <p><input type="checkbox"/> There are privacy implications, full DPIA included.</p>

QUALITY ASSURANCE AND IMPROVEMENT IN THE STATE HOSPITAL

APRIL 2021

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:

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- 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.



ASSURANCE OF QUALITY

Clinical Audit

The Clinical Effectiveness Team carry out a range of planned audits. Over the course of a year there are usually 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.

The Audits that have been completed since the last Board Meeting in February are:

- Observation Policy Sub Heading Audit
- Record Keeping Audit
- Post Physical Intervention Audit
- Clozapine Audit

Findings and actions from these included:

Observation Policy Sub Heading Audit

- Medical must improve their use of the observation review note type on RiO. This has been highlighted to medical staff.
- Nursing must improve their use of the observation review note type on RiO. This has been highlighted and will be taken forward through Practice Development
- Consideration to be given to the use of note types to be included in all medical and nursing staff induction programmes. This has been highlighted to Medical and Practice Development.
- Posters have been distributed to all wards to all wards to highlight the areas in need of improvement

Record Keeping

- 6 patients were not seen by an RMO in February 2021. This has been highlighted to the Associate Medical Director for action.
- Some issues with an increase in the number of unvalidated entries. The problem has been identified and corrective action is currently being discussed with IT to ensure emails are sent to the relevant staff to validate.

Post Physical Intervention Audit

- The information on the Post Physical Intervention Assessment Form and Datix should always correspond.
- For all incidents where the patient is taken to the floor, physical observations should be recorded (with a minimum of consciousness level being recorded if the patient is too highly aroused to take BP/pulse/respirations/ temperature) using the NEWS – changes will be made to the Datix form and RiO to make this clear to staff when they are completing the form.
- Posters have been distributed to all wards to all wards to highlight the areas in need of improvement.

Clozapine Audit

- Overall we see improvement in the monitoring of the physical health of patients being treated with Clozapine .
- Paperwork requires further improvement for initiation stage in line with the national standard for monitoring the physical health of people being treated with Clozapine.
- Monitoring of Bowel Functions remains low at all stages.
- Side Effects monitoring remains low at all stages.

- Further improvements required for baseline monitoring – The average number of checks completed per patient at baseline remained at 7 (target 14).
- The above recommendations were approved at the March meeting of the Medicines Committee. A group has been set up to take forward the recommendations.

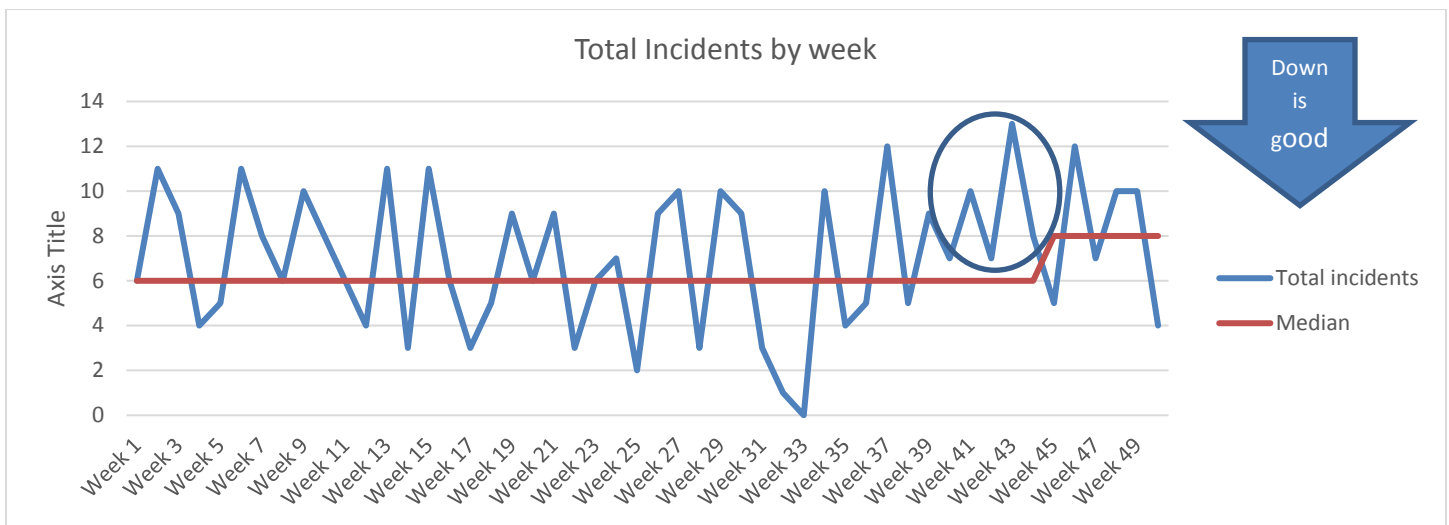
Audits currently underway, or due to commence include Seclusion, IM Haloperidol, Medication Trolley, POMH Clozapine (national benchmarking), Local PRN and Physical Equipment.

Daily and Weekly Indicator Reports

Clinical Effectiveness continue to collate and present the data that gives CMT the assurance that it is safe to continue with the Interim Operational Policy:

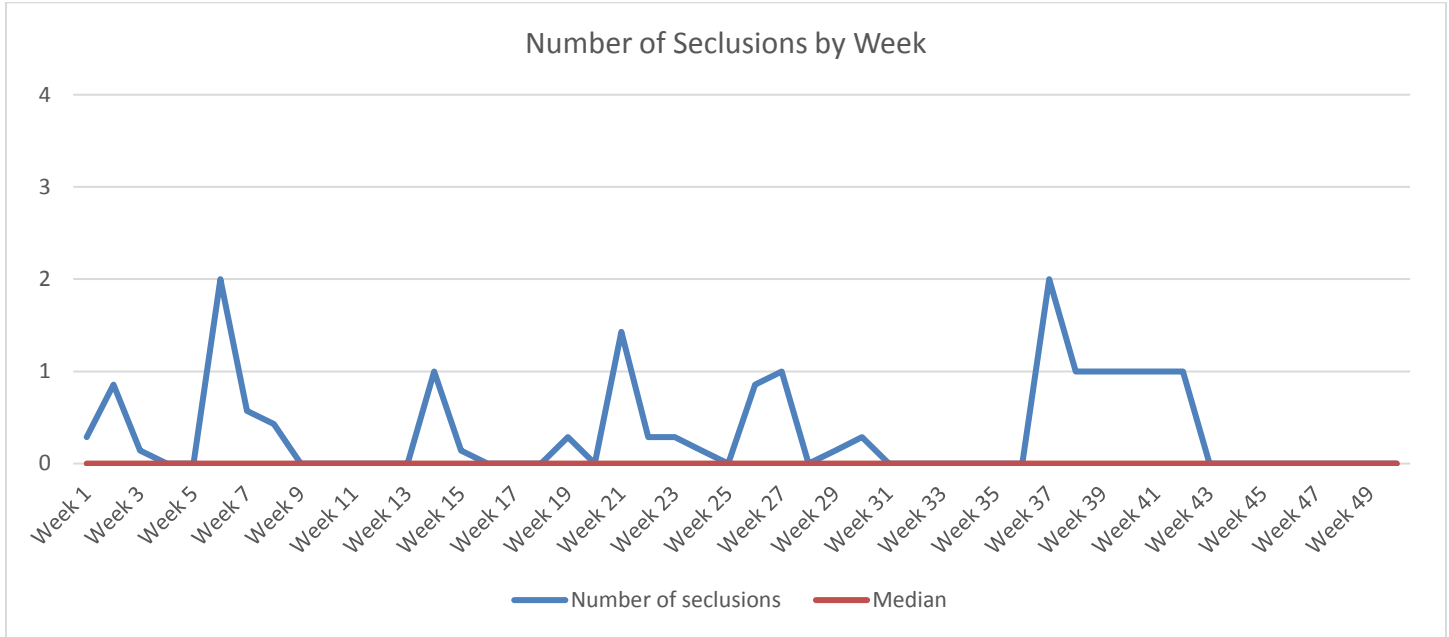
Datix assaults, attempted assaults and behaviour

Up until week 44 there was random variation since data collection commenced. In week 44 due to a shift in the data the median was moved from 6 to 8. We have continued with random variation since then.



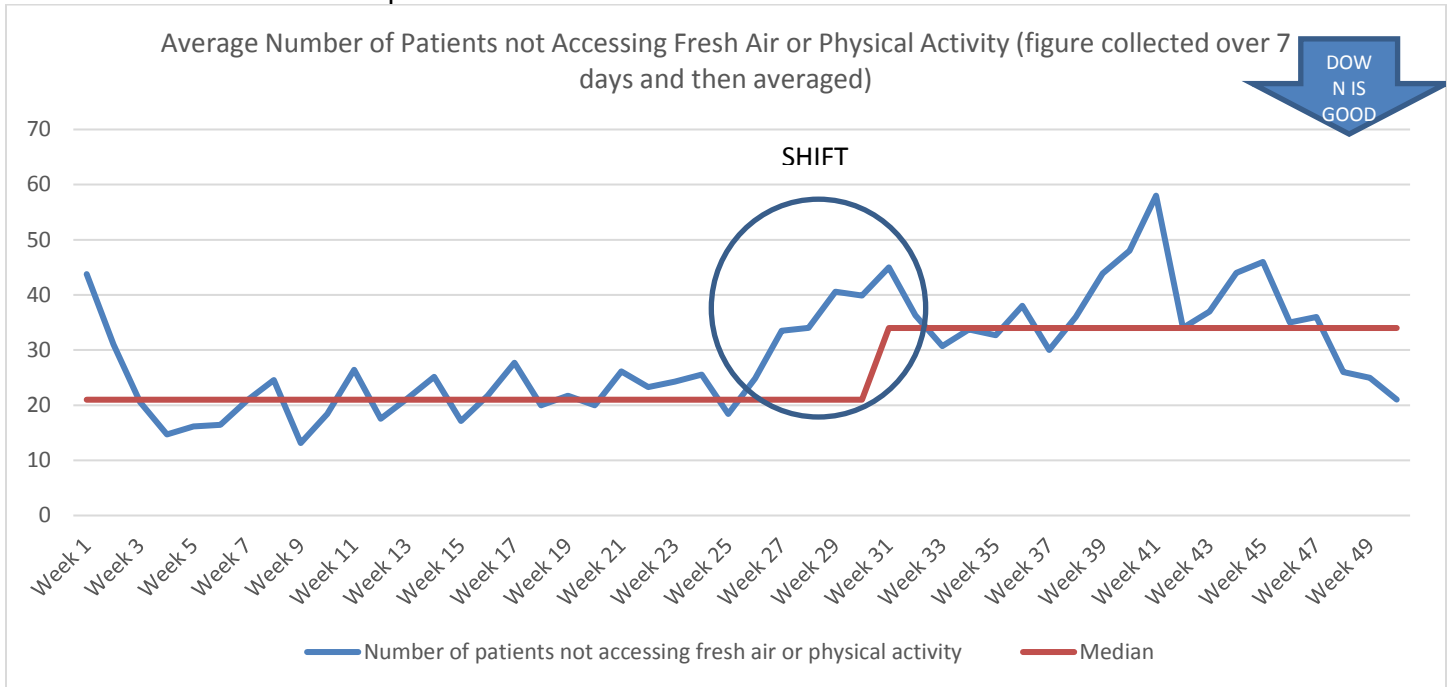
Seclusions

There has been random variation with this indicator since data collection commenced.



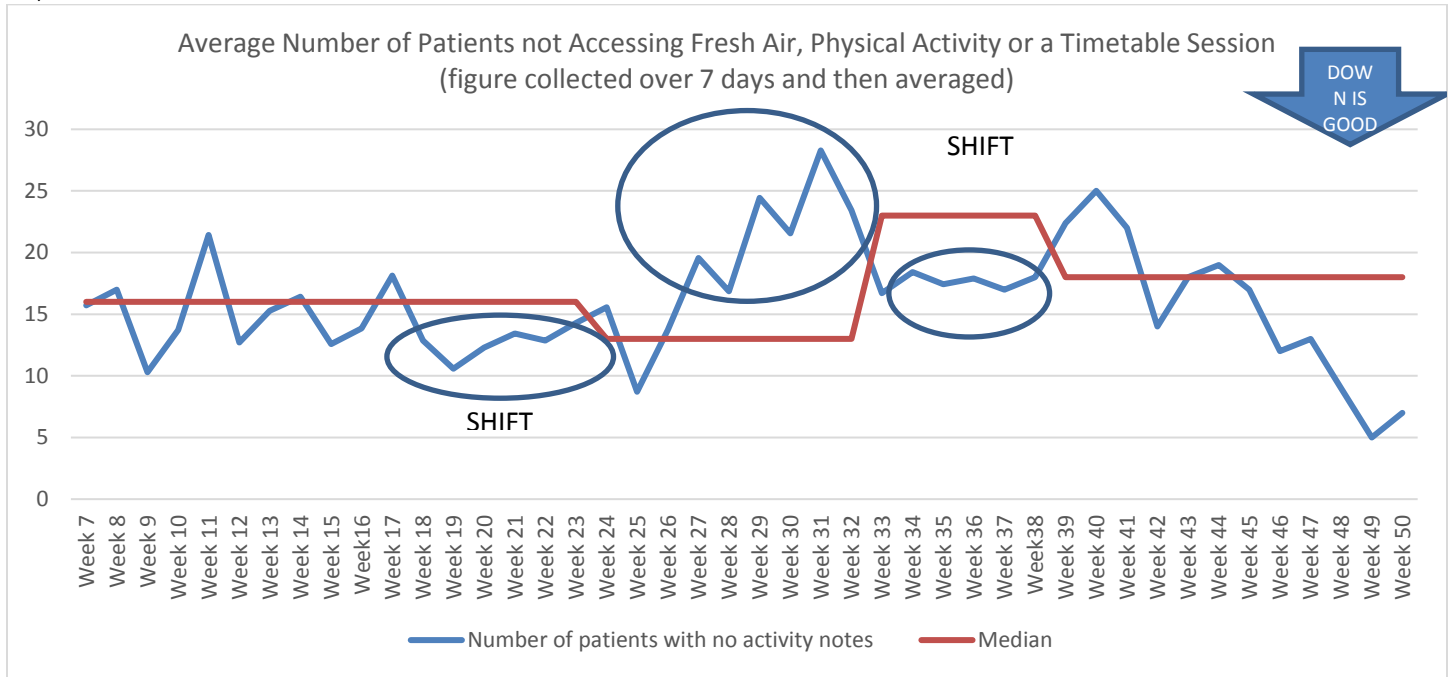
Patient not accessing Fresh air or Physical Activity (this is an average daily figure)

This indicator has seen the median being moved once due to a shift in the data in week 31. Since then random variation has been reported.



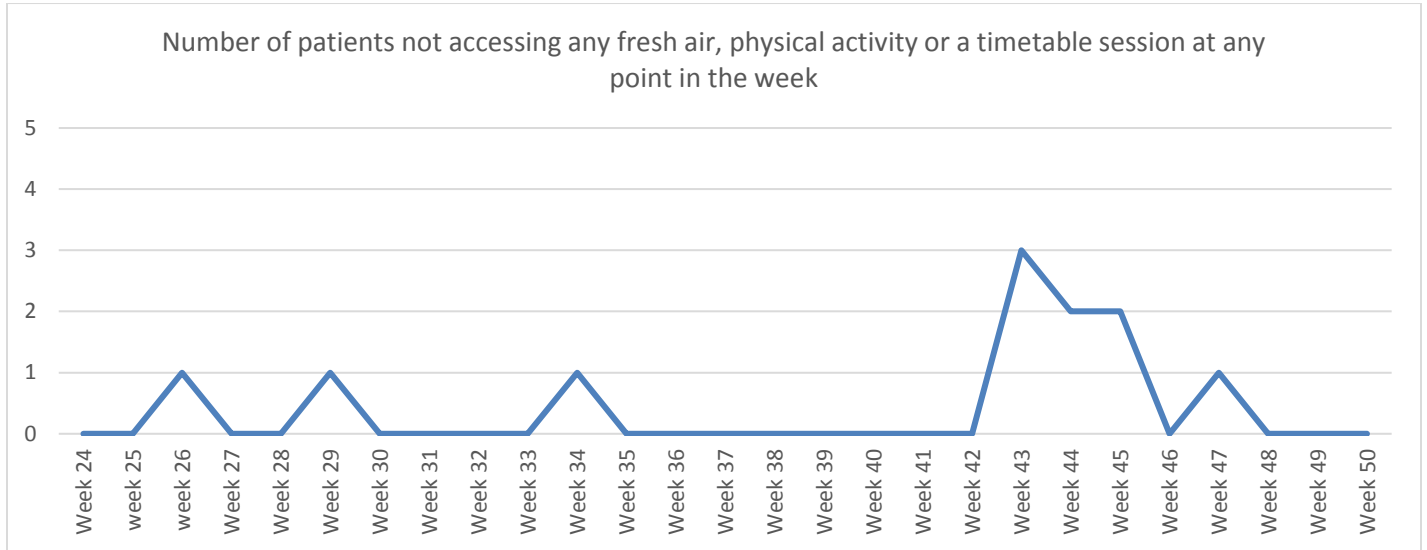
Patients not engaging with fresh air, physical activity or timetable sessions (this is an average daily figure)

As can be seen there have been 3 shifts in the data since data collection commenced. The most recent was a positive shift in the data in week 39. Week 51 may see another positive shift in the data if the data continues under 18.



Patient not engaging with fresh air, physical activity or a timetable session at any point in the week

As can be seen the number of patients not engaging with any form of activity has remained very low with the last 3 weeks showing all patients engaging with some form of activity at some point in the week.



QUALITY IMPROVEMENT

Quality Forum

The Quality Forum meets regularly to champion and lead the quality improvement initiatives across the hospital and raise awareness and understanding of QI approaches. The QI Forum has supported staff engagement activities through the Covid 19 pandemic with a view to building in quality improvement approaches and methods to recovery and renewal planning. The Quality Forum are currently developing a database of all QI projects across the hospital to enable support and connection as these progress. Notable projects that are currently in development are the 90 Day QI project on Patient Activity and Improving Observation Practice.

The Quality Forum continues to support and embed QI approaches to innovation and learning using the model for improvement as a guiding approach. Communication and awareness raising are significant areas of activity for the Quality Forum with recent QI update information being shared across TSH.

Quality Improvement Capacity Building

Developing capacity and capability for individuals and teams across TSH has been a focus of activity for the Quality Forum. National training is available through NHS Education for Scotland (NES), specifically the Scottish Improvement Leaders Programme (ScIL) and Scottish Coaching and Leading for Improvement (SCLIP) training which are particularly useful within TSH. The Quality Forum has engaged with these national programmes and support TSH applicants as they progress through the development opportunities.

Scottish Coaching and Leading for Improvement (SCLIP) training has recently recruited to three cohorts, seven TSH staff have been successful with their applications and have secured places on the programme. From these, six are Senior Charge Nurses and 1 Practice Education Facilitator.

The Scottish Improvement Leaders Programme (ScIL) programme is the lead level QI training programme. The State Hospital have secured three places on cohort 30, the start date for January 2021 has been delayed, due to Covid 19 impact, NHS NES have indicated an intention to restart this programme in May.

Quality Improvement Essentials training has been discussed through the Quality Forum with the intent to offer this to staff within The State Hospital. The main focus from the session facilitators is to successfully offer this training through online platforms, respecting the current worldwide situation. Exploration of how to deliver this training virtually is ongoing, with help from the Training and Development Manager.

Realistic Medicine

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

Scottish Government confirmed in November 2020 their continued funding for Clinical Lead and in addition provided funding for 0.2 WTE Programme Manager to support TSH to continue to embed RM. This additional resource, together with the Scottish Patient Safety funding will provide support for local network development for Realistic Medicine, monitoring and reporting of The State Hospital's Realistic Medicine Action Plan and support for ongoing Patient Safety and QI development. Recruitment process for Programme Manger role will commence in near future. A bulletin for all staff on Realistic Medicine was issued in March. The Realistic Medicine Action Plan will be monitored through the MHPSG and QI Forum and reported through the Clinical Governance Group.

Collaboration across the wider Forensic Network on Realistic Medicine principles has progressed. Planning is currently underway to host a workshop in May / June with Realistic Medicine Leads to inform developments across the Forensic Network. The focus of the workshop will include discussion on identifying and addressing unwarranted variation and a focus on shared decision making. This collaboration on Realistic Medicine principles will support work towards recommendations made in the recently published Independent Review into the Delivery of Forensic Mental Health Services Report Feb 2021.

A review meeting was held with Scottish Government Realistic Medicine Leads to update and review progress. Scottish Government feedback that they were impressed with the plan. Agreement to follow up in 3 months, with more formal feedback on the plan in 6 months. Scottish Government shared their plan to work with Realistic Medicine Leads on a Realistic Medicine Compact.

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 to 28 February 2021, 22 guidance documents have been reviewed. One document from the MWC in relation to Advance Statement Overrides will be reviewed at the next meeting of the Mental Health Practice Steering Group and advice received regarding the need for a gap analysis.

Body	Total No of documents reviewed	Documents for information	Evaluation Matrix required
Mental Welfare Commission (MWC)	4	3	1 (decision pending)
Healthcare Improvement Scotland (HIS)	6	5	0
Public Health England	1	0	1
National Institute for Health & Care Excellence (NICE)	11	0	0

As at the date of this report, there are currently 6 evaluation matrices awaiting review by their allocated Steering Group. The progress of the first 2 evaluations from HIS and the MWC was temporarily paused due to The State Hospital adapting to the COVID-19 pandemic however as per Gold Command, action on gap analyses completion began again at the start of July 2020. The responsibility to review these gap analyses changed ownership from the PMVA Review Group to the Patient Safety Group which recommenced meetings in September 2020. Both the Osteoporosis and Anaphylaxis guidelines require input from the GP which is proving

difficult to access. This should resolve upon the commencement of the Practice Nurse. The remaining two guidelines have subgroup meetings arranged to complete the gap analysis paperwork during March 2021.

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 Patient Safety meeting took place mid-September. Gap analysis to be revisited upon creation of updated draft Clinical Engagement Policy.	January 2019
MWC	The use of seclusion	MHPSG (via Patient Safety)	Work ongoing. Draft Seclusion/Clinical Engagement Policy being drafted with seclusion tier 1 and 2 being taken into consideration.	October 2019
SIGN	Management of Osteoporosis and the prevention of fragility fractures	PHSG	Awaiting communication from the GP to arrange meeting to complete gap analysis (GP was on leave)	June 2020
NICE	Anaphylaxis: Assessment and referral after emergency treatment	PHSG	Awaiting communication from the GP to arrange meeting to complete gap analysis (GP was on leave)	September 2020
HIS	Prevention and management of pressure ulcers	PHSG	Meeting to complete gap analysis arranged for 19 March 2021.	October 2020
PH England	Managing a healthy weight in adult secure services - Practice guidance	SHC	Meeting to complete gap analysis arranged for 17 March 2021.	February 2021

THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL FORUM

CF(M)21/01

Minutes of the meeting of the Clinical Forum held on Tuesday 26 January 2021 which commenced at 10am via Microsoft Teams

Chair:

Dr Aileen Burnett
Dr Sheila Howitt

*Consultant Clinical Psychologist
Consultant Forensic Psychiatrist*

Present:

Alan Blackwood
Sandie Dickson
Margaret Smith
Jim Irvine
Sheila Smith
Carolyn Walker
Fiona Warrington
Julie Warren

*Lead Nurse
Person Centred Improvement Lead
Board Secretary
Clinical Liaison Security Manager
Clinical Effectiveness Team Leader
Professional Nurse Advisor
Clinical Pharmacist
Corporate Services*

Apologies:

Dr Jana De Villiers
David Hamilton

*Consultant Psychiatrist
Social Work Team Leader*

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

The Forum Chair, Aileen Burnett, welcomed everyone to the meeting and apologies were noted.

NOTED

2 CONFLICT(S) OF INTEREST

There were no conflicts of interest declared.

NOTED

3 ELECTION OF NEW CHAIR

The Forum Chair, Aileen Burnett advised that she had come to the end of her term as Chair.

Margaret Smith advised that a notes of interest from members of Professional Advisory Committees was issued and it was recognised that Sheila Howitt put her name forward. Sheila was formally nominated as Chair going forward, which was seconded by Alan Blackwood, Sandie Dickson, Sheila Smith and Fiona Warrington.

Carolyn Walker was nominated by Sheila Howitt for the role of Vice Chair of the Clinical Forum which was seconded by all members present.

Sheila Howitt carried the forum forward from this point as Chair.

APPROVED.

4 MINUTES OF PREVIOUS MEETING HELD ON 4 FEBRUARY 2020

The minutes of the previous meeting held on Tuesday 4 February 2020 were approved as an accurate record.

APPROVED.

5 URGENT MATTERS ARISING

a) Provision of digital group-based interventions

Members noted the preferred option taken by the hospital during the pandemic was to be to link up individual patients or small groups of patients via the teleconferencing equipment which already exists in the hospital. The Psychology Group looking at this issue have been engaging in this process and it appears to be a reasonable solution.

However, it was also noted that interim guidance was produced by Scottish Government and that Microsoft Teams would be the recommended platform for delivery of group-based psychological interventions.

Aileen Burnett wished to sense check the opinion of the Forum regards to consideration of utilising Microsoft Teams safely and securely to deliver group based psychological interventions.

Members agreed that the Forums views on virtual patient engagement would be routed through the Digital Inclusion Group.

Members agreed that it would be beneficial to view minutes from the Digital Inclusion Group to support a cohesive approach moving forward if this would be agreeable.

Action: Sandie Dickson

6 REVIEW OF ROLLING ACTIONS LIST

The Rolling Action List was reviewed, and would be updated following today's meeting.

NOTED

7 REVIEW OF TERMS OF REFERENCE

Members received and noted the Terms of Reference which were updated by the Board Secretary to recognise the changing role and remit of the Forum as well as the national governance framework.

Members approved the Terms of Reference subject to the following comments;

-It was noted that Catherine Totten was currently seeking an Allied Health Professional representative for the Forum.

-To ensure adequate composition, Sheila Howitt agreed to email Head of Psychological Services to allocate a representative from the Psychology Professional Practice Meeting.

Action: Sheila Howitt

Under Section 5 – Attendees, wording would be refined to Person Centred Improvement rather than

involvement and equality.

Under Section 8 – Chair, an additional point would be added to describe the specialist setting of the hospital and the need to collaborate with other disciplines.

Under Section 9 – Vice Chair, wording would be tightened to ‘Chair’.

Margaret Smith and Julie Warren agreed to update the Terms of Reference to reflect the above comments.

Action: Julie Warren / Margaret Smith

In addition, Members agreed to continue to build on links to the Board and Executive leadership of the organisation, and to invite Chief Executive and Interim Chair to future Clinical Forums on an alternate basis to ensure link in with the Board and overall management structure.

APPROVED.

8 DISCUSSION ON THE STATE HOSPITALS REMOBILISATION 2021

Aileen Burnett advised that the Head of Corporate Planning and Business Support provided comprehensive feedback on the Remobilisation Plan at the Corporate Management Team Meeting on 25 January 2021. Aileen provided a brief summary of this work and members agreed it would be beneficial that Monica Merson be invited to attend the Forum in May 2021 to update members.

Action: Julie Warren

AGREED.

9 UPDATES FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS / APPROVED MINUTES TO NOTE

(a) Nursing and Allied Health Professions Advisory Committee

Members **received** and **noted** the draft Minutes of the Nursing and Allied Health Professions Advisory Committee dated 10 November 2020. Carolin Walker provided a brief update on the two key items of discussion which took place around PMVA related Personal Protective Equipment and the Improving Observation Practice Policy.

The report on PMVA related Personal Protective Equipment which was due to be presented to the Senior Management Team in February, though was paused due to the pandemic. Alan Blackwood agreed to send this report to Julie Warren for inclusion in the next agenda to allow further discussion to take place.

Action: Alan Blackwood / Julie Warren

It was recognised that the hospital would not be comparing a like with like in relation to observations when the policy was implemented. Sheila Smith agreed to raise this concern and seek clarity at the Patient Safety Group scheduled to take place next week.

Action: Sheila Smith

Members also agreed it beneficial to invite Josie Clark to the next Forum to provide an update on the Improving Observation Practice Policy.

Action: Julie Warren

(b) Medical Advisory Committee

Members **received** and **noted** the approved Minutes of the Medical Advisory Committee held on 9 November 2020.

It was recognised that the Medical Advisory Committee continue to have discussions with the Security Directorate in relation to the Grounds Access Policy, which is yet to be finalised. Members agreed it beneficial to invite the Head of Security Department to the next Forum in March given that the policy went to the Policy Approval Group and has went through the conflict resolution process, therefore was escalated to the Corporate Management Team. Julie Warren agreed to add this to the workplan and issue invite.

Action: Julie Warren

Sheila Smith agreed to express the Forum's interest in the conflict resolution process at the next Policy Approval Group meeting in order to offer our clinical expertise of the and that we would be willing to review.

Action: Sheila Smith

(c) Psychology Professional Practice Meeting

Members **received** and **noted** the approved Minutes of the Psychology Practice Meeting held on 17 February 2020. It was recognised that these meetings stood down during the pandemic and have not yet been re-established. The Chair agreed to make contact with Head of Psychological Services to ensure the Forum are sighted on advisory matters rather than departmental.

Action: Sheila Howitt

(d) Update Report from Dentist, General Practitioner and Optometric

Members received and noted the written update from Skye Centre Manager dated 19 January 2021.

The Forum highlighted concerns that the report did not identify or capture the current gap in patient physical care experienced by the hospital at this time. The Chair agreed to contact Skye Centre Manager to express our concern and enquire if there was anything the Forum could do to support the hospital which we were not able to deliver on.

NOTED.

10 UPDATE FROM AREA CLINICAL FORUM CHAIRS' GROUP FOR SCOTLAND

Aileen Burnett advised that she missed the last meeting of the Area Clinical Forum Chairs' Group and that new Chair, Sheila Howitt, would attend these going forward, appraising the group on any relevant matters thereafter.

NOTED

11 FEEDBACK FROM ANNUAL REVIEW PROCESS 2019 - 2020

Margaret Smith provided a brief summary of the formal Annual Review which took place in November 2020 with the Chairman, Chief Executive, Director of Finance and eHealth, Board Secretary, Minister Clare Haughey and representatives from the Civil Service at the Scottish Government.

The meeting focused on the work during the year prior, the hospital's response to the Covid-19 pandemic, the second phase of 2020 and that way forward in 2021.

This meeting was noted to be positive and Ms Haughey expressed her thanks and appreciation to staff during a difficult year and it was noted that the hospital managed to sustain delivery of service

during this time.

NOTED.

12 REVIEW OF CLINICAL FORUM WORKPLAN

The Clinical Forum Workplan for 2021 was noted. Julie Warren agreed to update the workplan in accordance with discussion.

Action: Julie Warren

AGREED

13 REVIEW OF MEETING SCHEDULE

Members agreed that the Forum frequency would not change and meetings would continue to be held on the fourth Tuesday of every second month. Deputies could be identified to attend in absence of members.

Julie Warren agreed to establish a meetings schedule and issue Microsoft Teams invites for future meetings.

Action: Julie Warren

AGREED.

14 ANY OTHER BUSINESS

There were no items for discussion under any other business.

15 DATE OF NEXT MEETING

The next meeting will take place at 10am on Tuesday 23 March 2021 via Microsoft Teams.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 13
Sponsoring Director:	Interim HR Director
Author(s):	Interim HR Director
Title of Report:	Interim Workforce Plan 2021/22
Purpose of Report:	For Decision

1 SITUATION

The Scottish Government informed Chief Executives, Directors of Human Resources, Workforce Planning Leads and other relevant stakeholders about changes to the publication timescales for local NHS Board Workforce Plans laid out in the Revised Workforce Planning Guidance published by the Scottish Government. These changes recognised the significant ongoing challenges faced by NHS Boards during the pandemic in modifying the current requirement to develop and deliver a 3 year Workforce Plan, while continuing to ensure practical, robust and effective workforce planning arrangements remain in place. DL(2020)27 (Appendix A)

2 BACKGROUND

As part of the first Integrated Health and Social Care Workforce Plan, published in December 2019, the Scottish Government's Health and Social Care Workforce Planning Unit issued revised guidance¹ for NHS Scotland Health Boards and Integration Authorities (IAs) on how workforce planning should be undertaken.

The purpose of the revised guidance was to support an approach to workforce planning which considered the needs of an integrated health and social care workforce, including the impact of third and independent sector care provision as part of an overall planning process.

In addition, a key aim of the revised guidance was to co-ordinate operational service developments and financial planning processes with the workforce planning arrangements set out in the guidance. Workforce plans are intended to closely link to Annual Operational Plans (AOPs) submitted by Health Boards, providing Scottish Government with confirmation that NHS Boards and their partners' plans are in place and demonstrating how they would continue to deliver safe, high quality and accessible care.

3 ASSESSMENT

The Scottish Government recognised that the Covid-19 pandemic radically altered the planning environment for health and social care services from that envisaged at the time of publication of the revised workforce planning guidance. The pandemic will continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future. This will shape the way in which services are delivered over the longer term as the implications of Covid -19 for the workforce become more fully understood.

Recognising this, the Scottish Government has, in discussion with its key partners and stakeholders, decided to amend the submission timelines and process to better reflect the current circumstances and Covid-19 related priorities.

Actions for Health Boards

- NHS Boards are now requested to ensure that a 3 year Workforce Plan is developed no later than 31st March 2022.
- These plans should cover the period 1st April 2022 until 31st March 2025.
- NHS Board Workforce Plans should be published on organisations' websites by 31st March 2022, and a link to each Plan should be forwarded to the Scottish Government's National Health and Social Care Workforce Planning Programme Office WFPPMO@gov.scot by this date

In recognising the significant ongoing challenges presented by the Covid-19 pandemic to stakeholders involved in workforce planning, a Short Life Working Group - comprised of representatives from the Scottish Government, the National Workforce Planning Group, NHS Boards and wider stakeholders - was established to develop a template workforce plan document to cover the period 1st April 2021 to 31st March 2022.

The Short Life Working Group issued a template workforce plan in February 2021 for completion and submission by Health Boards and IAs no later than 30 April 2021. The Workforce Planning template included an indicative content list (Appendix B).

Actions for NHS Boards

- Complete an Interim Workforce Plan for the period April 2021 – March 2022.
- Comply with Template and Indicative content guidance.
- Submit to Scottish Government no later than 30 April 2021.

Future Considerations

- Introduction of the Health and Care (Staffing) (Scotland) Act;
- Development of the TURAS Data Intelligence Platform;
- Refinement of the NHS Board Workforce Projections process;
- National commitments to build further workforce planning capacity.

4 RECOMMENDATION

Members of the Board are invited to note the update and approve the Interim Workforce Plan 2021/22. (Appendix C).

APPENDIX A



DL(2020) 27 Update
to Revised Workforce

APPENDIX B



APPENDIX B -
Interim Workforce P

APPENDIX C



Appendix C - Interim
Workforce Plan 2021.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Links to the National Guidance for Workforce Planning set by the Scottish Government
Workforce Implications	Positive measure in support of Staff Governance Standards.
Financial Implications	N/A
Route to Board Which groups were involved in contributing to the paper and recommendations.	Via CMT/ Board workplan requested
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	Failure to adopt would undermine the principles of Workforce planning model.
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. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications, full DPIA included.



DL(2020)27

15 October 2020

Addresses

For action

NHS Chief Executives
NHS Director of Human
Resources; NHS
Workforce Planning
Leads; NHS Directors of
Planning, Regional
Workforce Planning
Leads

For information

National Workforce
Planning Group Members;
National Workforce
Planning Programme
Board; COSLA; SSSC;
SPDS

Enquiries to:

Grant Hughes
Scottish Government
Health Directorates
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Dear Colleagues,

UPDATE ON REVISED WORKFORCE PLANNING GUIDANCE

Purpose

1. This letter informs NHS Chief Executives, Directors of Human Resources, Workforce Planning Leads and other relevant stakeholders about changes to the publication timescales for local NHS Board Workforce Plans laid out in the Revised Workforce Planning Guidance published by the Scottish Government. These changes recognise the significant ongoing challenges faced by NHS Boards during the pandemic in modifying the current requirement to develop and deliver a 3 year Workforce Plan, while continuing to ensure practical, robust and effective workforce planning arrangements remain in place.

Background

2. As part of the first Integrated Health and Social Care Workforce Plan, published in December 2019, the Scottish Government's Health and Social Care Workforce Planning Unit issued revised guidance¹ for NHS Scotland Health Boards and Integration Authorities (IAs) on how workforce planning should be undertaken.

3. The purpose of the revised guidance was to support an approach to workforce planning which considered the needs of an integrated health and social care workforce, including the impact of third and independent sector care provision as part of an overall planning process.

4. In addition to the above, a key aim of the revised guidance was to co-ordinate operational service developments and financial planning processes with the workforce planning arrangements set out in the guidance. Workforce plans are intended to closely link to Annual Operational Plans (AOPs) submitted by Health Boards, providing Scottish Government with confirmation that NHS Boards and their partners' plans are in place and demonstrating how they would continue to deliver safe, high quality and accessible care. AOPs are required to be aligned to local Integration Authorities' strategic commissioning plans, and reflect ongoing work on service transformation and regional planning.

¹ [Integrated Health and Social Care. Workforce Planning for Scotland: Guidance](#)

Covid-19 – Changes Required to the Development of Local Workforce Plans

5. The Scottish Government recognises that the Covid-19 pandemic has radically altered the planning environment for health and social care services from that envisaged at the time of publication of the revised workforce planning guidance.

6. The pandemic will continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future. This will shape the way in which services are delivered over the longer term as the implications of Covid -19 for the workforce become more fully understood.

7. These circumstances create a series of potential challenges for local NHS Boards and Integration Authorities (IAs) in delivering the first of the 3 year workforce plans under the existing publication schedule. Recognising this, the Scottish Government has, in discussion with its key partners and stakeholders, decided to amend the submission timelines and process to better reflect the current circumstances and Covid-19 related priorities.

8. As a result we are introducing a new submission timescale and are delaying publication of the first version of 3 year Workforce Plans, originally outlined in the revised workforce planning guidance published in December 2019.

9. The rationale for this approach is that:

- A deferred publication date should provide additional time for NHS Boards/IAs to emerge from the Covid-19 pandemic, reflect arrangements for remobilisation of services and reconstitute local workforce planning groups, including stakeholders from primary care and the third and independent sectors;
- Having exited the Covid-19 pandemic period, NHS Boards/IAs should be able to fully reflect service remobilisation and redesign developments within their first 3 year plans, and this should improve the quality of their workforce plans;
- The new publication timescale should enable 3 year workforce plans to align with the next 3 year National Financial Planning cycle which is due to commence in April 2022; and
- The new timescale should also align with the current rolling 3 year Annual Operating Plan submission timescale

NHS Chief Executives, Directors of Human Resources and Workforce Planning Leads should note the actions below:

Actions for Health Boards
<ul style="list-style-type: none">• NHS Boards are now requested to ensure that a 3 year Workforce Plan is developed no later than 31st March 2022• These plans should cover the period 1st April 2022 until 31st March 2025• NHS Board Workforce Plans should be published on organisations' websites by 31st March 2022, and a link to each Plan should be forwarded to the Scottish Government's National Health and Social Care Workforce Planning Programme Office WFPPMO@gov.scot by this date.

Interim Workforce Planning Arrangements

10. It is recognised that now, more than ever, workforce planning is a key part of the work underway across NHS Boards, Integration Authorities and other Primary Care and 3rd and Independent Sector organisations to address the challenges presented by Covid-19.

11. In the period prior to the new publication date for the first 3 year plan, it will still be necessary for organisations to provide workforce information which supports Scottish Ministers' decisions on health and social care services in understanding planned future models of care; assessing actual and likely supply and demand factors; and gauging and addressing the potential impacts of these factors on their continued efforts to recruit, train, deploy and retain a skilled and sustainable workforce.

12. The new arrangements set out in this letter should ensure that ongoing work:

- continues to deliver a clear picture of local level workforce planning activity;
- is capable of aggregation at regional and national levels; and
- allows fully informed responses to ongoing scrutiny requirements for Parliamentary and audit purposes.

13. In recognising the significant ongoing challenges presented by the Covid-19 pandemic to stakeholders involved in workforce planning, a **Short Life Working Group - comprised of representatives from the Scottish Government, the National Workforce Planning Group, NHS Boards and wider stakeholders - will be established to develop a template workforce plan document to cover the period 1st April 2021 to 31st March 2022.**

14. The template workforce plan document will allow NHS Boards and IAs to produce consistent workforce planning documents that, while shorter and more concise than full 3 year workforce plans, are sufficient to meet the purposes set out in paragraph 12 outlined above.

15. The Short Life Working Group will convene in October 2020 and will issue a template workforce plan in December 2020 for completion and submission by Health Boards and IAs no later than 31st March 2021.

16. The December 2019 guidance noted that a small number of Integration Authorities had already published 3 year workforce plans which did not directly align with the original publication timescale (i.e. publication of the first 3 year workforce plan in March 2021). In such cases, the guidance advised that the relevant HSCPs should maintain their existing workforce plan publication schedule.

17. The new publication date of March 2022 should remove this as an issue and in effect should mean that all HSCPs' workforce plan publication timescales now align. Clarification on the publication schedules for Integration Authority Workforce Plans is being sought via Chief Officers.

Actions for NHS Boards

Chief Executives, Directors of Human Resources and Workforce Planning Leads are requested to

- **Note the establishment of a Short Life Working Group and the associated timescales for development of a template Workforce Plan to cover the period 1st April 2021 to 31st March 2022**

Third and Independent Sector/Primary Care

18. While the new publication timescale for workforce plans directly affects Health Boards and Integration Authorities, there are strong interconnections between strategic commissioning, service procurement and workforce planning, as previous guidance has noted.

19. Third and Independent Sector social care service providers are typically commissioned, primarily by Local Authorities or IAs, to deliver a service for a fixed period of time. This process can make longer-term, proactive workforce development and planning difficult for Third and Independent care providers as employers.

20. To support longer term workforce planning, Third and Independent sector providers will need strategic commissioning and workforce plans to be clear about what kind of care and support will be required in order that they can plan and develop their workforce appropriately.

21. NHS Boards and IAs should therefore ensure that representatives from Third and Independent Sector and primary care partners continue to be included as key stakeholders in the development of their workforce plans.

Future Actions

22. As well as the revised timelines and processes referred in this letter, we will also consider any further changes which may be required in future to reflect the impact of Covid-19 pandemic on other policy initiatives and commitments referenced in the December 2019 workforce planning guidance. These include:

- Introduction of the Health and Care (Staffing) (Scotland) Act;
- Development of the TURAS Data Intelligence Platform;
- Refinement of the NHS Board Workforce Projections process;
- National commitments to build further workforce planning capacity.

23. Any further revisions will also reflect work under discussion with service and financial planning colleagues to develop a whole-system approach to planning recognising the complex and ongoing interactions between three strands.

Yours sincerely,

Sean Neill
Director for Health Workforce, Leadership and Service Reform

Guidance on Indicative Interim Workforce Plan 2021/22 Content

Note that this guidance is not intended to be prescriptive or exhaustive.

The content of this guidance should be viewed as ‘areas for consideration’ which provide illustrative examples to assist in completing the detail required for each section, these may be jointly applicable to NHS Boards and Health and Social Care Partnerships (HSCPs) or distinct to either, and should be applied as relevant.

NHS Boards and HSCPs will also wish to reflect any local labour market factors which will influence workforce demand and supply.

Section 1 – Background

This section should be used to provide a general, high level overview of the organisation, outlining the scope and coverage of the plan and indication of lead responsibility for the delivery of the Interim Workforce Plan

Organisations should outline the process of developing the workforce plan including a description of the consideration of workforce planning issues in the context of a wider system of planning and linking workforce to any relevant key performance indicators of targets.

Organisations may wish to describe the opportunities for, or work currently underway in the following areas:

- Cooperation between NHS and Local Authorities
- Mutual support across Territorial Board borders
- Regional working
- Working with COSLA/National NHS Boards

Section 2 – Stakeholder Engagement

NHS Board and HSCP workforce planning leads should continue to work with each other (including engagement with Trade Unions and colleagues from the Primary Care and Third and Independent Sector) to ensure that, collectively, the output from the interim workforce plan development process presents a cohesive picture of health and care workforce need across their geographic area.

It is not intended that the interim workforce plans contain specific detail on existing workforce numbers and projected need for primary care or independent social care settings.

Including representatives from primary care and third and independent sector partners as key stakeholders in the development of workforce plans, is seen as an opportunity to reduce some of the uncertainty experienced by providers in determining their own future workforce needs.

Interim Workforce Plans should describe the process of engagement with internal and external stakeholders including, but not limited to:

- Local Service Planning Leads
- Financial Planning Leads
- Trades Unions
- NHS/HSCP Workforce Planning Leads
- HR Leads

- Third and Independent Sector Representatives
- Primary Care Contractor Representatives

Organisations should outline how the needs of stakeholders have been included within the planning process and reflected in the completed workforce plan.

Section 3 - Supporting Staff Physical and Psychological Wellbeing

Supporting staff wellbeing must be seen as key to sustainability of the workforce during the current pandemic. The welfare of the workforce is a fundamental interdependency that cuts across remobilisation and workforce planning.

The Board Remobilisation Plans for 2021/22 will set out how organisations are providing on-going support to promote both physical and psychological wellbeing over the coming year noting areas such as:

- Local workforce wellbeing services;
- Health and Social Care national hub;
- NHS24 mental health support services.

Interim Workforce Plans may wish re-inforce this while providing additional details on the anticipated workforce implications such as:

- monitoring performance and evaluating impacts on staff wellbeing;
- projections of future staff retention and turnover;
- staff availability and absence levels
- the impact of staff annual leave deferred during the pandemic

Organisations should also look to consolidate and embed systems of wellbeing support for the longer term as a potential means of increasing staff availability and reducing turnover. This may include:

- Analysis of the primary causes of pre-COVID-19 staff sickness absences;
- Lessons learned locally relating to staff wellbeing, and potential opportunities to increase staff availability.

In order to ensure that all staff within the health workforce are supported and protected equally, workforce plans should also address how organisations intend to support the work of Scottish Government and Public Health Scotland to improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics.

Section 4 – Short Term Workforce Drivers (Living with COVID)

This section should focus on the immediate operational period (12 months) aligning with the content of Remobilisation Plans and describing the known impact on workforce requirements in areas such as:

- Maintaining and Extending Test & Protect Programme;
- Sustainable Vaccination Programme (COVID-19 and seasonal flu);
- COVID-19 Beds and Maintaining Surge Capacity Needs;
- Supporting the safe provision of Adult Social Care;
- Mutual Aid to Care Homes;
- Maintaining Essential Services;
- Extended role for Public Health Workforce;
- Support to remobilise dental, eye care and other primary care services;
- Care @ Home and Housing Support;
- Mental Health Officer capacity;
- Reablement and Disability Services;
- The Health and Care (Staffing) (Scotland) Act including the use of/outputs from existing Nursing and Midwifery Workforce and Workload Modelling Tools.

Organisations should clearly identify areas of immediate workforce risk in key job families/sub families and professional groups.

Where possible organisations should provide whole time equivalent details of anticipated workforce demand associated with specific drivers.

Section 5 – Medium Term Workforce Drivers

This section should be used to describe the workforce impact of any changes to staffing models required as a result of service changes/developments across the medium term (12-36 months).

These may include issues such as:

- Redesign of Services building on new ways of working (Post- COVID-19);
- Redesign of Urgent Care;
- Capacity/Productivity Issues: Social Distancing in Health and Care services;
- Clinical Prioritisation of Planned Care
- Care implications of “Long” COVID-19 on Rehabilitation Services;
- Resourcing Older Peoples’ Services;
- Increased role of Primary Care and Community Services;
- Development of Elective Centres;
- General Medical Services Contract;
- Post COVID-19 treatment backlog;
- Increased service demand due to population demographic factors;
- Independent Review of Adult Social Care;
- Fair Work Agenda;
- Further development of Safe Staffing and Workload Tools;
- The potential workforce impact of recent changes to pension schemes.

Organisations should include text reflecting Local Labour Market factors including:

- The impact of Remote and Rural issues;
- Potential Economic Impact of COVID-19 on labour supply in some job families.

Organisations should describe areas of anticipated workforce risk in key job families/sub families and professional groups and outline any known whole time equivalent requirements and likely timescales.

Section 6 – Supporting the workforce through transformational change

NHS Boards and IJBs will have described examples/opportunities to transform the delivery of health and care services during the pandemic and how best practice in these areas is being maintained and shared. Organisations should consider the potential workforce implications of any innovative approaches to care delivery e.g.

- Embedding and extending the role of Digital Health and Telecare;
- Opportunities to support Mutual Aid, Joint and Regional Working;
- Improving workforce data quality.

This section may be used to describe any areas of workforce skills development that will be required to support current or future models of care/ service.

Organisations should provide some narrative on those factors affecting workforce supply such as:

- Hard to Fill Posts;
- Skills Gaps in key areas.

Organisations may also wish to provide examples of local initiatives that are being used to mitigate demand and ensure workforce supply including:

- Local Recruitment;
- Use of National Staff Recruitment Portal;
- Use of Temporary Registrants via GMC, NMC, HCPC, GPhC;
- Use of Supplementary Staff Groups;
- Modern Apprenticeships;
- Supported placements;
- Kickstart Scheme;
- Work Experience.

Organisations should describe the need for and development of new posts or the introduction of new roles/extension of current duties such as:

- Advanced Practice roles;

- Physicians Associates;
- Assistant Practitioners;
- Any other examples of new roles.

The State Hospital
Interim Workforce Plan 2021/22

Section 1 – Background

TSH is the national high security hospital for Scotland and Northern Ireland. The hospital provides specialist individual assessment, treatment and care, in conditions of high security for male patients with major mental disorders and intellectual disabilities. The patients, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting. There are three other high security forensic mental health providers in the United Kingdom: Broadmoor, Rampton, and Ashworth, all of which are situated in England.

The most valuable asset in The State Hospital is our workforce. Individuals and teams across the organisation play a pivotal role in maintaining the safety and security of the site whilst delivering front line care to patients in sometimes challenging and complex circumstances. The configuration of TSH workforce has changed in response to Covid 19. In light of the pandemic colleagues redeployed from non-ward based roles to support the ICOP and the provision of covid-19 care, alongside a targeted recruitment exercise to increase our available nursing workforce.

Whilst responding to the pandemic it became clear that a number of colleagues' roles had changed. They had developed new ways of working and different approaches to ensure person-centered care continued to be at the heart of all we do, whilst responding to the challenges with the Pandemic. Just one example of this was the revised roles undertaken by some rehabilitation staff where they undertook ward based roles in addition to their core role. This improved the patient experience, increased efficiency and supported ongoing physical health.

TSH has committed to ensuring positive examples of changes to practice or service delivery will become part of revised service delivery. This will form the foundation of our Interim Workforce Plan for the year 2021/22. The work stream lead is the Director of HR & Wellbeing.

This Workforce Plan has been fully developed in Partnership with our Staff and their representatives to ensure shared alignment of our common aim to deliver Safe, Effective Patient Care.

TSH is a key contributor to both National and Territorial Boards to ensure every opportunity for a whole system approach to service delivery is achieved.

TSH has strengthened relationships with other NHS Scotland Forensic Mental Health service providers. Throughout the covid-19 pandemic, high, medium, low and community services have engaged in regular ongoing dialogue through scheduled conference meetings. These conference meetings align forensic mental health services together with the Scottish Government Mental Health Directorate, The Forensic Network for Scotland, the Mental Welfare Commission for Scotland, The Ayr Clinic (private provider) and other low secure care providers. This mechanism has enabled integrative planning discussions, debate on common challenges, sharing of knowledge, and monitoring around the overall scale of patient flow challenges across the forensic estate. Collaboration with those partnership agencies has remained successful and positive.

The Board has recently undertaken recruitment of three new non-executive directors following a number of retirements. In addition, recruitment is underway for the appointment of a permanent Board Chair and a new Employee Director. A pre-planned induction programme is being implemented to minimise any disruption to business continuity during these changes.

Section 2 – Stakeholder Engagement

TSH Workforce Planning remains a key component of our ongoing engagement with our Staff, Trade Union Partners and other key stakeholders.

This comprehensive approach to engagement ensures that our Workforce Plan presents a cohesive description of need across the forensic mental health landscape.

The TSH Interim Workforce Plan engaged direct with key stakeholders as part of the development of our revised clinical model and again during the process to complete the revised interim plan. Stakeholders and Forums included:

- ♦ Partnership Forum
- ♦ Clinical Forum
- ♦ Staff
- ♦ Patient Representatives
- ♦ Staff Representatives
- ♦ TSH Board
- ♦ Staff Governance Committee
- ♦ Mental Welfare Commission

TSH have included stakeholders in the both the planning process and ensured inclusion of relevant contributions in the completed workforce plan.

Section 3 - Supporting Staff Physical and Psychological Wellbeing

Ms. Clare Haughey, Minister for Mental Health, wrote to all NHS Scotland employers on 26 March 2020 stressing the need to ensure that local arrangements are in place for the provision of mental health and wellbeing support for staff during covid-19. NHS Boards were asked to identify a local champion for staff wellbeing and further guidance, outlining essential support arrangements required within each NHS Board, was issued by the Scottish Government on 14 April 2020. This was set out in DL (2020)8 - Staff Wellbeing and Support: Employers' Duty of Care During covid-19 Pandemic.

All NHS Boards have been urged to take a proactive approach and to work in partnership with staff side colleagues, health and safety leads, public health, occupational health, and other relevant services to support employee health and wellbeing throughout the pandemic.

Within TSH, the Professional Nurse Advisor is the nominated Wellbeing Champion and is co-ordinating the local response. A Workforce Wellbeing Group has been established to assist in identifying and addressing local needs and includes representation from clinical and support services, staff-side, psychological services, organisational development and human resources. Input from the occupational health service and other relevant services is being sought as and when required.

A tiered support model has been adopted locally, based on the principles of Psychological First Aid (i.e. Care, Protect, Comfort, Support, Provide, Connect, Educate). The model includes initiatives and interventions designed to raise staff awareness and facilitate access to self-help resources, psychoeducation and peer support. Signposting and assistance to access psychological support and counselling services is also being provided when required.

A review of local arrangements for staff wellbeing and support was undertaken in April 2020 to assess compliance with the guidance provided in DL (2020)8 - Staff Wellbeing and Support: Employers' Duty of Care During covid-19 pandemic. A wide range of interventions are in place. Other key initiatives are highlighted below.

A designated staff wellbeing zone was launched on 6 May 2020. This provides a space for staff to relax and recuperate away from their work environment, and to make it as easy as possible for individuals to access the support they need. The wellbeing zone is open to all staff and includes:

- ♦ Provision of information that addresses the wide range of challenges staff are facing during Covid-19. This includes information on:
 - Staying safe and well
 - Emotional wellbeing
 - Importance of sleep and rest
 - Social connections and managing loneliness and isolation
 - Eating well and up to date information on supermarket opening times for NHS staff
 - Physical activity and how to stay active
 - Resilience and managing stress and anxiety
 - Home working
 - Financial support and advice and how to access local food banks

- ♦ Information on factors that can affect emotional and psychological wellbeing and guidance on how to recognise and respond to personal “warning signs”.
- ♦ Signposting to self-care resources and to the help and support that is available nationally, locally and within the organisation.
- ♦ Access to online resources, peer support, refreshments, and a quiet space to relax and reflect.

Volunteers, from across all disciplines, give some of their time to be present within the Well Being Zone to provide peer support to staff, if required, and to make them feel welcome in the wellbeing zone. TSH have been able to ensure that a volunteer is present within the wellbeing zone every day to provide peer support.

Initial feedback from staff is that the zone is a welcoming space with an abundance of useful information. Staff have enjoyed the opportunity to have a drink, a biscuit and a chat with the volunteers. Volunteers have reported that they have also benefitted from having interactions with a number of staff whom they would rarely come into contact with. A virtual version of the wellbeing zone has been created on the Learn-Pro platform to provide access to the information and resources currently located within Islay to staff that are shielding or working from home, or who are unable for other reasons to access the Zone.

In addition to the local initiatives and interventions, a Wellbeing Champions Network and National Wellbeing Hub have been established by the Scottish Government to facilitate the sharing of resources and good practice, and to promote collaborative working across health and social care organisations within the public, private and voluntary sector. There are also plans to establish a national baseline assessment of wellbeing, and an agreed trajectory for improvement.

The National Wellbeing Hub is an online platform that provides signposting to the wide range of support and wellbeing services and (self-care) ‘tools’ available across health and social care organisations in Scotland. The hub has been created and updated in partnership with Wellbeing Champions from across the health and social care sector in Scotland.

TSH was successful in securing a funding grant of £35,000 from the NHS Charities Together Covid-19 Appeal. The funding grant is being utilised to support projects and equipment aimed at enhancing the well-being of staff, patients and volunteers affected by Covid-19. This includes for example:

- ♦ funding well-being packs for staff and volunteers on wards/departments - which could include food/meal deliveries and refreshments, wash kits, furniture for rest rooms
- ♦ supporting patients’ mental health through isolation through the purchase of games, radios, or electronic communication devices so they can talk to family
- ♦ benevolence
- ♦ other items identified by staff, patients or volunteers

The above list is provided for example only and work is currently being progressed by the Wellbeing Champion to generate suggestions and ideas on what would be of help locally, and to establish a process and associated governance framework for managing the use and allocation of the funding grant.

Options for enhancing support to leaders and frontline managers are also being explored. Key priorities include provision of training on Psychological First Aid and coaching support for managers.

A national online coaching hub is being set up by NHS Education for Scotland to coordinate access to coaching support in partnership with external provider 'Know You More'. The register will include coaches from the Executive Coaching Register as well as coaches from the Coaching Matters website. Funding is being provided by the Scottish Government, and coaching can be accessed by managers at all levels. A free 'Coaching for Wellbeing' support service is also being made available through Project Lift.

In summary, a wide range of initiatives and interventions are in place, or planned, to support staff health and wellbeing during the Covid-19 pandemic and in to the future recovery period.

A number of supportive mechanisms have been introduced in the last twelve-month period tailored towards assisting individuals with workplace attendance. Support includes:

- ♦ Dedicated Occupational Health Service and Advice line; includes both formal and informal consultations and drop in "clinics"
- ♦ Counselling/talking therapy provider
- ♦ Specialist Psychology for those experiencing trauma.
- ♦ Access to workplace stress risk assessment tools & support
- ♦ Support on 1st day of absence via EASY (Early Support for You) on mental health issues, immediate opportunity to access clinical advice via OH
- ♦ Dedicated named case manager support for anyone with mental health issue.
- ♦ Assessment and action planning to resolve issues at both work & home.

In terms of absenteeism TSH is seeing a downward trend of Covid-19 related absence among our workforce from a peak 8.5% in April 2020 as illustrated below.

Hours Lost (%)

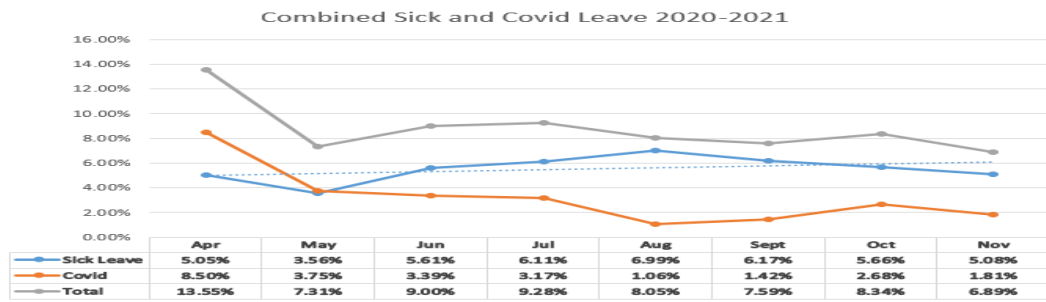


The covid-19 related work hours lost includes:

- ♦ staff self-isolating due to being symptomatic
- ♦ staff isolating due to a household member being symptomatic
- ♦ staff who were shielding due to being in a 'high risk' group, or being the main carer for a dependent in a 'high risk' group. Shielding is currently paused and these staff are currently being supported back to work in line with government guidelines.

In preparation for a pause in Shielding a manager and employee “Toolkit” was devised in consultation with staff and their representatives. This consultation included sharing initial draft documents with those who were shielding to start a positive dialogue with them and provide reassurance their employer was working within Government guidelines to provide them with a COVID secure workplace.

Combined Sick and Covid Leave is illustrated below to provide context on Workforce impact.



TSH has encouraged, where it is practical, colleagues to work from home, and have invested in laptops and related infrastructure to support this. It is recognised that a return to full-time office accommodation in the near-term is impractical and that home-working, for some roles, may be suitable in the longer term. A blended approach with a mix of working from home and on site is also being deployed. The emphasis is very much on supporting individuals to adapt to new ways of working whilst maintaining delivery of service. A review of space utilisation has been undertaken to compliment this important strand of planning for future working accommodation. Flexible and remote working will continue to be encouraged and supported over the coming year.

Section 4 – Short Term Workforce Drivers

The last iteration of TSH Annual Workforce Plan was presented to The Board in autumn 2019. The workforce numbers demonstrated the age distribution of staff. 93 staff are in the age range of 50- 54, with a further 46 staff in age range of 55+. This highlighted a risk to the workforce stability in the coming five-year period. In order to proactively manage this risk a number of positive steps were enacted, these remain relevant to our interim plan for 2021/22 and include;

- ♦ The development of a workforce and recruitment plan to describe key milestones, risks and mitigating actions.
- ♦ Engagement with our Health Care Support staff to provide a model of further education specifically leading to Registered Nurse training.
- ♦ A positive and pro-active Practice Development team leading innovative approaches to professional development.
- ♦ Active and ongoing participation in the NHS Scotland management training scheme.
- ♦ Support in the delivery of the NHS Professional Careers programme in partnership with Scottish Government and the Glasgow Centre for Inclusive Living.
- ♦ A commitment to extend the adoption of Modern Apprenticeships at every opportunity and across all disciplines.
- ♦ A review of middle management structure to enhance leadership capacity and resilience.
- ♦ Planned increase in capacity and resilience in staffing to support infection prevention and control.
- ♦ A comprehensive organisational training plan which includes statutory and mandatory components as well as a broad range of multi-level leadership development programmes.
- ♦ Participation in the national work stream Project Lift.
- ♦ Following realignment of Corporate Management Team functions in 2020, work is already underway to review the organisational structure within the Security, Estates and Resilience directorate and in particular, the Security and Risk/Resilience functions to ensure appropriate leadership is in place to support corporate objectives in these functional areas. These reviews will take place over the course of 2021/2 and recruitment for lead roles is already underway.

A key component of the TSH workforce plan is the creation of further educational opportunities to develop staff from within the service and provide lifelong employment. This links to the programme for government and the renewal landscape by 'encouraging people to stay in Scotland and move within Scotland to address regional skills gaps'.

Health and Care (Staffing) (Scotland) Act 2019

TSH had been implementing the workforce tools associated with the Health and Care (Staffing) (Scotland) Act 2019 prior to the onset of covid-19.

The unique environment and patient group at The State Hospital can lead to challenges with ensuring that the correct distribution of staff are in place at the correct time. Fluctuations with clinical activity can require our patients to receive very intensive support from staff.

As part of the modelling exercise for the Clinical Model staffing profile, considerable work was undertaken to rebase the core establishment numbers. The modelling took into account the professional judgement aspect of the workforce tools, historic issues with base staff numbers per ward and assessed comparable high secure hospitals in NHS England.

Further work is ongoing and will be refined over the coming 12 to 24-month period to review the effectiveness of the staffing model and ensure that correct resources are deployed across the organisation. TSH will continue to work in collaboration with Healthcare Improvement Scotland and the Chief Nursing Officer for Scotland's team in reporting the outcome and opportunities associated with this legislation. The Board will also be briefed on any challenges or actions required to meet the requirements of the safe legislation going forward.

The outcome and action measures for The State Hospital, as described in the reporting framework are as follows:

Outcome 1 - Development and management of implementation of systems for the following actions:

- ♦ Ensure the common staffing method is embedded in practice. This will include development of and co-ordination of implementation of an annual plan to ensure all workload workforce tools are applied within nationally agreed timescales.
- ♦ Ensure a consistent approach to analysis of workload and workforce information, quality measures and local contact to inform staffing requirement across the NHS Board.
- ♦ Ensure a consistent approach to risk identification, escalation and prioritisation on a Board wide basis.
- ♦ Ensure a consistent approach to seeking and having regard to clinical advice in relation to staffing.
- ♦ Utilise data to identify service redesign and role development opportunities and to predict future service and nursing and midwifery workforce requirements to the Board
- ♦ Ensure appropriate training and education programmes are delivered and workload on workforce planning across the Board
- ♦ Ensure the provision of expert clinical advice in workload and workforce planning and support and facilitate teams to review workforce information in order to inform service redesign, development of roles, to ensure that services and workforce are responsive to needs of patients.

Outcome 2 – Working collaboratively with the National Programme Advisor to ensure the local needs are met and appropriate materials are available to support local implementation and legislative requirements.

Outcome 3 – Working collaboratively with local NHS Board Excellence in Care lead to ensure the quality aspect of triangulation is embedded in the common staffing method processes and principles.

Outcome 4 – Support the NHS Board to report to Scottish Government on how the duties within the Act have been achieved.

Outcome 5 – Ensure representation of the NHS Board at local and national forums, to influence, shape and contribute to the National Policy Agenda.

Formal work on safe staffing recommenced as of 3rd August, and the local workforce lead is liaising with the Programme Advisor Healthcare Staffing Programme to identify and agree local priorities with a focus on real time staffing informed through the development of local business intelligence reporting.

Female High Secure Provision

At present, there are no high secure female beds in Scotland for either mental illness or intellectual disabilities. Scottish women requiring high secure care are transferred south of the border to Rampton Hospital, the only UK female high secure facility.

The Independent Review into the Delivery of Forensic Mental Health Services was published on 26 February 2021. Recommendation 3 states:

“A high secure service for women should be opened in The State Hospital within nine months of the publication of the Review

- ♦ *The design and staffing model for the unit must be able to appropriately flex to meet the care and treatment needs of both women with mental illness and women with a learning disability ”*

At this point, it is not known if Scottish Ministers will accept this recommendation. However, given the very short timeframe indicated by the Review, a costing exercise has been completed and submitted to the Mental Health Directorate. This details the indicative staffing profile, revenue costs, and capital needed if a dedicated female service is established at The State Hospital:

Revenue	£ 2,082,180
Capital	£ 88,000

Further discussions are scheduled from April 2021. This will determine if The State Hospital should develop and establish this new service, and move to recruiting a dedicated workforce for female high secure provision.

Section 5 – Medium Term Workforce Drivers

As part of the Clinical Model Implementation Plan, a Workforce Planning, Training and Development work stream will lead on the development of a workforce plan to deliver the revised clinical model. This partnership group will develop the required Workforce Plan, oversee any organisational change required to align staff to the revised model and ensure the hospital has the right staff, in the right place, at the right time, with the right skills. The group will endeavour to minimise risk and maximise safety of staff and patients during the transition.

Provisional timelines below have still to be confirmed however these estimate a completion date of March 2022.

Action	Date
Interim Workforce Plan	April 2021
New development (e.g. 9-5 role)	May - June 2021
Training and Development Plan (including Training Needs Analysis)	April - June 2021
Staff Alignment	September 2021
Staff development through PDP	Ongoing through 2021/22
Common Staffing Method application	Ongoing

TSHs workforce plan 2017/2022 was produced in June 2017 in accordance with Scottish Government "Revised Workforce Planning Guidance", CEL 32 (Scottish Government, 2011).

The First Minister announced the Scottish Government's intention to enshrine safe staffing in law in 2016. In its Programme for Government 2017/18 it indicated its intent to deliver on the commitment starting with the nursing and midwifery workforce. These commitments led to the Health and Care (Staffing) (Scotland) Bill being produced to enable safe and high quality care by making the provision of appropriate staffing in health and care statutory, resulting in better outcomes for service users.

As a direct result of this action, TSH are obligated to run the Nursing and Midwifery Workload and Workforce Planning Tools as part of a 'Common Staffing Method' on an annual basis taking cognisance of the outcome and determining the best means to risk manage any identified shortfalls.

In October 2019, the Board endorsed a new Clinical Model and the Implementation Plan for this provided the framework for the Workforce Plan to deliver the model.

The implementation plan will be overseen by the Workforce Planning, Training and Development workstream as part of the Clinical Model Implementation process.

In the meantime, work is ongoing on the application of the Common Staffing Method in nursing to ensure models are based on a safe staffing levels and all services have completed their initial workforce planning proposals for consideration by the workstream.

The State Hospital Clinical Model Implementation

Background

The need to review the Clinical Model arose from issues raised through a staff engagement exercise focussed on readiness for change. In that exercise, issues of safety were spontaneously raised in several responses. In response to the issues raised, The State Hospital Board endorsed the need to progress with a review of the current Clinical Model in June 2018.

The Review Process was divided into three key elements:

- i. Review of the Clinical Model Principles
- ii. Review of Safety Data
- iii. Review of the Clinical Service Delivery Model

Reviews of the Clinical Model Principles and the Safety Data were carried out in 2018. The Safety Data review added weight to the need to review the clinical model. An engagement and options appraisal exercise was then carried out in 2019 to determine a range for options to consider as a new model and the benefits that movement to a new model would realise. In October 2019, The State Hospital Board approved a move to the model below in table 1.

Table 1 – New Clinical Model for The State Hospital

Sample Model	Ward 1	Ward 2	Ward 3
Hub 1	Admission and Assessment	Treatment and Recovery	Treatment and Recovery
Hub 2	Admission and Assessment	Treatment and Recovery	Treatment and Recovery
Hub 3	Intellectual Disability	Intellectual Disability	
Hub 4	Transition	Transition	

The transition to a new clinical model is complex involving multiple stakeholders and will result in changes in practice for clinical staff and placement of patients' in the hospital Hub environment. It will have executive leadership and multiple interdependent work streams delivering a range of diverse 'products'. There is an opportunity to use quality improvement approaches in the development of some aspects of work. Co design and coproduction will also be important aspects of developing the programmes of work required to successfully transition to the new model to support delivery of high quality care, organisational effectiveness and an open transparent culture.

To support the process of change the change model below developed by NHS England provides a useful organising framework for sustainable change and transformation that

delivers real benefits for patients and the public. It was created to support health and care to adopt a shared approach to leading change and transformation.



Our shared purpose – to deliver high quality, safe, effective care and treatment and transition all State Hospital Patients and Staff to the new Clinical Model during 2021/22.

Leadership and governance

The structure to support the delivery of the transition will require Executive Leadership, Gary Jenkins, Chief Executive and Professor Lindsay Thomson, Medical Director will provide joint leadership. A Clinical Model Oversight Board will be established with a role to provide strategic leadership, guidance and receive reports on the delivery of the project. Project Work Streams will also be established to take forward distinct areas of work. They will be represented on the Clinical Model Oversight Board by the Director Lead. Each work stream will have a Project Team which will be responsible for managing and reporting on the individual work streams, managing the risks and issues, milestones and timelines.

Reporting and accountability

Reporting will be through the Clinical Model Oversight Board to the State Hospital Board. The Clinical Model Oversight Board will include representation from the Clinical Forum and Partnership Forum. Consideration will also be given to how to enable the voice of patients and carers in discussions, possibly through linking into PPG regularly as well as other routes of engagement. The Clinical Model Oversight Board will enable identification of any associations, themes or dependencies that sit across the work streams and will advise on any sequencing of activities to support preparation for transition.

The Clinical Model Oversight Board will meet every 4 weeks in the planning and implementation phase, this will be reviewed following implementation. When the project has reached a stage where staff and patients are transitioning to the new model a logistics group will be created to oversee the moves and ensure that moves are carried out safely, in accordance with agreed protocols and staff are supported. Any key learning from each move will be used to inform future work.

Each work stream will have input from relevant staff from across the organisation with appropriate skill, expertise and professional knowledge.

The Workforce Plan

Aims:

- ♦ Delivery of a clear strategic approach to workforce planning and development that is aligned with the delivery of the revised clinical service delivery model.
- ♦ Develop and oversee the organisational change required to align staff to the revised model.
- ♦ Ensure that risk is minimised and the safety of staff and patients is maintained during transition process.
- ♦ Ensure the hospital has the right staff, in the right place, at the right time, with the right skills.

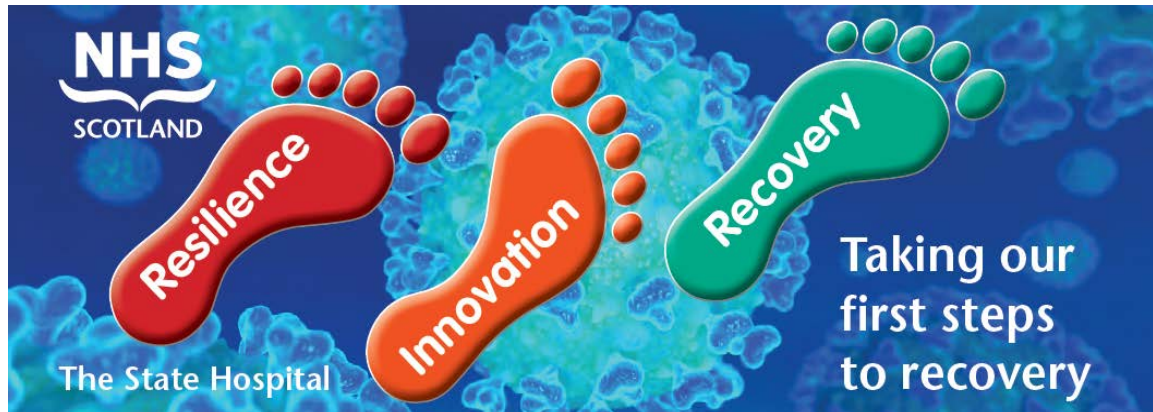
Objectives:

- ♦ Sustainable, affordable, workforce plans are developed across all clinical and non-clinical functions affected by clinical model redesign.
- ♦ Our workforce that has knowledge and skills to deliver safe and effective care across all clinical service areas.
- ♦ Staff are identified and aligned to revised ward and service functions through an agreed process which will focus on minimising disruption.
- ♦ That legislative requirements are met as they relate to safe staffing legislation, and specifically the use of the Common Staffing Method.
- ♦ Work is underpinned by a strong commitment to partnership working and engagement at all levels of the organisation.

Section 6 – Supporting the workforce through transformational change

The pace at which change has occurred is testimony to the singular focus of the organisation in supporting staff against the backdrop of the global pandemic. All staff have gone above and beyond to ensure that rapidly emerging guidance have been deployed into core operational practice as swiftly as possible. There is a need to ensure that the organisation builds on the positive aspect of change by considering which forms of practice worked for staff.

A series of engagement activities have taken place across TSH. This is to support recovery and renewal planning and engage staff learning to inform future plans.



The staff engagement activity provided an opportunity to ‘check in’ with staff and understand their experience of the recent changes. Staff engagement processes targeted specific groups such as RMO’s and clinical leaders in addition to all staff from all levels and departments across the organisation. Over 250 staff members engaged in responding to questionnaire, teleconference calls, MS team meetings, 1:1 discussions and group response activities.

The staff survey provided feedback on the following:

- ♦ What is going well and why?
- ♦ What new practice would you want to embed in future working?
- ♦ What would we need to change or amend as we continue in the current situation?

Building on themes raised, a series of 13 conference linked discussions, each led by the Chief Executive, took place throughout May and June 2020. The main themes from the staff survey were used as a baseline for discussion. The participants were asked to feedback what was important to them moving forward, what they would want to build on and embed in future work and what they would not wish to see a return to. Members of the Quality Forum engaged in these discussions to reflect a QI approach to planning for recovery. Staff side were also engaged in the discussions to ensure a partnership approach. A Staff Bulletin was developed and published in June 2020 to share the feedback activities, with local posters displayed in staff areas to feedback the key areas raised.

Through the engagement activity, a range of common themed issues emerged. These are listed below:

- ♦ Staff Health and Wellbeing
- ♦ Digital transformation

- ♦ Building a personalised approach to care
- ♦ Increase in patient activity and improve physical health of patients
- ♦ Organisational and clinical effectiveness and reduction/ review of low value activities
- ♦ Organisational leadership and culture

Further engagement was carried out across July. The Royal Society for Arts template was used to support organisational learning from covid-19. The model informed strategic planning through the assessment of temporary, innovative, paused and obsolete activity.

The staff engagement exercise has been positively received. Many respondents identifying areas of creative and innovative practice as a result of changes to care and service delivery. The opportunity to change aspects of how the organisation delivers care in the future were identified. An overall impression that staff were keen to pursue a process of change was apparent. The matrix below provides a high level summary of the key areas raised in the RSA framework.

DURING CRISIS	START	<p>WE'VE DONE THESE THINGS TO RESPOND TO IMMEDIATE DEMANDS BUT THEY ARE SPECIFIC TO THE CRISIS</p> <p>END TEMPORARY MEASURES</p>	<p>WE'VE BEEN ABLE TO TRY THESE NEW THINGS AND THEY SHOW SOME SIGNS OF PROMISE FOR THE FUTURE</p> <p>AMPLIFY INNOVATIVE MEASURES</p>	<p>NEW → PRACTICE</p>
	STOP	<p>LET GO OBSOLETE ACTIVITY</p> <p>WE'VE BEEN ABLE TO STOP DOING THESE THINGS THAT WERE ALREADY / ARE NOW UNFIT FOR PURPOSE</p>	<p>RESTART PAUSED ACTIVITY</p> <p>WE'VE HAD TO STOP THESE THINGS DURING THE CRISIS BUT THEY NEED TO BE PICKED UP IN SOME FORM</p>	<p>OLD → PRACTICE</p>
		STOP	START	
POST-CRISIS				
		<p>TEMPORARY ACTIVITY</p>	<p>INNOVATIVE ACTIVITY</p>	<p>NEW PRACTICE</p>
		<p>OBSOLETE ACTIVITY</p>	<p>PAUSED ACTIVITY</p>	<p>OLD PRACTICE</p>

Feedback has been considered by the Recovery and Innovation Group, Gold Command and the QI Forum. Change concepts are currently being aligned with quality improvement measurements and will drive a change model. The Workforce components are now being taken forward by the newly established HR and Wellbeing Group which has broad staff representation.

Culture, Values and Behaviours

Following on from the publication of the Sturrock review in NHS Highlands in May 2019, considerable work has been undertaken to establish what issues are important and relevant to make individuals feel valued and supported within the hospital environment.

A series of themes from the Sturrock review were discussed through the Partnership Forum. Six core areas were identified for improvement; these were:

- ♦ Communication and Engagement
- ♦ Leadership and Management
- ♦ Human Resources
- ♦ Cultures and Behaviours
- ♦ Staff Support
- ♦ Governance

Some 30 improvement areas were highlighted under the headings above. In order to address and improve the workplace experience for individuals, a dedicated sub group of the Clinical Model Oversight Board focussed specifically on Values, Behaviours, Culture and Leadership within TSH.

National staff experience measurement 2020 – Pulse Survey

The National iMatter Staff Experience Continuous Improvement Programme was paused in recognition of the changing priorities in responding to the Covid-19 pandemic. TSH are planning to implement the National Everyone Matters Survey as the Staff Experience Measurement for 2021. This will provide a meaningful opportunity for staff to express their views, with outcomes being used to inform wider staff experience, health and well-being, culture, dignity at work and work on equalities, diversity and inclusion programmes.

Digital Transformation

Considerable gains have been made in the use of digital technology. In light of Covid-19, TSH e-health teams have worked at a remarkable pace to progress technological solutions and enable effective remote and flexible working. Additional laptops have been purchased, near-me technology installed, remote access enabled, teleconferencing links established - all to enable effective flexible working and enhanced patient and visitor experience. An assessment of all kit has been undertaken and a list of priorities have been agreed. This may require additional and unplanned expenditure in the coming year. This will however be necessary to allow the organisation to effectively work under the 'new normal' arrangements.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 14
Sponsoring Director:	Director of HR and Wellbeing
Author(s):	Head of Human Resources
Title of Report:	Attendance Performance Summary
Purpose of Report:	For Noting

1 SITUATION

This report provides information on sickness absence within the State Hospital for the period up to 31 January 2021. It should be noted that this update is the board level performance summary, a further level of detail is provided within the Staff Governance Committee attendance report (Quarterly) which is also reviewed by the Human Resources and Well-Being group and Corporate Management Team (both monthly).

2 BACKGROUND

The State Hospital is required to achieve a sickness absence rate no higher than 5%. The data used is extracted from, SWISS (the national repository) and SSTS (the Board time recording system).

3 ASSESSMENT

The sickness absence figure from 1 January 2021 to 31 January 2021 is 4.89% with the long/short term split being 3.98% and 0.92% respectively. The total hours lost for this period is 4,297.22 which equates to 26.40 WTE.

Table 1 2020/21 Performance

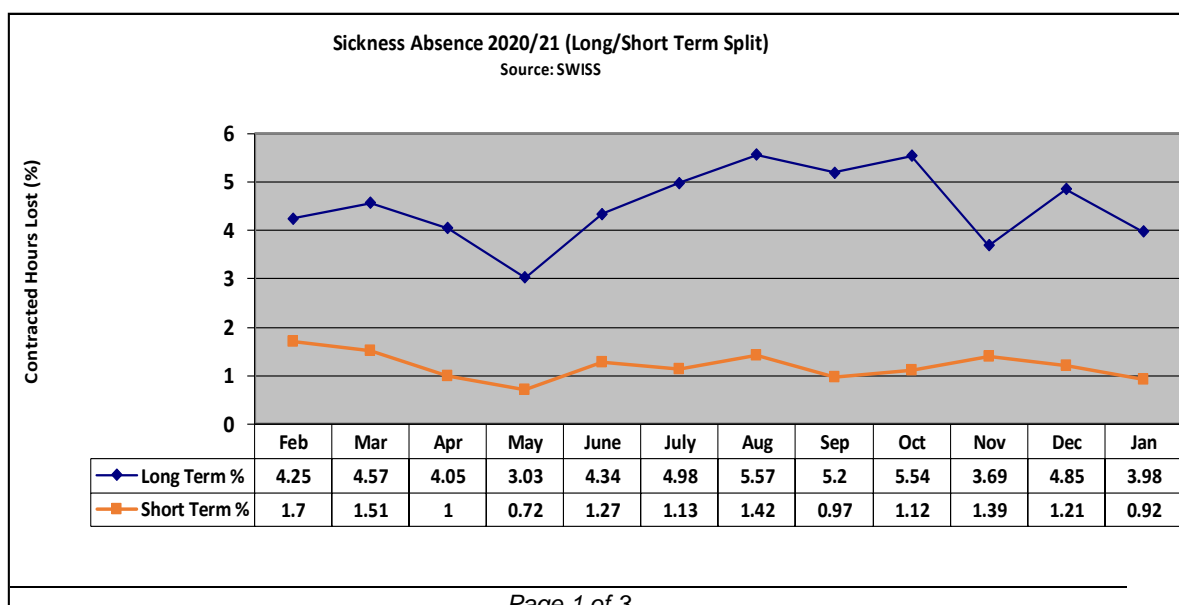
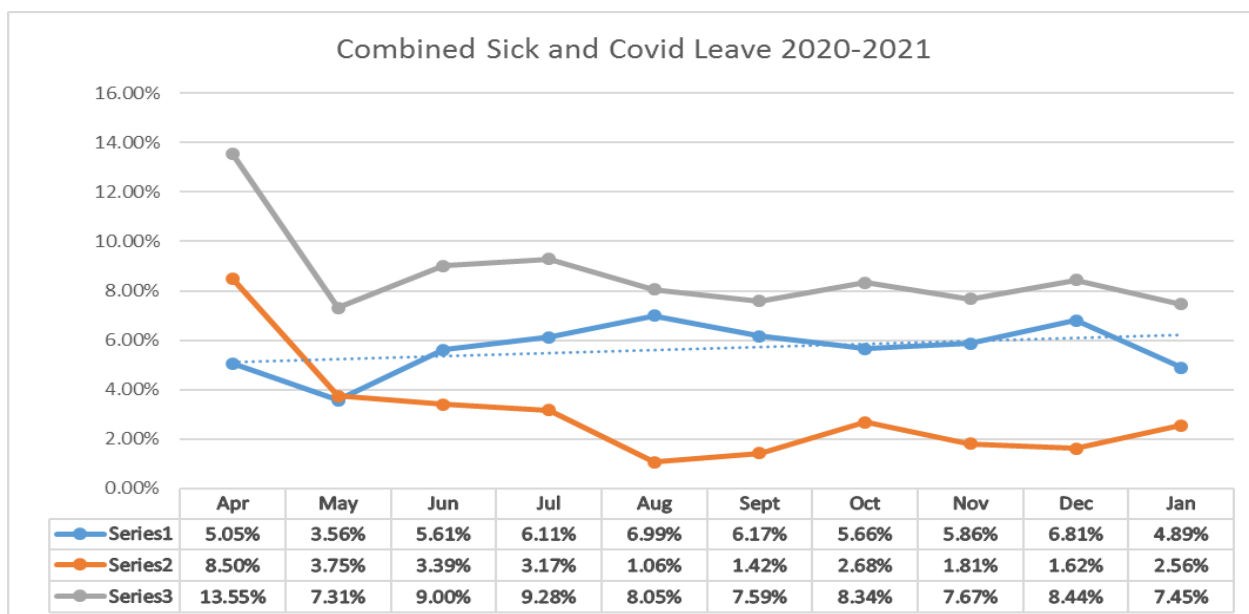


Table 2 Combined sickness absence and COVID-19 related special leave



4 RECOMMENDATION

	Total	Long Term ¹	Short Term ²
Scotland	4.94	3.53	1.41
NHS Ayrshire & Arran	4.55	3.46	1.09
NHS Borders	4.87	3.50	1.37
NHS National Services Scotland ⁴	3.37	2.29	1.07
NHS 24	7.64	4.79	2.85
NHS Education For Scotland	0.94	0.72	0.21
Healthcare Improvement Scotland	2.38	1.49	0.88
Public Health Scotland ⁴	1.78	0.93	0.86
Scottish Ambulance Service	6.30	4.75	1.55
The State Hospital	4.89	3.98	0.92
National Waiting Times Centre	4.46	2.87	1.59
NHS Fife	4.91	3.57	1.33
NHS Greater Glasgow & Clyde	5.65	4.28	1.37
NHS Highland	4.65	3.25	1.41
NHS Lanarkshire	5.96	4.57	1.39
NHS Grampian	3.77	2.22	1.55
NHS Orkney	4.24	3.11	1.13
NHS Lothian	4.35	2.81	1.53
NHS Tayside	5.08	3.52	1.56
NHS Forth Valley	5.93	4.54	1.39
NHS Western Isles	4.38	3.42	0.96
NHS Dumfries & Galloway	4.72	3.08	1.64
NHS Shetland	3.16	1.92	1.24

Board members are invited to note the contents of this performance update and confirmation of the wider circulation and review of attendance management information.

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<p>Links to the Attendance Management Policy and aids monitoring of 5% attendance target set by the Scottish Government</p>
<p>Workforce Implications</p>	<p>Failure to achieve 5% target will impact ability to efficiently resource organisation.</p>
<p>Financial Implications</p>	<p>Failure to achieve 5% target results in additional spend to ensure continued safe staffing levels</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations.</p>	<p>Staff Governance Committee Partnership Forum, HR and WB Group</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>N/A</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>Failure to achieve the 5% target will impact on stakeholder experience</p>
<p>Equality Impact Assessment</p>	<p>N/A</p>
<p>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).</p>	<p>N/A</p>
<p>Data Protection Impact Assessment (DPIA) See IG 16.</p>	<p>Tick One X There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications , full DPIA included.</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2020
Agenda Reference:	Item No: 15
Sponsoring Director:	Interim HR Director
Author(s):	Interim HR Director
Title of Report:	Independent National Whistleblowing Officer (INWO)
Purpose of Report:	For Noting

1 SITUATION

The Scottish Public Services Ombudsman (SPSO) previously advised that the role of the Independent National Whistleblowing Officer (INWO) would be implemented with effect from the 1st of April 2021.

2 BACKGROUND

This new role provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing case. The rescheduled launch date of 1 April 2021 was in recognition of the risk of pressures on Health Boards over the winter period. The Whistleblowing Standards that SPSO have developed as a model procedure for handling whistleblowing concerns raised by staff and others delivering NHS services, was formally published on 1 April 2021. For NHS Scotland staff, these form the 'Once for Scotland' Whistleblowing Policy.

3 ASSESSMENT

The Whistleblowing Policy was available as a 'soft launch' approximately 3 months, in advance of the INWO go live date to enable Boards to prepare. SPSO have worked with NHS Education Scotland (NES) to develop training materials that are now available via Learn- Pro modules. The Scottish Government have worked with the Datix User group to consider systems to meet the recording requirements set out in the Standards. The group have developed a template that can be used to upload the required data fields onto the Datix system which has been adopted for use at TSH. The State Hospital have fully launched the Whistleblowing Standards and the national policy. This included testing of the Datix template, the launch of Learn-Pro modules as the foundation for staff training complimented by a targeted communications exercise.

4 RECOMMENDATION

Members of the Board are invited to note the information and confirmation of compliance with the National Policy.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Links to the National Guidance for Whistleblowing set by the Scottish Government
Workforce Implications	Positive measure in support of Staff Governance Standards.
Financial Implications	N/A
Route to Board Which groups were involved in contributing to the paper and recommendations.	Via Staff Governance Committee
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	Failure to adopt would undermine the principles of Partnership Model and Employee Engagement.
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.	<input type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications, full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 16
Sponsoring Director:	Director of Security, Estates and Facilities
Author(s):	Programme Director/ Head of Estates and Facilities
Title of Report:	Perimeter Security and Enhanced Internal Security Systems: Project
Purpose of Report:	For Noting

1. SITUATION

This report to the Board summarises the current status of the Perimeter Security and Enhanced Internal Security Systems project. This paper contains information for recording in the public session of the Board and is replicated in full with additional commercially sensitive information for the Board private session. Board members are asked to note the overall project update.

2. BACKGROUND

The Governance for the project is provided by a Project Oversight Board (POB) co-chaired by the Chief Executive and the Director of Security, Estates and Facilities.

The Board meets monthly, with an interim internal meeting taking place between full meetings. The POB last met on 8th April 2021 and is scheduled to meet again on 20th May 2021.

The Programme Director provided an update on the current status on the project and the financial details. The Risk Register was reviewed. The Terms of Reference were reviewed and agreed as fit for purpose, with minor changes approved relating to personnel changes and job titles.

3. ASSESSMENT

a) General Project Update:

This current phase of the project is proceeding according to plan. Cost and quality targets are being met and project timescales are currently under review (See "Project Timescale" at (e) below). A summary of planned and completed works during the period of February 2020 to date include:

b) On-site works completed:

Item	Completion
Installation and testing of Fibre Network across site	June 2020
Tube/Tile replacement	July 2020
Installation of CCTV in Skye Centre	July 2020
Installation of CCTV in Arran Hub	October 2020
Installation of CCTV in Mull hub	Dec 2020
Installation of CCTV in Family Centre	Dec 2020
Installation of CCTV in Lewis	March 2021

c) Works underway (adjusted for COVID impact):

Item	Due date
Installation of CCTV in Lewis 1 & 3	
Replacement of Fence detection systems	May 2021
Moling under perimeter & additional CCTV Columns	May 2021
Factory Acceptance Testing	April / May 2021

d) Offsite works:

Production and review of:

- Detailed design packages
The project requires 27 Design packages; 6 remain to be submitted, three have been submitted and are being assessed and 18 have been approved. Of those outstanding and in assessment two (Grounds and patient walkway CCTV and Perimeter CCTV) are considered to present a high risk of additional claims from Stanley due to the redesign required because of the inaccurate drawing issue previously notified to the Board.
- Risk Assessments and Method Statements for all elements of the project. These contain the detailed methodology of how the contractor will approach the task in order to ensure that Health, Safety and TSH requirements are met.

The Factory acceptance test took place week commencing 29th March 2021 & was attended by the Programme Director. Although mostly successful, failures in some minor areas and two critical areas, CCTV control and Personal Attack Alarms, resulted in an overall “fail”. The two critical areas should be addressed in the near future and reassessment is planned for early in May 2021

e) Project Timescales:

As previously reported, the project’s planned completion date moved from mid October 2021 to December 2021 due to the impact of COVID, delays on approval of Design Packages and Risk and Method Statements.

A mid programme strategic review has now taken place and Stanley are recasting the programme to reflect the outcomes of that meeting; a revised completion date of end January 2022 is likely. The revised Contract end date is likely to be towards the end of March 2022. This reflects the previously identified issues and that additional days have accrued due to COVID delays (30) and the inclusion of the Running Track CCTV (5).

f) Finance – Project cost

The project is proceeding according to the projected cost plan and all quality targets are being met.

The key project outline is:

Project Start Date:	April 2020
Planned Completion Date:	December 2021
Contract Completion Date:	January 2022
Main Contractor:	Stanley Security Solutions
Lead Advisor:	ThomsonGray
Programme Director:	Doug Irwin
Total Project Cost Projection (inc. VAT):	£10,346,263
Total costs to date (Inc. VAT):	£ 6,846,884

Project Costs

The project is proceeding according to the projected cost plan.

The expenditure to date is in line with the plan agreed with the contractor, with the schedule planned for the months to come confirmed on a rolling basis in order to ensure that the Hospital's cash flow forecast is aligned and that our SG funding drawdown is scheduled accordingly. All project payments are processed only once certification is received confirming completion of works to date.

While it is not a prerequisite of the project, regular reports to the SG Capital team are also being provided to notify of progress against total budget.

Actual spend to date – in line with Stanley planned schedule of works £ 6.847m

Breakdown of actual spend to date –

Stanley	£ 5.016m
Thomson Gray	£ 0.515m
Doig & Smith	£ 0.007m
VAT	£ 1.107m
Staff Costs	<u>£ 0.202m</u>
	£ 6.847m

RECOMMENDATION

That the Board **note** the current status of the Project

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Update paper on previously approved project
Workforce Implications	N/A
Financial Implications	N/A
Route to the Board Which groups were involved in contributing to the paper and recommendations?	Project Oversight 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 <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications, full DPIA included.



THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 17
Sponsoring Director:	Director of Finance and eHealth
Author(s):	Deputy Director of Finance
Title of Report:	Financial Position as at 28 February 2021
Purpose of Report:	Update on current financial position

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 28 February 2021, which is also issued monthly to Scottish Government (SG) along with the statutory financial reporting template. It is also normally reported to the Board, Corporate Management Team and Partnership Forum. There have been alterations to this in 2020/21 due to the Covid crisis, although this is now returning to schedule through the SG and Board remobilisation plans.

2 BACKGROUND

Scottish Government are provided with an annual Operational Plan and 3-year financial forecast template, the draft version of which was submitted, reviewed and agreed but – due to Covid-19 – this process has now been replaced by the Board Remobilisation Plans. The next iteration of this Plan was sent to Scottish Government (“SG”) for 14 August 2020 – covering the period August 2020-March 2021. A further update was sent at the end of February 2021.

Having been delayed by the Covid-19 crisis, monthly financial performance reporting to SG resumed at the end of August 2020.

Quarterly reviews by SG have been undertaken with Boards with notification of levels of reimbursement of Covid costs, with further discussions taking place in February 2021 with the possibility of some handback due to come potential Covid-related costs not materialising to forecast levels, including contingency assumptions on the potential cost of delays in the Perimeter Project. We have however been asked to advise SG what our costs are relating to the £500 bonus payment, and the payment on account of the 1% pay award from December 2020 to March 2021, with a view to this offsetting Covid excess funding – this process is now underway.

The base budgets have been established and in line with balance are set on achieving £1.322m efficiency savings, as referred to in the table in section 4. £0.085m has been recognised over and above this in the base budgets. The savings are lower than last year through additional income for exceptional circumstance patients.

The annual budget of £39.936m is primarily the Scottish Government Revenue Resource Limit allocation, and anticipated allocations.

3 ASSESSMENT

3.1 Revenue Resource Limit Outturn

The Board is reporting an under spend of £0.519m to 28 February 2021 (prior year - £0.262m to 28 February 2020). Most of the favourable movement in month was around ongoing vacancy management and some earlier eHealth spend being reclassified as Capital.

Savings are currently on target, with unidentified savings being phased monthly per note 4.

3.2 Key financial pressures / potential benefits.

2020/21 PRESSURES	Risk	annual estimate £'k	Included in Reserves
Clinical Model Review	High	50	Y
Office 365	High	250	N
2020/21 BENEFITS			
Travel underspend re covid (excl. patients travel) ytd		53.3	Apr-Feb

Clinical Model review

The review of the clinical model identified potential recurring savings in ward nursing - values to be confirmed – which would have been beneficial from early 2020/21 and monitored as part of the overall evaluation of the model. However, this is on hold due to the ongoing Covid crisis. This is now expected to commence mid-year, possibly September 2021.

Office 365

NHS Scotland are directing all Boards to the implementation of Office365 in 2020/21. This requires input from all directorates and much staff commitment. While the plan was originally scheduled for early 2020, it is now underway and any potential additional costs will be evaluated and, should additional funding be required to meet the demands of this, a specific business case will require to be raised. We have now been billed in February for the annual cost to date, and will be funding this from eHealth strategic funds allocated.

Travel

Travel is underspent, as expected due to the reduced demand as a result of staff working remotely. However, this is offset by the higher pressures from teleconferencing which have resulted in increased call charges, particularly in the early stages of the crisis before increased utilisation of MS Teams, and recognised through the Covid financial returns.

Covid-19

There are additional costs now incurred which are regarded as being specifically due to the Covid-19 crisis, ongoing through 2020/21, as monthly recurring costs, as the Hospital operates under new ways of working.

SG made the initial allocation to Boards via September 2020's allocation letter, which is being released monthly to match actual spend, and is being monitored with regular reporting to SG on any variances.

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

Directorates	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 11	Budget WTE	Actual WTE
Nursing And Ahp's	20,868	19,212	18,683	529	379.10	382.23
Security And Facilities	6,012	5,525	5,586	(61)	118.64	112.43
Medical	4,011	3,680	3,344	336	37.13	32.51
Chief Exec	1,871	1,717	1,749	(32)	22.27	25.38
Human Resources Directorate	851	782	748	34	13.45	14.34
Finance	3,160	2,906	2,691	216	38.39	35.94
Cap Charges	2,857	2,619	2,599	20	0.00	
Misc Income	(600)	(550)	(500)	(50)	0.00	0.00
Central Reserves	905	(385)	87	(472)	0.00	0.00
	39,936	35,505	34,986	519	608.98	602.83

Highlights:

Nursing & AHPs; Security & Facilities - see further details below.

Medical – Underspend is mainly from vacancies in Psychology, plus the benefit of some staff working reduced hours. Medical staffing is also underspent due to maternity leave and timing of increments. Pharmacy drug costs for the year-to-date have also been lower than forecast.

CE – The budget is to be rebased for HR Directorate changes, and pressure in PA costs is to be partly offset with HR underspend due to staff adjustments.

HR – The underspend arises from vacancies, with some to compensate for the overspend in PAs noted above. With regard to the Learning Centre, the training budget has been under-utilised to date – which is under review for confirmation of the requirements and timings for the remainder of the year, and for any carry forward required to address training unable to take place in 2020/21 which will be required to be undertaken in 2021/22.

Finance – The underspend is principally from vacancies, and slightly reduced research spending.

Capital Charges – this is principally in line with the annual plan.

Misc. Income – The budget now recognises income for exceptional circumstance patients. There are some delays in their payment, for which pursuit continues.

Central reserves

Savings unidentified are now phased year to date.

Other reserves are earmarked for developments, though with some timing delays. The majority relates to Covid-specific funding, and an allocation specific to eHealth strategic funding.

3.3.1 Nursing & AHPs

Nursing And Ahp's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 11	Budget WTE	Actual WTE
Advocacy	147	135	133	2	0.00	
AHPs & Dietetics & SLAs	700	642	571	72	13.33	12.16
Hub & Cluster Admin & Clinical C	859	790	810	(20)	23.17	24.64
NPD & Infection Control & Clin G	416	382	369	12	5.80	5.02
PCI & Pastoral	233	214	176	38	3.40	3.60
Skye Centre	1,699	1,559	1,440	119	38.33	31.86
Ward Nursing	16,813	15,489	15,184	305	295.07	304.95
	20,868	19,212	18,683	529	379.10	382.23

Others (Non Nursing) – the underspends shown are mainly in connection with vacancies.

Ward Nursing

With regard to the Student nurses recruited in the early part of 2020/21 – the funding for this has now been released from the Covid allocation received in late 2020.

Prior Year Variance £'k	Ledger Ward Nursing cumulative	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	Diff in contracted less budget wte's
(65)	April 20	15,874	1,323	1,405	(82)	295.07	328.61	298.06	(2.99)
(58)	May 20	15,889	1,324	1,272	52	295.07	314.80	305.31	(10.24)
3	June 20	15,889	1,324	1,302	22	295.07	314.24	302.30	(7.23)
(1)	July 20 (PAIAW)	15,889	1,324	1,340	(16)	295.07	326.96	300.79	(5.72)
(6)	August 20	15,889	1,324	1,301	23	295.07	322.36	298.51	(3.44)
(8)	September 20	16,168	1,603	1,567	36	295.07	313.95	295.25	(0.18)
*	23 October 20 (PAIAW)	16,239	1,395	1,386	9	295.07	319.85	295.28	(0.21)
*	78 November 20 (PAIAW)	16,334	1,419	1,370	49	295.07	314.78	293.43	1.64
*	34 December 20 (PAIAW)	16,444	1,434	1,361	73	295.07	317.06	290.48	4.59
*	15 January 21 (PAIAW)	16,542	1,422	1,362	60	295.07	312.81	289.48	5.59
*	(37) February 21 (PAIAW)	16,813	1,596	1,517	79	295.07	304.95	288.29	6.78
(22)	Cumulative YTD		15,489	15,184	305				
* covid release									

PAIAW is now being paid a month in arrears, however this does not show as a separate payment now as it within the overtime figure, so will be factored into future base budgets 2021/22.

The comparison of overtime year on year is provided below. The top table being current year 20/21.

Bands	Month											Total £'s
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Band 3	£ 48,241	£ 27,440	£ 30,554	£ 47,290	£ 36,079	£ 32,140	£ 36,589	£ 36,440	£ 43,926	£ 41,099	£ 28,322	£ 408,121
Band 4	£ 3,618	£ 830	£ 1,180	£ 3,931	£ 3,115	£ 985	£ 1,958	£ 1,325	£ 3,495	£ 2,393	£ 2,704	£ 25,533
Band 5	£ 60,299	£ 27,774	£ 31,541	£ 54,405	£ 44,494	£ 44,050	£ 44,887	£ 38,721	£ 53,067	£ 50,199	£ 38,671	£ 488,107
Band 6	£ 16,831	£ 3,192	£ 7,464	£ 11,945	£ 11,964	£ 11,574	£ 7,254	£ 5,359	£ 6,209	£ 5,521	£ 6,759	£ 94,070
Band 7	£ 389	£ 360	£ 97	£ 347	£ -	£ 712	£ -	£ 1,431	£ 853	£ 59	£ 33	£ 4,281
Band 8A	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
	£ 129,378	£ 59,595	£ 70,835	£ 117,918	£ 95,652	£ 89,461	£ 90,688	£ 83,276	£ 107,548	£ 99,272	£ 76,489	£ 1,020,113

Bands	Month											Total
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
Band 3	£ 43,783	£ 36,940	£ 32,759	£ 26,398	£ 39,768	£ 40,068	£ 23,521	£ 30,347	£ 19,537	£ 22,351	£ 43,264	£ 358,736
Band 4	£ 2,006	£ 2,152	£ 1,667	£ 1,321	£ 1,457	£ 1,775	£ 869	£ 1,836	£ 714	£ 1,628	£ 956	£ 16,381
Band 5	£ 50,679	£ 44,228	£ 39,994	£ 31,272	£ 38,287	£ 44,835	£ 23,752	£ 22,393	£ 21,924	£ 19,661	£ 42,739	£ 379,764
Band 6	£ 20,263	£ 13,166	£ 9,971	£ 11,610	£ 14,452	£ 17,189	£ 8,493	£ 5,680	£ 4,255	£ 3,593	£ 5,851	£ 114,524
Band 7	£ -	£ 384	£ 646	£ -	£ -	£ -	£ -	£ 256	£ -	£ -	£ 621	£ 1,907
Band 8A	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
	£ 116,731	£ 96,872	£ 85,038	£ 70,600	£ 93,964	£ 103,867	£ 56,635	£ 60,511	£ 46,431	£ 47,232	£ 93,432	£ 871,312

3.3.2 Security and Facilities

Security And Facilities	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 11	Budget WTE	Actual WTE
Facilities	4,353	4,001	3,970	31	78.87	76.42
Security	1,658	1,520	1,610	(90)	39.77	36.01
Perimeter Security	3	3	5	(2)	0.00	0.00
	6,012	5,525	5,586	(61)	118.64	112.43

Facilities – Call charges have increased dramatically due to staff working from home, with Covid funding now released to match this pressure. With increased use of Microsoft Teams going forward, the focus has been on reducing conference call utilisation, which is now taking effect. There is a benefit from Housekeeping vacancy management, and underspend in utilities.

Security – The overspend is due to changes in the staffing structure, for which a pending workforce review is expected to address within the Directorate.

Perimeter Fence – While the main staff costs in this regard are being cross charged to capital as part of the Full Business Case, the overtime incurred which relates to Security staffing remains a revenue cost.

4 ASSESSMENT – SAVINGS

The following table summarises the savings set by Directorate, with discussions ongoing to address unidentified savings, of which 1/12ths are being phased year-to-date.

The vast majority of our savings are through vacancy management, which is treated as non-recurring.

Cumulative Savings	Savings - Annual Target	Achieved to date	(Still to be achieved) / over achieved	Memo - savings already in base
	£'k	£'k	£'k	£'k
Directorate				
Chief Executive	(143)	125	(18)	0
Finance	(49)	105	56	(30)
Nursing & AHP's	(315)	358	44	0
Human Resources	(15)	0	(15)	0
Medical	(144)	288	144	(55)
Security & Facilities	(235)	204	(32)	0
Unidentified (phased 1/12ths ytd)	(421)	386	(35)	0
Total	(1,322)	1,466	144	(85)

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%; other National boards have non-pay costs ranging from around 80% (NSS, NES) to 30/40%.; and certain boards treat vacancy savings, or a proportion thereof, as recurring savings.

National Boards Contribution

The eight National Boards (formerly Special Boards) continue to work towards joint efficiencies and collaborative working.

The level which the Board agreed for 2019/20 remained at £0.220m, with 2020/21 at present committed at the same amount. While there continues to be pressure on the collective boards due to the £15m challenge not yet being fully identified, consideration may be required towards any variance subject to favourable year-end forecast outturns.

5 CAPITAL RESOURCE LIMIT

The recurring capital allocation anticipated from Scottish Government for the year is £0.269m, with a further £0.040m received in September for Covid related spend, and £0.060m for gym equipment received in October. The full capital allocation is currently expected to be utilised in the year.

Over and above this is the perimeter fence project allocation, for which the spend shows Year 1 of 2, however this is now subject to slight site access delays in January 2021 regarding contractor restrictions due to the Covid19 national position. This additional CRL has now been recognised in the January 2021 Allocation Letter (£6.562m – now noted below).

CAPITAL CRL 2020/2021	ANNUAL	YTD
AS AT FEBRUARY 2021	PLAN	SPEND
	£'k	£'k
PERIMETER SECURITY		
STANLEY SECURITY SOLUTIONS LTD		5,499
SECURITY CONTRACTING SERVICES LTD		101
DOIG & SMITH		-2
THOMSON GRAY LTD		228
TSH STAFFING APR - FEB'21		165
PERIMETER SECURITY TOTAL (Yr 1 of 2)	6,562	5,991
CAPITAL		
IM&T		102
OTHER		172
COVID		35
CAPITAL	369	309

6 RECOMMENDATION

Revenue

Year-to-date position is £0.519m underspend. A year-end break-even position is anticipated, with full achievement of savings.

Capital

While this is not currently scheduled evenly through the year, and the timing is being reviewed on this basis, a breakeven outturn is anticipated. Planned funding will be aligned to actual spend for monthly breakeven.

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/CMT/Partnership Forum Which groups were involved in contributing to the paper and recommendations.	Deputy Director of Finance
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 <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed. <input type="checkbox"/> There are privacy implications, full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 18
Sponsoring Director:	Director of Finance and eHealth
Author(s):	Head of eHealth
Title of Report:	Digital Transformation – Update
Purpose of Report:	For Noting

1 SITUATION

The eHealth department continue to support the demands of the Board and the ongoing digital transformation agenda. This update provides an overview of activities in the last three months since the last annual report to Board.

2 BACKGROUND

Digital transformation continues to demand a focus on the key projects identified in the Hospital – monitored through the eHealth Group and the Digital Inclusion Group, through which existing and new initiatives are raised, prioritised and monitored to bring benefits to both patients and staff. This update details key recent activity for the Board's information.

3 ASSESSMENT

3.1 Remote access

The use of remote access continues to increase with 120 individual staff tokens now registered. Recent bandwidth upgrades have provided significant benefit to this service with improved connectivity. There is no indication at present that the demands for remote access has plateaued and additional access requests will continue to be addressed where required for staff to ensure effective working from home.

3.2 Mobile Devices

Increased demand for transition from pcs to laptops, and for mobile phones continues. While national supply issues are pressured, and after slight delays due to national supply issues experienced by the manufacturer, we have now received our most recent order of new laptops four months after it was placed. We are also continuing to refurbish older laptops if practical and suitable to extend their lifespan. This has allowed us to maintain the fulfilment of laptop requests while we were waiting for new product to arrive and to support the transition to Windows 10. Mobile phone supply has not been adversely affected by Covid with stock available when required to meet staff demand.

3.3 Tableau

Tableau Business intelligence system has now been introduced and is now in use with demand increasing as it is rolled out to different functions. Dashboards have been created for staff and patient data, and for HR and Risk departments, and work is also continuing with the nationally-driven project to provide budget holders with their own finance dashboards. The use of Tableau in assisting management of the hospital will continue to increase and work identifying where further benefits can be realised is underway.

3.4 Office365 SharePoint

The national Office365 (“O365”) project is now moving into the next stages of implementation (following the Mail transition) with SharePoint and OneDrive yet to be rolled out. Once completed, these applications will further support remote working and collaboration. Before this can progress, there is a need fully to identify and record the data stored and what can and cannot be transferred to O365 storage – and this process is underway. The national rollout plan has still to be finalised and communicated, and once the timescales for our deployment has been released a plan will be developed by the eHealth project team for our move to SharePoint and OneDrive.

3.5 Video Conferencing for psychological therapy group work

There has been a priority identified to re-establish psychological therapy group work. To ensure maximum therapeutic benefit, these groups are delivered on a cross hub basis. While this would usually be face to face, constraints in cross ward and Hub mixing mean that video conferencing has been seen as a way to resolve this. To support this work, additional video conferencing units have been identified and ordered for installation, which will allow mixed group therapies across our site while continuing to follow restrictions. This equipment will have the flexibility also to be used for other groups if required.

3.6 Security Intelligence system

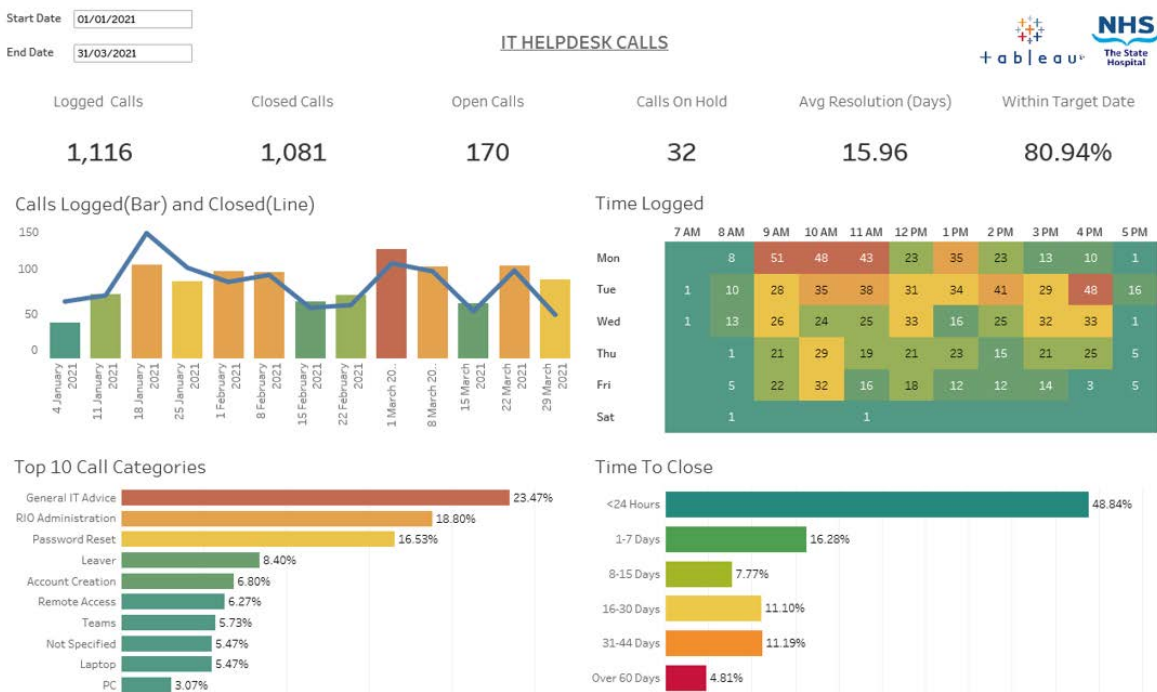
An update to the intelligence system used by the security department has been recently scoped and purchased. The deployment is now in the planning stage and once received this will be scheduled for implementation in 2021. This system update has additional features which will provide enhanced capabilities and multiple users – ensuring a robust central intelligence resource for use within the security department to manage secure information relating to patients.

3.7 Digital Signatures

With an increased number of staff now working from home, it was highlighted that the signing of certain documents has been difficult to achieve without the need to be on site. Emails have been able to be used for authorisation but these can be difficult to manage in large volumes and can at time be missed. In order to resolve this problem, we are now scoping and considering systems to facilitate digital signature authorisation, likely to be via a cloud based system and providing an audit trail detailing when a document is sent, signed and returned. The system will also need to support workflows allowing multiple signatories on documents such as procurement waivers.

3.8 Helpdesk Calls

Throughout the period of increased remote working, there has been a significant number of calls logged with the IT Helpdesk. The detail for the last three months is summarised in the Tableau dashboard screen grab below – highlighting the volume of activity, and noting that “General IT advice” has the highest number of requests logged. This also clearly illustrates the usefulness and versatility of Tableau for providing and interpreting clear data.



3.9 Cyber Alerts

There have been three high level cyber alert notifications from NSS National Security Operations (“NSO”) Team in the last three months. All alerts related to attempted access to digital infrastructures over a compromised networks. Recommendations and guidance from NSO were followed locally and nationally with changes made where required to local and national network firewalls. No network connections of concern were found from scrutinising system logs – and monitoring continues to ensure risk is minimised.

As digital inclusion increases we will continue to ensure our cyber defences are actively managed and maintained – also focussing on the need to ensure our staff are sufficiently educated on how to stay safe online.

4 RECOMMENDATION

The Board is asked to note the update.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Supporting Board Digital Transformation Strategy
Workforce Implications	Resource demands noted within specific eHealth projects .
Financial Implications	Revenue and capital costs noted within specific eHealth projects
Route To SMT Which groups were involved in contributing to the paper and recommendations.	eHealth Group
Risk Assessment (Outline any significant risks and associated mitigation)	Noted within specific eHealth projects
Assessment of Impact on Stakeholder Experience	Noted within specific eHealth projects
Equality Impact Assessment	Noted within specific eHealth projects
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 <input type="checkbox"/> There are no privacy implications. <input checked="" type="checkbox"/> There are privacy implications, but full DPIA not needed (within individual eHealth projects) <input type="checkbox"/> There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 19
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Corporate Governance Improvement Action Plan
Purpose of Report:	For Decision

1 SITUATION

Following Board self-assessment in March 2019, an improvement plan was developed to support key corporate governance priorities as part of the NHS Scotland Blueprint for Good Governance. The Board submitted its improvement plan to Scottish Government in April 2019, and submitted a six-month progress report in November 2019.

At the outset of the Covid-19 pandemic, this workstream was necessarily paused as part of The State Hospital's resilience response. Work is now progressing in this area, and it is acknowledged that this is in the context of the continuing response to Covid-19.

2 BACKGROUND

The five key areas of the improvement plan are outlined as follows:

- Setting the Direction
- Holding to Account
- Assessing Risk
- Engaging Stakeholders
- Influencing Culture

3 ASSESSMENT

During the Board Seminar in November 2020, the Board focused on the developing 'Once for Scotland' governance model that will deliver a consistent, coherent and cohesive approach across NHS Scotland. This will be led by the NHS Chairs group and the framework in place to support the Corporate Governance Steering Group and the NHS Scotland Blueprint for Good Governance.

At its meeting in December 2020, the Board considered the Corporate Governance Improvement Plan taking into account the pausing of workstreams in 2020 due to the Covid-19 pandemic, as

well the ways in which the improvement plan could be restarted and progressed during 2021. As part of the Board workplan it was agreed that the plan should return to every second meeting of the Board throughout 2021. This would be a key tool to ensure that the corporate governance agenda continues to be reflected in planning key activity as well as monitoring the effectiveness of leadership of the organisation.

An update plan is attached for the Board's further consideration, with the following areas highlighted for development in the coming year.

Item 2 – Effective rostering within the nursing directorate:

Work with National Workforce Team is continuing, and this will be an area of key focus in 2021, and will be taken forward in line with safe staffing legislation. A one-year workforce plan for 2021/22 is being submitted to the Board at today's meeting, and the Board will receive a full update on effective rostering at its next seminar taking place on 31 May 2021.

Item 7 – Review of the performance metrics framework:

The Board received newly formatted reporting at its meeting in February 2021, to give greater clarity on performance in reporting of Key Performance Indicators (KPIs) as well as to highlight the key areas for improvement. Work is being progressed in respect of a data map to describe reporting routes across governance and management groups. A pilot is being taken forward with the Human Resources department to support alignment of performance reporting and improvement priorities. Work will continue to be focussed on this, and linked to the national agenda on active governance. A development session is expected to be led by the board development team at NHS Education for Scotland in the second half of this year.

Item 9 – Risk reporting:

In the first quarter of this year, work has been progressing well in reviewing the risk reporting framework at both local and corporate levels and linking these to give more cohesion in the reporting framework overall. The Board will receive an update in this workstream at this meeting, as well as at the next seminar in May 2021. The Board should also note that recruitment is underway for the new post of Head of Risk and Resilience.

Item 11 – Recruitment initiatives:

Recruitment is continuing through digital means and work has been progressed to promote TSH as an employer in a range of areas, but most particularly in nursing, with links made to higher education bodies. At the same time, work progressed within Human Resources on effective and timely recruitment and induction processes. The Board may wish to consider if any further action is required as part of this plan, or if this item may now be closed on the action plan.

Item 15 – Defining TSH culture:

A programme of work, from the themes identified through the staff engagement activity has been taken forward using the RSA framework as a structure to organise the feedback and associated actions. These activities were reviewed by the CMT in January. In total, there were 142 activities identified through staff engagement, 67 of these have been completed, 70 are in progress, three are no longer relevant, with only two not started and this is due to the continued pause on activity to progress the new clinical model. A staff bulletin has been issued to update staff. Future developments will connect through the staff HR and Well-being group. The Board has received detailed reporting in this area through the Recovery and Innovation agenda.

Item 18 - Digital platforms for leadership engagement with staff:

Research into suitable software and procurement of preferred software has been completed. Training will now be progressed to enable video clips to be produced and launched on the staff intranet. If the evaluation is positive, consideration can be given to using video clips to enhance the visibility of senior leadership with staff, as well as stakeholder communication.

Item 20 – Whistleblowing standards:

The national launch was revised for April 2021, with link made through our TSH Whistleblowing Champion. Progress has been made to ensure that the reporting framework is in place through Datix database, with quarterly reporting to Board agreed through the Board workplan. On this basis, the Board may consider closing this action on the action plan.

4 RECOMMENDATION

The Board is asked to:

- Consider and discuss the updated improvement action plan, noting the key areas of development this year, and agreeing to the items now considered to be closed.
- Provide further input on any further areas of improvement or any additional actions that should be included in this plan to support the remobilisation of The State Hospital.

**Author:
Margaret Smith
Board Secretary
01555 842012**

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<p>In support of the Corporate Governance Blueprint, and development of a Once for Scotland approach for cohesive governance across NHS Scotland</p>
<p>Workforce Implications</p>	<p>None identified to date</p>
<p>Financial Implications</p>	<p>None identified to date</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations.</p>	<p>Board requested as part of workplan – to enable reporting to Scottish Government</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>None identified to date</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>Implementation will benefit stakeholder engagement through the workstreams indicated in the improvement plan</p>
<p>Equality Impact Assessment</p>	<p>Not required to be formally assessed</p>
<p>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).</p>	<p>No impact identified</p>
<p>Data Protection Impact Assessment (DPIA) See IG 16.</p>	<p>Tick One <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications , full DPIA included.</p>

BLUEPRINT FUNCTION		ACTION	LEAD	ASSURANCE SYSTEM	TIMESCALE	PROGRESS
SETTING THE DIRECTION	1	Reconfirm the Board’s strategic direction, and communicate this through the Strategy Map and development of strapline statement for corporate documents.	CEO	CMT	June 2019	Completed: Strapline finalised following hospital wide competition. Strategy Map reviewed as part of review of Corporate Objectives.
	2	Review of effective rostering system within nursing as component of focus on effective workforce utilisation and safe staffing legislation.	Director of Nursing, AHPs and Operations	CMT	New: Ongoing in 2021/22	<p>December 2019: Work to ensure effective rostering is in place with the support of electronic systems. Testing of SSTS eRostering module in one ward with wider rollout planned. Restrictions on effective rostering remain due to fixed shift pattern; alternative, flexible shift pattern introduced for all new appointments to ward nursing posts which increased capacity Internal Audit planned for Jan 2020.</p> <p>Update: February 2020 RSM undertook audit 6th to 10th January 2020, range of actions linked to this point accepted for progression.</p> <p>Update: December 2020 Work restarted - further planning and review underway in conjunction with interim management structure.</p>

						Update April 2021: Work with the National Workforce Team has generated several pieces of work to streamline processes including potential adaptations to rostering and shift patterns to improve rostering, create capacity and reduce overtime. This workstream will continue to be progressed in Partnership during 2021. Full update to Board Seminar in May 2021.
	3	Development of more robust processes to compare planned and actual spend and to account for any variance.	Director of Finance and eHealth	CMT /Board	September 2019	Completed: Process in place- Planned and actual £ spend per budget line reviewed with each individual budget holder on a line-by-line basis from the 2019/20 mid-year 6-month reviews (30/9/19) – a summary of any significant or material variances is collated to be reported as appropriate.
HOLDING TO ACCOUNT	4	Ensure compliance with new national guidelines in management of Executive pay and performance through remuneration Committee approval for annual ESM pay and performance cycle.	Chair /Interim HR Director	Remuneration Committee	Ongoing	Completed
	5	Ensure implementation of attendance management policy through support	Interim HR Director	CMT	Ongoing 2019/20 –	Completed: Once for Scotland Workforce Policy Implemented.

		from HR to line managers help identify and act upon patterns of absence. Continued implementation of the action plan developed through the Attendance Management Improvement Task Group (AMITG).			revised and completed	Training for Line Managers and HR Managers delivered. Update presented on attendance management to each Board Meeting. Improvement activity now directed by the HR and Wellbeing Group.
	6	Implementation and compliance with Once for Scotland HR policies within TSH. Focus on policy awareness through completion of metacompliance / staff bulletins/ staff training in Single Investigatory process.	Interim HR Director	Partnership Forum/CMT	New: April 2022	Phase 1 On Track – to align with roll out of the national guidance. Update: March 2021 Workstream continues to be paused with phase 2 policies, due to Covid-19. National Implementation to be confirmed August 2021 for planned implementation of phase 2 for April 2022.
	7	Review performance framework and assurance information systems to support review of performance.	Head of Corporate Planning	CMT	New: June 2021	On Track - Strategic Review of Performance underway with draft performance framework in development based on balanced scorecard approach of better health better care, better value and better workforce. Operational definitions for suggested KPI's being developed with associated data sources identified. Update: December 2020 Presentation to Board in November 2020, work

						<p>progressing with oversight through CMT</p> <p>Update April 2021: Format of KPI report changed to provide clarity on KPI's performance and describe the areas for improvement. Data map developed to illustrate where data is reported across governance and management groups. PuMP pilot being taken forward with HR to support alignment of performance improvement and reporting of KPI's in line with Organisational priorities and linked to departmental priorities.</p>
	8	Blueprint Improvement Plan to be placed on Board Workplan for review at each Board Meeting.	Chair	Board	June 2019	Completed
ASSESSING RISK	9	Further development of risk management with focus on risk register to ensure this is clearly defined with set of mitigating measures against each risk which also have a focus on improvement actions.	Director Security, Resilience and Estates	Audit Committee / Board	New: June 2021	<p>December 2019: Review underway through closer Risk Register monitoring and review process (managed by Risk Team Leader). Board Workplan 2020 agreed to include regular updates on Corporate Risk Register.</p> <p>Update: December 2020 Board requested reporting developed to ensure tracking of</p>

						<p>risk more clearly. Work progressed on local risk registers and link to corporate risk register. Change in leadership through interim management structure, and link to resilience framework.</p> <p>Update: April 2021</p> <p>Work progressed to review the Corporate Risk register and link to development of local registers throughout TSH. Update to Board April 2021, as well as to next Board seminar 31 May 2021.</p>
ENGAGING STAKEHOLDERS	10	Review and develop the Communications Strategy to include proactive engagement with aim of addressing dissonance between strategic aims of the hospital and public perception of these aims.	CEO	Board	New: Roll out over June to December 2021	<p>December 2019 - Review of media strategy in progress with regular updates to the Board.</p> <p>Update: December 2020</p> <p>Presentation to Board seminar November 2020, and re-engagement of workstream at start of 2021.</p> <p>Update April 2021-</p> <p>Work being progressed January to June 2021 in preparation for roll out.</p>
	11	Promotion of The State Hospital as an employer in the local area. Increase number of modern apprenticeships. Participate in local school careers	Interim HR Director	CMT	New: August 2021	<p>Update: February 2020</p> <p>engagement work commenced at university level to recruit new graduates to nursing posts. This was trialed in one University and</p>

		events, local and university recruitment fairs.				<p>plan is to roll out further for 2021 graduates. Further recruitment to take place late 2022 for registered nurses.</p> <p>Update: April 2021 Recruitment continuing through virtual means, led through interim management structure and CMT. Contact with higher education bodies to encourage 2021 graduates to apply. Full range of recruitment activity in place and Board may consider closing this on plan.</p>
	12	Encourage carers / volunteers /staff / local population to attend public Board Meetings through additional promotion and links with local community.	Board Secretary	Board	New: June 2021	<p>On Track – through promotion of external Board Meetings /Annual Review session in 2020.</p> <p>Update: December 2020 Reviewed in Board Seminar November 2020, and awaiting national guidance. Local review to be taken forward to engage virtually.</p> <p>Update: February 2021: Board agreed value of digital means of engagement and further work to be take forward to enable this to be taken forward linking to attendance by patients as well.</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND - IMPROVEMENT PLAN

Appendix A

	13	Hold two Board Meeting each year at external locations to promote role as national Board.	Board Secretary	Board	Paused due to Covid-19 restrictions	Update: February 2020: Board Meeting 27 February in Lanark Memorial Hall, digital participation under review.
	14	Annual Review - Public Meeting to be held outside of the hospital to help engage public engagement and attendance.	Board Secretary	Board	Paused due to Covid-19	Update: December 2019: Plan to be progressed as part of Annual Review in 2020.
INFLUENCING CULTURE	15	Define culture in The State Hospital in terms of key strengths and weaknesses - take forward through development sessions	CEO	Board	New: August 2021	<p>Update: February 2020 Progressed in conjunction with response to Sturrock and Clinical Model Review – Culture, Values & Behaviours, Leadership workstream led by CEO.</p> <p>Update: December 2020 Workstream re-formulated and developed more widely under Recovery and Innovation Group during Covid. Planning in place for development of this framework in spring 2021, and reporting to come to Board as part of workplan.</p> <p>Update: April 2021 A programme of work, from the themes identified through the staff engagement activity has been taken forward. Oversight of the Recovery and innovation group is through CMT, and</p>

						updates to all staff through bulletin. Future developments will connect through the staff HR and Wellbeing group
	16	Implement a Staff Recognition Scheme for long service as well as individual contribution to the organisation.	Interim HR Director	CMT	September 2019	Completed - first ceremony 24 October 2019.
	17	Embed a culture of quality across the organisation through initiatives such as TSH3030, Quality Forum and sharing our work more widely.	CEO	CMT	Completed	Completed and Board now gets full updates at each meeting. February 2020 - QI Forum initiatives underway. TSH 3030 took place successfully in November 2019, with update to Board in December. December 2020 Consider closing this on plan as QA/QI now firmly embedded in TSH, and regular updates to Board at each meeting.
	18	Senior Management visibility through regular front line staff engagement meetings with CEO / Directors' Group - plan a calendar of events to ensure regular engagement.	CEO	CMT	New: December 2021	Update: December 2019 wider engagement across TSH – progressed in conjunction with response to Sturrock and Clinical Model Review. Update: December 2020 This agenda has been developed throughout the incident command structure period, with strengthening of layers of

						<p>leadership. Key learning has been taken and progressed through to interim management structure.</p> <p>Update: April 2021 Review of digital means of connection under development with software procured. Training and development to be progressed for rollout.</p>
	19	Senior Team / RMO presence at key events in hospital calendar e.g. patient learning awards/ sportsman dinner. Promote this through management structures.	CEO / Medical Director	CMT	Paused due to Covid-19	<p>Update: December 2019 Coordination of central diary of events to help facilitate attendance.</p>
	20	Link in with Scottish Government once appointment of the Independent National Whistleblowing Officer and Board Champion has been appointed.	Change to Interim HR Director	Board	New: March 2021 Delivery on track	<p>Update: February 2020 - appointment confirmed as Scottish Public Service Ombudsman at national level, and local appointment made to Board.</p> <p>Update: April 2021 Revised launch in April 2021, with link made through TSH Whistleblowing Champion. Progress to ensure reporting framework in place through Datix database, and quarterly reporting to Board. Board may consider closing as regular reporting now part of its workplan.</p>

	21	Plan a schedule of Non-Executive Director informal visits across TSH to help promote the values and behaviours of the organisation.	Chair	Board	Paused due to Covid-19	<p>February 2020 - Schedule in place for patient and staff engagement with NXD attendance at PPG meetings.</p> <p>Update: December 2020 Restart may be possible in 2021. PPG meetings have, in part recommenced virtually, explore possibility of NXD attendance at these meeting virtually. Digital agenda being progressed including online staff engagement for Exec Team. This should be progressed to include NXDs.</p> <p>Update April 2021: PPG meetings taking place in person for ID population, and new video conferencing equipment under procurement for wider patient group. Non-Executive attendance to be kept under review for 2021 when possible.</p>
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Minutes of the meeting of the Audit Committee held on Thursday 21 January 2021 at 9.45am via Microsoft Teams

PRESENT:

Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
Non-Executive Director	Brian Moore (Chair)
Non-Executive Director	Pam Radage

IN ATTENDANCE:

Internal

PA to Director of Finance and eHealth	Fiona Higgins (Minutes)
Chief Executive	Gary Jenkins
Interim Chairperson	David McConnell
Director of Finance and eHealth	Robin McNaught
Head of Corporate Planning and Business Support	Monica Merson
Non-Executive Director	Cathy Fallon
Board Secretary	Margaret Smith
Director of Security, Estates and Resilience	David Walker
Director of Human Resources and Wellbeing	John White

External

Client Manager, RSMUK	Sue Brookes
Director, Azets	Karen Jones
Head of Internal Audit, RSMUK	Asam Hussain

1 APOLOGIES

Brian Moore chaired the meeting and welcomed those present, introducing Cathy Fallon and Pam Radage as new Non Executive Directors.

There were no apologies for absence.

2 CONFLICTS OF INTEREST

There were no conflicts of interest noted.

3 MINUTES OF THE PREVIOUS MEETING OF 8 OCTOBER 2021

The Minutes of the previous meeting held on 8 October 2021 were amended at page 1 to remove an editing comment and at page 5, Fraud Update to amend October to June 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.

The undernoted updates were provided:

NSS SLA

Robin McNaught advised that as per the previous minutes the Hospital awaits the final version of the SLA for creditors payments undertaken by NSS on our behalf, this is at the final draft stage and covers the period 2021/22. There remains no adverse impact on the Hospital as a result of this delay.

Job Evaluation Audit

John White advised that the collaborative working with NHS Greater Glasgow and Clyde had commenced in October 2020 and has been successful in reducing the number of outstanding evaluations from 10 to 3. A review is now underway to determine the requirement for a more formal arrangement from March 2021.

Items Outstanding Due to Covid19

In relation to outstanding items due to Covid 19 restrictions it was agreed that these be revisited to review priority in relation to the remobilisation plan.

ACTION: ROBIN McNAUGHT / FIONA HIGGINS

INTERNAL CONTROL AND CORPORATE GOVERNANCE

5 ANNUAL UPDATE ON STATE HOSPITAL RESILIENCE ARRANGEMENTS

Members received and noted an update on resilience and emergency planning arrangements which was presented by David Walker, Director of Security, Estates and Resilience. The report provided an overview of the work of the Resilience Committee, which reports annually to the Board. Members were assured that appropriate sharing of best practice, support and governance is in place, with the links established by the Director of Security, Estates and Resilience across the forensic network through membership of the Lanarkshire Resilience Partnership Group, the NHS Resilience Forum and links with the West of Scotland Health Resilience Form through the Hospitals Risk Management Department.

Members noted that over the period January 2020 to December 2020 there were 4 level 3 incidents, requiring establishment of incident command structure and assistance from Police Scotland to ensure safe resolution. Details of each incident is noted within the report, reviews were undertaken following each incident and no issues of concern were noted.

The report summarised the Business Continuity Plans which are reviewed and monitored by the Resilience Committee, work continues on these as a priority to ensure areas of risk are identified and appropriate actions undertaken. A timeline of completion will be included in future reports.

ACTION: DAVID WALKER

An audit of the Hospitals Critical Planning and Business Continuity was published in September 2020 with reasonable assurance given. There were 5 minor areas in which improvements could be made. Two of these actions are now complete with work ongoing to ensure the remaining 3 actions are completed before end of March 2021.

Members **noted** the annual report on resilience arrangements.

6 SECURITY AUDIT 2019/20

Members received and noted an update on the audit of the perimeter and physical security measures which is undertaken annually by an independent specialist security advisor, the report was presented by David Walker, Director of Security, Estates and Resilience. Members noted that the report is not for wider circulation and should be treated as strictly confidential.

Brian Moore thanked David Walker for the presentation of the report which members found helpful and which gave reassurance that robust security measures are in place. A brief report detailing the accreditation of the independent advisor and the procurement route will be provided to the next meeting.

7 CORPORATE RISK REGISTER

Members received and noted an update on the Corporate Risk Register which was presented by David Walker, Director of Security, Estates and Resilience. The report provided an overview of the corporate risk register, to which Risk MD35 – Non compliance with falsified medicines directive is proposed for removal due to this no longer applying to the UK following EU exit.

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. Sue Brooke confirmed that following the review of the Corporate Risk Register in March 2019, monitoring continues through internal audit and as such should provide assurance to the Committee that appropriate review, risk grading and mitigations are in place.

Cathy Fallon asked for clarification on the risk grading for MD34 – Lack of out of hours on site medical cover. David Walker agreed to speak with the risk owner, Lindsay Thomson, Medical Director and feedback to the next meeting.

ACTION: DAVID WALKER

Members agreed that it would be helpful to have a Board Development Session on the Corporate Risk Register and David Walker agreed to take this forward with Margaret Smith, Board Secretary.

ACTION: DAVID WALKER / MARGARET SMITH

Members noted that all risks are in date and those requiring action plans have these in place.

Members noted that Risk ND72 – Failure to evolve the clinical model, implement and evidence the application of best practice in patient care, has been removed from the Corporate Risk Register and will be reviewed by the Medical Director when the new clinical model is implemented, this is currently paused to allow the Covid 19 Interim Operating Model to function.

Members **noted** the content of the report and asked for assurance from the Clinical Governance Committee that they are content with the removal of Risk MD35.

ACTION: DAVID WALKER/MONICA MERSON

8 ATTENDANCE MANAGEMENT UPDATE

Members received and noted an update on attendance management for the period to 30 November 2020. The sickness absence figure from 1 November 2020 to 30 November 2020 is 5.08% with the long/short term split being 3.69% and 1.39% respectively. The total hours lost for this period is 4821.86 equates to 29.63 WTE. The monthly absence figure has decreased by 0.58% from October 2020 figure of 5.66%. The current average rolling 12-month sickness figure is 5.73% for the period 1 December 2019 to 30 November 2020, this represents a decrease of 0.27% when compared to the same period last year.

Details of working hours lost due to COVID19 related special leave for the period 15 March 2020 to week ending 22 January 2021 were included within the report and showed a continued decline in the number of covid related absences.

Members were pleased to note the continued improvements and noted the revisions being proposed to the report to provide better links to the Attendance Management Policy; Occupational Health performance and wellbeing services.

Members discussed the necessity of providing the Attendance Management Update to the committee now that the risk associated with the previous high rate of absence has significantly decreased and it was agreed that David McConnell, Robin McNaught and Brian Moore would discuss this at the Hospital Board.

ACTION: DAVID McCONNELL/ROBIN McNAUGHT/BRIAN MOORE

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

9 FRAUD UPDATE

Members received and noted an update on fraud allegations and notifications received from Counter Fraud Services, which was presented by Robin McNaught, Director of Finance and eHealth, who advised that since the previous Audit Committee, a significant number of alerts had been received, all in relation to Covid19 fraud, these have been actioned as appropriate.

One new allegation of fraud was received since the previous committee, this is currently under investigation internally.

Brian Moore suggested that the quarterly National Fraud Report be circulated to future meetings.

ACTION: ROBIN McNAUGHT

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

10 FRAUD ACTION PLAN

Members received and noted the Fraud Action Plan which was presented by Robin McNaught, Director of Finance and eHealth. 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, this is currently paused due to Covid19, however a virtual meeting took place and a new engagement structure is detailed on page 5 of the report for the provision of virtual sessions in October 2021 and February 2022.

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 as discussed with CFS and FLO on 24 September 2020.

INTERNAL AUDIT

11 AUDIT FOLLOW UP / PROGRESS REPORT 2020/21

Members received and noted a progress report on the internal audit plan for 2020/21 which was presented by Assam Hussain, Head of Internal Audit at RSM UK. Members noted the progress against the audit plan as recorded in the report.

Brian Moore commented on the eHealth Annual Report which had been presented to the Hospital Board at its previous meeting and highlighted to members the positive report and significant amount of work undertaken by a small eHealth team, noting that the internal audit review had been helpful.

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

12 MANAGEMENT ACTION TRACKING REPORT

Members received and noted the management action tracking report which was presented by Assam Hussain, Head of Internal Audit at RSM UK and which provided an update on the current status of all audit actions, including responses from action owners.

Members **noted** the content of the report which they found useful in relation to tracking audit recommendations and actions.

13 SICKNESS ABSENCE TRENDS AND PATTERNS

Members received and noted an advisory report following the internal audit of sickness absence – data analytics for the period 1 April 2019 to 30 September 2020. The report was presented by Sue Brooke, Client Manager at RSMUK, who advised that as an advisory report its purpose is to provide consideration points to support management in implementing improvements, these along with management responses are detailed within the report.

John White advised that he had met with Sue Brooke to review and discuss the points raised and welcomed the report. John White advised that the proposed improvements to the current absence management, as discussed at Partnership Forum, in relation to automated absence data accessible by line managers; supporting line managers through the return to work and policy management process and identifying patters and trends would address in the management of the points raised within the report.

Tom Hair highlighted that any further use of the data contained within the report would require Partnership inclusion.

Members **noted** the advisory report.

OTHER ISSUES

14 ANY OTHER BUSINESS

Members gave their thanks to Bill Brackenridge for his contribution to the work of the Audit Committee during his tenure and noted that formal thanks had been delivered at the previous Board Meeting.

15 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Thursday 25 March 2021 at 9.45am via Microsoft Teams

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	15 April 2021
Agenda Reference:	Item No: 21
Sponsoring Director: Author(s):	Director of Security, Resilience and Estates Risk Management Facilitator
Title of Report:	Risk Register Update
Purpose of Report:	For Decision

1 SITUATION

A corporate risk is a potential or actual event that:

- Has potential to interfere with achievement of a corporate objective / target; or
- If effective controls were not in place, would have extreme impact; or
- Is operational in nature but cannot be mitigated to the residual risk level of Medium (i.e. awareness needs to be escalated from an operational group)

This report provides the Board with an update on the current risk registers (Appendix A)

2 BACKGROUND

Each corporate risk has a nominated executive director who is accountable for that risk, as well as a nominated manager who is responsible for ensuring adequate control measures are implemented. The Board requested further background on the work being progressed to link the local risk registers with the corporate risk register, and this is provided at Appendix B.

3 ASSESSMENT

3.1 See Appendix A.

All risk assessments are in date. Details of the risks are available in Appendix A and those requiring action plans have them in place.

3.2 Proposed Risks for inclusion on Corporate Risk Register

Nothing to add at this time. A review of both the Corporate Risk Register and Local Risk Registers has taken place. Most recent update is available in Appendix b.

A recommendation from the RSM audit published in March 2019 was that the risk assessments for the Corporate Risk Register did not include assurances that the risk was being managed. Reviews of the risk assessments are being completed and is awaiting review from RSM prior to the action being closed off.

3.3 Medium/High/Very High Graded Risks

The Register currently has 1 VERY HIGH risk:

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 detailed below, a further update will come to the Board in this respect to link the assessment with the TSH Route Map.

The Register currently has 2 HIGH graded risks.

MD30 Failure to prevent/mitigate obesity

ND71 Failure to assess and manage the risk of aggression and violence effectively

The following 22 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 Absconson 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

*SD50 Serious Security Incident

SD51 Physical or electronic security failure

SD52 Resilience arrangements that are not fit for purpose

*SD53 Serious security breaches (eg escape, intruder, serious contraband)

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

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

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

*FD96 Cyber Security/Data Protection Breach due to computer infection

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

HRD110 Failure to implement and continue to develop the workforce plan

*HRD111 Deliberate leaks of information

HRD112 Compliance with mandatory PMVA Level 2 refresher 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

3.4 Risks requiring review

FD94 Inadequate Data Centre and FD97 Unmanaged smart telephones' access to The State Hospital information and systems to be reviewed further. After reviewing risks with Head of eHealth the possibility of risks being transferred to Local Risk Register was discussed. Both risks will be followed up at the next review.

MD35 - Non-compliance with FMD Directive is being removed from the Corporate Risk Register as it no longer applies the UK following the EU Exit. This has been approved at the medicines committee and final sign will take place at the next Clinical Governance meeting in May.

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 – CE14 is currently sitting at Very High. It was agreed at the CMT on 7 April 2021 that the grading should be reviewed in line with the TSH Route Map to the easing of restrictions due to Covid-19. This review is underway, and an update will be provided to the Board at its meeting on 15 April.

3.5 Risk distribution

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain				CE14	
Likely				MD30	
Possible			CE 12, SD50, SD54, ND73, FD91, FD93, HRD112	ND71	
Unlikely			MD33, MD35, SD52, SD55, FD90, FD96, HRD110, ND70	MD34, SD56, HR111, SD51	
Rare			FD95, CE13, FD94	MD32, FD97	CE10, CE11, SD53

4 RECOMMENDATION

The Board are invited to:

- Review the current Corporate Risk Register, and decide whether any further amendment should be made to the register.
- Review the update (Appendix B) detailing the work progressed to link the Local and Corporate Risk registers, and that a further update will be provided at the Board Seminar on 31 May 2021.

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<p>The report provides The Board with an update of the Corporate Risk Register.</p>
<p>Workforce Implications</p>	<p>There are no workforce implications related to the publication of this report.</p>
<p>Financial Implications</p>	<p>There are no financial implications related to the publication of this report.</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations</p>	<p>Audit Committee/ Board Workplan</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>There are no significant risks related to the publication of the report.</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>There is no impact on stakeholder experience with the publication of this report.</p>
<p>Equality Impact Assessment</p>	<p>The EQIA is not applicable to the publication of this report.</p>
<p>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)</p>	<p>The Fair Scotland Duty is not applicable to the publication of this report.</p>
<p>Data Protection Impact Assessment (DPIA) See IG 16</p>	<p>Tick One <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications, full DPIA included</p>

Appendix A

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	Movement Since Last Report
Corporate CE 10	Reputation	Severe breakdown in appropriate corporate governance	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/03/21	Board	YY	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	31/03/21	Clinical Governance	YY	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	31/03/21	Risk and Resilience Group	YY	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	31/08/21	CMT	YY	N/A	6 monthly	-
Corporate CE 14	ALL	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	29/03/21	CMT	YY		Fortnightly	-
Corporate MD 30	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	30/04/21	Clinical Governance Committee	YY	YY	Monthly	-
Corporate MD 32	Medical	Absconson of Patients	Major x Unlikely	Major x Rare	Moderate x Rare	Medical Director	Associate Medical Director	28/05/21	CMT	YY	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	31/05/21	CMT	YY	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	31/05/21	CMT	YY	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	31/05/21	CMT	Y/Y	N/A	Quarterly	-
Corporate SD 51	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Major x Unlikely	Major x Rare	Security Director	Security Director	30/04/21	Audit Committee	Y/Y	Y/Y	Quarterly	-
Corporate SD 52	Service/Business Disruption	Resilience arrangements that are not fit for purpose	Major x Unlikely	Moderate x Unlikely	Moderate x Rare	Security Director	Security Director	31/05/21	CMT	Y/Y	N/A	Quarterly	-
Corporate SD 53	Service/Business Disruption	Serious security breaches (eg escape, intruder, serious contraband)	Extreme x Unlikely	Extreme x Rare	Extreme x Rare	Security Director	Security Director	31/05/21	Audit Committee	Y/Y	Y/Y	Quarterly	-
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	31/05/21	CMT/Risk and 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	31/05/21	CMT	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	31/05/21	Infection Control Committee	Y/Y	N/A	Quarterly	-
Corporate ND 70	Service/Business Disruption	Failure to utilise our resources to optimise excellent patient care and experience	Moderate x Possible	Moderate x Unlikely	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	30/04/21	CMT	Y/Y	Y/Y	Quarterly	Likelihood ↓
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	31/05/21	CMT	Y/Y	Y/Y	Monthly	-
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	30/04/21	PMVA Group and CMT	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	31/05/21	Audit Committee, RF&P Group & CMT	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	31/05/21	Information Governance Group & CMT	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	31/05/21	CMT	Y/Y	N/A	Quarterly	-
Corporate FD 94	Service/Business Disruption	Inadequate data centre	Moderate x Likely	Moderate x Possible	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	31/05/21	CMT/ Risk and Resilience Committee	Y/Y	N/A	Quarterly	Likelihood ↓
Corporate FD 96	Service/Business Disruption	Cyber Security/Data Protection Breach due to computer infection	Moderate x Unlikely	Moderate x Rare	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	30/04/21	CMT/Risk and Resilience Committee	Y/Y	N/A	6 Monthly	-
Corporate FD 97	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Moderate x Possible	Major x Unlikely	Finance and Performance Director	Head of eHealth	31/05/21	Information Governance Group & CMT	Y/Y	Y/Y	Quarterly	Likelihood ↓
Corporate HRD 110	Resource	Failure to implement and continue to develop the workforce plan	Moderate x Possible	Moderate x Unlikely	Minor x Rare	Interim HR Director	Interim HR Director	31/05/21	CMT	Y/Y	N/A	Quarterly	-
Corporate HRD 111	Reputation	Deliberate leaks of information	Major x Possible	Major x Unlikely	Moderate x Unlikely	Interim HR Director	Interim HR Director	31/05/21	CMT	Y/Y	Y/N	Quarterly	-
Corporate HRD 112	Health & Safety	Compliance with Mandatory PMVA Level 2 Training	Major x Unlikely	Moderate x Possible	Major x Rare	Interim HR Director	Training & Professional Development Manager	31/05/21	H&S Committee	Y/Y	N/A	Quarterly	Impact ↓

APPENDIX B

THE STATE HOSPITALS BOARD FOR SCOTLAND

Sponsoring Director:	Director of Security, Resilience and Estates
Author(s):	Risk Management Facilitator
Title of Report:	Risk Register Update
Purpose of Report:	To detail work being done on the Local and Corporate Risk Registers

1 SITUATION

Local Risk Registers contain risks that are particular to each department which are within the capability of the local manager.

There must be a clear link between the Corporate and the Local Risk Register to ensure there is a clear route of escalation and de-escalation should the situation change.

2 BACKGROUND

The Risk Management Facilitator has been working alongside department heads to ensure that their respective departments have an up to date Local Risk Register with a link to the Corporate Risk Register. Any risks highlighted will be reviewed regularly and escalated to the Corporate Risk Register should the level of risk increase.

A revised review process has been considered to ensure both risk registers are kept as up to date as possible with clear links to each other.

2 ASSESSMENT

3.1 Local Risk Register Update

The Risk Manager Facilitator has met with all heads of departments to work on developing and updating their Local Risk Registers. Several departments have their risk registers finalised with the rest aiming to be completed in April 2021. A paper will go to CMT with a summary for each of the risks in each department. A Microsoft Teams Channel has been set up to store all the Local Risk Register guidance, risk assessments and registers themselves to allow risk owners to easily monitor and update their risks.

3.2 Corporate Risk Register Update

The Corporate Risk Register continues to be updated regularly with quarterly reports going to CMT and Audit Committee, as well as to the Board. Various groups across the hospital monitor the risks relevant to their departments.

The Risk Management Facilitator is following up with risk owners on a regular basis to ensure risk assessments are up to date and correct.

3.3 Review Process

The full Local Risk Register will be subject to a quarterly update at OMT prepared by The Risk Management Team. This will detail any changes to the risk grading, removal and addition of risks and any risks that are due for review. Risk Registers and assessments will be reviewed at relevant groups and committee meetings on a regular basis that will feed into the quarterly update at OMT.

As with the Corporate Risk Register, the Risk Management Facilitator will follow up with risk owners on a regular basis to ensure risk assessments are up to date and correct.

3.4 Escalation and De-Escalation

Risks can move between the Local and Corporate Risk Registers depending on the current situation. To ensure there is a link between the two the Risk Management Facilitator will liaise with heads of department each month to update on any changes within their department which may increase the risk they face. The escalation of risk will also be discussed at OMT and at the various groups and committees monitoring the risks.

For a risk to be escalated to the Corporate Risk Register the updated risk assessment will go to CMT for review and sign off. Similarly, for a risk to be de-escalated, CMT will review the risk assessment and being going to the relevant group for sign off to be then monitored on that departments Local Risk Register.

4 RECOMMENDATION

The Board are invited to note the proposed model for monitoring both the Corporate and Local Risk Registers and the escalation routes between them.