

THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 2 JULY 2020

at 11.30 AM

A G E N D A

- 1. Apologies**
- 2. Conflict(s) of Interest(s)**
To invite Board members to declare any interest(s) in relation to the Agenda Items to be discussed.
- 3. Report on the Annual Accounts for the year ended 31 March 2020** For Decision Paper No. 20/42
Report by the Chair of the Audit Committee
- 4. Perimeter Security and Enhanced Internal Security Systems Project** For Decision Paper No. 20/43
Report by the Director of Security, Estates and Facilities
- 5. Interim Remobilisation Plan and the Road Map for Recovery** For Noting Paper No. 20/44
Report by the Chief Executive
- 6. Any Other Business**
- 7. Date of next meeting**
27 August 2020

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	2 July 2020
Agenda Reference:	Item No: 3
Sponsoring Director:	Audit Committee Chair
Author(s):	Finance and Performance Management Director
Title of Report:	Report on the Annual Accounts for the year ended 31 March 2020
Purpose of Report:	For Decision

1 SITUATION

Each year, the Board prepares its Annual Accounts in a format prescribed by the Scottish Government Health and Social Care Directorate (SGHSCD). These accounts are subject to external audit by auditors appointed by Audit Scotland (the State Hospital's external auditors are Scott Moncrieff) to ensure that they present a true and fair view of the year.

2 BACKGROUND

There is a requirement to have the Annual Accounts formally adopted by the Board, certified by external audit and submitted to the Scottish Government Health and Social Care Directorate by 30 September 2020 (extended from 30 June 2020 due to the Covid-19 crisis).

- The purpose of this paper is to advise the Board as to the Audit Committee's consideration of the Annual Accounts and associated recommendations.

3 ASSESSMENT

Scott Moncrieff have concluded the audit of the Annual Accounts and issued an ISA260 report to approve signing of the accounts, with a full audit report and management letter to follow. This was considered at the Audit Committee on 2 July 2020, and confirms that the Annual Accounts for the year ended 31 March 2020 will be unqualified in respect of a true and fair opinion. Their opinion on regularity is unqualified, and their report on the Board's Governance Statement is also unqualified.

The Audit Committee considered this final accounts letter and certificate, together with the Annual Accounts, at its meeting on 2 July 2020.

The decision of the Audit Committee was to recommend to the Board that it should adopt the Annual Accounts as attached to this paper and submit them to the SGHSCD.

The Annual Report section of the accounts includes a Performance Report and Accountability Report. The Accountability Report includes a Corporate Governance Report which comprises of the Directors' Report, Statement of Accounting Officer's Responsibilities, Statement of Board Members' Responsibilities and the Governance Statement. The Accountability Report also includes a Remuneration and Staff Report and Parliamentary Accountability Report.

3.1 REVIEW OF SYSTEM OF INTERNAL CONTROL

The Statutory Annual Accounts for the year 2019/20 include a Governance Statement. The system of Internal Control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability.

The Governance Statement covers:

- corporate governance
- clinical governance
- staff governance
- financial governance
- information governance

Annual reports from three governance committees of the Board have been submitted to give the Board assurance in these areas.

The Governance Statement included in the Annual Accounts complies with a letter from Scottish Government Health and Social Care Department (SGHSCD).

3.2 STATEMENT OF HEALTH BOARD MEMBERS RESPONSIBILITIES

In addition, there remains a statement in the Annual Accounts of Health Board Members responsibilities in respect of the Accounts, which includes:

- applying on a consistent basis the accounting policies and standards approved for the NHS in Scotland by Scottish Ministers
- making judgements and estimates that are reasonable and prudent
- stating where applicable accounting standards have not been followed where the effect of the departure is material
- preparing the accounts on the going concern basis unless it is inappropriate to presume that the Board will continue to operate

The Health Board Members are required to confirm that they have discharged the above responsibilities during the financial year and in preparing the accounts.

3.3 AUDIT COMMITTEE REMIT

In accordance with the Scottish Government guidance and its approved Terms of Reference, the Audit Committee is required to provide the Board with “a Statement of Assurance to allow the approval of the Statutory Annual Accounts”.

In recognition of this remit, the Audit Committee has received the results of the work of Internal Audit during the year 2019/20 and has considered the Annual Internal Audit Report presented by the Chief Internal Auditor, and has received the requisite reports and assurances.

3.4 ASSURANCE STATEMENT

On the basis of work undertaken by the Audit Committee in respect of the financial year 2019/20, the Committee considers the control environment and systems of internal control to be adequate.

They can be relied on by the Board in approving the signing of the Performance Report, Accountability Report and Statement of Financial Position in respect of the Accounts, and the adoption of the Annual Accounts for the year ended 31 March 2020 by the Board.

4 RECOMMENDATION

The Audit Committee recommend that the Board :

Adopt the Annual Accounts for the year ended 31 March 2020 and **approve** submission to the Scottish Government Health and Social Care Directorate.

Authorise:

- a) the Chief Executive to sign the Performance Report
- b) the Chief Executive to sign the Accountability Report
- c) the Chief Executive and Finance and Performance Management Director to sign the Statement of Financial Position.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Scottish Government requirement to publish the Accounts of the Board.
Workforce Implications	None
Financial Implications	None
Route to the Board Which groups were involved in contributing to the paper and recommendations?	Audit Committee
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	None identified
Equality Impact Assessment	No identified 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).	No identified implications
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:	2 July 2020
Agenda Reference:	Item No: 4
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 Decision

SITUATION

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

BACKGROUND

Following the outbreak of Covid-19, it was anticipated the security upgrade would be suspended. However following the Coronavirus (COVID-19): construction sector guidance issued on 6 April by Scottish Government which advised that only essential projects should continue and that NHS boards should make decisions on their own individual projects, a revised phased programme was developed to allow the project to commence.

The revised work programme has been developed and accepted, design work has progressed and site activities have commenced. The following has occurred:

The phasing of the project does not impact on the Planned Completion Date of 15th October 2021.

The key project outline is:

Project Start Date:	April 2020
Planned Completion Date:	October 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
Paid to date (Inc. VAT):	£2,058,506

The project is proceeding according to plan and cost, quality and time targets are being met. A summary of planned and completed includes::

On-site works

Works Completed:

Installation and testing of Fibre Network across site.

Works underway:

Installation of CCTV in Skye Centre 26th May – 20th July

Works Projected in coming two months:

Installation of CCTV in Arran Hub and Wards	21 st July – 30 th September
Tubestile replacement	29 th June – 21 st July
Moling under perimeter & add CCTV Columns	3 rd July – 10 th September
Arrival of 1 st 2 batches of PAAs	25 th June & 31 st July

Programme dates are under constant review and are subject to change. A short life working group will be formed to oversee the ward decant process which is expected to be completed by May 2021.

Offsite works

Production and review of:

- Detailed design packages
- Risk Assessments and Method Statements

for all elements of the project.

Installation and configuration of equipment in the Factory Acceptance Testing facility at Swindon

Governance:

Governance for the project is provided by a Project Oversight Board chaired by the Chief Executive and supported by the Director of Security, Estates and Facilities.

The Board meets monthly, with an interim internal meeting taking place between full meetings. The meeting schedule and a review of the Terms of Reference were initially disrupted by the COVID19 outbreak, though this was short lived. The reviewed Terms of Reference are appended. An annual report to the Board was due in June however it is requested that this can be deferred to September 2020 in order to provide a more comprehensive report.

ASSESSMENT

1 FINANCE

The submitted Full Business Case initially recommended another supplier as the successful contractor. That bid contained a commercial evaluation relevant to the other suppliers' financial outline plan. Following the retender process, the Scottish Government confirmed that a new FBC was not required. the commercial evaluation accepted by TSH Board reflected the bids submitted during that exercise and confirmed the following final costs (inclusive of VAT):

Pointer £8,326,542

Stanley £9,843,857

A revised cost estimate was necessary due to changes that have taken place since the Commercial Evaluation against which the contract was awarded. These changes include:

- Assessment of delay costs
- Assessment and inclusion of staff costs
- Revision of Contingencies
- Agreement on treatment of professional fees

The overall final cost is therefore £10,346,263 (inc VAT), with the increase from the final bid cost noted above analysed as follows :

1– Principal contract sum

	£k
Original total cost per Stanley bid (inc VAT)	9,843
VAT thereon	(1,640)
Stanley cost – net of VAT	8,203
Add – TSH staff costs now included	364
Add – increase in contingency	100
Add – additional professional fees	15
VAT	1,664
Total anticipated final sum (inc. VAT)	10,346

Table 2 shows the progress to 31 May 2020 against this contract sum:

2 – Progress to date

	£k	£k
Total anticipated final sum		10,346
Invoiced to March 2020 (after 5% retention applied)	(1,875)	
Invoiced April 2020 (--“--)	(161)	
Invoiced May 2020 (--“--)	(262)	(2,298)
Staff costs to date		(62)
Balance remaining		(7,986)

<i>Invoiced by –</i>		
<i>Stanley</i>	1,564	
<i>Thomson Gray</i>	341	
<i>Doig & Smith</i>	10	1,915
<i>VAT</i>		383
		2,298

Scottish Government are aware of the increased project costs and have requested monthly cash flow analysis reports. Specific confirmation has been sought on the inclusion of staff costs, and a formal response is awaited.

RECOMMENDATION

That the Board **note** the current status of the Project and to **approve** the revised Terms of Reference and the request to defer the annual report to September 2020.

MONITORING FORM

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

Perimeter Security and Enhanced Internal Security Systems Project

Project Oversight Board - Terms of Reference

<p>1. Purpose</p>
<p>The NHS Board has established a Project Oversight Board to provide the required degree of assurance on the progression of the Perimeter Security and Enhanced Internal Security Systems Project in accordance with the Corporate Objectives of The State Hospitals Board for Scotland, and the appropriate statutory and mandatory standing orders and regulations.</p> <p>The Project Oversight Board (POB) will provide oversight and assurance, and make recommendations to the NHS Board in line with its remit.</p>
<p>2. Membership</p>
<p><u>Members:</u> Chief Executive Officer (Co-Chair) Director of Security, Estates and Facilities (Co-Chair) Finance and Performance Management Director Director of Nursing and AHPs Project Director Employee Director Scottish Prison Service</p> <p><u>In Attendance:</u> Head of Estates and Facilities Procurement Manager</p> <p>The NHS Board Chair is not a member of the POB, but may attend any meetings of the POB.</p>
<p>3. Reporting Arrangements</p>
<p>The POB will provide a report to each NHS Board meeting – this will be through the submission of the approved Minutes as well as a summary report of the key issues.</p> <p>The POB will submit an Annual Report to the NHS Board, in September, and this will include: the name of the POB, membership and attendees and officer support, the frequency and dates of meetings, the activities of the POB during the year, any matters of concerns to the POB; confirmation that the POB has fulfilled its remit and of the adequacy and effectiveness of internal controls.</p> <p>The POB will undertake an Annual Workplan aligned with the Project programme and this will be submitted with the Annual Report.</p> <p>The POB will undertake an annual review of the Terms of Reference. If this review results in amendment, the revised Terms of reference should be submitted to the NHS Board for endorsement.</p>

4. Key Responsibilities

1. To endorse the scope of the Project, and the benefits to be realised in development, including the clinical service delivery model of the NHS Board.
2. To ensure that the completed facilities are delivered on programme, within budget and are compliant with the NHS Board's corporate objectives and requirements.
3. To ensure that the resources required to deliver the project are available and committed.
4. To ensure appropriate governance through the procurement process and through the Capital Investment Group at Scottish Government.
5. To assure that the project remains within the framework of the overall project strategy, scope, budget and programme as set out in the business case.
6. To review and report changes to the scope of the project e.g. time, cost, quality, to the NHS Board.
7. To promote financial governance and monies and report the adherence within affordability parameter set out by Scottish Government and the NHS Board.
8. To review the risk management plan, ensuring all risks are identified; that appropriate mitigation strategies are actively applied, managed and escalated as necessary, providing assurance to the NHS Board that all risks are being effectively managed.
9. To ensure that staff, partners and service end users are fully engaged in designing operating policies that inform the detailed design and overall procedures that will apply, ensuring that the facilities are service led, not building led.
10. To ensure that communication planning enables the appropriate involvement of and communication with all stakeholders, internal and external, throughout the project.
11. To ensure that appropriate systems of assurance are in place for the functional commissioning of the facilities and operation of the project systems.
12. To provide the necessary oversight and governance of the Change Control process.

5. Conduct of Business

Meetings:

The POB will normally meet monthly. The Co-Chairs may convene additional meetings or change the frequency of meetings as deemed necessary.

The POB may ask any or all of those who attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

The NHS Board may ask the POB to convene further meetings to discuss particular issues on which they want the POB's advice.

Quorum:

A minimum of four members of the POB will be present for the meeting to be deemed quorate.

In the event of a meeting becoming inquorate once convened, the Co-Chairs may elect to continue receiving papers and to allow those present to ask questions and discuss particular matters. The minute should state the point at which the meeting became inquorate but notes of any discussion can be included. Every item discussed and noted in this way will be brought to the next meeting of the POB, under matters arising, for ratification.

Absence of Co-Chairs:

In the event of the Co-Chairs being absent, another member can be designated the chair for the meeting, and this should normally be arranged by the Co-Chairs in advance of the meeting.

Agenda, Papers, Workplan and Minutes:

The POB should have a workplan for the year mapped to the remit of the POB.

The Co-Chairs will set the agenda.

Papers should be submitted to the Project Administrator at least seven working days prior to the meeting. The finalised agenda and papers will be issued to members at least three working days before the date of each meeting.

The meeting will be minuted and will record decisions, actions and responsibilities, actions against identified risks and follow up. Minutes will be submitted to the NHS Board, and published on The State Hospital website as part of the NHS Board papers.

Annual Report:

The POB will prepare and submit an Annual report to the NHS Board in sEPTEMBER each year, and this should include:

- The name of the POB, the Co-Chairs, Membership, Executive Leads and Officer supports.
- Frequency, Dates of meetings and attendance.
- The activities of the POB over the year, including confirmation of delivery of the workplan and review of the terms of reference. Should the terms of reference be revised, these should be submitted to the NHS Board for approval.
- Improvements that have been overseen by the POB
- Any areas of concern to the POIB, including Risk.
- Confirmation that the POB has fulfilled its remit, and of the adequacy and effectiveness of internal control.

6. Information Requirements

For each meeting the POB will be provided with a report which will include as a minimum:

- Progress Update (business, design and construction)
- Current status against key programme elements
- Current status against cost planning
- Project Risk Register with description of mitigating actions
- Communications planning with internal and external stakeholders

7. Executive Leads

The Chief Executive Officer and the Director of Security, Estates and Facilities will co-chair the POB.

Accountability for ensuring the longer term security needs of The State Hospital are aligned to the Director of Security, Estates and Facilities, within the project governance structure.

Accountability for the financial aspects of the project are aligned to the Finance and Performance Management Director.

8. Access

POB Members will have free and confidential access to the Co-Chairs of the POB.

9. Rights

The POB may procure specialist advice at the expense of the organisation, subject to budgets agreed by the NHS Board or the Chief Executive Officer as Accountable Officer.

Author(S):	Margaret Smith, Board Secretary
To be ratified by The State Hospitals Board for Scotland:	
Review Date:	February 2021

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	2 July 2020
Agenda Reference:	Item No: 5
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Interim Remobilisation Plan and the Road Map for Recovery
Purpose of Report:	For Noting

1 SITUATION

The Board received a report at its meeting on 18 June 2020 to set out the governance structures and operational actions taken to meet the twin aims of health protection and prevention of spread of the Covid-19 virus.

2 BACKGROUND

This further report will provide the Board with a detailed update on the framework through which TSH is continuing to manage its response to the Covid-19 outbreak, and to provide assurance on interim remobilisation planning.

3 ASSESSMENT

In response to guidance from the Cabinet Secretary for Health and Sport, and in line with all other NHS Boards, The State Hospital (TSH) submitted a draft Interim Remobilisation Plan to Scottish Government on 25 May 2020. The draft plan has been shared with the Board, who endorsed this direction of travel at the Board Meeting held on 18 June 2020. The Interim Remobilisation Plan has now been approved by Scottish Government and is enclosed with this report as Appendix A, and will now be published on the Board's website.

This sets out planning for TSH for remobilisation and aligns with the national position, recognising commonality with National Boards as well as the unique service offered by TSH. The indicative schedule to restart some workstreams is on a phased basis across the hospital. This process continues to be led by Gold Command and a key tool in this process is the TSH Road Map. This mirrors the position outlined in the national framework, *Scotland's route map through and out of the crisis*, which outlines the phases for easing restriction across Scotland.

The planned approach for The State Hospital to remobilise services has been described for each phase of restrictions. A high level summary of the Road Map is attached as Appendix B.

Paper No. 20/44

This allows for a planned and considered approach to the re-establishment of services. Plans for the re-establishment of activities will require to be risk assessed in line with each phase, and underpinned by infection control guidelines and expert public health advice. The timescale for each phase remains fluid, dependant on the rate of infection in Scotland.

Remobilisation planning will continue recognise the positive nature of partnership working through the incident command structure to support remobilisation and the formation of the 'new normal' for The State Hospital. The Board will be provided with assurance relating to progress throughout this phased process.

4 RECOMMENDATION

The Board is invited to note the approval by Scottish Government of the Interim Remobilisation Plan and the continuing development of remobilisation planning through the TSH Road Map.

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>Assessed within the Interim Remobilisation Plan</p>
<p>Financial Implications</p>	<p>Assessed within the Interim Remobilisation Plan</p>
<p>Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?</p>	<p>Board required</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>Assessed within the Interim Remobilisation Plan</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>Assessed within the Interim Remobilisation Plan</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>

Appendix A

The State Hospitals Board for Scotland

The State Hospital
Carstairs
Lanark
ML11 8RP



COVID-19 INTERIM REMOBILISATION PLAN GARY JENKINS: CHIEF EXECUTIVE

1. INTRODUCTION

This interim remobilisation plan describes the way in which The State Hospitals Board for Scotland will approach 'remobilisation' both within the high secure estate at Carstairs, and with partnership agencies and stakeholders.

It is important to state that coronavirus (Covid-19) remains a key factor in any planning assumptions. The risk of infection will remain for the foreseeable future and until such times as a vaccine is available. Continued adaptability and flexibility is necessary across the organisation to manage any active cases, control the environment, and ensure the safety and wellbeing of staff, patients and visitors alike. The State Hospital remains focussed on the ongoing infection risk and will rapidly respond when infection presents.

The core organisational objective remains to deliver 'safe and secure care and treatment'. However this must be supported through a safe clinical environment where infection prevention and control is central to all core decision making.

a) Service Delivery and Alignment

The State Hospital (TSH) continue to manage service delivery through the command structure. The command structure was established on 16 March in response to the onset of the global pandemic, and the NHS in Scotland moving on to an emergency footing.

Gold Command meets a minimum of weekly and has overall responsibility for dictating the direction of the organisation and its response. Gold Command is chaired by the Chief Executive and is attended by all corporate directors, the Employee Director and nominated partnership deputy. Gold command focuses on:

- Strategic and national updates
- Public Health and Infection Prevention and Control
- Recovery modelling
- Resilience Planning
- Staff and Patient Engagement
- Scientific, Technical Advisory Group recommendations
- Interim Operational Clinical Policy
- Digital and e-health
- Risk Management
- Finance
- Silver level escalation
- Attendance and wellbeing

Silver Command initially met daily, however the frequency was reduced to three times a week. A daily hospital huddle operates on alternate days to Silver Command; the huddle is led by the Director on call and captures any immediate actions that require escalation or endorsement through the command structure. Silver Command is co-chaired by the Director of Nursing & AHPs and the Director of Security, Estates & Facilities. Silver Command is attended by Heads of Department, partnership representatives, the Medical Director, HR Director and the Covid-

Appendix A

19 support team (including Senior Nurse Infection Control, Senior Nurse Risk Management, Clinical Operations Manager). Silver Command focuses on the operational delivery of services within the organisation:

- Infection rates for patients
- Staffing related issues
- National and regional updates for implementation
- Infection Control Specific Issues
- PPE and Supplies Update
- Outstanding Actions
- Bronze level escalation
- Communication

Overall, the organisation is aligned to the direction of NHS Scotland. Each of the corporate directors and CEO are represented on the key national interface groups. This is described in Appendix 1 of this plan. Appendix 2 details the command levels.

b) Governance

TSH has carried out a review of the corporate governance framework for the NHS Board to ensure effective oversight during this period.

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

The recommendations from the report are summarised as follows:

- Board Meetings should continue on agreed schedule, and that special meetings can be convened as required. The business transacted at the Board will be reviewed to allow oversight of the Covid-19 response as well as resilience of the senior leadership team to provide reporting to the Board during this challenging time.
- Governance Committee meetings should be critically reviewed and may be paused depending on the emergent situation in managing the response to Covid-19. If the situation arises where a meeting is not quorate then it would be the intention to reschedule to the earliest possible date.
- Any divergence from the agreed work plans for the Board and its Committees, should be recorded in the minutes of the meeting appropriately.
- The Board should note the risk to achieving required quorum for Board and committee meetings.
- All Board and committee meetings should be held virtually by way of teleconferencing.
- There is no requirement to amend existing Standing Orders.
- This position should be reviewed by the Board in six months' time, or sooner should the global pandemic situation change significantly.

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

The Board and associated Committee Structure schedule has remained unchanged. Meetings are held virtually, rather than in person, to comply the need for non-essential travel and physical distancing. Agenda modifications to reflect the Covid-19 updates, have been agreed in advance of each meeting with the associated chair.

The State Hospital Board met on:	23 April
The Clinical Governance Committee met on:	14 May
The Staff Governance Committee will meet on:	28 May
The Audit Committee will meet on:	18 June

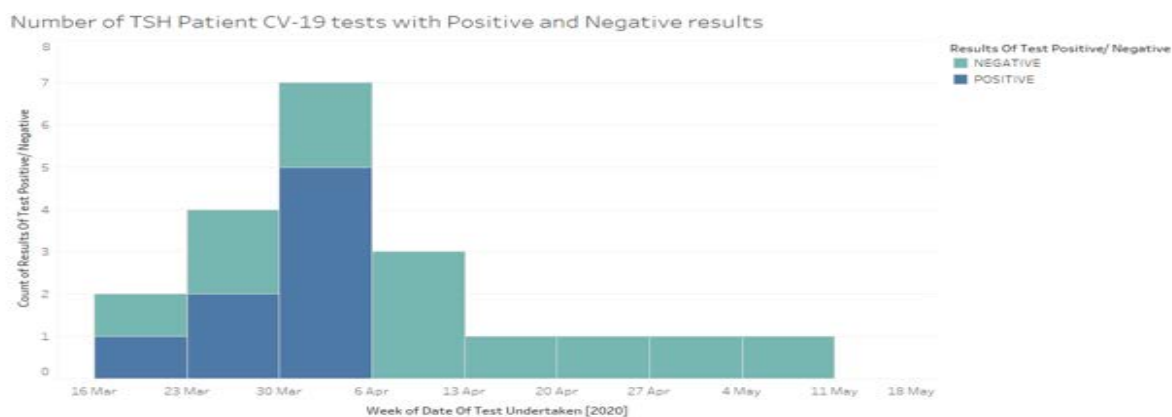
The Chair and non-executive directors receive the daily hospital Covid-19 communication brief to keep them informed of the changing landscape across the organisation at this time.

Appendix A

2. COVID-19 AT THE STATE HOSPITAL

a) Patient Cases

There have been eight confirmed positive cases of Covid-19 within the 115 patient cohort undergoing treatment at TSH. This are noted in the following graph:



- All eight patients who have tested positive for Covid-19 have now recovered
- No State Hospital patient has required transfer from their own ward to any specialised Covid-19 care environment to date
- No patient has required transfer to the new created internal general medical ward for enhanced support

b) Staff Cases

Of all staff (n=650), Fifty staff have been tested to date. Seven staff have tested positive for Covid-19, with forty three testing negative.

	Number	% of Total Staff population (n=650)
Staff tests	50	7%
Positive test results	7	1%
Negative test results	43	6%

In terms of staff recovery, using staff returning to work as a defined criteria for recovery, all seven staff members who have tested positive for Covid-19, have now recovered and returned to work.

The majority of staff tests have been conducted within the Nursing directorate. This includes Clinical administration staff, Allied Health Professionals and Skye Centre staff. A number of tests have also been conducted on the Security, Estates and Facilities staff, with very small numbers conducted on Medical, Psychology, Forensic Network and Management centre staff.

Testing has been undertaken on the grounds of symptomatic presentation, or if a member of the immediate household is self-isolating as per national guidance. Section 10 of this plan describes the potential testing model for TSH looking ahead.

Appendix A

3. COVID-19: INNOVATION AND TRANSFORMATION IN PRACTICE

TSH has maintained its core function throughout the pandemic. Any patient who required admission for high security mental health care and treatment has been accepted. The key referral routes in to the hospital (court, prisons, NHS) remain in place. New admissions are tested as soon as possible following their transfer. Patients remain in isolation until their test results are confirmed.

However, many internal aspects of TSH service delivery has changed rapidly in the past ten weeks, directly in response to the Covid-19 pandemic. Those key change aspects include:

1) The security processes for staff attending for duty

All staff are required to maintain physical distancing as they enter reception.

Staff can only enter the 'tube-style entry' into the secure x-ray, scanning and search area once the zone it is clear of other staff members. The search process has been modified to enable security staff to wear PPE for any physical searches. Hand held metal detectors have been introduced to avoid the need for physical contact as far as possible.

The number of staff entering the 'key safe & attack alarm room' has been reduced to a maximum of three at any one time.

The grounds have been physically marked to show distance measures when staff are clearing the sterile secure area and passing through the controlled turnstiles to access the main high secure inner hospital grounds.

2) Social distancing within the ground and buildings

The grounds have been marked up so that patient movements all flow in a one way system. Patients are observed at all times whilst on grounds access by the security control room through CCTV.

Meeting rooms have been assessed by Infection Control and maximum numbers have been applied to ensure physical distancing is achieved, if a room has to be used at all.

Ward teams have rearranged common areas across all wards and hubs to ensure that compliance is achieved with patient social distancing.

3) Remote and flexible working practices for staff who are able to work from home

All staff who are able to work remotely or flexibility have been given approval to do so. This is to comply with the 'stay at home' message and ensure that only essential journeys are undertaken.

This model also reduces the flow of staff through the hospital site and minimises bottlenecks at the key security check points on entry and egress of the campus.

Where physical cover is necessary, line managers have been encouraged to think differently about the deployment of staff to restrict contacts with others.

4) The Interim Clinical Operational Policy

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

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

These initial measures were based on the principles of each ward being a 'family unit' of 12 patients.

Appendix A

In line with government restrictions on the movement of individuals, the State Hospital's Gold Command Committee agreed an Interim Clinical Operational Policy. This was introduced on Monday 30th March 2020, with a commitment to regular review and adaptations.

The policy helps ensure safe care to patients through a social distancing model that minimises the risk of Covid-19 transmission and protects other patients and staff. In this model patients spend more time in their bedrooms. This is not seclusion, but is a variation of the model of confinement which is a well-established part of safe care delivery overnight.

Each patient has an individualised care plan in place which specifically covers how their care needs are met during this period of socially distant interventions.

The impact of the patients' physical and mental wellbeing is measured daily. A weekly summary report is produced which monitors a range of indicators. Those include:

- Assaults / Attempted Assaults / Aggression / Self Harm
- Complaints and Feedback
- Staffing shortages
- Enhances observations
- Increases in DASA (Dynamic Assessment of Situation Awareness)
- No of Seclusions
- Incidents
- Patients unable to tolerate isolation
- Use of mechanical restraints
- Access to physical activity, Fresh Air and Walks
- Activity drop in interventions

The data in the report is used to inform the work of a weekly monitoring and review group. The group is co-chaired by the Medical Director and Director of Nursing & AHPs, and involves various service professional leads. This data is also shared with a wider range of multi-disciplinary team members with local actions taken to ensure quality of care and protection of patients is maintained.

The State Hospital is currently operating on version 7 of the Interim Clinical Operational Policy. Updates are shared with the Mental Welfare Commission on progress.

5) The creation of a general medical ward

A six bed General Medical ward has been established in Mull Hub which is equipped with oxygen and supplies. The ward is ready to accept any patient who requires enhanced care for symptoms of Covid-19. Additional and refresher training has been provided to staff.

6) The Medical Resilience Guidance

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

Pharmacy supplies are provided to TSH by NHS Lothian. There is no anticipated supply issues affecting clinical care provision. There are no foreseeable changes to pharmacy demand associated with remobilisation.

7) Implementation of 'Near-Me' technology for virtual GP consultations, with a further assessment for inter hospital linkage

Near-Me technology was introduced in the on-site health centre at TSH. This technology enables the General Practitioner to undertake remote consultations and avoid attending the site unless absolutely necessary. The model works well and will remain in place going forward.

Appendix A

8) Virtual Visiting

Teleconference facilities have been introduced to all hubs to enable virtual visits between patients, families and carers.

In the last week additional wards have begun using these facilities, and positive feedback continues from those involved. Whilst a small number of calls have failed due to issues at the recipient (e.g. their firewall, out of date internet browsers), the ward staff and social work are being very supportive with families in helping to set things up where they can assist. Additionally, a few patients have expressed a preference for telephone calls but all patients are being encouraged regarding the facility and are being made aware of what is available. The model has been security assessed to ensure compliance with legal restriction orders.

This is a completely new service for patients in high security care. Uptake has been gradual as noted in the following table:

Clinical Hub Area:	Arran		Iona			Lewis			Mull		Total
Ward:	1	2	1	2	3	1	2	3	1	2	
Number of calls	-	-	-	22	3	-	3	-	1	-	29
Number of patients	-	-	-	5	3	-	3	-	1	-	12
Usage – family	-	-	-	21	3	-	3	-	1	-	28
Usage – professional adviser	-	-	-	1	-	-	-	-	-	-	1
1 Patient – number of calls	-	-	-	9	-	-	-	-	-	-	9
1 Patient – number of calls	-	-	-	7	-	-	-	-	-	-	7
1 Patient – number of calls	-	-	-	3	-	-	-	-	-	-	3
1 Patient – number of calls	-	-	-	2	-	-	-	-	-	-	2
8 Patients – number of calls	-	-	-	1(1)	1(3)	-	1(3)	-	1(1)	-	8

Legal representatives are also offered access to the facility to avoid the need for unnecessary travel to Carstairs. One case has been made to the crown to assess if this model oppresses the rights of the patient and legal representative. An outcome is awaited and practice will be amended accordingly.

9) Supplies and PPE

TSH has implemented all relevant guidance associated with the use of PPE.

The main items in use are face masks, gloves and aprons. There have been no supplies challenges to date with receipt of these items. The Resilience Lead participates in the national calls and is the single point of contact for TSH supplies related issues.

A significant number of nursing staff (244) have been fitted for FFP3 masks; face fit testing is undertaken on site. The use of FFP3 is limited to emergency procedures such as cardiac arrest. However it is recognised that if a patient is required to transfer off site and potentially into critical care, TSH staff must remain in attendance with the patient due to the severity of risk and harm posed by the patient. That may necessitate the use of FFP3 masks.

Through liaison with National Services Scotland, there is no perceived risk to the supply chain for TSH. Additionally, it is unlikely that demand will increase substantially as TSH progresses with remobilisation.

10) Infection Control Practice

A strong focus on infection prevention and control has been central to the response to COVID-19. The Senior Nurse for Infection Control is part of the internal Covid-19 response team with external support from the Infection Control Doctor in NHS Lanarkshire.

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

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

Appendix A

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

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

All changes to clinical practice and service delivery are reviewed and endorsed through the infection control route prior to implementation or practice change. TSH is currently assessing the provision of infection control support with a view to enhancing the onsite service going forward.

11) The Scientific and Technical Advisory Group (STAG)

A STAG has been established, co-chaired by the Nurse Director and Medical Director. Public Health Consultant and Infection Control Consultant support is provided to STAG from NHS Lanarkshire. The group has oversight of the all the latest publications and guidance associated with Covid-19. The group makes recommendations to Gold Command in relation to any issues that require implementation or revision as part of the clinical service delivery model.

It may be necessary to augment the support to this group as the work progresses. This is currently under review.

12) The Covid-19 Support Team Hub

National Guidance for NHS Scotland is being issued in response to the emergent situation covering the full range of resilience and planning in response to the pandemic; including clinical guidance, personal protective equipment guidance, staff well-being and employment terms and conditions as well as financial guidelines.

Guidance is being tracked and reviewed on a daily basis to ensure that TSH is in operating in compliance with all relevant guidance. The Covid-19 Support Team is tracking each guidance document as they are received and disseminated across the organisation.

4. STAFF WELLBEING

a) TSH has established a staff wellbeing hub. In this area staff have access to resources to help with any aspect of their lives under these current difficult and complex circumstances. Services include:

- Staying safe and well
- Emotional wellbeing
- Importance of sleep and rest
- Social connections
- Eating well and up to date information on supermarket opening times and offers
- Physical activity
- Resilience
- Financial aspects
- Ways to donate to, and how to access, local food banks
- Competitions, raffles and prizes



Refreshments are provided alongside the opportunity to 'take 10 minutes' to relax, replenish and re-connect. The intention is to signpost in the right direction for any concerns individuals may have. The Wellbeing Zone is covered by a range of staff who have volunteered their time and are there primarily to support their colleagues. The zone is available from 6.30am to 6.30pm, Monday-Friday and from 7am to 3pm, Saturday and Sunday. NHS Lanarkshire has kindly allowed TSH access to their 24 hour staff helpline. This helpline is totally confidential and is described as a listening service.

b) TSH will evaluate the wellbeing measures at the end of June to determine success or agree modifications as necessary based on feedback.

Appendix A

5. LEARNING FROM FEEDBACK: STAFF, PATIENTS & CARERS

a) The pace at which change has occurred is testimony to the singular focus of the organisation in supporting fellow staff, patients and carers against the backdrop of the global pandemic. All staff have gone above and beyond to ensure that emerging themes and guidance have been deployed into core operational practice as rapidly 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, patients and carers.

In order to establish the impact of change, both positively and negatively, TSH has initiated a 3-tier feedback and engagement processes:



Any service change that has a positive outcome from the experience of staff, patients and carers will be assessed and evaluated by the Quality Forum. If the change has delivered a 'quality +' benefit, it will be considered for implementation as part of forming the 'new normal' method of working.

b) A staff survey has been active for five weeks and will conclude when six weeks of data have been collected. Gold command reviewed the interim results at week four. There have been many comments and suggestions put forward. The key themes from the survey are mainly positive, particularly around Information Technology, Decision Making, Communication and Infection Control.

A further series of direct engagement sessions with all wards, hubs, departments, clinical teams and service providers, has been scheduled using a combination of teleconferencing, MS Teams, and conference lines.

b) Patient Engagement is enabled through virtual meetings with the patient partnership group. This is a well-established process for seeking patient views on a wide variety of topics. The group has traditionally met on a face to face basis, however the mobilisation of the e-health agenda means that teleconferencing can be used to ensure physical distancing whilst still receiving direct patient feedback.

c) Carer and Relative Engagement will be undertaken by the Person Centred Engagement Lead and via feedback already received to date. A cross section of carers and relatives will be invited to participate in dialogue on their views over what matters to them and the changes to care and treatment provision within TSH.

d) The process is active and underway and is following the undernoted timeline:

18 May 2020:	Identify the teams
18 - 20 May 2020:	Communication launch Develop summary of results and themes and agree the process Assess mechanism – video link, MS Teams and Conference Calls
25 - 05 June 2020:	Undertake the discussion process Undertake patient feedback through the patient partnership process Undertake relatives and carers feedback process
08 - 12 June 2020:	Quality Group assess and evaluate

Appendix A

To conclude the process, there will be a write up of the agreed priorities. These will go forward as part of formulating the 'new normal' pending discussion with the Mental Welfare Commission, the Mental Health Directorate, relevant stakeholders, and ultimately TSH Board.

6. ACHIEVING REGIONAL AND NATIONAL ALIGNMENT

a) The State Hospital (TSH) is the national high security hospital for Scotland and Northern Ireland. The hospital provides specialist individualised 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.

As previously stated, TSH has maintained its core function throughout the pandemic. Any patient who required admission for high security mental health care and treatment has been accepted. The key referral routes in to the hospital (court, prisons, NHS) have remained in place throughout.

TSH has a strong relationship with other NHS Scotland Forensic Mental Healthcare provider units.

Throughout the initial phases of the Covid-19 period, high, medium, low and community services have been engaged in ongoing regular dialogue through scheduled conference call meetings. The format brings services together with the Mental Health Directorate, The Forensic Network for Scotland and The Ayr Clinic (private provider). The mechanism has proven helpful to debate challenges, issues of concern, and assessment of the overall scale of estate challenges associated with Covid-19.

This link has also proven beneficial for information sharing, policy discussion and coterminous service direction.

b) However, the flow of forensic patients across the estate (High / Medium / Low / Community) has reduced since the inception of the pandemic. TSH has a number of patients who are assessed and ready to transfer to lower levels of security if a bed was available.

As all providers agree and implement their remobilisation plans, it will be necessary to share intelligence around patient transfers, admission processes, tribunal, court service models and prison transfer challenges. As part of the 'new normal' it is proposed the bi-weekly conference meeting remains in place. The approach to a common methodology and practice for all forensic service providers and external stakeholders will be pivotal to ensuring that the overall estate functions within a common set of understood parameters. Where innovation or change in practice is required, each service moves in tandem to support the other and the approach is patient centred.

This proposal was discussed on the most recent conference call. All services agreed that the process as described would be beneficial in developing a common strategic direction and addressing collectively the estate and patient flow issues.

c) National Healthcare in Custody Network (Police and Prisons)

A stakeholder event occurred on 3rd and 4th March to launch The National Healthcare in Custody Network. The launch brought together the former Police Healthcare Network and the Prison Healthcare Network into one singular entity.

The priorities for both services will have changes dramatically through the Covid-19 period and beyond. It is proposed that a meeting of the key Network members is established to assess what shared and collective expertise could be deployed to assist with the healthcare recovery process for both Police and Prison service.

This will occur at the start of June followed by a wider approach being made to NHS Boards, the Scottish Prison Service and Police Scotland for their respective input to refreshing the work plan and priorities going forward.

Appendix A

7. TSH PROVISIONAL INTERNAL RESTART SCHEDULE

a) Gold command debated the current agreed paused 'business as usual' work processes. These were assessed against the competing resource priorities at the current time. Provision agreement was given to the following restart schedule of internal activities based on having a stable internal environment:

PROCESS	POSSIBLE RESTART
Medical	
Clinical Model Service Delivery Implementation	December 2020
Supporting Healthy Choices Plan	July 2020 – principles and plan
Research studies suspended with all fieldwork involving patients or staff	June 2020 – digitally enabled
Hospitals Electronic Prescribing and Medicines Administration (HEPMA)	TBA -In line with external demands
Nursing & AHP	
Scottish Patient Safety Programme	Modify schedule - July 2020
Infection Control Committee	Prioritise schedule - June 2020
Medicines Incident Review Group	July 2020
Excellence in Care Steering Group	Await national restart
Safe Staffing Steering Group	Await national restart
Person Centred Improvement Steering Group	May 2020
Child and Adult Protection Forum	June 2020 – digitally enabled
Security & Estates	
Major Security Upgrade	Recommended and re-phased
Finance, Performance and Risk	
Policy Review Cycles	June 2020
Monthly Audits of Record Keeping	July 2020
Clinical Audits	June 2020
Variance Analysis from Case Reviews	July 2020
Gap Analysis from National Evidence	August 2020
Significant Adverse Event Reviews	June 2020
Strategic Review of Performance	August 2020
NIS Audit	Gold discussion 03 June 2020
Human Resources	
Job Evaluation	Source external support
Organisational Change	June 2020
Implementation of eESS	August 2020
Sickness absence Routine Reviews	July 2020 – digitally enabled
HR Connect	In line with national boards
Values Based Recruitment	August 2020
Non urgent employee relations cases	July 2020 – digitally enabled
Training and Development	August 2020- digitally enabled
Leadership Development	August 2020
Organisational Culture	August 2020
Team Development Programme	August 2020
Corporate Services	
Corporate Governance Improvement Action Plan	Await HIS paper and guidance

b) Skye Centre Restart

The Skye Centre is the main activities hub area for TSH (Appendix 3). It includes a gymnasium, sports hall, café, shop, library, hairdressers, multi-faith centre, arts and crafts, botanic gardens, and a psychological therapies hub. A restart plan is currently under development and will be presented to Gold Command in two weeks.

The plan is addressing options for a restart of some activities, predicated on social distancing and re-phasing of ward and hub timetables. The above processes will be discussed further at an informal session of executive and non-executive directors early in June 2020.

Appendix A

8. TSH DIGITAL TRANSFORMATION

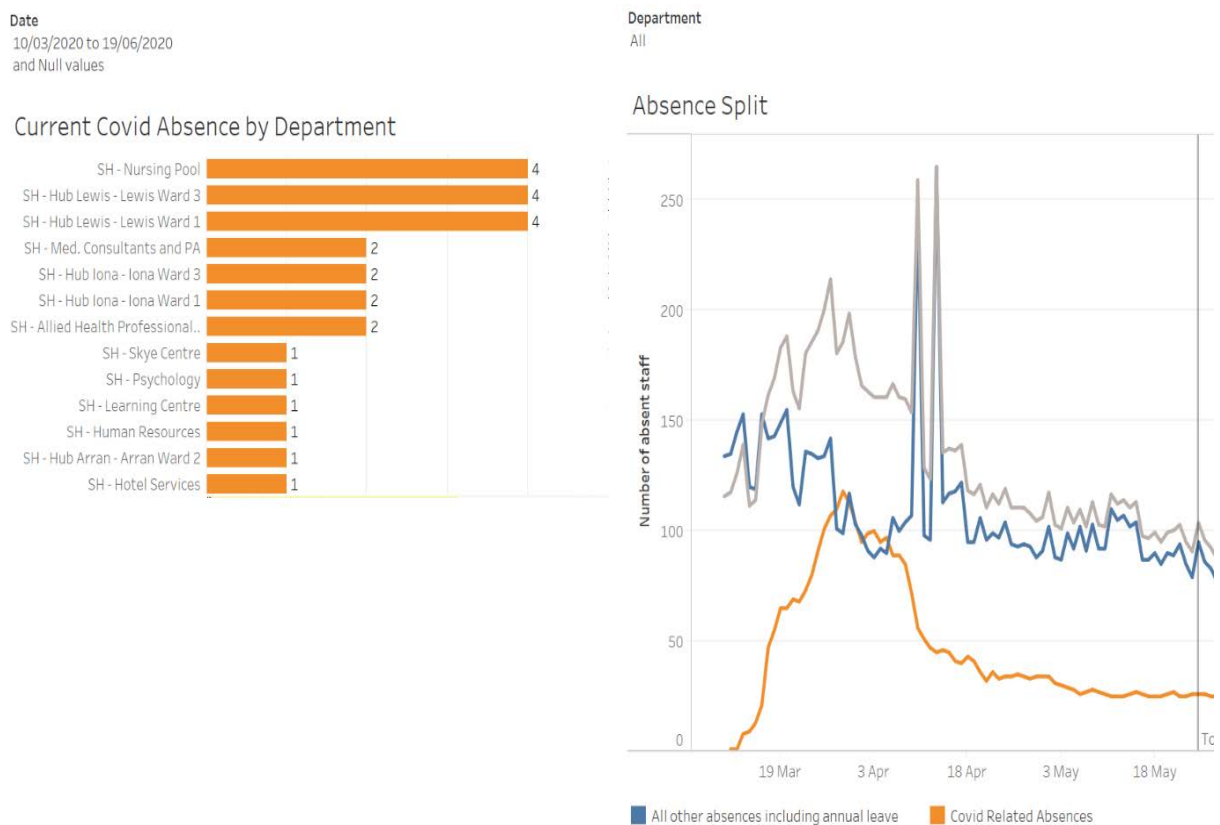
a) Considerable gains have been made in the use of digital technology.

TSH was scheduled to participate in the office 365 upgrade, with a resultant move to windows 10. This would have necessitated the upgrade of hardware and software across the organisation. 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, the near-me technology was installed, remote access was enabled, teleconferencing links established, all to enable effective flexible working and enhanced patient and visitor experience.

Considerable work is still required, for example many laptops do not have a sound or camera enabled functionality. 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.

b) The Business Intelligence function has also progressed at pace. The tableau reporting tools have been modified to enable key metric to be collected and reported on a real time basis. Perhaps the best example of this functionality relates to real time attendance management reports. Specific reports were enabled which allowed the command structure to rapidly assess staffing level risks and plan mitigation:



c) Development of the IT and business intelligence agenda is progressing well in response to Covid-19 associated issues. A refreshed Digital Enablement Group will oversee a revised developmental agenda for TSH for the remainder of 2020/21.

Appendix A

9. TSH RESILIENCE PLANNING

a) The Annual Operating plan for 2020/21 outlined a twelve month schedule of resilience planning milestones for TSH in 2020:

2020 Training Programme	J	F	M	A	M	J	J	A	S	O	N	D
Commander Training												
Staff Officer and Bronze Training												
Golden Hour												
Golden Hour Refresher												
Loggist / Board Communications												
Loggist and Silver Commander												
Communications and Board												
Security Reception Staff												
Table Top												
Clinical												
Multi Agency Exercise												

In light of the Covid-19 pandemic, this plan will need significant modification.

b) Resilience arrangements are working effectively. There have been two issues of note since the command structure was stood up in March 2020:

1) The State Hospital will enact resilience plans already developed. The Loss of Staff Level 2 Resilience Plan identifies the key processes and contingencies essential for the safe operation of the hospital.

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

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

The Extreme Loss of Staff Plan:

- Identifies contingencies to be taken at points of criticality for safe delivery of service during Covid-19 outbreak
- Identifies where staff may be deployed to in the event that departments fall below minimum tolerable numbers to deliver a safe service
- Identifies any areas of training that may be reasonably carried out in advance to up skill or orientate staff to departments and roles they may be asked to support
- Considers how the organisation can gather and review staffing across all disciplines to enable effective planning
- Identifies IT needs to support remote working for those staff who can work from home

The plan has been completed and a desktop exercise was undertaken on 18 May 2020 to stress test the assumptions.

2) A siege and barricading response incident was stood up on 15 May 2020. The response required multi agency support. Support was swiftly deployed by Police Scotland and the Scottish Ambulance Service. The event had a satisfactory conclusion with the incident being resolved in around three hours from start to finish.

A Critical Incident Review has been initiated and any learning from the event will be shared.

Appendix A

10. TEST, TRACE, ISOLATE AND SUPPORT (TEST & PROTECT)

a) TSH is aligned to Scottish Government policy and decision making. Both 'Covid-19 – A Framework for Decision Making (April 2020)' and 'Scotland route map through and out of the crisis (May 2020)' have been reviewed in relation to this plan.

There are pertinent sections that will determine the organisations strategic approach, and enable a more adaptive and informed choice of operating model:

Preparing for Transition:

- We must suppress transmission of the virus ($R < 1.0$)
- We must continue to adhere to the advice: stay at home if symptomatic; keep physical distanced; and maintain good hand hygiene and cough hygiene.
- We must develop the public-health capacity to deal with cases and outbreaks in a way that prevents widespread community transmission.

Controlling the Pandemic:

- We will use surveillance to identify and track the spread of the virus.
- We will develop and deploy the public health services we need to tackle outbreaks.

These points are core to moving the organisation into a 'new normal' operating model. The evolving model will be supported by new and innovative working practices with the common aim of minimising the risk of infection transmission across the organisation.

b) Testing

TSH has developed various adaptations of potential testing models. These have been debated with public health, infection control and the Mental Health Directorate at Scottish Government. Further iterations of the testing approach have been discussed with the National Director for Testing.

At this current point, TSH testing is in line with national policy, i.e. testing has been undertaken on the grounds of symptomatic presentation, or if a member of the immediate household is self-isolating. TSH have requested that the organisation is viewed in the same way as the 'priority 1 schedule' in the developing national testing model. This would enable enhanced testing for symptomatic and asymptomatic staff and patients in the event of an increase in Covid-19 positive cases within the high security estate.

The Public Health debate is active in relation to this approach.

Further discussion will be taken forward on the actual approach over the coming two week period. It may be preferable that the 'mass testing' approach, using mobile testing facilities, is only deployed in the event of an agreed number of positive case presentations. It is anticipated that this model will be dynamic as further testing mechanisms develop. In any scenario, the model will be aligned to the strategy for testing in NHS Scotland.

c) Tracing

Following an approach to NHS Lanarkshire Public Health team, it has been agreed that TSH tracing will be undertaken by the NHS Lanarkshire team. This has been approved through both Chief Executives. TSH does not have a dedicated Public Health Department therefore establishing a tracing service would be problematic and overly cumbersome at this point in time. TSH is addressing whether or not there is opportunity to assist NHS Lanarkshire by means of allocating shielding staff to assist with the tracing team workload.

Work is underway internally to consider how tracing of patient contacts can be implemented in the event of a positive diagnosis. This may need to be undertaken through a sub set of the clinical team. It is anticipated that an agreed model will be finalised and implemented over the coming two week period.

Appendix A

11. SUMMARY

TSH has maintained its core function throughout the initial response phase to the Covid-19 pandemic.

Linkage with national decision making processes are established and working well.

Staff are well informed. Guidance has been implemented timeously, and internal practice revised accordingly to minimise risk.

There is staff health and wellbeing infrastructure hub in place. This will be reviewed and amended accordingly based on the changing needs of staff across the organisation.

Flexibility and adaptability will remain essential components of managing the organisation going forward and rebasing into a 'new normal' method of working.

The key aim remains 'to reduce the risk of infection and delay the spread' in line with current national policy. The success if doing so is based on strong infection prevention and control practice. This will remain the case looking ahead underpinned by the Trace and Support strategy.

The key objective of remobilisation relate predominately to the internal operations of the site. An overlay of the staff, patient and carer feedback will be used as a baseline to reforming the 'new normal' operating model for the organisation. That process is underway.

External and stakeholder processes affecting the forensic estate overall are aligned with Mental Health Directorate at Scottish Government.

Appendix A

APPENDIX 1: NATIONAL LINKAGE

National Chief Executive Officers

TSH is a participant in the twice weekly calls with national Chief Executive Officers and the Scottish Government Health Department. TSH also participates in a weekly call with National Board Chief Executive Officers.

The aim is to ensure that the organisation is aligned to the emerging national direction and service model associated with the NHS Scotland response. The agenda remains dynamic as it addresses new and emerging themes associated with national priorities and core direction. TSH will remain aligned to this model as the key mechanism for national oversight and strategic alignment within NHS Scotland.

The process works well and participation will continue through the weekly process.

National Medical Directors

TSH is a participant in the national weekly conference calls with Medical Directors. Linkage with CMO office takes place through the National Medical Directors calls.

Recommendations on medical practice areas, ethical debates and shared communications are endorsed through this route.

National Nurse Directors

TSH participates in weekly SEND conference calls which are specifically focused on planning and delivering SEND's contribution and response to Covid-19. This is focused on key issues such as infection prevention and control, workforce and remobilisation, and the frequency of the meeting reflects the rapidly changing agenda. Monthly meetings of SEND also continue, as does regular meetings between SENDs and the Chief Nursing Officer and her team.

These regular meetings are working well in ensuring connectivity and consistency on a national basis, and in ensuring translation of national priorities and direction into TSH.

National Finance Directors

TSH participates in weekly calls with the national Directors of Finance, including representatives from Scottish Government Health Finance & Infrastructure addressing issues including development, structure and reviews of mobilisation plans; consistency of reporting, budgeting and forecasting; funding allocations; capital spending; and year-end accounts closures and timings. There is also participation in a weekly call of the Corporate Finance Network, and regular calls with the National Boards Directors of Finance Group.

In addition, the departmental heads of eHealth, Procurement and Finance are participating in regular weekly calls with their respective networks and Heads of Service colleagues. This ensures that TSH strategy in these disciplines is also aligned with the national approach and that any national initiatives are fully addressed and communicated as required, with any national support and sharing opportunities fulfilled timeously.

These participations are working well and providing useful opportunities for sharing and development, and will continue through the weekly processes.

National Directors of Planning

The National Directors of Planning have representatives from territorial and national Boards and regional planning hubs. TSH attend meetings which are scheduled every second month and now take place on MS Teams platform. The Chair of the group represents Directors of Planning on NHS Board Chief Executives group and collaborates with Scottish Government on planning and modelling for Covid-19.

The group have shared early draft plans for recovery and renewal which ensures alignment with TSH.

Lanarkshire Resilience Partnership

Lanarkshire Resilience Partnership stood up its arrangements on Friday 13 March 2020. The group which includes Chief Officers from all statutory and voluntary organisations are committed to supporting each other in managing the emerging threat from COVID 19.

Appendix A

The group meets on a weekly basis and offers TSH the opportunity to escalate local issues that cannot be managed through the SGHRU (Scottish Government Health Resilience Unit) and other partner arrangements.

Scottish Government Health Resilience Unit

The State Hospital has a weekly conference call with the SGHRU and can escalate a broad range of Covid-19 related matters identified via the hospitals command structure. To date, issues regarding guidance on staffing issues, management of patients and supplies of PPE have been progressed via this arrangement.

High Secure Providers in NHS England: Clinical Secure Practitioners Forum (quarterly meeting)

Contact has been maintained with the three High Security Hospitals in England to ensure where possible there is a consistency in approach to the overall management of High Security environments.

Matters highlighted to date include search procedures, management of patients and access of visitors. TSH as previously stated, have alerted the search mechanisms for entering the Carstairs site.

National PPE Oversight Group

TSH participate in twice weekly conference calls where NSS provide updates on PPE within NHS and the Health and Social Care sector. This affords the opportunity for TSH to escalate issues and also to receive updates in respect of supply and demand issues across the nation.

The State Hospital Incident Management Structure

Incident Management Structure

Responsibilities of the Strategic (Gold) Team

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

Responsibilities of the Incident Command (Silver) Team

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

Responsibilities of the Departmental (Bronze) Teams

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

