NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 27 AUGUST 2020
at 11 am, held by MS Teams

A G E N D A

1.	**Apologies**		
2.	**Conflict(s) of Interest(s)** To invite Board members to declare any interest(s) in relation to the Agenda Items to be discussed.		
3.	**Minutes** To submit for approval and signature the Minutes of the Board meetings held on 18 June and 2 July	For Approval	TSH(M)20/04 TSH(M)20/06
4.	**Matters Arising:**		
	Actions List: Updates	For Noting	Paper No. 20/45
5.	**Chair's Report**	For Noting	Verbal
6.	**Chief Executive Officer's Report**	For Noting	Verbal
	COVID-19 RESPONSE		
7.	**Covid 19 Response:**		
a	**Resilience Report** Report by the Chief Executive	For Decision	Paper No. 20/46
b	**Financial Update** Report by the Finance & Performance Management Director	For Noting	Paper No. 20/47
	CLINICAL GOVERNANCE		
8.	**Patient, Carer, Volunteer Stories** Report by the Director of Nursing and AHPs	For Noting	Presentation
9.	**Annual Report - Medical Education Report** Report by the Medical Director	For Noting	Paper No. 20/48
10.	**Annual Report - Duty of Candour** Report by the Medical Director	For Noting	Paper No. 20/49
11.	**Quality Assurance and Improvement** Report by the Head of Corporate Planning and Business Support	For Noting	Paper No. 20/50
12.	**Annual Report - Implementation of Specified Persons** Director of Security, Estates and Facilities	For Decision	Paper No. 20/51

13.	**Clinical Governance Committee** Approved minutes of meeting held 14 May 2020	For Noting	CGC(M) 20/02
	STAFF GOVERNANCE		
14.	**Staff Governance Committee – Staff-side representation**	For Decision	Paper No. 20/52
15.	**Staff Governance Committee** Approved minutes of meeting held 28 May 2020	For Noting	SGC(M) 20/02
	CORPORATE GOVERNANCE		
16.	**Perimeter Security and Enhanced Internal Security Systems Project** Report by the Director of Security, Estates and Facilities	For Noting	Paper No. 20/53
17.	**Finance Report to 31 July 2020** Report by the Finance & Performance Management Director	For Noting	Paper No. 20/54
18.	**Performance – Quarter 1 – 2020/21** Report by the Finance & Performance Management Director	For Noting	Paper No. 20/55
19.	**Corporate Risk Register** Report by the Finance & Performance Management Director	For Discussion	Paper No. 20/56
20.	**Any Other Business**		
21.	**Date of next meeting** 22 October 2020		

THE STATE HOSPITALS BOARD FOR SCOTLAND TSH (M) 20/04

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 18 June 2020, Meeting conducted by way of teleconference.

Chair: Terry Currie
(Item 1–7, Item 11 to meeting end)

Present:

Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
Chief Executive	Gary Jenkins
Non-Executive Director	Nicholas Johnston
Vice-Chair	David McConnell (*Chair for Items 7a -10)*
Director of Finance and Performance Management	Robin McNaught
Non-Executive Director	Brian Moore
Director of Nursing and AHPs	Mark Richards
Medical Director	Lindsay Thomson

In attendance:

Chair of Clinical Forum	Aileen Burnett (*Items 1 -12)*
Interim HR Director	Sandra Dunlop
Skye Centre Manager	Jacqueline Garrity *(Item 9)*
Head of Communications	Caroline McCarron
Head of Corporate Planning and Business Support	Monica Merson
Board Secretary	Margaret Smith *(Minutes)*
Director of Security, Estates and Facilities	David Walker

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Currie welcomed everyone to the meeting, and no apologies were noted. He acknowledged that today's meeting was being conducted by way of teleconference and provided guidance for Members in this regard. He advised that he would be obliged to leave the meeting for a short period of time to join a meeting of NHS Board Chairs with Mr Joe Fitzpatrick, Minister for Public Health, Sport and Wellbeing. Mr McConnell would assume the chair for this period.

2 CONFLICTS OF INTEREST

Mr Hair formally noted his involvement in the Perimeter Security and Enhanced Internal Security Systems Project in his substantive role as Procurement Manager at The State Hospital, with agreement from Board Members that this should not prevent Mr Hair from being present and participating in the discussion.

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 23 April February 20 were noted to be an accurate

record of the meeting, subject to one correction on attendance to note that Mr Brackenridge was present at the meeting.

The Board:

1. Approved the minute of the meeting held on 23 April 2020, subject to specified amendment. - TSH(M)03

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board received the action list (Paper no 20/25) and noted progress on the action points from the last meeting, with actions being progressed satisfactorily within the context of the current response to COVID-19. It was noted that progress in respect to some actions had not been possible for this reason and these actions would be carried forward for update at the next Board meeting.

The Board:

1. Noted the updated action list.
2. Noted that outstanding actions would be carried forward for update.

5 CHAIR'S REPORT

Mr Currie provided an update from a meeting of NHS Chairs' Group with the Cabinet Secretary for Health and Sport, which had taken place on 18 May 2020.

At this meeting, NHS Chairs received a presentation on how NHS was proceeding with the Test, Trace and Protect strategy, and this also included in this was a report on progress being made on the recruitment of Contact Tracing Staff. The Cabinet Secretary asked Chairs to ensure that their Boards were maximising the number of staff that could be redeployed to support contact tracing.

The Chairs received a presentation on new responsibilities for Health Boards in respect of Care Homes. The Cabinet Secretary had specifically asked Nurse Directors to support Public Health Directors to review the information required to be submitted to them by Care Homes, to identify specific issues which must be addressed and to support the development and implementation of solutions to ensure that residents were provided with safe, high quality services. The Cabinet Secretary urged Chairs to take an active interest in the new responsibilities which Nurse Directors now had, relative to Care Homes.

It was confirmed at this meeting that NHS Board should submit remobilisation plans by 25 May, and Mr Currie noted that the plan for The State Hospital had been submitted by this date.

The Cabinet Secretary recognised the improvements which have been made in supporting the well-being of the workforce through the Pandemic, and emphasised the importance of sustaining the improvements which have been introduced. She has asked Chairs to engage with their Human Resources Directors about what longer term improvements could be made to Human Resources processes and procedures, identifying practices that were no longer required.

Mr Currie summarised the final thoughts from Cabinet Secretary as focussed on the work to be progressed over the coming months on Testing and Tracing and Care Homes. Further that there may be lessons to be learned through General Practitioners' involvement in managing risk in the community. Remobilisation planning should be cohesive covering primary care through to acute care. This must also demonstrate awareness of the many interdependencies which are in play e.g. transport and travel.

The Cabinet Secretary also highlighted the importance of the decision making framework so that NHS Boards were enabled to articulate why a response had been made in a specific way. The 'Once for Scotland' approach had been used effectively through the pandemic and this should be sustained.

The Cabinet Secretary asked Chairs to pass on her sincere thanks to all NHS Boards for their great efforts during the pandemic. She fully recognised that everyone had gone above and beyond during this crisis.

Mr Currie completed his report by confirming that he and the Chief Executive had written a joint letter thanking Volunteers for their ongoing support at the State Hospital.

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 referenced the changes made to governance and the role of Executive Directors for Care Homes as a key area of focus across NHS Scotland. A Project Oversight Board had been formed chaired by the Chief Nursing Officer, Ms Fiona McQueen.

Mr Jenkins advised that key focus for NHS Chief Executives was on remobilisation and recovery of the NHS, mobilising back into action in a safe and clinically prioritised way. Consultation had occurred with Scottish Executive Nurse Directors (SEND) and the Scottish Association of Medical Directors (SAMD) to assess that prioritisation. This included urgent care, cancer services and screening programmes. It was recognised that there may be benefits in having wider regional and national pathways for some specific clinical conditions, and to ease capacity challenges. The Framework for NHS Mobilisation published at the end of May set out how Health Boards would safely and incrementally prioritise the resumption of some paused services, while maintaining COVID-19 capacity and resilience. This will be taken forward under the Framework for Mobilisation Recovery Group, chaired by the Cabinet Secretary for Health and Sport. Mr Jenkins highlighted the national position for the NHS over the next 100 days with three core tasks:

- Moving to deliver as many of its normal services as possible, as safely as possible;
- Ensuring the capacity necessary to deal with the continuing presence of Covid-19;
- Preparing the health and care services for the winter season, including replenishing stockpiles and readying services.

He confirmed that the TSH Interim Remobilisation Plan had been submitted to Scottish Government Health Directorate by the requested deadline, and that their response was awaited.

Mr Jenkins updated the Board on the formation of a national Renewal Policy Group, the purpose of which was to understand the health and wellbeing impacts of Covid-19, and to set out the programme of reform required for a healthier Scotland in the future, laying the foundations for the system that will deliver it. This group was a sub-group of the NHS Chief Executives with Director of Public Health representation, with analytical leadership through Public Health Scotland and was expected to afford an opportunity to focus anew on medium and long term planning, taking into account the requirements of ongoing pandemic containment as well as the changed service context.

Mr Jenkins provided an update on implementation of the national Test and Protect strategy within The State Hospital (TSH) with adoption of a two tier process for testing at this stage. He asked the Board to note that this may change quickly depending on national policy direction for NHS Boards, and that this workstream was being led directly through Gold Command.

Mr Jenkins provided an update from a National Board perspective with TSH having contributed to the National Board Recovery Plan, submitted on 15 June, as well as to the National Boards collaboration document '*From Recovery to Renewal'*.

With regard to Forensic Mental Health nationally, Mr Jenkins outlined work he was progressing with Professor Thomson as a national review of the current bed flow issues across high, medium and low security service providers. The aim was to identify the likely movements and bottlenecks across the estate at this point and look at the logical solutions around unblocking the current challenges. The work was expected to be completed shortly, and approval would be through the Mental Health Directorate and Minister for Mental Health and the NHS Scotland Chief Executive Group.

Mr Jenkins completed his report by providing an update from a capital perspective nationally, and confirming that a series of meetings with Scottish Government Health and Care Directorate would take place with territorial and national boards over the next three months to discuss the capital programme.

<u>The Board:</u>

1. Noted the update from the Chief Executive

7 MAIN ITEM: RESILIENCE REPORTING – COVID 19 RESPONSE

A paper was received from the Chief Executive (Paper no. 20/26) to provide the Board with the background and framework through which TSH was managing its response to COVID-19.

Mr Jenkins led the Board through a detailed overview of the paper, noting continuation of existing Board governance arrangements throughout the pandemic, as well as the national focus on NHS Board governance through the Corporate Governance Steering Group and NHS Chairs group.

He confirmed that with the extension of the NHS emergency footing period, TSH was maintaining the Incident command Structure, with some modification made to meeting frequency and structure. He highlighted that Gold Command reviewed the risk status of Covid-19 weekly and have determined that the risk remains very high at this point. The Covid Support Team remained in place and was likely to be required for the foreseeable future.

Mr Jenkins noted that the TSH Scientific and Technical Advisory group (STAG) was firmly embedded within TSH, and Professor Thomson provided further assurance that STAG provided a rigorous and standardised review process for enhanced health surveillance, national guidance and literature. STAG presented weekly recommendations to Gold Command for any change in practice or approach within TSH ensuring a scientific evidence base for decision-making.

Mr Jenkins confirmed that the Interim Clinical and Support Services Operational Policy remained under continuous review and scrutiny. The Operating Model Monitoring Group made a recommendation to Gold Command weekly, in relation to modifications and amendments to the policy, in line with patient or staff related issues and additionally around the relaxation of restrictions as we move into the various phases of the national route map. Mr Richards added his view that this presented strong assurance for the Board.

Mr Jenkins confirmed the wider approach within TSH to map through a framework for the reintroduction of activity in line with the national framework and route map for Scotland. This was a detailed granular process, and it would ultimately form part of the rewritten recovery plan to demonstrate national alignment.

Mr Jenkins highlighted that infection control remained central to the success in TSH in infection prevention and spread. He highlighted the role of the hospital's single handed Infection Control Nurse, who had been doing a phenomenal job. However further resilience was required in this area

and therefore the infection control resource would be increased at least non recurringly in the first instance. Mr Richards added his support for this, given the central importance of infection control and prevention. The Infection Control Committee would formally resume meetings in July supported through the Covid Support Team.

Mr Jenkins noted that the Medical Emergency Policy had been updated and approved via Gold Command, to include consideration of the Covid-19 risk notably in relation to resuscitation practice. The medical ward set up within the hospital had not yet been required, but remained in situ as part of ongoing resilience.

In respect to PPE, Mr Jenkins confirmed that TSH had experienced very minor issues only. Appropriate escalations processes were in place and usage and stock controls were monitored and reviewed. He advised that face fit testing had taken place on approximately 80% of nursing staff to date which ensured safe management of patients both within TSH and if in an offsite environment should this be necessary.

Mr Jenkins noted that updated information on staff attendance management had become available with further reporting circulated to the Board. Ms Dunlop then provided a summary of the data for the latest period to April 2020, showing a sickness absence rate of 5.05%. Ms Dunlop also provided an update on Covid-19 related special leave and confirmed that the majority of this (over 80%) was related to staff who were required to shield. Mr Jenkins advised that a desktop stress test of the TSH Extreme Loss of Staff had taken place on 18 May. Some minor points of learning and clarification came out of that exercise with actions implemented in response.

He asked the Board to note the overview of the additional staff that have been recruited from the retirees and student cohorts, adding that this had been extremely valuable for staff resourcing.

Mr Jenkins highlighted the importance of staff wellbeing, and that this had been a key area of focus within TSH as well as nationally. Ms Dunlop provided further background detail on the utilisation of the Staff Wellbeing Zone within TSH which had proven to be a well received and popular resource with sustained use of the zone across different staff groups. Mr Jenkins added that TSH had been successful in its application to the NHS Charities Together fund and had received an award of £35k towards projects for staff and patients, and provided assurance that appropriate financial governance arrangements were in place for these funds. The Board were also asked to note that there was additional infrastructure available for front line managers in psychological first aid and that TSH had registered to participate in coaching for wellbeing.

Mr Jenkins outlined the approach taken for renewal and recovery within TSH, which was based on a triangulation of engagement with staff, patients and carers. He confirmed that he had led a programme of engagement sessions with staff, with each session focussed on different staff cohorts meaning that the programme had been comprehensive and wide-ranging. Patient engagement and feedback had been led through the Patient Centred Improvement Team, and had proven to be very positive and worthwhile. The next stage would be engagement with carers. Ms Merson added that work was progressing to collate and analyse the throughput of these workstreams which had helped to demonstrate the success of multi-discipline working within TSH, cohesiveness with staff working well together during a challenging time, focus on patient care and also an appetite and readiness for change in the “new normal”.

Mr Jenkins advised that internal communications had been praised by the majority of staff as an area of success and noted thanks and appreciation to the Head of Communications, Caroline McCarron for her exemplary work in this area. TSH now aspired to a technology enabled communication platform as part of its strategic focus.

There was discussion on the report presented and agreement on the helpful and comprehensive nature of reporting. Mr Currie noted the positive nature of multi-disciplinary working experienced, and Mr Jenkins offered his view that in responding to the pandemic, staff roles had changed and become linked to each other in new and different ways, with a single aim of infection control and continued delivery of patient care. Differentiation of roles had necessarily been blurred temporarily

to enable the delivery of activity e.g. therapeutic walks for patients. These new ways of working had helped to enable positivity in the face of challenge for both staff and patients. Professor Thomson added her agreement for this points, with positive unintended consequences in these circumstances

Mr Currie summarised the discussion on behalf on the Board, in relation to this report as well as to the updated and regular reporting to Non-Executive Directors on the implementation of the Interim Clinical and Support Services Policy, noting assurance taken from the full range of information provided. With agreement around the table, he confirmed that the Board was content to note this report and to endorse the strategic way forward for remobilisation of the organisation.

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. Endorsed the strategic direction outlined for remobilisation of TSH.

4. Confirmed that there were no additional addition reporting requirements required at this stage.

7a FINANCIAL GOVERNANCE

Mr Currie was obliged to leave the meeting at the beginning of this item so that he could attend a meeting of NHS Board Chairs with Mr Joe Fitzpatrick, Minister for Public Health, Sport and Wellbeing. Mr McConnell, Vice Chair, assumed the role of Chair for this part of the meeting.

A paper was received from the Finance and Performance Management Director (Paper no. 20/27) to provide an update on financial governance during the Covid-19 pandemic.

Mr McNaught provided an overview for the Board confirming that Covid-19 costs for the hospital were being identified locally and reported on a detailed return to Scottish Government with a follow-up discussion on key items, movements and estimates.

From a governance perspective, Mr McNaught reminded the Board that there was notification regarding spending in excess of certain thresholds (per annum) for additional staffing, equipment or measures specifically for the purpose of responding to Covid-19, and for which NHS Boards would be anticipating additional funding from the Scottish Government over and above agreed spending limits. For TSH the threshold, determined by baseline budget, was £100k. The only item currently over this was the level of additional overtime incurred and forecast, which was being monitored and would be reported via the return to Scottish Government.

Mr McNaught advised that the key return would be the one at the end of quarter one to 30 June, and this was due in the second half of July. While initial indications from Scottish Government have been that all Covid-19 costs identified would be reimbursed, this return would be consolidated with returns from all NHS Boards, to allow decision-making on the ability to support and allocate funding for all of the identified requirements.

In addition, Mr McNaught provided an update from review of Information Governance issues which could arise from the Coronavirus (Scotland) Act 2020. Previously, the main change was for FOI, which had moved response times from 20 days to 60 days. This had now reverted back to 20 days.

In answer to a question from Mr McConnell, Mr McNaught confirmed that Covid-19 costs potentially recoverable from Scottish Government related to the current financial year only. In answer to a

question from Mr Johnston, Mr McNaught confirmed that overtime costs due to Covid-19 were being identified through being recorded on the SSTS (NHS payroll system).

Mr McConnell confirmed the Board's position as being content to note this update, and to await further reporting in this regard.

The Board:

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

8 CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT 2019/20

A paper was received from the Committee Chair (Paper no. 20/28) and Mr Johnston asked Board Members to note the summary of activities and assurance presented. Mr McConnell added that the report has been presented to the Audit Committee which took place earlier today. Board Members were content to approve the report.

The Board:

1. Approved the Annual Report of the Clinical Governance Committee for the year 2019/20, including the reporting arrangements, terms of reference and programme of work for 2020/21.

9 SKYE CENTRE – 12 MONTHLY REPORT

A paper was received from the Director of Nursing and AHPs (Paper no. 20/29) which provided an update on the progress of patient activity within the Skye centre for the period 1 June 2019 to 31 May 2020. Mr Richards emphasised the impact of the Covid-19 pandemic in recent months, with the Skye Centre providing the necessary flexibility required, and that patient feedback to date had been very positive. Ms Garrity was also in attendance for this item and provided further background on the impact of Covid-19 and the work progressed during this time to re-engage patients in outdoor activities.

Mr McConnell commented on the positive nature of the report which clearly demonstrated staff commitment to the provision of patient activity. Mr Brackenridge noted that the report underlined the importance of the Skye Centre to the overall delivery of care in TSH, as well as gratitude to staff for their flexibility during the current challenging time. Ms Garrity added that the addition of an Occupational Therapist within the Skye Centre in the past year had shown benefit in outcome measures especially in relation to the patient admission pathway. Further that the Events Committee which included patient members had continued to impact positively on planning.

Mr Moore asked a question on the efficiency savings position and the impact on service delivery. Ms Garrity confirmed that the necessary steps had been taken to meet the agreed savings target in the current year, but noted the potential difficulty of identifying recurring savings. Mr Jenkins added that the challenge for TSH in identifying recurring savings was disproportionately high in comparison to other NHS Boards given that 84% of recurrent costs related to staffing within TSH.

Mr Hair asked for further feedback in relation to patient use of the shop within the Skye Centre during the Covid-19 pandemic, and Ms Garrity noted that patient can access this facility through submission of shopping list system.

On behalf of the Board, Mr McConnell summarised the discussion, noting that this was a comprehensive report providing a full summary of activity, the impacts of Covid-19, as well as outlining future areas of focus for the service. Members also thanked staff supporting the Skye Centre for their flexibility during the current challenge.

The Board:

2. Noted the Skye Centre 12 Monthly Report for the period 1 June 2019 to 31 May 2020.
3. Noted and endorsed the programme for future activity and focus for the Skye Centre.

10 QUALITY ASSURANCE AND IMPROVEMENT REPORT

A paper was received from the Head of Corporate Planning and Business Support (Paper no. 20/30) which provided an update on the progress made toward quality assurance (QA) and Quality Improvement (QI) activities in April and Amy 2020. Ms Merson provided an overview of the report highlighting the activities in relation to QA and QI that contribute to the strategic intention of TSH to embed these approaches as part of how care and services are planned and delivered. She added further assurance that even through the Covid-19 pandemic, TSH had not lost sight of this approach with change being led through a quality framework.

Ms Merson provided a summary of activity since the date of the last Board meeting including clinical audit, learning from complaints and feedback and Service Reports. She also highlighted data reporting taken from the introduction of the Interim Clinical and Support Services Operating Procedure from 30 March to 8 June, in the context of the reporting mechanism through the Operating Model Monitoring Group. She highlighted the activity of the TSH Quality Forum in the recent staff engagement exercise, as well the robust process and evaluation matrix used within TSH to measure compliance with national and local evidence based guidelines and standards, and continued progress on capacity building to support QA and QI within TSH.

Board Members welcomed this report and noted the usefulness of its content with quality assurance and improvement a primary function of the organisation. Mr McConnell summed up by noting this to be a comprehensive and useful report which the Board was pleased to note.

Mr Currie re-joined the meeting at this point and added that clear progress was being made, with regular reporting in this regard to each Board meeting.

The Board:

1. Noted the content of the report.
2. Asked for reporting to continue to the Board at each meeting.

11 CLINICAL GOVERNANCE COMMITTEE

The Board received the approved minutes (CGC (M) 20/01 of the meeting of the Clinical Governance Committee which took place on 13 February 2020. The Chair of the Committee Mr Johnston summarised the key focus of the meeting especially the visitor experience, with a report received by the Committee in that regard.

The Board:

1. Noted the content of the report.

12 STAFF GOVERNANCE COMMITTEE ANNUAL REPORT 2019/20

A report was received from the Committee Chair (Paper no. 20/31) which incorporated a summary of key achievements and developments overseen by the Committee during 2019/20 as well as the terms of reference, reporting structures and work programme for the current year.

Mr Brackenridge emphasised the key work undertaken in respect of attendance management. Board Members welcomed this report, and acknowledged the success experienced in this key area. Mr

Currie summed up the position for the Board by noting the multi-factorial nature of the issue as well as the range of activity in place to help support staff, and that the Board approved the Annual Report for 2019/20 and the committee terms of reference and focus during the current year.

The Board:

1. Approved the Annual Report of the Staff Governance Committee, terms of reference, reporting structures and future areas of focus through its work programme.

13 REMUNERATION COMMITTEE ANNUAL REPORT 2019/20

A report was received from the Remuneration Committee Chair (Paper no. 20/32) which provided a summary of the work undertaken by the Committee as well as key developments throughout 2019/20 as well as the terms of reference, reporting structures and work programme.

Mr Currie asked the Board to note particular assurance in agreement received from the National Performance Management Committee on appraisal outcomes for Executive Directors. Board Members were pleased to approve the annual report.

The Board:

1. Approved the Annual Report of the Remuneration Committee, terms of reference, reporting structures and future areas of focus through its work programme.

14 STAFF GOVERNANCE COMMITTEE

The Board received the approved minutes of the meeting held on 20 February 2020 (SGC (M) 20/01) and noted the content contained therein.

The Board:

1. Noted the approved minutes of the Staff Governance Committee meeting held on 20 February 2020.

15 AUDIT COMMITTEE ANNUAL REPORT 2019/20

A report was received from the Committee Chair (Paper no. 20/33) which presented the work of the Audit Committee during 2019/20 as well as its terms of reference. Mr McConnell asked the Board to note that the committee membership had been updated to include Mr Moore. His recommendation as Chair of the Committee was that it had fulfilled its remit gaining satisfaction that internal controls were adequate to ensure that the Board could achieve the policies, aims and objectives set by Scottish Ministers, to safeguard public funds and assets available to the Boards, and manage resources efficiently, effectively and economically. Board Members were content to approve the report.

The Board:

1. Approved the Annual Report of the Audit Committee, its terms of reference, reporting structures and future areas of focus through its work programme.

16 ANNUAL ACCOUNTS

The Board noted that this item would be deferred until 2 July 2020, to allow the external audit process to be finalised.

The Board:

1. Noted that this item would be deferred, with an additional Board Meeting to be arranged for 2 July 2020.

17 ANNUAL REVIEW OF STANDING DOCUMENTATION

A report was received from the Finance and Performance Management Director, (Paper no. 20/35) to review and propose any changes considered to be required to Standing Documentation i.e. Standing Financial Instructions, Scheme of Delegation and Standing Orders. This report had been previously submitted and approved by the Audit Committee at its meeting on 26 March 2020. Mr McNaught provided a summary of proposed changes.

There was one small update to the Scheme of Delegation (section 14.8 d) where there was an addition at the lowest approval levels for contract variances to allow the Programme Director and Deputy Programme Director to approve minor contractual variations due to the ongoing Perimeter Security Project. This had been approved through the Project Oversight Board (chaired by the Chief Executive and with the Finance and Performance Management and Security Directors present).

In addition, the Standing Orders had been fully revised following advice issued by the Director General Health and Social Care and Chief Executive NHS Scotland, to the effect that these model Standing Orders should be adopted by health bodies in Scotland. The Standing Orders for The State Hospitals Board for Scotland had been fully updated in line with this NHS national guidance and prescribed formatting, and were approved by the Audit Committee at its meeting on 26 March 2020

On behalf of the Board, Mr Currie noted agreement around the table to approve the Standing Documentation as presented in this annual review.

The Board:

1. Approved the Standing Financial Instructions
2. Approved the Scheme of Delegation
3. Approved the Standing Orders

18 PROJECT OVERSIGHT BOARD – UPDATE

A report was received from the Director of Security, Estates and Facilities (paper no. 20/36) which summarised the current status of the Perimeter Security and Enhanced Internal Security Systems Project.

Mr Walker provided an update to Board Members, focussed on the outbreak of Covid-19 and subsequent decision for a rephrased programming of the project to commence in April 2020. Works were progressing well to date in accordance with the rephrased programme, and the Board noted this positive position.

On behalf of the Board, Mr Currie sought further clarification on presentation of the financial aspects, emphasising the need for reporting to the Board to be clear and concise and for each report to stand-alone. Mr McNaught acknowledged this feedback, and it was agreed that there should be a reformatting of the report going forward. It was agreed that a further report would be brought to the next meeting of the Board (taking place on 2 July) to include these aspects and as a matter of further reassurance to the Board.

Action – Mr Walker/ Mr McNaught

The Board:

4. Noted the content of this report.
5. Requested further reporting, focussed on the financial aspects by 2 July.

19 FINANCE REPORT AS AT 31 MAY 2020

A paper was submitted to the Board (Paper no 20/37) by the Finance and Performance Management Director, which presented the financial position to month 2 (31 May). Mr McNaught led Members through the report highlighting the key areas of focus confirming that TSH was reporting an underspend at this date of £85k. At the same stage last year, TSH had a £67k overspend.

The key focuses were currently the confirmation of Covid19 specific costs for review through Scottish Government, and reducing the levels of unidentified savings currently noted at approximately £420k for the coming year. Mr McNaught confirmed that discussion and reviews were underway on 2020/21 individual savings plans. He also advised that the capital resource budget was being taken forward for 2020/21 with identification of key priorities for the year and was expected to be fully utilised.

Mr Moore asked whether clarification was available on the contribution to National Board savings, and Mr McNaught confirmed that discussions were in progress in this regards with contributions for the current year 2020/21 not yet agreed.

It was noted that a correction should be made to page 2 of the report to ensure clarity on recovery of Covid-19 related costs from 1 April 2020 onwards only.

Action – Mr McNaught

Mr Currie confirmed that the Board were content to note this paper, subject to the minor amendment indicated.

The Board:

1. Noted the content of this report.

20 PERFORMANCE REPORT – ANNUAL REPORT 2019/20

A paper was received (Paper no 20/38) Director of Finance and Performance Management to provide a high-level summary of organisational performance during 2019/20. Ms Merson provided a summary of the key points of the report, focussed on the performance indicators in the Red- Amber –Green (RAG) reporting either as Red or Amber. She advised that work was continuing to progress on performance reporting to ensure that an improved information assurance framework was in place and regularly reported to the Board.

In answer to a question from Mr Currie on Healthier BMI, Professor Thomson advised that a refreshed Supporting Healthy Choices Workshop had taken place in January 2020, and would again be re-established in July 2020. Professor Thomson also provided assurance that she was working actively in regard to the slight decrease in performance indicated in respect of six monthly review of patient care and treatment plans, which was due in part to the impact of Covid-19 as well as timing and scheduling difficulties. Her expectation was that performance would return to within the Green level for compliance.

The Board:

1. Noted the content of this report.

21 PROPORTY AND ASSET MANAGEMENT STRATEGY

A paper was received from the Director of Security, Estates and Facilities (Paper no 20/39) to provide an update on the TSH Property and Asset Management Strategy (PAMS). The 2017-2022 PAMs for TSH was approved by the Board in June 2017, prior to submission to Scottish Government.

Mr Walker asked the Board to note that pro forma templates for the State of NHS Scotland's Infrastructure programme (SAFR) would be submitted to Scottish Government by the end of June 2020. Further, that due to the Covid-19 pandemic, NHS Boards will be asked to provide a brief update only by December 2020 in respect of PAMS for the current year.

Mr Currie summarised that the Board was content with this update, and would receive further updated advice on PAMS once it was available.

The Board:

1. Noted the content of this report.

22 AUDIT COMMITTEE

The Board received the approved minutes of the meeting of the Audit Committee which had taken place on 26 March 2020 (AC (M) 20/02). As Chair of the Audit Committee, Mr McConnell asked members to note the main areas of focus in relation to Standing Documentation, internal audit, fraud and risk.

The Board:

1. Noted the approved minutes of the Audit committee on the meeting held on held on 26 March 2020.

23 CORPORATE RISK REGISTER

The Board received a paper (Paper no 20/40) from the Finance and Performance Management Director, 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 McNaught provided a summary of the report for the Board noting that one risk – that of Covid-19 – was rated as Very High with six further risks noted as High. Three of the six High risks were at their target risk level; and the other three were higher than targeted. The appendix provided with the report noted the actions in place to make that transition.

Ms Merson provided a further update to confirm the risk presented by Covid -19 was reviewed weekly within Gold Command, as part of the incident command resilience response. Mr Jenkins added that each risk was being reviewed to ensure that any additional factors due to Covid-19 had been adequately assessed and recorded.

Mr Currie summarised 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 save for the ongoing review of each risk in relation to Covid-19. This was expected to be reported to the next meeting of the Board.

Action: Mr McNaught/ Ms Merson

<u>The Board:</u>

1. Noted the content of this report

24 ANY OTHER BUSINESS

Mr Jenkins advised the Board that he had received feedback correspondence from Scottish Government in relation to the draft Annual Operational Plan for The State Hospital for 2020/21, however, agreement on the plan had been paused due to the COVID-19 situation. This position would be re-visited with NHS Boards as soon as possible. Mr Jenkins would circulate a copy of the letter to Board Members for their information.

Action – Ms Smith

On behalf of the Board, Mr Currie formally recognised the remarkable contribution that Ms Dunlop had made as Interim HR Director over the course of the past three months, especially as this had been during the very challenging period of Covid-19. Mr Currie thanked Ms Dunlop for her evident efficiency during this time, which had been much appreciated.

25 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 2 July 2020, by way of MS Teams.

ADOPTED BY THE BOARD

CHAIR

(Signed Mr Terry Currie)

DATE

THE STATE HOSPITALS BOARD FOR SCOTLAND TSH (M) 20/06

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 2 July 2020, By way of teleconference.

Chair: Terry Currie

Present:

Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
Chief Executive	Gary Jenkins
Non-Executive Director	Nicholas Johnston
Vice-Chair	David McConnell
Director of Finance and Performance Management	Robin McNaught
Non-Executive Director	Brian Moore
Medical Director	Lindsay Thomson

In attendance:

Training and Development Manager	Sandra Dunlop
Head of Communications	Caroline McCarron
Board Secretary	Margaret Smith
Director of Security, Estates and Facilities	David Walker
Director of Human Resources	John White

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Currie welcomed everyone to the meeting, and apologies were noted from Mr M Richards, Director of Nursing and AHPs as well as Ms M Merson, Head of Corporate Planning and Business Support. He acknowledged that today's meeting was being conducted by way of Microsoft Teams and provided guidance for members in this regard.

2 CONFLICTS OF INTEREST

Mr Hair formally noted his involvement in the Perimeter Security Enhanced Internal Security Systems Project in his substantive role as Procurement Manager at The State Hospital, with agreement from Board Members that this should not prevent Mr Hair from being present and participating in the discussion.

3 REPORT ON THE ANNUAL ACOUNTS FOR THE YEAR ENDED 31 MARCH 2020

The Board received a report (Paper no. 20/42) from the Chair of the Audit Committee comprising the Annual Accounts for The State Hospitals Board for Scotland for the year ended 31 March 2020. The Annual Accounts had been prepared in the format prescribed by the Scottish Government Health and Social Care Directorate (SGHSCD), and then subjected to external review by auditors appointed by Audit Scotland (Scott Moncrieff) to ensure that they presented a true and fair view of the year.

Mr McConnell confirmed that Scott Moncrieff had concluded their audit, and that this had been

reported to the Audit Committee held today prior to this Board meeting, The Audit Committee considered the report in full with an unqualified opinion from Scott Moncrieff for the Annual Accounts for the year ended 31 March 2020. Their opinion on regularity was unqualified and their report on the Board's Governance Statement was also unqualified. The Audit Committee met on 18 June, prior to this meeting, to review the reports in detail.

On behalf of the Audit Committee, Mr Mc Connell recommended that the Board adopt the Annual Accounts for the year ended 31 March 2020 and to approve submission to the SGHSCD. Further that the Board should authorise the Chief Executive to sign the Performance Report and the Accountability Report; and that the Chief Executive and Finance and Performance Management Director should sign the Statement of Financial Position.

Board Members present noted this position and there was agreement on each of this recommendations. It was also noted that Mr Richards, Director of Nursing and AHPs had submitted his approval to the Board Chair, by way of email, as he was unable to be present for this meeting.

The Board:

1. Adopted the Annual Accounts for the year ended 31 March 2020.
2. Approved submission of the Annual Accounts to the SGHSCD.
3. Authorised the Chief Executive to sign the Performance Report.
4. Authorised the Chief Executive to sign the Accountability Report.
5. Authorised the Chief Executive and Finance and Performance Management Director to sign the Statement of Financial Position.

4 PERIMETER SECURITY AND ENHANCED INTERNAL SECURITY SYSTEMS PROJECT

The Board received a report (Paper no. 20/43) from the Director of Security, Estates and Facilities as a summary of the current status of the Perimeter Security and Enhanced Internal Security Systems Project.

Mr Walker advised that works commenced in April 2020, following issue of national guidance from Scottish Government on construction. The work commenced with a re-phased programme which would not impact the planned completion date of 15 October 2021. Mr Walker summarised the programme of works as detailed in the paper presented, as well as the governance arrangements for the project through the Project Oversight Board.

Mr McNaught provided a detailed overview of the financial positon including the revised cost evaluation following the retender process and the overall final cost. He also highlighted the progress of costs to date against the balance remaining. He confirmed that Scottish Government were aware of the increased project costs and had requested monthly cash flow analysis flow reports. Mr McConnell and Mr Moore each asked for further clarification on delay costs, and the likelihood of a further increase in project costs over time, Mr McNaught confirmed that the increased costs to date were included within the report presented at table 1 with an uplift in contingency. He advised that reporting to Scottish Government would include impact of Covid-19. Mr Jenkins added assurance that detailed reporting in respect to progress would be ongoing with Scottish Government and that discussion on the capital programme was expected to be scheduled within the next three months.

Mr Currie summarised discussion on behalf of the Board, who were content to note the report detailing progress of works as well as the current financial position. The Board approved the terms of reference for the Project Oversight Board and accepted that due to the impact of Covid-19 the first annual report would not be available prior to September 2020. Mr Currie also noted that the Board was content with the assurance provided that detailed reporting on project costs was being submitted to Scottish Government as required with the necessary approvals being sought on an ongoing basis. Further reporting would continue to be provided at each meeting of the Board.

<u>The Board:</u>

1. Noted the current status of the project as reported.
2. Approved the terms of reference for the Project Oversight Board
3. Agreed that the Annual Report for the project should be prepared for September 2020.

5 INTERIM REMOBILISATION PLAN AND THE ROADMAP FOR RECOVERY

A paper (Paper no. 20/44) was received from the Chief Executive, to provide the Board with an update on the framework through which TSH was continuing to manage its response to Covid-19, and to provide assurance on Interim remobilisation planning.

Mr Jenkins noted that the draft TSH Interim Remobilisation Plan was submitted to Scottish Government on 25 May 2020, and was shared with the Board at that time. Scottish Government had now approved the plan and this was now formally submitted to the Board and would be published on the TSH website.

Mr Jenkins also advised that it was expected that focus would now be on the period from August to March 2021 and that further advices would be brought to the Board along with national guidance as it became available.

On behalf of the Board, Mr Currie confirmed that the Board were content to note this update and for the Interim Remobilisation Plan to be published. Further that the next stage of remobilisation planning was expected to focus on the period from August to March 2021, and that an update in this regard would come back to the Board.

<u>The Board:</u>

1. Noted the updated position and approval by Scottish Government of the Interim remobilisation Plan.
2. Noted that a further update would return to the board on the next stage of remobilisation following issue of national guidance in this respect.

6 ANY OTHER BUSINESS

Mr Currie asked the Board to note that Mr Brackenridge had agreed to serve a temporary term with NHS Borders due to a short term capacity challenge experienced for non-executive representation.

7 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 27 August June 2020, by way of MS Teams.

ADOPTED BY THE BOARD

CHAIR

(Signed Mr Terry Currie)

DATE

NHS SCOTLAND

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	**Paused:** **due to Covid-19**
2	February 2020	Annual Operational Plan (Item 16)	Reflect content of AOP in governance committee workplans	M Smith/ Committee Chairs/ Exec Leads	Ongoing	**Annual Operational Plan paused due to Covid-19. To be agreed by Board that Remobilisation Plan (September to March 2021) to be reflected in governance committee workplans.**
3	February 2020	Security Project Update (Item 17)	Terms of reference to be approved by POB, and submitted to Board	D Walker	April 20	**Completed** **Approved at Board Meeting on 2 July**
4	February 2020	Corporate Governance Improvement Plan (Item 21)	Review engagement plan for Board in holding meetings externally	G Jenkins/ M Smith/ C McCarron	Ongoing	**Paused:** **due to Covid-19 – will restart as part of remobilisation with further report to Board in October 2020**

5	April 2020	Covid 19 Response (Item 7)	Update on Corporate Governance Steering Group overview of NHS Board governance arrangements	M Smith	June 2020	**Completed** **Update provided to Board on 18 June**
6	June 2020	Security Project (Item 18)	Further reporting required for Board meeting on 2 July	D Walker/ R McNaught	July 2020	**Completed** **Reported to Board 2 July 2020**
7	June 2020	Finance report at 31 May 2020 (Item 19)	Amendment to ensure clarity on recovery of Covid -19 costs	R McNaught	Immediate	**Completed**
8	June 2020	Corporate Risk Register (Item 23)	Each risk to be reviewed separately for impact of Covid-19.	R McNaught	August 2020	**Completed**
9	June 2020	Any Other Business – Annual Operational Plan 2020/21	Circulate Scottish Government response on pausing of plan.	M Smith	July 2020	**Completed**

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 August 2020
Agenda Reference:	Item No: 7a
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Update on TSH Resilience Response to Covid 19 Global Pandemic
Purpose of Report:	For Discussion

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.

The Board has previously received reports at its meetings on 23 April 2020 and 18 June to set out the governance structures and operational actions taken to meet the twin aims of health protection and prevention of spread.

The Board reviewed the finalised TSH Interim Remobilisation Plan (for the period to August 2020) at its meeting on 2 July 2020.

The Board has also had sight of the draft TSH Remobilisation Plan (for September 2020 to 31 March 2021) which sets out a detailed plan for remobilisation of the hospital during this timeframe. It is confirmed that the draft document was submitted to Scottish Government by the due date of 7 August 2020.

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 the Covid-19 outbreak, since the date of the last Board meeting.

2.1 Board Governance

In March 2020 all NHS Boards were asked to carry out a review of corporate governance. On 1 April 2020, The State Hospitals Board for Scotland (TSH) submitted reports to Scottish Government on its review of the corporate governance framework for the NHS Board to ensure effective oversight during the coming months. This review was conducted within the requirement of existing legislation, and in reference to the existing Standing Orders of the Board. It was agreed that this position should be reviewed by the Board within six months, or

sooner should the global pandemic situation change significantly, and this positon is being kept under active review.

Scottish Government has since asked for a comparative review of the positions taken across NHS Boards, commissioning the NHS Chairs Group, through its sub-group the Corporate Governance Steering Group, to take forward learning through the 'Active Governance' workstream. This is focussed on developing and underpinning existing progress made through the Blueprint for Good Governance. The State Hospital is fully engaged with this approach which has helped to inform remobilisation planning.

Since the date of the last Board meeting, there have been two governance committee meetings:

Clinical Governance Committee	13 August 2020
Staff Governance Committee	20 August 2020

The focus of agendas for each meeting have been considered and adjusted appropriately to reflect the ongoing pandemic and the response required with specific reference to the remit of each committee.

In addition, the non-executive members of the Board have continued to meet with the Chair and Chief Executive, and have also received regular updates in respect of the Interim Clinical and Support Services Operational Policy.

2.2 Incident Command Structure

The Board has received detailed reporting on the establishment of an Incident Command Structure in accordance with the resilience framework of TSH to ensure that TSH, as part of NHS Scotland, has emergency preparedness in place to plan for and respond to a major incident.

Since its inception on 16 March 2020, the Incident Command Structure has been led by the Chief Executive Officer as Gold Command, supported by the Director of Security, Estates and Facilities and the Director of Nursing and AHPs as Silver Command. To support partnership working, the Employee Director (and designated deputy) are part of this structure as Bronze Command, and are also members of the Silver and Gold Commands. A formal log is kept of each meeting, through which decisions and actions are tracked and can be evidenced.

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 continues to be graded as a very high risk and as a result this risk is reviewed weekly at Gold Command.

On 4 May, Silver Command reduced its frequency of meetings to three times a week, with a newly constituted Hospital Huddle meeting on the other four days.

On 5 August, Gold Command agreed that Silver Command could reduce to two meetings a week, with the Hospital Huddle meeting on the other three weekdays and once each weekend. Silver and Gold Command meetings can be stood up for additional meetings should there be any urgent matters of operational or strategic focus.

The Covid Support Team continues to support the Incident Command Structure, with dedicated advice from infection control, risk management, operational management and human resources.

A debrief session was held on 7 August to review the effectiveness of the incident command structure, and to identify areas of learning. Members of Gold, Silver and Bronze Command were asked to consider their involvement in the incident command structure focusing on what went well and what could be improved upon under the banner of:

- Agenda,
- Correct attendance,
- Roles & responsibilities,
- Decision making
- Communications

Feedback from this debrief highlighted the clear focus of agenda setting as well as prompt response and controlled monitoring of actions required in response to emergent issues. It was felt overall that the structure enabled shared understanding of the management of risk and the delivery of agreed priorities. This encouraged both collective and individual responsibility where appropriate. The streamlined process supported quicker decision-making in the organisation which was seen as beneficial. At the same time, feedback emphasised that decision-making was clearly underpinned by assurance information especially around infection control and public health control measures. Further, that this approach had enabled decision-making that was necessarily difficult and required sensitivity throughout. The debrief underlined the very strong contribution made to the TSH Covid response through the Covid Support Team and through Communications, both of which were recognised as delivery excellent performances.

The debrief highlighted the resilience challenge experienced in delivering the Covid-19 response in a small organisation, with a unique position within NHS Scotland particularly around single hand roles. The debrief provided a platform for the key staff involved in incident command to express their own experiences including working under some pressure to tight deadlines, and in extraordinary circumstances, over an extended period of time.

2.3 National Guidance

The Board has received detailed reporting on the process of reviewing and implementing national guidance from UK Government, Scottish Government and Professional Bodies. This continues to be tracked by the Covid Support Team, and reviewed through the Incident Command Structure and the Scientific and Technical Advisory Group.

2.3.1 TSH Scientific and Technical Advisory Group (STAG)

The Board has received regular advice in respect to the TSH Scientific and Technical Advisory Group (STAG) established in response to a letter from the interim Chief Medical Officer (CMO) on 7 April 2020, requiring each hospital in Scotland to develop a team to gather and monitor epidemiological data to inform the response to the Covid-19 pandemic. The STAG continues to meet weekly, and to link into the wider Command structure in the hospital through the weekly provision of information and advice for consideration at Gold Command, with focus on providing the scientific foundation for any proposed changes to practice. Since the date of the last Board meeting, STAG has continued to closely monitor all patient and staff incidence of Covid-19, breaking the data down for further analysis.

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 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 which results in a recommendation to Gold Command 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 purposeful activity. The Mental Welfare Commission receives weekly reports, which adds an important additional element of scrutiny.

The Policy is now on its 11th version, and there continues to be a gradual increase in access to activity realised through changes that have been made. During July and August, the gardens activity area in the Skye Centre reopened, more sports based activities have been delivered in the grounds, and the use of the hub areas have been expanded. Psychological therapy delivery on a group basis has also restarted on a ward cohort basis.

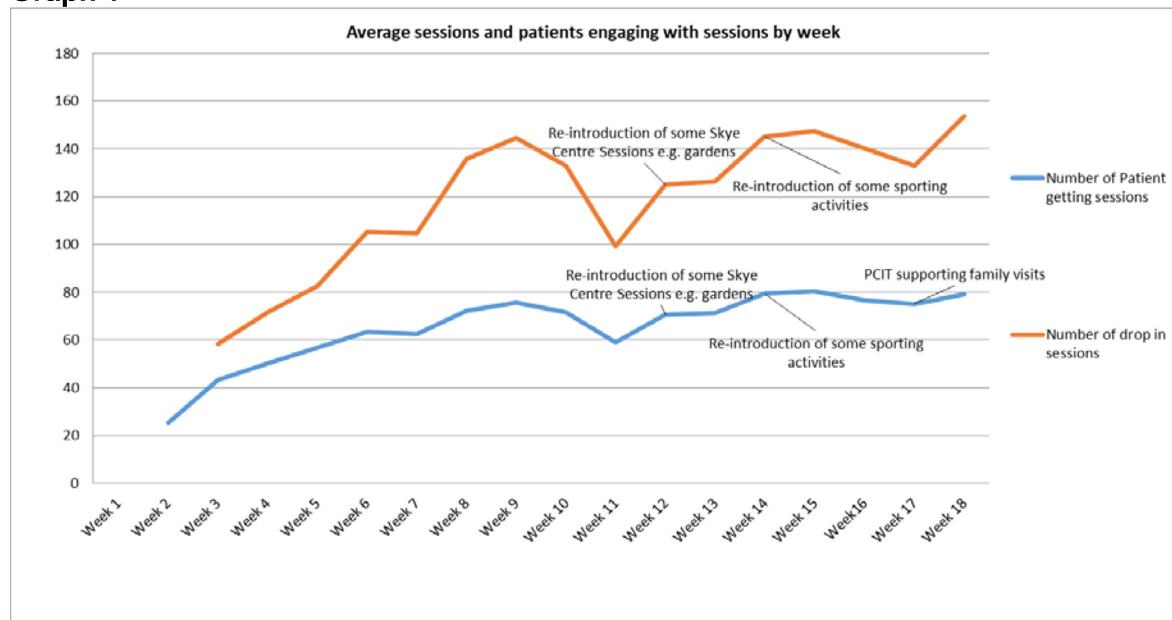
There remains a small number of patients (n=16) who are less able to tolerate the model, and who are cared for in the main ward environment. This is formally reviewed on a weekly basis.

Participation in planned sessional activities remains high. Feedback from clinical teams is largely positive, with our patient group engaging well with the activities being offered. Graph 1 below illustrates the number of sessions offered and patient engagement with these. The graph has been annotated with significant changes which have been introduced with regard to activities that are being offered.

Overall, there has been a steady improvement in engagement with activity sessions. For example, in week 18 of the monitoring process, it was reported that all patients had engaged in some form of activity at some point over the course of that week.

Average sessions and patients engaging with sessions

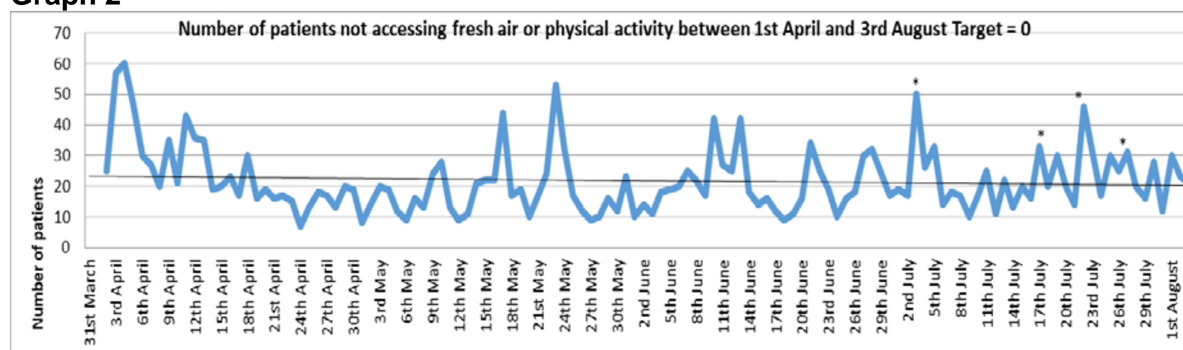
Graph 1



Number of patients not accessing fresh air or physical activity 1st April – 3rd August

Graph 2 below illustrates the specifics of access to fresh air and physical activity. There has been gradual reduction in the number of patients not accessing fresh air and physical activity over the reporting period. Adverse weather is a significant factor in this, and the graph is annotated with a * to capture days where there has been particularly heavy rain.

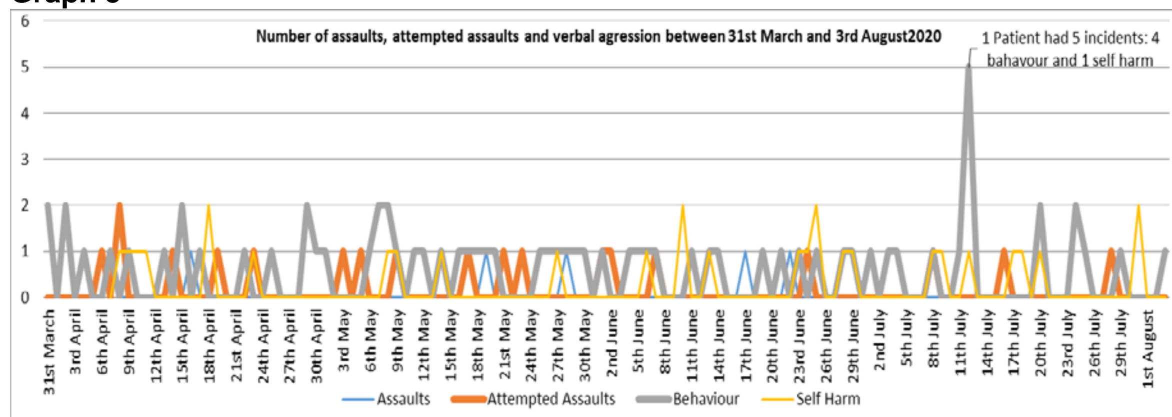
Graph 2



Number of assaults, attempted assaults and verbal aggression between 31st March and 3rd August

Monitoring of the number of assaults, attempted assaults and verbal aggression is carried out. Graph 3 below illustrates random variation with these. This illustrates random variation over the period that the interim care model has been in place.

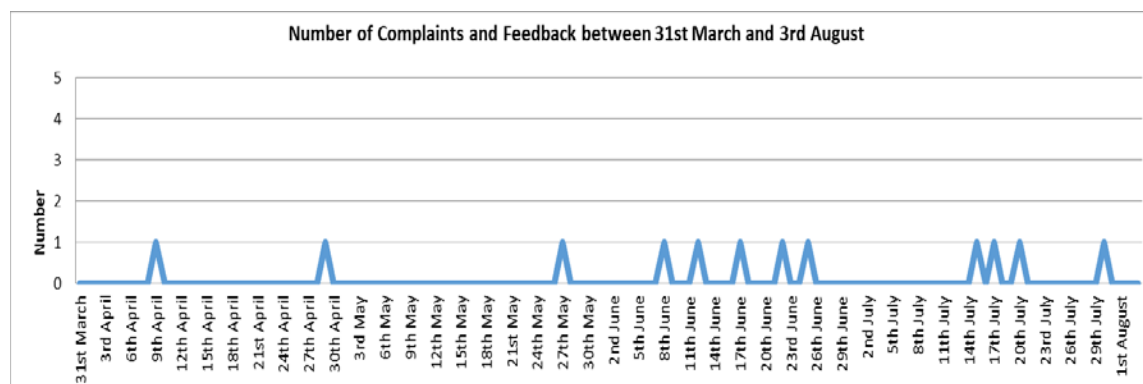
Graph 3



Number of complaints and feedback between 31st March and 3rd August

This graph shows that there has been a very modest level of complaints and feedback offered since 31st March. This is covered in detail through the Clinical Governance Committee via the Learning Feedback and Complaints reports.

Graph 4



3.2 Infection Control

A strong focus on infection prevention and control remains central to the response to Covid-19 within TSH. 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.

The Board has received regular reporting on the implementation of additional measures to mitigate the risk of nosocomial infection at TSH. All changes to practice are reviewed by the Scientific and Technical Advisory Group, before a recommendation can be made to Gold Command.

Since the date of the last Board meeting, there have no new confirmed cases of Covid-19 within the patient population in TSH. Overall since 17 March 2020, 47 patients have been tested with 8 positive cases confirmed all of whom have recovered without medical intervention.

The Infection Control Committee Annual Report was presented to the Clinical Governance Committee on 13 August, and the Infection Control Committee restarted in July 2020.

Table 1: Number of Patient tests, positive and negative results by week with cumulative total.

Month/Week commencing	March	April	May	June	July	3rd Aug	10th Aug	17th Aug	Total
Total Tests	13	6	3	5	17	1	1	0	46
Asymptomatic tests	0	0	1	5	14	1	1	0	22
Positive results	8	0	0	0	0	0	0	0	8
Negative results	5	6	3	5	17	1	1	0	38

Table 2: State Hospital Staff tests by result, and as percentage of total staff population

	Number	% of Total Staff population (n=650)
Staff tests	74	11%
Positive test results	9	1%
Negative test results	65	10%

3.3 Test and Protect

The approach of Test and Protect is being led through Gold Command and in alignment with the current national position.

TSH is compliant with national guidance issued 26 June – Covid-19: Pre-testing of New Admissions to the Secure Estate with the following measures in place:

- All patients for transfer/ admission are tested 48 hours in advance
- Transfer is delayed if patient is symptomatic
- Transfer is delayed until 7 days post a positive result for symptomatic patients, plus 48 hours apyrexial without use of paracetamol
- Transfer delayed for 7 days post a positive result for asymptomatic patients
- Transfer as normal following a negative result and provided patient is asymptomatic

TSH is also compliant with national guidance in relation to staff testing with confirmation from Scottish Government that forensic psychiatry does not fall within the definition of long-stay mental health as defined in this guidance.

The approach is as follows and remains under continuous review and in alignment to national guidance:

- Testing on grounds of symptomatic presentation, or if a member of staff has an immediate household member self-isolating due to symptomatic presentation.

- Should there be an outbreak, TSH will move to testing of all staff at regular intervals, similar to priority 1 care home practice.

- Testing kits are issued and testing performed via NHS Lanarkshire.

Discussion has concluded with NHS Lanarkshire colleagues around the use of NHS testing capacity, which will be undertaken by NHS Lanarkshire. Working collaboratively with SALUS, staff CHI numbers are being confirmed to ensure that this model of mass testing can be effectively achieved

TSH has developed an internal tracing system, supported by Infection Control and Public Health through the STAG, for patients and staff and which mirrors the national tracing approach. The Covid Support Team have tested this approach in a desk top exercise

3.4 Clinical Care Guidance for COVID -19 patients

The Board has previously received reporting on the Covid-19 TSH Clinical Care Support Documentation which was developed to assist in the care of patients who have Covid-19

within The State Hospital. A six bed General Medical ward was established in Mull Hub which remains equipped and ready to accept any patient who requires enhanced care for symptoms of Covid-19. It has not been necessary to use this facility to date, but it remains in situ with TSH, and on stand-by as a precautionary measure.

3.5 Personal Protective Equipment

The State Hospital 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. Escalation routes remain available through the TSH Single Point of Contact (SPOC), the Director of Security, Estates and Facilities, and through NSS Covid-19 Supplies Portal. Usage and supplies are monitored daily.

The mandatory wearing of face masks by staff working in clinical areas was introduced on 29 June, in line with the introduction of this across the NHS in Scotland. There have been no issues with the supply of this aspect of PPE. Over and above this, a programme of work to face fit test all nursing staff has been completed. This is important for when staff may require a higher level of mask protection when exposed, for example, to aerosol generating procedures.

To ensure staff safety, a Face-Fit testing programme for FFP3 masks has been undertaken with 94% of eligible ward based nursing staff have been successfully face fit tested. Eligibility excludes those on maternity or long term sick leave. Sessions have been organised to facilitate the return of those staff shielding and the junior doctors commencing employment in the hospital. In addition, 21 Skye Centre clinical staff have been tested to assist with any clinical procedures that may require to be carried out by the Health Centre.

3.6 Patient Flow

During the Covid-19 pandemic and given the necessary focus on infection control, patient flow across the forensic estate has decreased. There have been no patients transferred or discharged from The State Hospital and patient admissions have continued.

The following table outlines the high level position from 1 June to 31 July.

Table 3; Patient flow 1 June to 31 July

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds	108	12	120
Admissions	4	1	5
Discharges / Transfers	7	0	7
Average Bed Occupancy: Available beds/All beds			96.1% / 82.4%

As part of the wider forensic network, The State Hospital has taken part 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, and separate from the

Independent review of Forensic Mental Health. This includes admission to, and transfer between, secure mental health services, suspension of detention and preparation for moving into the community.

3.7 Virtual and In Person Visiting

Video-visiting was introduced in TSH in April 2020, enabling patients and their families and carers to continue to connect. This is a new and innovative service within a high secure setting, and has been security assessed to ensure compliance with legal restrictions orders. The service has been extended to professional visitors e.g. legal representatives. Feedback has been positive overall, with ward and social work staff supporting the process.

In line with national guidance, in person visiting re-commenced in TSH in the week beginning 13 July 2020 for single named visiting contacts. The family centre was re-designated for this purpose allowing for physical distancing and appropriate infection control measures to be put in place. This is supported by the Person Centre Improvement Team and, where necessary, a member of ward based staff. One visitor is permitted per patient, and visits are offered Monday to Friday. Initial feedback on this model has been positive.

A protocol has been developed and agreed by Gold Command to enable in person visits to take place within wards for patients who require high supervision or high support, to facilitate visiting for these patient cohorts.

3.8 Workforce

3.8.1 Attendance Management

The Board receives an update on attendance management at each Board meeting and this has continued as part of reporting on the response to Covid -19.

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

Sickness absence
The sickness absence figure from 1 June 2020 to 30 June 2020 is 5.61% with the long/short term split being 4.34% and 1.27% respectively. The total hours lost for this period is 5,016.64 which equates to 30.82 wte. The monthly absence figure has increased by 1.86% from May 2020 figure of 3.75%. The May 2020 long/short term split was 3.03% and 0.72% respectively.

The current average rolling 12 month sickness figure is 5.57% for the period 1 July 2019 to 30 June 2020. The long/short term split is 4.18% and 1.39% retrospectively. The total hours lost for this period is 63,779.44 which equates to 32.70 wte. The average rolling 12 month sickness absence figure represents a reduction of 1.68% when compared to the same period last year (with the average rolling absence figure from 1 July 2018 to 30 June 2019 reported at 7.25%).

Anxiety/stress/ depression or other psychiatric illness remains the most common reason for sickness absence. During the month of June 2020, 27 staff were absent with anxiety/stress/depression/ other psychiatric illnesses, and there was 1 new case of sickness absence due to work related stress.

An update is awaited from EASY (Early Access to Support for You) on compliance, with the last available figure for April 2020 reported to the Board in June 2020.

Table 4 Sickness Absence Hours by Reason - 1 July 2019 to 30 June 2020

Absence Reason Description	Total (SL+II) Working Hours Lost	Total inc. Industrial Injury
Anxiety/stress/depression/other psychiatric illnesses	34668.44	40.43 %
Other musculoskeletal problems	9181.94	10.71 %
Gastro-intestinal problems	6637.58	7.74 %
Other known causes - not otherwise classified	5681.08	6.62 %
Injury, fracture	4031.10	4.70 %
Unknown causes/not specified	3527.29	4.11 %
Cold, cough, flu - influenza	3191.70	3.72 %
Back problems	3191.30	3.72 %
Ear, nose, throat (ENT)	2742.46	3.20 %
Heart, cardiac & circulatory problems	2497.48	2.91 %
Chest & respiratory problems	1998.55	2.33 %
Benign and malignant tumours, cancers	1830.00	2.13 %

*Details all absences amounting to greater than 2%. Source: SSTS

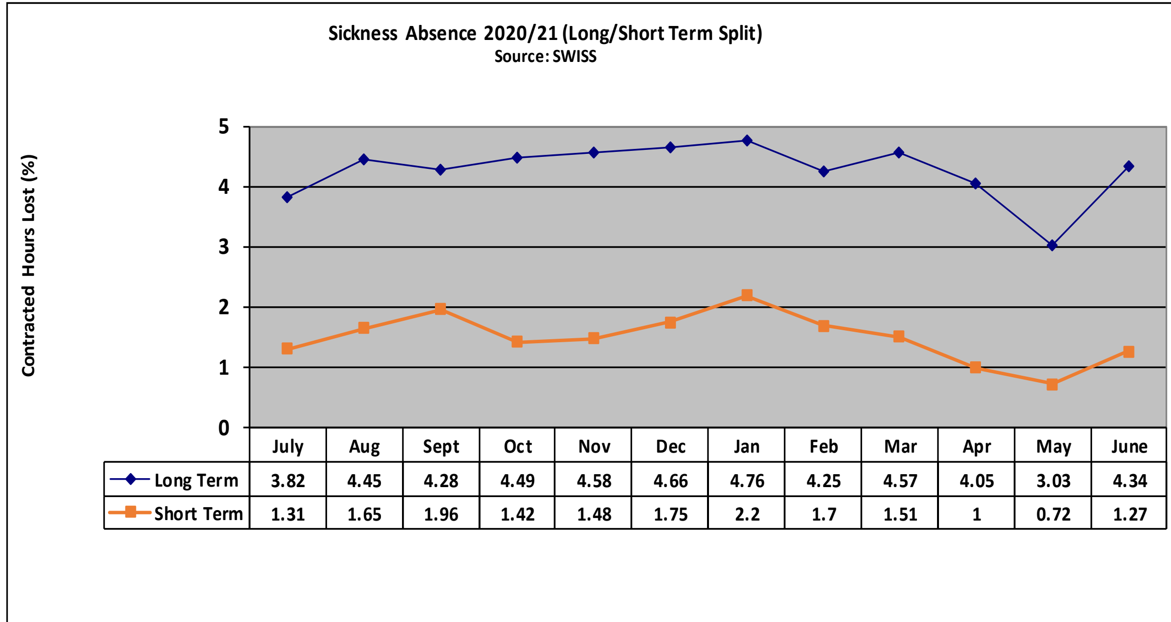
Table 5: Percentage sickness absence, leave and training for June 2020.

Job Family	Absence Percentages this period (Leave / In Post Hours Ava)					
	Sickness (SSTS)	Annual /PH (SSTS)	Mat /Pat (SSTS)	Training (SSTS)	Other (SSTS)	Total
Psychology	4.0%	5.7%	4.6%	0.0%	5.3%	19.7%
Medical	6.0%	3.9%	16.4%	0.0%	3.4%	29.6%
AHP'S	1.0%	6.5%	0.0%	0.0%	12.6%	20.1%
Chief Executive	0.0%	2.5%	0.0%	0.0%	0.0%	2.5%
Finance	2.9%	5.4%	2.8%	0.0%	0.3%	11.3%
Human Resources	0.0%	4.4%	0.0%	0.0%	7.9%	12.3%
OTHER NURSING & AHP'S	2.5%	8.3%	2.8%	0.0%	2.8%	16.4%
Skye Centre	9.5%	10.5%	2.3%	0.0%	4.9%	27.3%
Security	9.4%	12.3%	0.0%	0.0%	1.8%	23.4%
Housekeeping Services	10.8%	6.9%	0.0%	0.0%	0.6%	18.2%
Estates Maintenance	1.7%	1.7%	0.0%	0.0%	5.6%	9.0%
Facilities	1.0%	4.7%	0.0%	0.0%	6.8%	12.6%
Overall Nursing	9.8%	12.9%	1.5%	0.0%	5.4%	29.6%
The State Hospital (Total)	7.5%	10.0%	1.8%	0.0%	4.4%	23.6%

*Overall Nursing Total includes Arran, Iona, Lewis, Mull Hub and Clusters, Nursing Pool H&C and Person Centred Improvement
*TSH Sickness Absence rates have been updated from May 19 data onwards to include 'sick leave', 'unpaid sick leave', 'industrial injury', 'accident involving a third party' and 'injury resulting from a crime of violence' in line with ISD sickness absence reporting.
*Other Nursing & AHPs includes Nursing Resources, Admin, PAs and Operational Team.

Graph 5: Long / short term absence breakdown

This provides a rolling monthly comparison of long and short-term absence from SWISS for TSH only.



Sickness Absence Management during COVID19 Crisis
Following the outbreak of Covid-19 it was agreed in March 2020 to pause all routine sickness absence stage meetings and to only progress final stage or end of process meetings. Long term sickness absence cases continued to be reviewed remotely where possible by managers, with support from HR Advisors as appropriate, to support staff to return to their role or an adjusted role to support the wider organisation.

In July 2020, all routine sickness absence stage meetings were reintroduced. The stage meetings and associated reviews provide an important support mechanism for staff and help to ensure that health and wellbeing problems and concerns associated with the pandemic are identified at an early stage and that any support needs are promptly addressed.

National Comparison

Table 6 provided a comparison of sickness Absence figures for The State Hospital with NHS Scotland for the month of June 2020.

Table 6: National Comparison with NHS Scotland and The State Hospital - June 2020

	Absence Rate			Instances			Absence Reason	
	Total	Long Term [1]	Short Term [2]	Total	Long Term [1]	Short Term [2]	Yes	No [3]
Scotland	**4.44**	**3.20**	**1.24**	**20,153**	**7,813**	**12,340**	**17,693**	**2,460**
NHS Ayrshire & Arran	3.32	2.38	0.94	985	379	606	926	59
NHS Borders	4.18	2.89	1.29	377	123	254	322	55
NHS National Services Scotland [4]	2.61	1.93	0.68	206	81	125	199	7
NHS 24	5.76	3.83	1.92	332	110	222	299	33
NHS Education For Scotland	0.96	0.69	0.27	51	17	34	43	8
Healthcare Improvement Scotland	0.83	0.52	0.31	24	7	17	24	-
NHS Health Scotland [4]	-	-	-	-	-	-	-	-
Public Health Scotland [4]	1.07	0.92	0.15	25	12	13	20	5
Scottish Ambulance Service	5.61	4.24	1.36	574	279	295	544	30
The State Hospital	5.61	4.34	1.27	90	46	44	88	2
National Waiting Times Centre	4.34	2.98	1.36	226	86	140	204	22
NHS Fife	4.45	3.22	1.24	1,019	434	585	933	86
NHS Greater Glasgow & Clyde	4.79	3.67	1.12	4,822	2,265	2,557	4,447	375
NHS Highland	4.48	3.06	1.42	1,271	406	865	833	438
NHS Lanarkshire	5.38	4.29	1.08	1,515	775	740	1,364	151
NHS Grampian	3.72	2.23	1.50	1,985	518	1,467	1,498	487
NHS Orkney	5.46	3.52	1.94	100	31	69	99	1
NHS Lothian	4.32	2.89	1.44	3,336	1,061	2,275	2,949	387
NHS Tayside	4.81	3.49	1.32	1,637	594	1,043	1,431	206
NHS Forth Valley	5.35	4.06	1.29	832	360	472	776	56
NHS Western Isles	4.46	3.06	1.40	141	45	96	120	21
NHS Dumfries & Galloway	3.87	2.52	1.35	524	163	361	497	27
NHS Shetland	3.00	1.86	1.14	81	21	60	77	4

Covid-19 Related Special Leave

Details of working hours lost due to COVID19 related special leave from week ending 15 March 2020 until week ending 02 August 2020, including the monthly totals, are provided below. The COVID19 related special leave peaked in April 2020 with a monthly figure of 8.5% and there has been a general downward trend since that time.

Table 7

Month	Total Hours Lost	Total Hours Lost (%)
March 2020	6154.08	6.33%
April 2020	8086.04	8.50%
May 2020	3530.62	3.56%
June 2020	3239.32	3.39%
July 2020	3133.85	3.17%

< 5% Green
5 - 7% Amber
> 7% Red

Please note that in accordance with guidance set out in DL(2020)5 Coronavirus (Covid-19): National Arrangements for NHS Scotland Staff, staff absence and sickness related to Covid-19 is recorded as special leave and does not count towards sickness absence triggers.) Source:SSTS

3.8.2 Planning for Extreme Loss of Staff

The Extreme Loss of Staff Plan was developed in response to a significant threat to business continuity as a result of the coronavirus pandemic. A level 2 resilience exercise was held on 18 May 2020 which stress tested The State Hospital's Extreme Loss of Staff Plan, and this was reported to the Board at its meeting on 18 June 2020 with assurance on preparedness at a local level.

3.8.3 Staff Recruitment

In line with national directives and the loss of staff plan, recruitment of nursing staff has been a priority.

There have been twelve Staff Nurse appointments made from the current pool of Final Year Student Nurses who have been completing the last six months of their education in clinical practice since April 2020, working directly as part of ward teams. They are going through pre-employment checks at present and an induction date will be arranged as soon as possible.

Two out of the four Nursing Retirees contracts have been extended until 31 October 2020. These staff returned as Staff Nurses on temporary contracts from 01 May 2020 to support the loss of staff plan.

Human Resources have continued to take forward the recruitment process for all confirmed positions with appointments made across a range of disciplines including Finance, Security, Procurement and Estates.

There are currently 23 posts (excluding the Staff Nurse appointments noted above) actively moving through the recruitment process, and a projection of a further eight posts to be advertised shortly.

3.8.4 Staff Health and Wellbeing

The Board received detailed reporting in June 2020 in respect of the tiered model which has been adopted locally to support employee health and wellbeing throughout the pandemic. The Professional Nurse Advisor is the nominated Wellbeing Champion and is leading this initiative.

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. This has continued to be a popular and well-used facility. A virtual wellbeing zone has been created through the LearnPro platform giving wider access to staff who are not able to access the on-site wellbeing zone in person, and is a parallel source of support to the online National Wellbeing Hub.

The Wellbeing Champion is progressing work to generate ideas on how best to utilise the grant received by TSH from the NHS Charities Together Covid-19 appeal, with financial governance being overseen by the Finance and Performance Management Director.

Further initiatives are underway, through the Human Resources Team, to support line managers and leaders within the organisation. This includes coaching support at a local level as well as engagement with national workstreams led through NHS Education for Scotland.

TSH will implement the national Everyone Matters Pulse Survey during September 2020, as the Staff Experience Measurement for 2020, giving staff an opportunity to express their views. The outcomes form this will assist TSH in continuing to take an informed approach to staff health and wellbeing, workplace culture as well as the wider equality and diversity agenda.

3.8.5 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 KSF personal development planning and review meeting with their line manager.

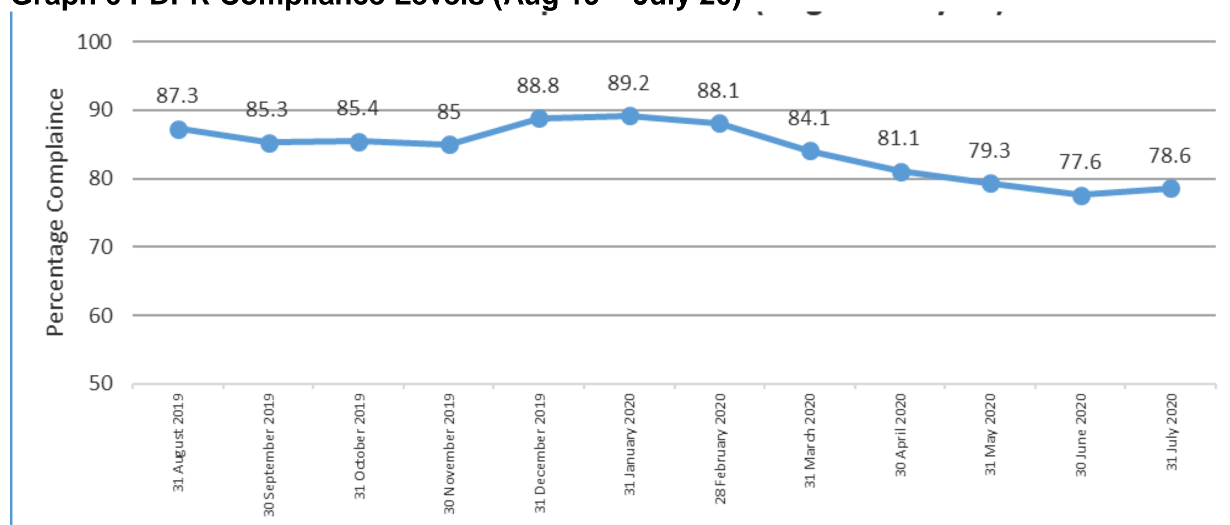
NHS Boards were instructed in DL (2020)/5 Coronavirus (Covid-19): National Arrangements for NHS Scotland Staff, issued on 13 March 2020, to postpone all non-urgent business, including appraisals. Although some departments have been able to continue the review process over recent months, this has not been possible for all departments and additional factors such as shielding and homeworking have also made it difficult to progress appraisals that may have been due.

As part of the recovery and remobilisation agenda, managers are now being encouraged to resume the PDPR process and to make arrangements to complete the overdue and forthcoming reviews.

As at 31 July 2020:

- The total number of current (i.e. live) reviews was 474 (78.6%) – a decrease of 5.5% from 31 March 2020.
- A total of 108 staff (17.9%) had an out-of-date PDPR (i.e. the annual review meeting is overdue) – an increase of 4% from 31 March 2020.
- A further 21 staff (3.5%) had not had a PDPR meeting – an increase of 1.5% from 31 March 2020. Staff in this group are predominantly new staff with an initial set-up review meeting overdue.

Graph 6 PDPR Compliance Levels (Aug 19 – July 20)



3.8 Recovery and Innovation

3.8.1 Recovery and Innovation Group

The Recovery and Innovation Group reports through Gold Command to help inform and support remobilisation planning. This approach will connect and sequence activities and change ideas, take a quality improvement approach, prioritise and describe work programmes, identify leads responsible and provide a timeline for delivery. This work will continue during the phased remobilisation of TSH helping to support strategic planning.

The Recovery and Innovation Group has received and discussed feedback from staff, patients, carers and volunteers.

3.8.2 Staff Engagement

At its meeting on 18 June 2020, the Board received an update on the process supporting staff engagement through a series of supported discussions. Staff were asked to share their feedback on 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 to share the feedback from staff engagement activities with local posters displayed in staff areas to feedback the key areas raised.

In summary the key themes were:

- 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 in July, using The Royal Society for Arts template to support organisational learning to inform strategic planning through the assessment of temporary and innovative measures and paused and obsolete activity

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

The Staff Governance Committee reviewed this process and the emergent themes in detail at its meeting on 20 August 2020.

3.8.3 Patients, Carers and Volunteer Engagement

The Person Centred Improvement Team has engaged extensively with patients, carers and volunteers during the Covid-19 pandemic, with each being encourages to share feedback through a range of mechanisms. Whenever possible, actions have been taken at local levels to resolve any issues raised through feedback.

For our patients, this included: a questionnaire, feedback post boxes, the Covid-19 Graffiti Wall, postcards, walks in grounds with the Chief Executive and Person Centred Improvement Lead, 1:1 conversations.

Patient feedback has been balanced and reassuring overall in terms of patients feeling that they are being well supported, safe and cared for. Clear themes have emerged including the importance of video-visiting, access to fresh air through supported walks in the hospital grounds, quality time with staff in small groups. Patients also appreciated rapid and responsive decision making which has supported meeting the needs of the individual.

Patients missed being able to physically meet with family and friends and the re-start of visiting on 13 July in alignment with national guidance has been a valued experience. Patients also missed having access to the full range of activity in the Skye Centre, and the remobilisation of activities gradually has been welcomed.

The Person Centred Improvement team engaged with and received feedback from approximately 62% of carers. The majority of contacts were initiated by the Person Centred Improvement Advisor who asked carers to share what they thought was working well, what might work better and any suggestions they have to improve their experience as a carer during this period. Clinical Team members have also initiated and responded to a large number of telephone calls during this period.

Carer feedback evidenced confidence with the way in which patients are being safeguarded from Covid-19 and reassurance that an individually tailored approach is being taken to supporting patients. Carers have acknowledged and understood the incremental re-starting of activity within the hospital as being aligned to Scottish Government guidance which demonstrates a positive and informed approach. Although Carers found the suspension of physical visiting challenging, video visiting has been valuable and is seen as helpful in terms of a permanent arrangement to support those who require to travel a distance to remain in more regular visual contact with patients.

The Person Centred Improvement Team has supported volunteers to share feedback through a pro-forma, via the virtual quarterly Volunteer Service Group Meeting as well as through 1:1 telephone calls and e-mails. Understanding the unique perspective of this group of stakeholders as been helpful to highlight the value they place on their volunteer roles within the hospital. Volunteers were asked to reflect on the impact of the suspension of volunteer input as of mid-March 2020, from their personal perspective as well as sharing the impact on them as a volunteer. Their feedback highlighted their sense of loss of their role and feeling disconnected from each other as well as from a community that they feel very much a part of.

This workstream, and the emergent themes were reviewed in detail by the Clinical Governance Committee at their meeting on 13 August 2020.

3.9 Communication

Communication of information and decisions from the Gold and Silver Command meeting are shared through staff bulletins. These include any national updates together with TSH specific information.

Covid-19 Bulletins have now moved to twice weekly to reflect the reduction experienced in the flow of Covid-19 related information. Each Bronze Command has continuing responsibility to ensure that their teams are briefed regularly on key developments, and do so through the existing line manager and team structure of the hospital.

The Board Workplan for 2020, included submission of the Annual Report for Communications for 2019/20. This report has been deferred due to focus on the response to Covid-19, and will be presented to the Board at its October meeting.

The Covid Support Team are now a very well established source of additional support to staff, providing information and advice. Regular meetings take place with staff side representatives to enable resolution of issues in a timely fashion.

3.10 Digital Technology

The Board workplan included annual reporting for eHealth at the August Board Meeting. This report has been deferred due to the impact of Covid-19, with detailed reporting being presented to the Board through the Covid-19 Remobilisation Plan for September 2020 to March 2021.

Digital transformation has been a key area of focus during Covid-19, with significant gains having been made within TSH during the Covid-19 pandemic. This has helped to support remote and flexible working patterns. In addition, patients have been supported in maintaining virtual visiting contact with families and carers.

This has included purchase of new equipment such as laptops, as well as installation of new technology like 'Nearme'. Detailed assessment has been led by the eHealth team on further equipment needs in the context of the workplan outlined through remobilisation planning, to deliver on the key priorities for TSH within the national landscape.

4 RECOMMENDATION

The Board is invited to:

1. Review and discuss 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. Endorse this position as an appropriate framework for continued operational management and governance during the Covid-19 pandemic.

3. Outline any additional reporting requirements.

MONITORING FORM

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

NHS SCOTLAND

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting:	27 August 2020
Agenda Item:	Item No. 7b
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Director of Finance and Performance Management
Title of Report:	Financial Governance – Covid-19
Purpose of Report:	For Noting

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.

The most recent 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 Q1 reports for all boards are now being collated nationally, with a review pending to assess the overall NHSScotland position and what proportion of individual board costs may be reimbursed as additional in-year allocation. The outcome of this review is expected in late September.

3 ASSESSMENT

3.1 Financial Governance

As previously notified, any specific costs in excess of £100k with relation to Covid19 are 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.

During April-June, the revenue costs noted in paragraph 3.2 below have been specified in the Hospital's Covid19 returns.

While initial indications from SG were that all Boards' Covid-related costs would be reimbursed in full, it is now understood that a proportion – as yet undetermined – of those should, in due course, be reimbursed from the Scottish Government's share of in excess of £5bn being provided by the UK Treasury (Barnett-based – approx. £430m). However, the position on this remains to be finalised and as noted above is expected to be communicated formally by SG Health Directorate in late September.

3.2 **Covid19 costs**

As noted therefore, costs incurred in relation to Covid19 in April-June 2020 as submitted in the Board's Q1 return are now awaiting appraisal for reimbursement from the Interim Director of Health Finance and Governance.

During this period, the undernoted revenue costs are specified in the Hospital's returns.
i – Overtime costs April-June £290k – additional overtime was incurred each month due principally to the increased levels of staff absence, together with an element of high level clinical demands;
ii – Covid-19 support team £35k per month – in March the Hospital established a specific team to provide support to the management of the Covid-19 crisis, comprising 9 members of staff seconded from various departments;
iii – IT costs £20k – additional equipment (laptops, mobile phones, licences etc.) was necessary in order to facilitate remote working for a number of staff and other essential IT site requirements;
iv – Equipment costs £14k – this includes new monitors, some pandemic PPE stock, uniforms, and patient tvs/radios;
v – Estates/facilities costs £6k – including the requirement for additional lockers, trolleys, chairs etc.
vi – Recruitment of an additional 12 student nurses on 6-month contracts – to be funded by NES - as part of a national initiative to support Covid pressures – estimated cost for 6 months £260k (£43k per month).

Currently, the above items i, ii and vi are ongoing, together with additional individually identified costs for deep cleaning, drugs, oxygen, specific equipment, increased teleconferencing and potential delay costs should the perimeter security refreshment project be affected by restricted or rescheduled site access at any time.

Imminent additional costs
In addition, further to recent Directors' discussions and approvals, 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 the Covid support team. While as noted in item iii above that our support team is in place, these staff are all redeployed from other departments – where their normal workload either stalled or was being undertaken by others in the team, with no backfill in place.

These "dual running" costs were included in our Quarter 1 Covid19 financial submission to SG in August to ensure that TSH costs are appropriately recognised and funding considered – being highlighted as a specific pressure for the remainder of the 20/21 year. However, with the Q1 financial review outcome by SG not due to be notified to Boards until late September, it is not known when the review of subsequent periods already underway will be complete. There is a possibility, which has been raised at national level, that the Q1 review outcome will include comment on projected Q2-4 costs – and any clarity on this will be reported as soon as it is available.

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 workforce 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 √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed. ☐ There are privacy implications, full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 August 2020
Agenda Reference:	Item No: 9
Authors:	Medical Education Supervisor
Sponsoring Director:	Prof. Lindsay Thomson, Medical Director
Title of Report:	Annual Medical Education Report
Purpose of Report:	For Noting

1 SITUATION

The General Medical Council (GMC) Quality Improvement Framework for Undergraduate and Postgraduate Medical Education in the UK sets out expectations for the governance of medical education and training. GMC standards specifically refer to Board governance and it is within this context that this report is being presented to the Board. This report covers the period 1 August 2019 to 31 July 2020.

2 BACKGROUND

Dr Callum A MacCall is Educational Supervisor at The State Hospital (TSH). He is responsible for postgraduate medical training while Dr Natasha Billcliff leads on issues relating to visiting medical undergraduates.

The medical staff group within The State Hospital hold a 3 monthly training committee meeting which is chaired by Dr Callum A MacCall. This committee reviews training issues of relevance to the Hospital. The Educational Supervisor reports within The State Hospital to Professor Lindsay Thomson, Medical Director. He reports externally to the Training Programme Director for Forensic Psychiatry Higher Training in Scotland, Dr Nick Hughes, and to local Training Programme Directors for Core Training.

3 ASSESSMENT

3.1 UNDERGRADUATE TRAINING

Teaching Programme for Edinburgh Undergraduate Medical Students

Day Visit

The State Hospital continued to deliver training to medical students in their fifth year during the academic year 2019/20 in the form of a one day visit incorporating clinical teaching in the morning and formal lectures in the afternoon. The lectures cover the civil mental health act and the more specialized area of forensic psychiatry. There are usually six visits per academic year, each comprising of approximately 40 students. Due to the Covid-19 restrictions this year only four of the planned six day visits took place. Feedback is sought from the students for both parts of the teaching.

The formal lectures feedback is very positive, with the amalgamated feedback from the lectures detailed below.

Did you find the lecture useful?

0 not useful	5 quite useful	40 very useful

How was the presentation?

0 poor	0 okay	45 good

The clinical teaching feedback is mostly in the "excellent" domain, with a choice of "poor, average, good or excellent".

0 poor	2 average	10 good	33 excellent

Clinical Attachment

In 2018/2019 there was a change in the arrangements for attachments of 4th year students. Previously the hospital had facilitated a two week clinical attachment for four groups of two students per year, which was well attended and well received by students.

Instead, the students had their six week attachments to a General Adult Psychiatry team organized ad hoc when they meet with their tutor. Clinical attachments to specialties such as forensic and addictions are no longer part of the formal program and require to be arranged individually, on request. To try and pre-empt a decrease in students attached to TSH, the local tutors were contacted and offered a four day forensic program during their attachment. There have been no requests for placements at TSH during the last two academic years.

The new system has caused issues all around. The specialties are no longer receiving students for attachments and general adult colleagues have found the system difficult to navigate. At the 2019 clinical tutors meeting it was unanimously agreed that there should be a return to the previous system. The two week attachment to TSH will re-start when the program reverts to its previous format and Covid-19 restrictions allow.

Ad Hoc Attachments

Individual students from other medical schools in Scotland and from further afield contact the State Hospital directly on occasion for day visits or seeking elective placements for several months. We have the capacity to accommodate these requests when they arise.

Feedback

A report is provided to the Medical Advisory Committee (MAC) annually which gives the opportunity to discuss improvements to the teaching. Medical staff also have the option of requesting individual assessment of their teaching skills as part of the Clinical Educator Program (CEP). To date, four staff have taken this up with positive results.

Teaching with Covid-19 Restrictions

Dr Billcliff is liaising with the teaching leads in Edinburgh to provide remote teaching. So far, a one hour live online tutorial has been arranged on Forensic psychiatry with forty students in four break-out rooms. This will be delivered in lieu of the day visit until pandemic restrictions are lifted. The first session will take place in September 2020. Further, we have volunteered our assistance to develop recorded online material, although this is currently on hold until the way forward has been finalized.

3.2 POST GRADUATE TRAINING

Core Training

The past year has been another positive one for our Core psychiatric Training. In November 2019 we received a second consecutive annual Good Practice Recognition letter from NHS Education for Scotland (NES). This was in recognition of important, positive feedback from doctors in training about the quality of training and the training environment in Core Psychiatry at The State Hospital. The Scotland Deanery Mental Health Quality Review Panel held in September 2019 noted very positive feedback trainees had provided on their experience of training at TSH. The feedback which particularly impressed related to the 2019 National Training Survey and aggregated data from the 2017–2019 Scottish Training Surveys. Strengths highlighted included clinical supervision, induction, teaching, team culture, team work, rota design and workload. The Good Practice Recognition letter is attached for reference in Appendix 1.

Over the past year we have had six core trainees on placement at TSH, four from the West of Scotland and two from the East. One of those doctors was less than full time (LTFT, 80%). While it was “business as usual” during the August 2019 - February 2020 placement block their role was substantially affected by the Covid-19 pandemic during the February 2020 – August 2020 placement block. For reasons of infection control modifications were made to their working practices within the hospital. Rather than working across hubs a largely single hub based model was adopted. Feedback on this change was positive, both from a service and training perspective. Hence it is likely that, where possible, single hub working will be preferred going forward.

Core Trainees reported being extremely busy during the recent placement block and this was likely to be a combined result of the Covid-19 pandemic and two specialty doctor posts being vacant temporarily due to maternity leave. The management of physical health problems in our patient population featured more heavily than it ought to normally as a result of reduced General Practitioner and nursing input available via the Health Centre, and because of additional pressures on NHS24 resulting from the pandemic. Although this has improved in recent weeks there continues to be additional demands on our core trainees resulting from the ongoing stage of the pandemic which has not fully normalised service demands. On the positive side however Core Trainees remarked that the pandemic provided additional training opportunities from their involvement in emergency planning, literature reviews, committee/short-life working groups and policy writing/reviews.

First on call rota

Our first on call rota has remained rather fragile over the past year. Only for a few weeks towards the end of 2019 did we have the full complement of six doctors on the first on call rota. For the rest of the year the rota has operated on the basis of four or five doctors being on the rota, with the vacant night time on call slots being offered to those doctors on a locum basis. This has allowed us to sustain the first on call rota, albeit it has increased our trainee doctor’s workload, particularly during the Covid-19 pandemic when physical health needs were more prominent.

Higher Specialty Trainees

Over the past year we have had six Specialty Trainees attached to the State Hospital for periods varying from two to six months, on either a full time or LTFT basis. Our Specialty Trainees work

under the supervision of Consultant trainers, of which we have nine employed by the State Hospital, one of whom is currently working with the Scottish Government - see Appendix 2.

Specialty Trainees spend part of their weekly timetable undertaking research and special interest activities and overall generally spend less time at the State Hospital than Core Trainees and non-training grade Speciality Doctors. Their role is distinct, represents a progression from Core Training and maintaining appropriate distinction in their role from those of other non-Consultant grade Doctors is important as they progress towards readiness for Consultanthood.

Senior Specialty Trainees in their final year of training can act up as a Consultant for a maximum period of three months. This has occurred within TSH on three occasions during the past year.

The State Hospital has performed strongly in recent years in terms of the quality of training for our Specialty Trainees. In last year's GMC National Trainee Survey TSH was in the top quartile nationally for workload, feedback and rota design. This impression has continued over the past year through feedback received via the NES Specialty Trainee Committee and from Specialty Trainees themselves. On this occasion I do not have up to date survey results to share as these have been suspended recently due to the Covid-19 pandemic.

Teaching Programme

A series of six lectures is delivered by Consultant Psychiatrists to Trainee Doctors during the first three months of their placement at The State Hospital. The current programme encompasses six lecture topics which broadly cover the fundamentals of Forensic Psychiatry and related practice.

Educational Programme

Due to the Covid-19 pandemic the weekly Journal Club was suspended in March 2020. A regular educational forum such as this will remain important for all hospital staff, including trainee psychiatrists. It is important for Core and Higher Specialty to have opportunities to undertake workplace based assessments relating to presenting cases, papers & audit/research at educational meetings. Currently options are being explored for educational events to take place using a 'webinar' format, utilising secure technology such as Microsoft Teams.

Flexible/Off-Site Working

During the past 6 months, for reasons of infection control, Consultant grade medical staff have had the option to undertake part of their duties off-site. This approach is efficient, minimises footfall and reduces the potential for introducing viral illness to the TSH site. Thus far, this has not been formally extended to trainee doctors. From August 2020 Core Trainees will have a mobile phone and laptop with remote access to TSH systems, thus enabling them to undertake some of their duties off-site, as agreed with their supervising Consultant.

State Hospital Visits

Occasional requests for "taster visits" by Foundation Grade Doctors / Core Trainees / non-forensic Specialty Trainees continue to be received on a fairly regular basis. Generally speaking these Doctors are curious to find out more about Forensic Psychiatry and in some cases they have an interest in pursuing Forensic Psychiatry as a career. Over the past year one such request was facilitated in January 2020 from a Core Trainee working in NHS Lanarkshire. A further taster visit for a Foundation Grade doctor had been arranged for May 2020, however this had to be postponed due to the Covid-19 pandemic.

Psychotherapy Training

We have part-time input from a Consultant in Forensic Psychotherapy, Dr Adam Polnay. He provides Balint / Reflective Practice sessions for non-Consultant Grade Doctors. Such work forms part of the Core psychotherapy training requirements and feedback for same has been positive.

GMC Recognition and Approval of Trainers (RoT)

Implementation of the GMC led recognition of secondary care trainers is now properly embedded and allows formal recognition of trainer status via the annual appraisal process of Doctors who have one or more of the following roles:

a) Named Clinical Supervisor in postgraduate training
b) Named Educational Supervisor in postgraduate training
c) Lead Co-Ordinators of undergraduate training at each local education provider
d) Doctors responsible for student's educational progress for each medical school

As shown in Appendix 2, the State Hospital is currently in a strong position with regard to recognition of trainers, having capacity for providing training for doctors in Forensic Psychiatry, Intellectual Disabilities and Psychotherapy.

Representation at External Committees Relevant to Medical Education

Dr MacCall represents The State Hospital at the following:

- West of Scotland Committee in Psychiatry
- National Forensic Psychiatry Specialty Training Committee (STC)
- NHS Education for Scotland Annual Review of Competence Progression (ARCPs)
- Taskforce for the Improvement of Medical Education (TIQME)

4 RECOMMENDATION

The Board is invited to note the following:

i) The continuing high standard of undergraduate and postgraduate medical training provided by the State Hospital. Within the past year a highlight has been the award of a Good Practice Recognition from NHS Education for Scotland for the training provided to Core Trainees, for the second consecutive year.

ii) The hospital has a well trained and experienced Consultant workforce which is well positioned to continue to provide high quality training for medical students and post-graduate trainees in Forensic Psychiatry, Intellectual Disability and Psychotherapy.

iii) Trainee doctors on placement at The State Hospital have continued to receive a good standard of training despite the challenges posed by the Covid-19 pandemic over the past six months.

iv) In response to changes brought about by the pandemic efforts are being made to support future flexible/off-site working for trainee psychiatrists. Similarly, in lieu of our traditional weekly Journal Club, opportunities are being explored for trainees to take part in an educational programme virtually, utilizing secure technology such as Microsoft Teams.

v) There have been challenges in sustaining our first tier medical on call rota with a continuing reliance on internal locum cover. This is at least partly due to the temporary absence of two non-training grade Specialty Doctors who are on maternity leave and as such it would be hoped that the first on call rota will be strengthened with individuals returning to those posts next year. However the

situation will continue to require to be monitored in case of potential recruitment problems with Core Trainees or unexpected absences of doctors for other reasons.

Dr Callum A MacCall
Consultant Forensic Psychiatrist
Educational Supervisor

7 August 2020

Date of next annual report – August 2021
Date of next Board report – August 2021

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	N/A
Workforce Implications	Nil
Financial Implications	Locum on call costs for first on call Medical Trainees
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	Consultant Training Committee
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	Award of a Good Practice Recognition from NHS Education for Scotland for the training provided to Core Trainees for second consecutive year.
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do)	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

Appendix 1
NES Good Practice Recognition

State Hospital
National Facility

1 November 2019

Dear Dr Thomson,

Recognition of important, positive feedback from doctors in training about the quality of training and the training environment in Core Psychiatry at The State Hospital.

Following the Scotland Deanery Mental Health Quality Review Panel that was held on 11 September 2019, I write on behalf of the Mental Health Quality Management Group to congratulate you and the trainers associated with training in Core Psychiatry at The State Hospital on the very positive feedback that trainees have provided on their experience of training.

The feedback that we have been particularly impressed with relates to:
NTS (2019)
i. Triple green and/or quadruple green in consecutive yearly data
Green/Light Green - Clinical Supervision out of hours, Work Load, Teamwork, Rota Design
iii. 4 or more green/light green flags in a single year
Green/Light Green – Clinical Supervision out of Hours, Work Load, Regional Teaching, Teamwork, Rota Design

STS (2017/2019 aggregated)
Forensic Psychiatry:
iv. 3 or more green/lime flags in a single year
Green/Lime Green -Clinical Supervision, Induction, Teaching, Team Culture, Workload
Core Psychiatry:
iv. 3 or more green/lime flags in a single year
Green/Lime Green – Clinical Supervision, Induction, Teaching, Workload

We appreciate your leadership of training for your Health Board, but also recognise the valuable contribution made by your trainers, and we are delighted to be able share our awareness of the positive feedback that we have received about the training you provide.

Yours sincerely

Dr Amjad Khan
Lead Dean
Mental Health Quality Management Group

Chair: David Garbutt
Chief Executive: Caroline Lamb

Appendix 2
Trainer Recognition

	NES Clinical Supervisor Course or equivalent	NES Educational Supervisor Course or equivalent	Named Medical Trainer Role	Forensic, Intellectual Disabilities+ or Psychotherapy++ Higher Specialty Trainer	Self-declared Recognition of Trainers (RoT) section of appraisal (or do you intend to do so at next appraisal)?
Associate Medical Director	Yes				Yes
Consultant Forensic Psychiatrist 1	Yes				Yes
Consultant Forensic Psychiatrist 2	Yes		Undergraduate Supervisor	Yes	Yes
Consultant Forensic Psychiatrist 3	Yes			Yes	Yes
Consultant Forensic Psychiatrist 4	CEP* Level 2			Yes+	Yes
Consultant Forensic Psychiatrist 1	CEP* Level 2		Undergraduate Supervisor		Yes
Consultant Forensic Psychiatrist 5	Yes	Yes		Yes	Yes
Consultant Forensic Psychiatrist 6	Yes	Yes	Postgraduate Supervisor	Yes	Yes
Consultant Forensic Psychiatrist 7	CEP* Level 2			Yes++	Yes
Consultant Forensic Psychiatrist 8	CEP* Level 3		Psychotherapy Tutor SES***	Yes++	Yes
Consultant Forensic Psychiatrist 9	Yes			Yes	Yes
Medical Director	Fellow HEA**	Yes		Yes	Yes

*CEP = Clinical Educator Program **HEA = Higher Educational Academy ***South East Scotland

Paper No 20/49

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	August 2020
Agenda Reference:	Item No: 10
Sponsoring Director:	Medical Director
Author(s):	Risk Management Facilitator
Title of Report:	Duty of Candour Annual Report 2019/2020
Purpose of Report:	For Noting

1 SITUATION

The Health (Tobacco, Nicotine etc. and Care) Scotland Act 2016 ("The Act") introduced an organisational Duty of Candour on health, care and social work services. The Act is supplemented by the Duty of Candour Procedure (Scotland) Regulations 2018, which highlight the procedure to be followed whenever a Duty of Candour incident has been identified.

The State Hospitals Board for Scotland ("The Board") is fully committed to the provision of high quality health care in all aspects of its service provision to patients. As part of this objective, we have a duty to limit the potential impact of a wide variety of clinical and non-clinical risks. We do this by developing and implementing robust and transparent systems to ensure that all incidents, which may cause potential or actual harm, are identified, investigated and where appropriate action taken to prevent a recurrence.

2 BACKGROUND

An important aspect of the Duty of Candour process is the provision of an Annual Report describing how the State Hospital has operated the "Duty of Candour" during the period 1 April 2019 to 31 March 2020. This is the second Duty of Candour Annual Report to be published. The initial report was published in June 2019.

3 ASSESSMENT

During the period 1 April 2019 to 31 March 2020 the Duty of Candour Group met on 12 occasions.

A Training Plan was proposed for 2019-20 which targeted all front-line clinical staff with regard to completion of the Duty of Candour e-learning module. The table shows 97% of staff required to complete this module have completed it, an increase from the 87% in the previous year.

Duty of Candour Learnpro e-Learning Training						
Group	Total Within Target Group		Number Completed Module		% Uptake	
Year	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
Registered Practitioners	243	286	208	278	86%	97%
Non-Registered Practitioners	162	156	133	152	82%	97%
Total	405	442	342	430	84%	97%

Between 1 April 2019 and 31 March 2020 the Risk Management Department forwarded 43 incidents for consideration by the Duty of Candour Group, down from 128 in the previous year. It was agreed by the group that 1 of these incidents fulfilled the criteria for Duty of Candour.

The incident in question meets the outcome criteria of 'the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days.' This was allegedly caused by an injection having been administered incorrectly.

There was a delay in notifying the Duty of Candour Group as the trigger for this incident was longer than 28 days. Once identified as Duty of Candour the incident was subsequently investigated and an apology was given to the person affected.

In response to the incident a local investigation was completed and a report was compiled for the Duty of Candour Group who met on 2 December 2019 to review. From this meeting the need for education around the giving of injections was identified as a learning point and would be rolled across the hospital via Nursing Practice Development. Through this it is hoped to prevent any further adverse incidents of this nature.

As required, this is report is available on The State Hospital website.

4 RECOMMENDATION

Board Members are asked to note content of paper.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Annual Report required to be published as per RM06 – Duty of Candour Policy
Workforce Implications	No workforce implications
Financial Implications	No financial implications
Route To Board Which groups were involved in contributing to the paper and recommendations	Clinical Governance Committee
Risk Assessment (Outline any significant risks and associated mitigation)	Risk surrounding possible identification of those involved in incident. Duty of Candour Group agreed that report did not identify any individuals.
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	Approved
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do)	N/A
Data Protection Impact Assessment (DPIA) See IG 16	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

THE STATE HOSPITALS BOARD FOR SCOTLAND

DUTY OF CANDOUR

ANNUAL REPORT

1 April 2019 – 31 March 2020

Lead Author	Stewart Dick – Risk Management Facilitator
Approval Group	Clinical Governance Committee
Responsible Officer	Dr Duncan Alcock – Associate Medical Director

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1 INTRODUCTION

The Health (Tobacco, Nicotine etc. and Care) Scotland Act 2016 ("The Act") introduced an organisational Duty of Candour on health, care and social work services. The Act is supplemented by the Duty of Candour Procedure (Scotland) Regulations 2018, which highlight the procedure to be followed whenever a Duty of Candour incident has been identified.

The State Hospitals Board for Scotland ("The Board") is fully committed to the provision of high quality health care in all aspects of its service provision to patients. As part of this objective, we have a duty to limit the potential impact of a wide variety of clinical and non-clinical risks. We do this by developing and implementing robust and transparent systems to ensure that all incidents, which may cause potential or actual harm, are identified, investigated and where appropriate action taken to prevent a recurrence.

Promoting a culture of openness and truthfulness is a prerequisite to improving the safety of patients and the quality of our healthcare systems and provision.

However, when things go wrong (i.e. where there has been an unexpected incident that has resulted in death or harm that is not related to the course of the condition for which the person is receiving care) the focus of the Duty of Candour involves notifying the person (and/or relevant person) affected, apologising and offering a meeting to provide an account of what happened, reviewing the incident and offering support to those affected (e.g. those delivering and receiving care).

An important aspect of the Duty of Candour process is the provision of an Annual Report describing how the State Hospital has operated the "Duty of Candour" during the period 1 April 2019 to 31 March 2020.

2 STATE HOSPITAL

The State Hospital is one of four high secure hospitals in the UK. Located in South Lanarkshire in central Scotland, it is a national service for Scotland and Northern Ireland and one part of the pathway of care available for those with secure care needs. The principal aim is to rehabilitate patients, ensuring safe transfer to appropriate lower levels of security.

There are 140 high-secure beds (plus four beds for emergency use) for male patients requiring maximum secure care: 12 beds specifically for patients with an intellectual disability. A range of therapeutic, educational, diversional and recreational services including a Health Centre is provided.

3 POLICIES & PROCEDURES

All adverse events and near misses are reported through the State Hospital's risk management system (Datix), as set out within the Incident Reporting & Review Policy - RMO1. This system includes a section whereby staff can record if an adverse event has the potential to trigger a Duty of Candour incident. Consequently, through the Incident Reporting and Review process, together with the Duty of Candour Policy incidents that would trigger the Duty of Candour procedure will be identified.

Furthermore, all adverse events and near misses reported within the incident reporting system (Datix) are reviewed in accordance with the Incident Reporting & Review Policy - RMO1 to understand what happened and to establish if there is action that can be taken to prevent/ minimise a recurrence and/or improve patient care.

Within the State Hospital there are two levels of review:

- Local (standard) Review - undertaken for all incidents reported on Datix by the line manager, person responsible for the area where the incident occurred or by a nominated expert relevant to the issue in question; and

- Enhanced Review – following local review and grading of an incident further review may be necessary to establish the root cause of the incident.

4 TRAINING

Members of staff responsible for inputting incidents onto Datix and for reviewing incidents receive training on the use of the Datix reporting system. During the previous year registered clinicians have been targeted with regard to undertaking Duty of Candour Learnpro e-learning training.

Duty of Candour Learnpro e-Learning Training						
Group	**Total Within Target Group**		**Number Completed Module**		**% Uptake**	
Year	**2018/19**	**2019/20**	**2018/19**	**2019/20**	**2018/19**	**2019/20**
Registered Practitioners	243	286	208	278	86%	97%
Non-Registered Practitioners	162	156	133	152	82%	97%
Total	405	442	342	430	84%	97%

The proposed Training Plan for 2019-20 targeted all front-line clinical staff with regard to completion of the Duty of Candour e-learning module. The table shows 97% of staff required to complete this module have completed it, an increase from the 87% in the previous year.

5 DUTY OF CANDOUR – GOVERNANCE & MONITORING

The Duty of Candour Group, which reports to the Senior Management Team monitors activity relevant to the Duty of Candour process and comprises of the following members:

- Associate Medical Director **(Chair)**
- Clinical Operations Manager
- Lead Consultant Forensic Clinical Psychology
- Lead AHP
- Head of Social Work
- Head of Corporate Planning and Business Support
- Risk Management Team Leader/Facilitator

The Risk Management Department, on behalf of the Group monitor the incident reporting system on a weekly basis and report all potential incidents to the Group for consideration and action, where required. Furthermore, the following information sources are also utilised in order to identify potential Duty of Candour incidents:

- Enhanced (Level 1 & 2) Incident Reviews;
- Complaints;
- Patient incidents reported to the Health & Safety Executive as RIDDOR;
- 24-hour Security Report;
- Whistleblowing;
- Adult Support & Protection Referrals; and
- Child Protection/Contact Issues

The Duty of Candour Group ensure all incidents meeting the Duty of Candour criteria are investigated in line with Scottish Government guidance and timescales and action taken, where required to prevent/minimise a recurrence. The Group meet on a monthly basis (or more frequently, if required) to discuss potential Duty of Candour incidents. During the period 1 April 2019 to 31 March 2020 the Duty of Candour Group met on 12 occasions.

6 DUTY OF CANDOUR - INCIDENTS

Between 1 April 2019 and 31 March 2020 the Risk Management Department forwarded 43 incidents for consideration by the Duty of Candour Group, down from 128 in the previous year. It was agreed by the group that 1 of these incidents fulfilled the criteria for Duty of Candour, i.e. an unintended or unexpected act incident that resulted in death or harm, as defined within the Act, and did not relate directly to the natural course of a person's illness or underlying condition.

The outcomes are:

(a) the death of the person,

(b) a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions (including removal of the wrong limb or organ or brain damage) ("severe harm"),

(c) harm which is not severe harm but which results in—

(i)an increase in the person's treatment,

(ii)changes to the structure of the person's body,

(iii)the shortening of the life expectancy of the person,

(iv)an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days,

(v)the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days.

Duty of Candour Incidents	2018/2019	2019/2020
Considered	128	43
Confirmed	0	1

The incident in question meets the outcome criteria of 'the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days.' This was allegedly caused by an injection having been administered incorrectly.

6.1 Duty of Candour Procedure

There was a delay in notifying the Duty of Candour Group as the trigger for this incident was longer than 28 days. Once identified as Duty of Candour the incident was subsequently investigated and an apology was given to the person affected.

6.2 What has changed as a result?

In response to the incident a local investigation was completed and a report was compiled for the Duty of Candour Group who met on 2 December 2019 to review. From this meeting the need for education around the giving of injections was identified as a learning point and would be rolled across the hospital via Nursing Practice Development. Through this it is hoped to prevent any further adverse incidents of this nature.

7 FURTHER INFORMATION

The Duty of Candour Policy highlights the responsibilities of staff and the procedure to be followed when undertaking the Duty of Candour process can be found on the intranet.

As required, this is report is available on The State Hospital website.

If you would like further information about this report please contact us using the following contact details:

Associate Medical Director
The State Hospitals Board for Scotland
Carstairs
ML11 8RP

tsh.info@nhs.net

Paper No 20/50

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	August 2020
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 June 2020. 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

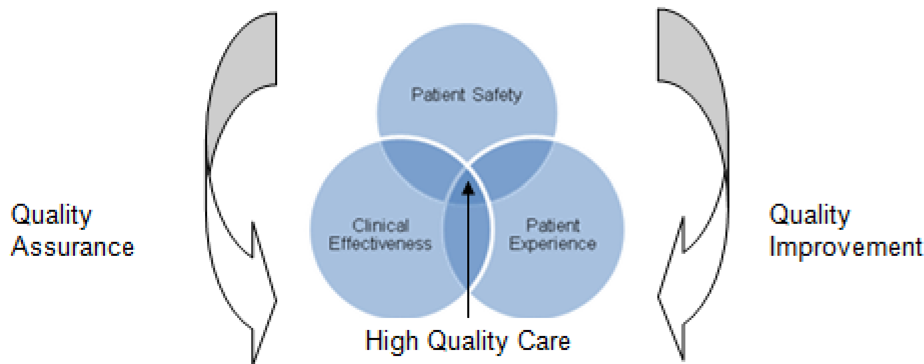
2 BACKGROUND

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, variance analysis tools and complaints
  - Service reports for Medicines Committee, Infection Control Committee and Patient Safety
  - Clinical and Support Services Operating Procedure Indicators Report
- Quality Improvement through:
  - The work of the QI Forum
  - The various Committees within the hospital
  - Development of the Remobilisation plan

- Evidence for quality including analysis of the national and local guidance and standards recently released and pertinent to The State Hospital

- Capacity Building for Quality Improvement

4 RECOMMENDATION

The Board are asked to note the content of this paper

MONITORING FORM

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

Paper No 20/50

QUALITY ASSURANCE AND IMPROVEMENT IN THE STATE HOSPITAL

AUGUST 2020

INTRODUCTION

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

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- Gaining insight and assurance on the quality of our care;
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- Evaluating and disseminating our results;
- Building improvement knowledge, skills and capacity.

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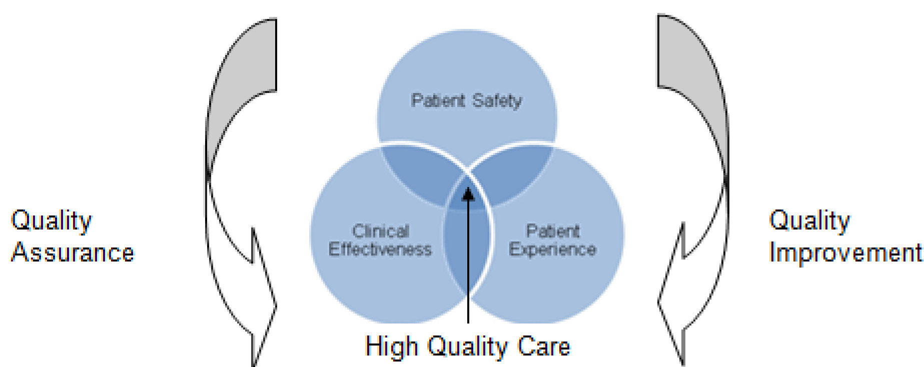


ASSURANCE OF QUALITY

Clinical Audit

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

- Observation Policy Sub Heading Audit
- Observation Policy Audit
- Prescription Sheet Audit
- Record Keeping Audit
- Post Physical Intervention Audit

Findings from these included:

Observation Policy Sub Heading Audit
- Medical must improve their use of the observation review sub heading on RiO
- Nursing must improve their use of the observation review sub heading on RiO
- Consideration to be given to the use of sub headings to be included in all medical and nursing staff induction programmes

Observation Policy Audit
- Observation level review discussions must be documented within Rio
- Evidence of relatives being notified of increase in observation level must be documented in RiO
- Evidence must be provided on RiO of medical staff discussing the reduction in observation levels with the patient prior to any reduction
- The review discussions between the RMO and Nurse in Charge in the first 7 days must be recorded within the Progress Note section of RiO using the Medical "Observation Review" sub-heading

Post Physical Intervention Audit
- The corresponding information on the Post Physical Intervention Assessment Form and Datix requires improvement
- Completion of physical observations for all incidents where the patient is taken to the floor requires improvement
- Development of a standard protocol for recording the use of secure holds as part of the patients Care Plan and policy review if appropriate

Prescription Sheet Audit
- The number of prescription sheets with the date the sheet commenced has increased from 90.5% in 2019 to 96.5% in 2020.
- Completion of the adverse reaction section increased from 95.2% in 2019 to 99.1% in 2020
- The T2/T3 section saw a decrease from 92.4% in 2019 to 84.4% in 2020. Both Medic completion and pharmacy endorsement have declined.
- Of the 60 prescription sheets that could be located 66.7%% were on RiO and 33.3% were located in filing. Those located on RiO decreased from 82.9% in 2019 to 66.7%. This in part could be due to COVID 19 restrictions but also highlights how inconsistent the process is.

Record Keeping

- 19 of 115 patients in May had not been seen by an RMO in the previous 4 weeks
- 13 of the 19 patients had not seen any medical member of staff in the previous 4 weeks
- As at the beginning of June, 2 patients had not been seen by an RMO since March 2020

Variance Analysis Tools

Variance analysis tools are used within the organisation to give assurance that the key interventions linked to the CPA reviews are being completed. During the current reporting period the quarterly report was drawn up giving assurance that many of the measures are meeting their targets. Areas for improvement were added to the summary section of the report and included:

- In general Medical interventions decreased due mainly to poor VAT completion. Improve completion of Medical interventions overall and in particular on Lewis. Ensure engagement with new VAT data collection method
- Improve completion of Psychology interventions in Iona and Lewis. Ensure engagement with new VAT data collection method
- Improve Security attendance at patients Case Review.
- Increase the Dietician discussing report with patient prior to the Annual Case Review.

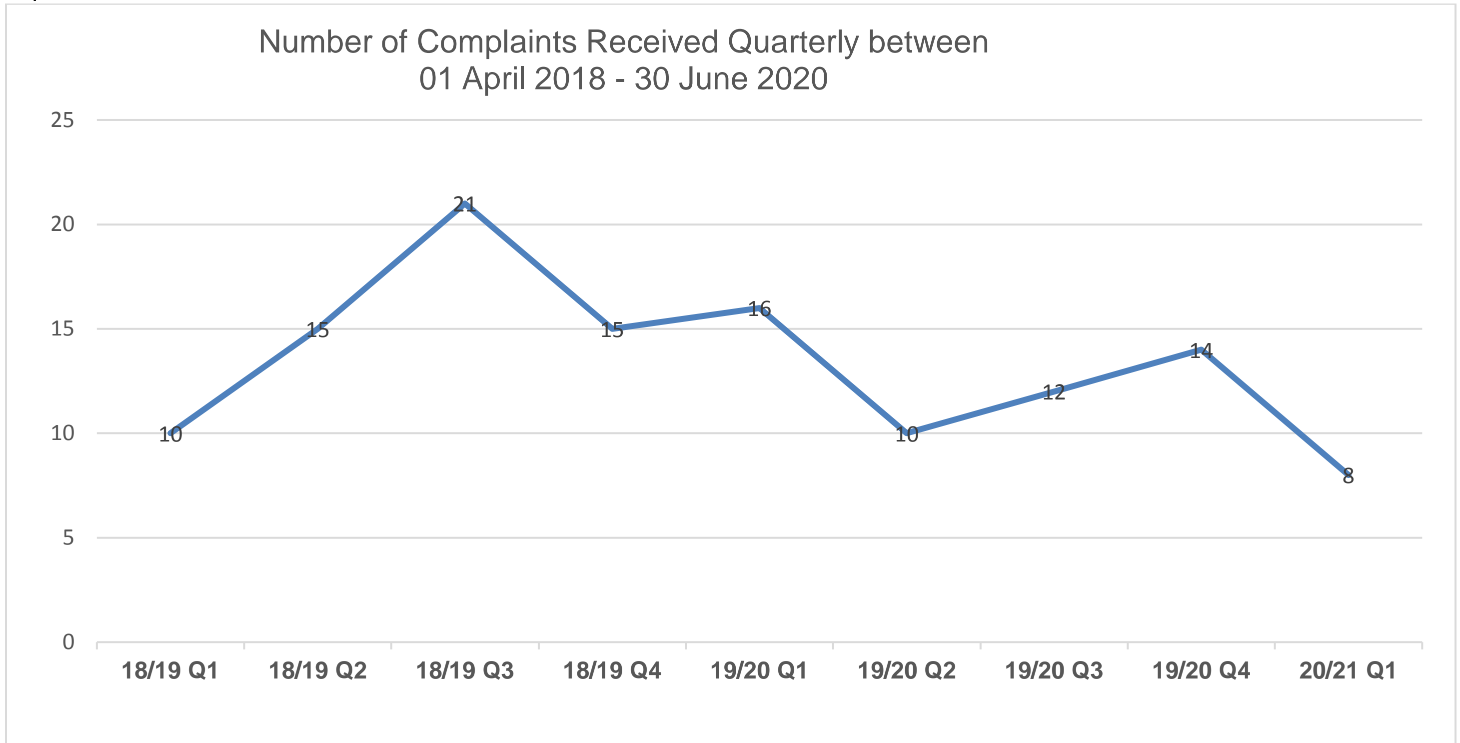
A new data collection process was implemented in response to Covid in April 2020 with all disciplines being sent excel spreadsheet to complete for their interventions. As can be see there were challenges with some professions not completing the spreadsheet and returning to Clinical Effectiveness for analysis:

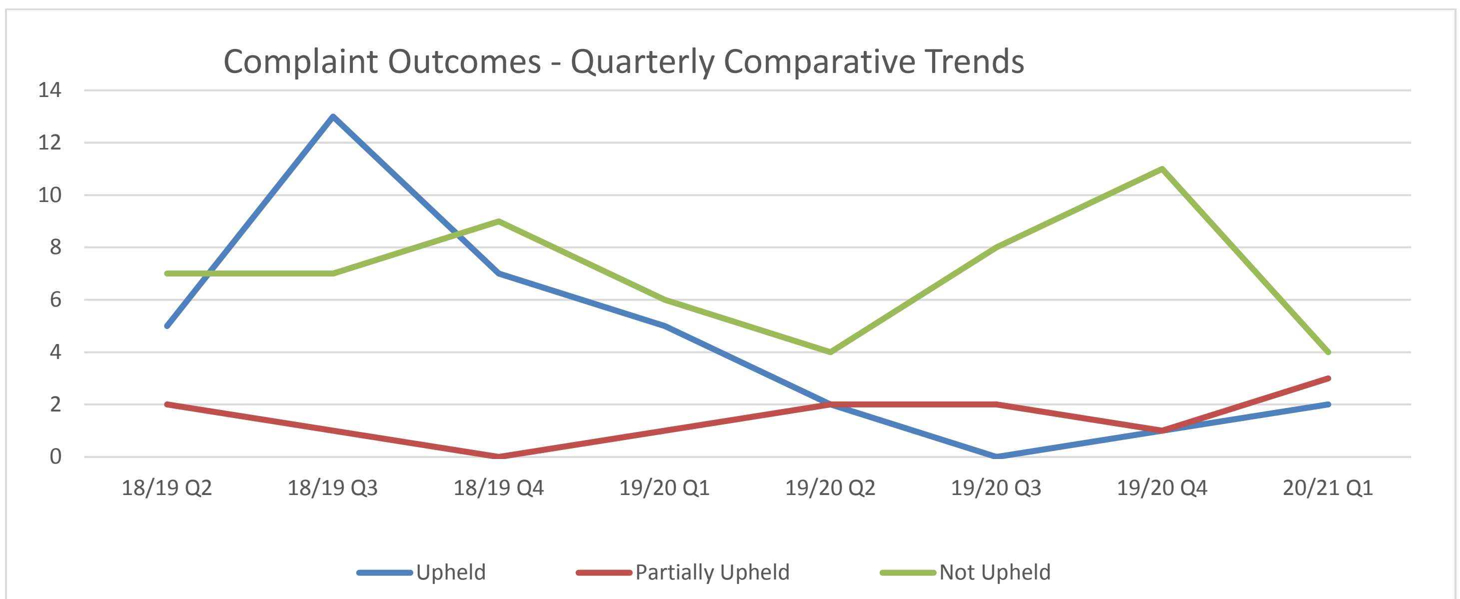
Hub	Medical	Nursing	Psych	Social Work	OT	Pharm	Skye AC	Security	Diet	Total
Arran n=8	71%	98%	93%	98%	98%	100%	100%	100%	100%	95%
Iona n=8	83%	97%	32%	100%	95%	100%	100%	80%	100%	87%
Lewis n=11	11%	83%	57%	92%	98%	100%	100%	100%	100%	82%
Mull n=10	79%	65%	100%	98%	100%	100%	100%	80%	100%	91%
Total n=37	58%	84%	71%	97%	98%	100%	100%	90%	100%	89%

Learning from complaints and feedback

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

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





Feedback

Despite spending longer periods of time within their bedrooms, patient feedback was balanced and reassuring overall in terms of patients feeling that they are being well supported, safe and cared for. Clear themes emerged over Q1:

- Value of maintaining contact with family through the use of video visiting (introduced in April 2020 very quickly after temporary suspension of visiting);

- Regular access to fresh air through regular walks 7 days a week (supported by the wider Clinical Team and Skye Centre staff);
- Quality time with staff who were able to listen as very few patients in the day area at one time;
- Preference for plated meals and, for many eating alone;
- Appreciation for weekly ‘treat lunch’ in lieu of monthly takeaway meal;
- Examples of person-centred, individually tailored practice which appears to be as a result of Clinical Teams feeling more empowered to make decisions locally which are right for their patients based on dynamic clinical presentation;
- Acknowledgement of rapid decision making which supported a more responsive approach to meeting the needs of individuals.

Patients shared concerns about:

- A lack of any contact with friends in other wards – offered suggestions relating to digital communication, currently being explored;
- Having no access to the Skye Centre as a change of environment and activities therein;
- Missing spiritual and pastoral care and contact with the Chaplaincy team and volunteers;
- Being unable to physically see family / friends.

Visiting resumed in July, facilitated by the Person Centred Improvement Team within the Family Centre as the interim centralised visiting area. Video visits continue to be offered as an alternative for families unable to come into the Hospital.

The State Hospital Patient Covid-19 Graffiti Wall

The word most regularly used to share patient experience was ‘adapt’ which was in relation to everyone being willing to adapt (patients and staff) as well as how quickly we have been able to adapt long standing practice when we really need to – so we should consider ‘need’ from a different perspective moving forward in terms of bringing about change.

Quality Assurance activities from Service/Committee Reports

1 Quality Assurance Activity

Medicines Committee

Medicines Expenditure

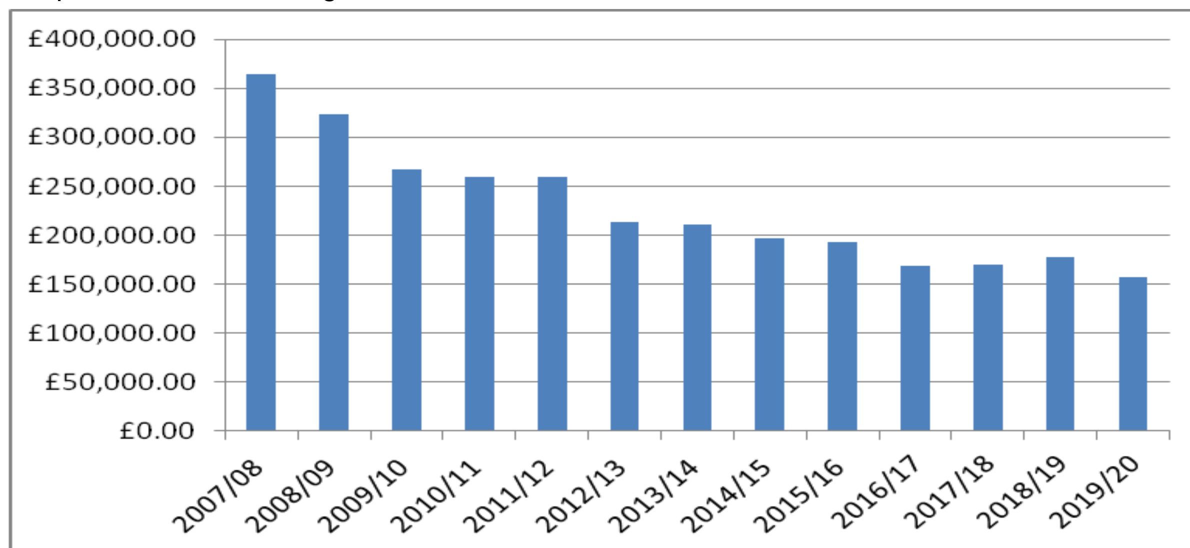
Monthly invoices continue to be checked and authorised by Pharmacy against NHS Lothian Medicines Management reports. A live electronic link to NHS Lothian streamlines the medicine ordering process.

Table 2: Medicines Expenditure

	2019/20 Full financial year	**1st quarter 2020/21**
Stores	£139,211	£35,048
Named Patient Dispensing	£18,255	£848
Total	**£157,766**	**£35,896**

For the year 2019/20 the medicines budget contributed to hospital savings.

Graph 2: Medicines Budget



For 2020/21 so far the medicines budget has exceeded the savings target although there are still a number of potential pressures with regard medicine shortages resulting in more expensive alternatives being accessed. Additional medicines for Covid-19 and oxygen cylinder rental have so far not impacted significantly.

Currently the top monthly expenditure continues to include clozapine and some other atypical antipsychotics (olanzapine, aripiprazole, paliperidone), vitamin D, nicotine replacement therapy. Some individual patient physical health items are also present including anticonvulsants. Due to medicine supply shortages, sertraline (an antidepressant) and valproic acid (mood stabiliser) costs rose.

Level of stock holdings on the wards are reviewed each week by the pharmacy top-up service and monitored via medicines management issue reports.

Prescribing reports

The number of patients receiving high dose and multiple antipsychotics continues to be monitored plus anti-microbial, controlled drug and non-formulary usage reports are reviewed. No areas for concern.

Unlicensed/Off Label Prescribing
The list of unlicensed and off label medicines accepted for use within the hospital is available on the intranet and is regularly updated.

The Medicines Committee reviews new requests for unlicensed or off label medicines (as per hospital policy). Since last year's report there have been 2 unlicensed and 1 off label request. These were all for physical health medicines.

Peer Approved Clinical System (PACS) Tier 2 Applications
These include individual requests for medicines not routinely approved for use within NHS Scotland. Each individual clinical case must have support from a peer prescriber then the application is taken to a local panel for approval.

Two submissions were approved in the last 12 months, both for 2 types of antipsychotics.

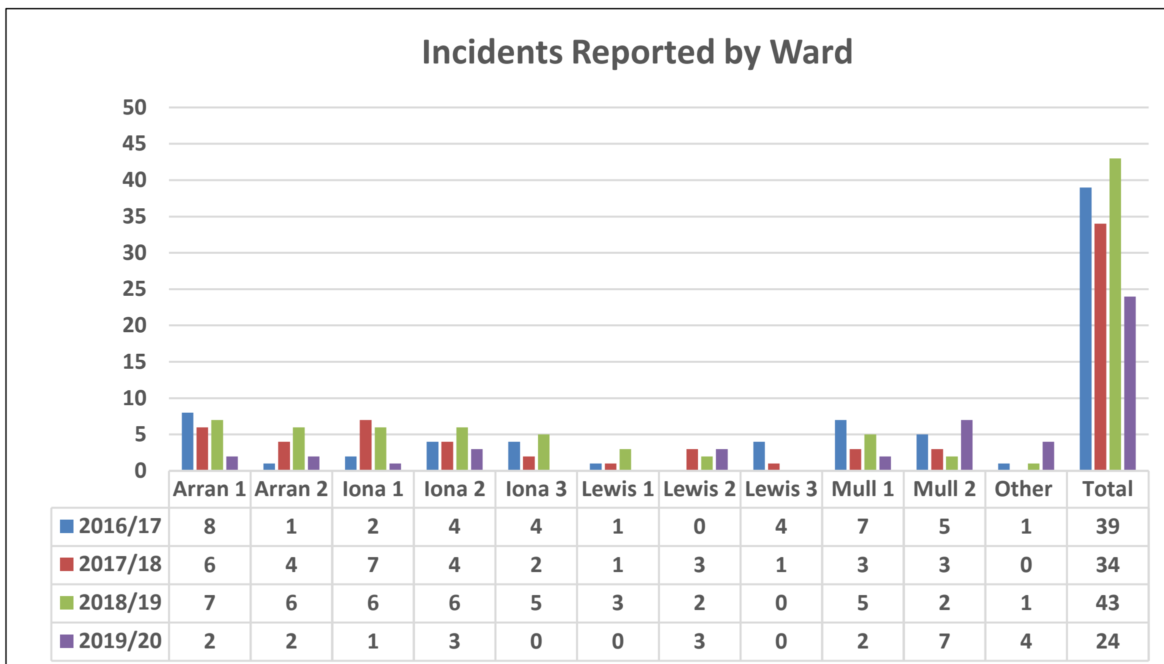
Medication incidents

Between 1 July 2019 and 30 June 2020 there were 24 medication incidents reported on Datix.

Table 3: Medication Incident Type

Incident Type	Number of Incidents
Medicine Administration Incident	9
Medication Dispensing Incident	0
Medicine Prescribing Incident	4
Medicine Supply Incident	7
Medicine Other	4
Total	**24**

Graph 3: Incident Reported by Ward



	Arran 1	Arran 2	Iona 1	Iona 2	Iona 3	Lewis 1	Lewis 2	Lewis 3	Mull 1	Mull 2	Other	Total
2016/17	8	1	2	4	4	1	0	4	7	5	1	39
2017/18	6	4	7	4	2	1	3	1	3	3	0	34
2018/19	7	6	6	6	5	3	2	0	5	2	1	43
2019/20	2	2	1	3	0	0	3	0	2	7	4	24

Learning points shared from the Medication Incident Review Group and the Practice Development Observational Drug Administration Audit in this period included:

- Introduction of training for the role of the 2nd nurse at administration rounds.
- Two members of nursing should be checking and signing controlled drug and recorded drug totals together
- Ensure every rewritten prescription sheet is double checked by a second member of staff
- New procedure for supply of benzodiazepines introduced (although this initially introduced new incidents from the hospital supplier)
- Check availability of medicines for new admissions out of hours, especially higher priority ones
- New Pharmaceutical waste bins for medicines only. No sharps, razors etc

Clinical Audit Projects

1. Consent to Treatment Adherence
   - Regular audit against Mental Welfare Commission Code of Practice Guidance. No major concerns.
   - Reminder on a T2B form best to specify the actual medication rather than broad classes.

2. Medicine Trolley
   - Excellent results of compliance with policy standards around layout to reduce risk of medication incidents.

3. Medicine Fridge Temperature Recording
   - Monitoring being completed although one ward had not reported when temperature out with limits.
   - Recording log standardised across the hospital.

4. Lithium Monitoring
   - Patients receiving appropriate monitoring.

5. Safe Administration of Medicines Observational Audit
   - Role of observing nurse at medication rounds to be added to policy and at induction.
   - Improve witness recording of controlled drugs and recorded drug checks.

6. Antimicrobial Audit against formulary guidance
   - Data collected. Report delayed due to Covid-19. With specialist Lanarkshire antimicrobial pharmacy team.

7. Use of Psychotropic PRN (as required) Medicines
   - Data collected. Report to next Medicines Committee.

National – Prescribing Observatory in Mental Health (POMH)

These are national benchmarking projects that The State Hospital now participates in as part of the Forensic Network **(FN code 95).** The funding, co-ordination and data input of the projects sits with The State Hospital. Primarily these are facilitated by the Clinical Effectiveness Department. Junior medical staff are often involved with the data collection. Data is also shared through the Forensic Network Inter-regional Group plus the FN Pharmacy Group.

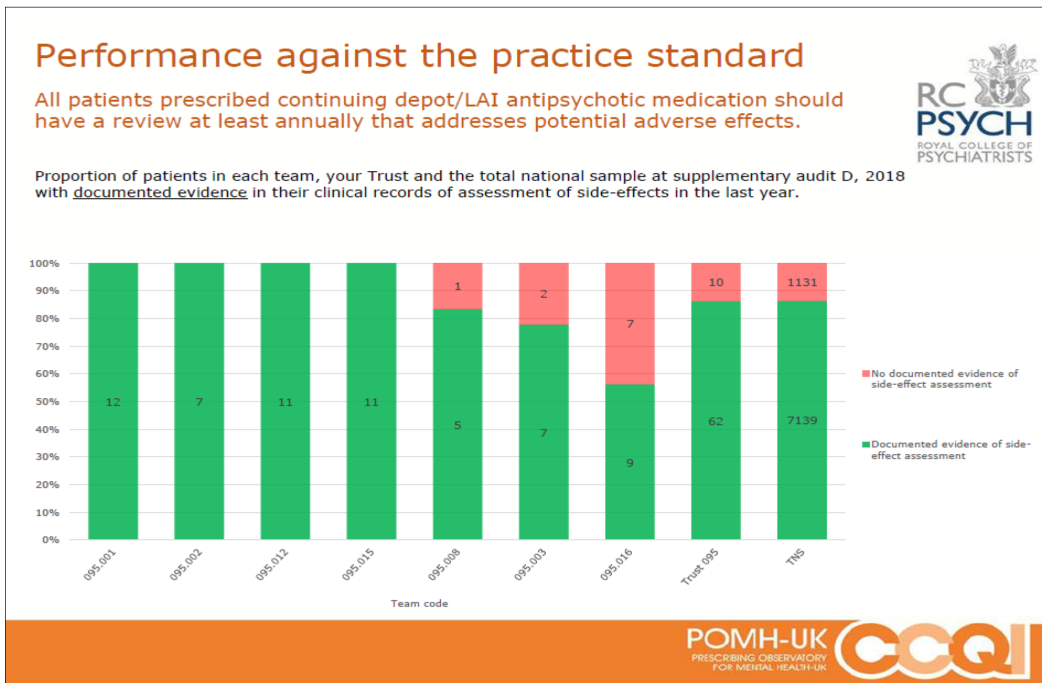
1. Assessment of the side-effects of depot/LAI antipsychotics

The practice standards for this audit were derived from NICE Guideline CG178 Psychosis and schizophrenia in adults: prevention and management plus Healthcare Improvement Scotland (2013): Management of Schizophrenia.

Data was submitted for 8,270 patients UK wide. 72 patients were from 7 sites in the Forensic Network. There was a wide variety of results across the Forensic Network sites but this year some community sites were included for the first time.

Broken down, The State Hospital (95.001) evidenced 100% review of side effects.

Graph 4: Performance against the practice standard



2. Monitoring of Patients Prescribed Lithium

This is the 4th time the network has completed the lithium monitoring project (2011, 2013 and 2016 previously). The total national sample (TNS) this time was 5,817 patients with 4 sites from the Forensic Network taking part (9 patients). In 2016 seven sites participated with 30 patients. It would appear a number of areas are carrying out their own local lithium audits so declined this time round. Lithium prescribing would seem also to be on the decline.

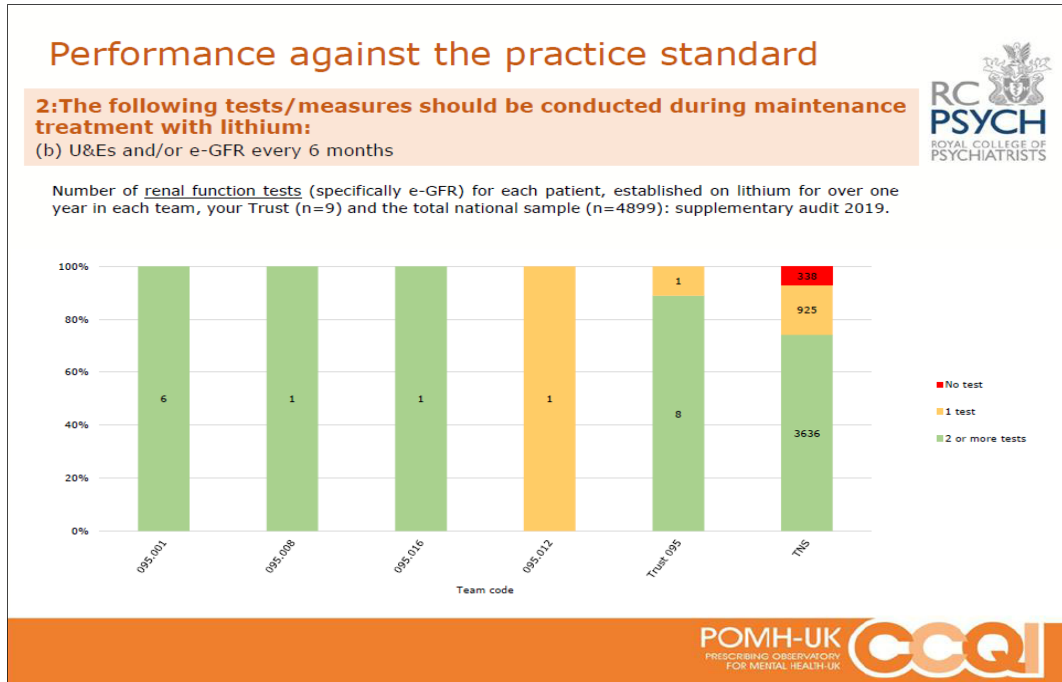
The practice standards for audit were derived from NICE for bipolar disorder and included measures/tests that should be completed before lithium initiation and for maintenance. These included renal function, thyroid function tests, calcium, weight, lithium levels.

For maintenance treatment 8/9 patients within the Forensic Network had received 2 or more lithium tests recorded in the previous year which met the standard. This placed the Network above the overall TNS result.

- 8/9 patients had appropriate renal function tests and weight/BMI recorded.
- 7/10 patients had appropriate thyroid function tests.
- 6/10 patients had appropriate serum calcium results (this was an improvement from 2016).
- All of these, including the calcium, were above the overall TNS results.

Broken down, The State Hospital (95.001) performed well across all the tests.

Graph 5: Performance against the practice standard



3. The Use of depot/long-acting injectable antipsychotic medication for relapse prevention

The practice standards for this project focuses on documentation contained in the care plan and includes regular review of the medication.

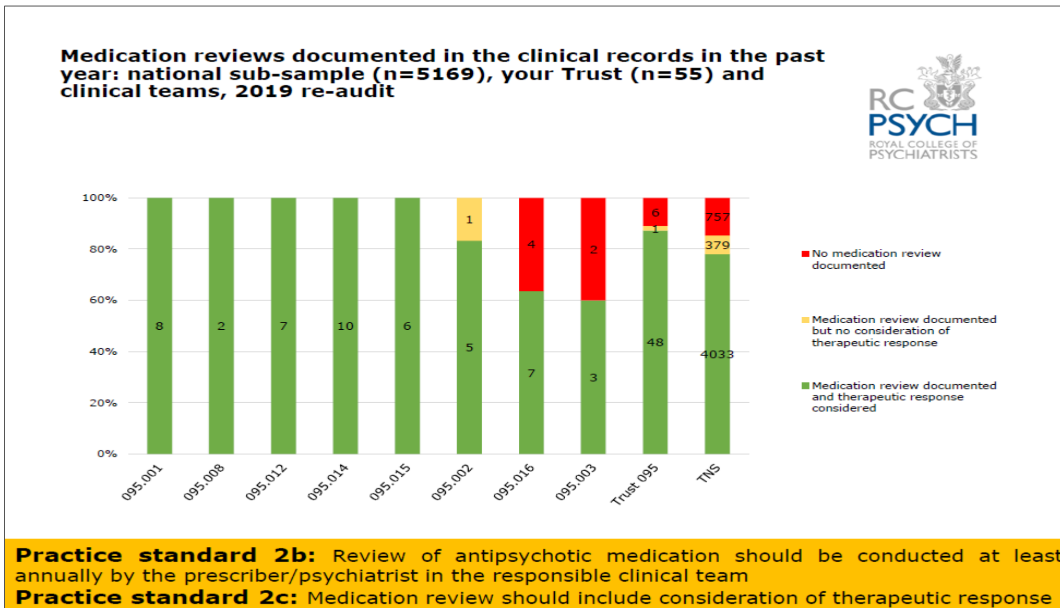
Data was submitted for 7,506 patients UK wide, 83 of those from 8 sites in the Forensic Network (only 3 sites in 2017 baseline).

Overall for the Forensic Network:
For those treated with a depot/LAI for 6 months to one year:

- 89% (16/18) had a clear rationale documented

For those treated for more than one year:

- 89% (49/55) had a medication review documented. In only 1 case was a response not noted. This had improved from baseline
- Side effect recording had however fallen but by less than 10%



The graph below details The State Hospital (95.001) compared with other sites.

Graph 6: Practice Standards

4. Antipsychotic prescribing in patients with a Learning Disability

Unfortunately, due to Covid-19 data collection and submission was not possible within the time scales

<u>Implementation of National Clinical Guidelines & Standards</u>

Over the last 12 months (1 July 2019 to 30 June 2020), there were 59 guidelines and standards reviewed by the Medicines Committee. This has increased from 46 in the last review period. 52 NICE Medication Technology Appraisals (MTAs), 5 NICE guidelines and 1 Healthcare Improvement Scotland (HIS) Rapid Response Review were reviewed. 54 documents were deemed to be either not relevant or were covered by a similar guideline. Of the remaining 5, all had varying degrees of relevancy to medicine provision within The State Hospital and were sent out for information purposes. There was no requirement for any recommendation reviews to be conducted over this review period. As the MTA's were released by NICE, which is English based, both Clinical Effectiveness and Pharmacy are involved in the process of reviewing these against medications released by the Scottish Medicines Consortium and the Lothian Joint Formulary.

Table 4: Guidelines/Standards reviewed

Guidelines/Standards Body	No of Publications Reviewed	No Applicable to The State Hospital	Recommendation Review required
Healthcare Improvement Scotland (HIS)	1	1	0
National Institute for Health and Clinical Excellence (NICE)	57	3	0
Scottish Government	1	1	0

Pharmacy staff are also members of other professional groups that review guidelines/standards and can complete the medication components of these.

Compliance with Mandatory e-learning Training – Safe Use of Medicines Policy

Excellent compliance reported from Learning Centre with 7/10 wards with 100% staff compliance completion. Remaining wards at 93%. All but 3 wards had 1-3 staff due refresher but still positive results.

Scottish Patient Safety Programme

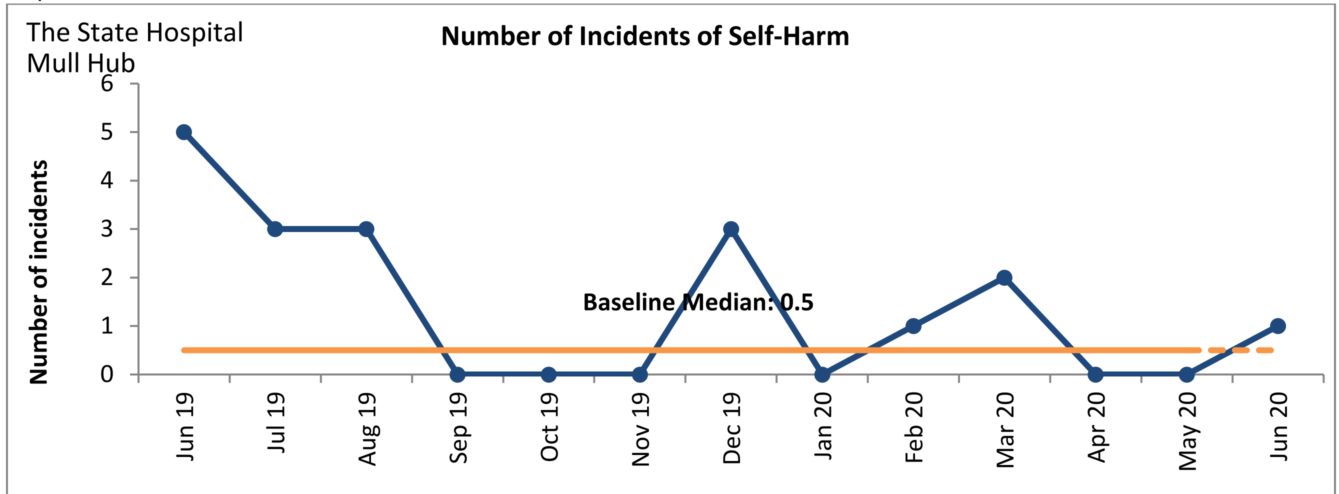
The main source of quality assurance is through the national dataset:

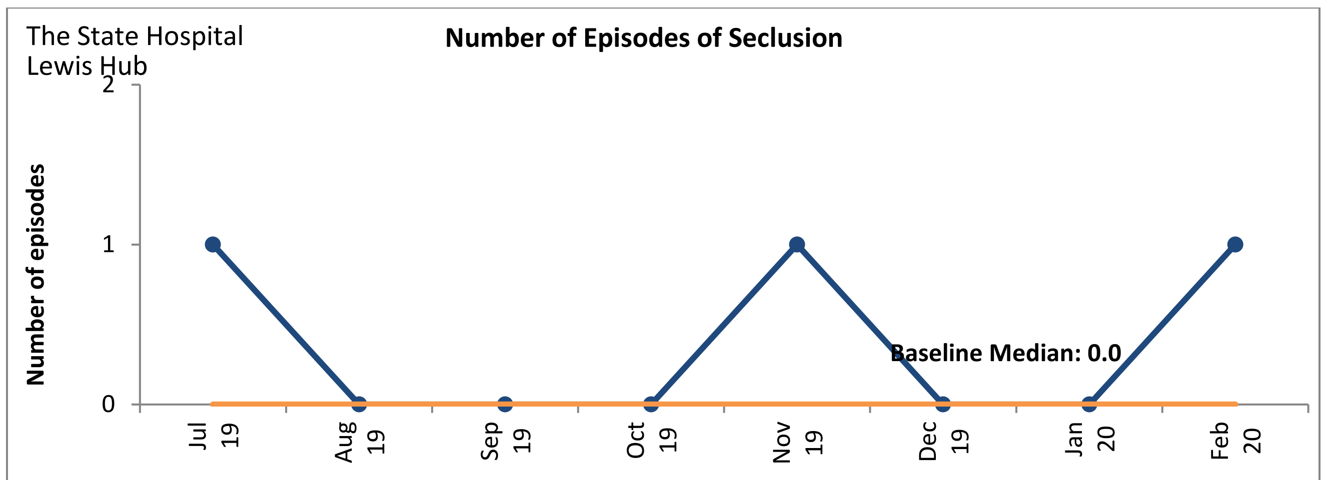
MHO1	Rate of incidents of physical violence and aggression per 1,000 occupied bed days
MHO1db	Days between incidents of physical violence and aggression
MHO2	Rate of incidents of restraint per 1,000 occupied bed days
MHO2db	Days between incidents of restraint
	Average length of incidents of restraint
MHO3	Rate of episodes of seclusion per 1,000 occupied bed days
MHO3db	Days between episodes of seclusion
	Average length of episodes of seclusion
MHO4A	Rate of incidents of self-harm per 1,000 occupied bed days
MHO4Adb	Days between incidents of self-harm
MHO5	Rate of episodes of continuous intervention per 1,000 occupied bed days

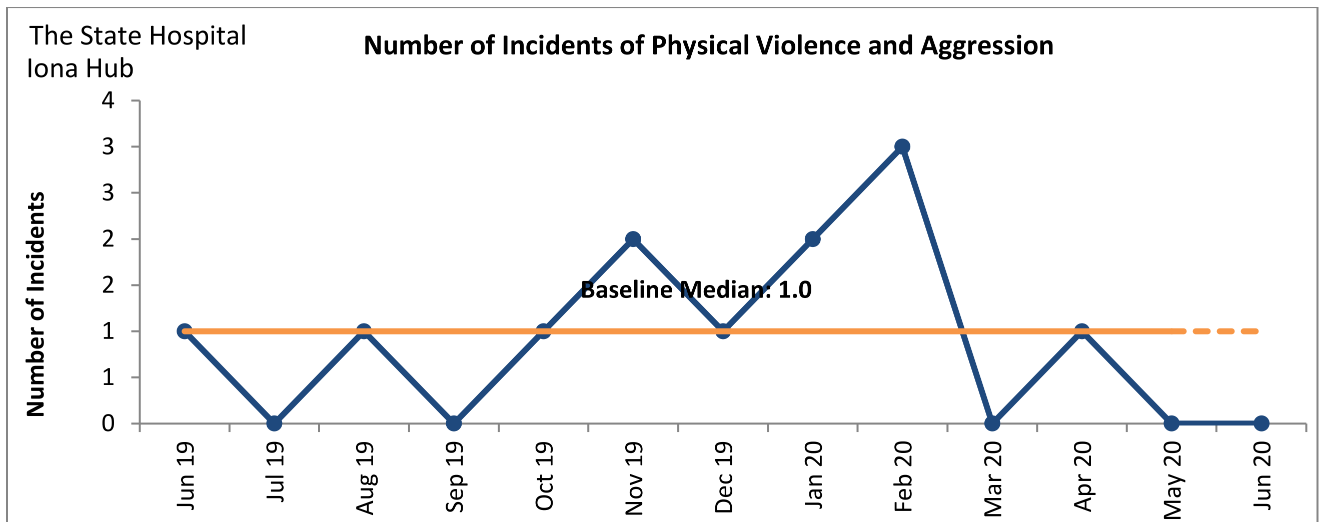
Below are examples of the assurance data that is collected and reported nationally. The data is also discussed at the Patient Safety Group with a view to seeing any trends, shifts or astronomical points that need addressed.

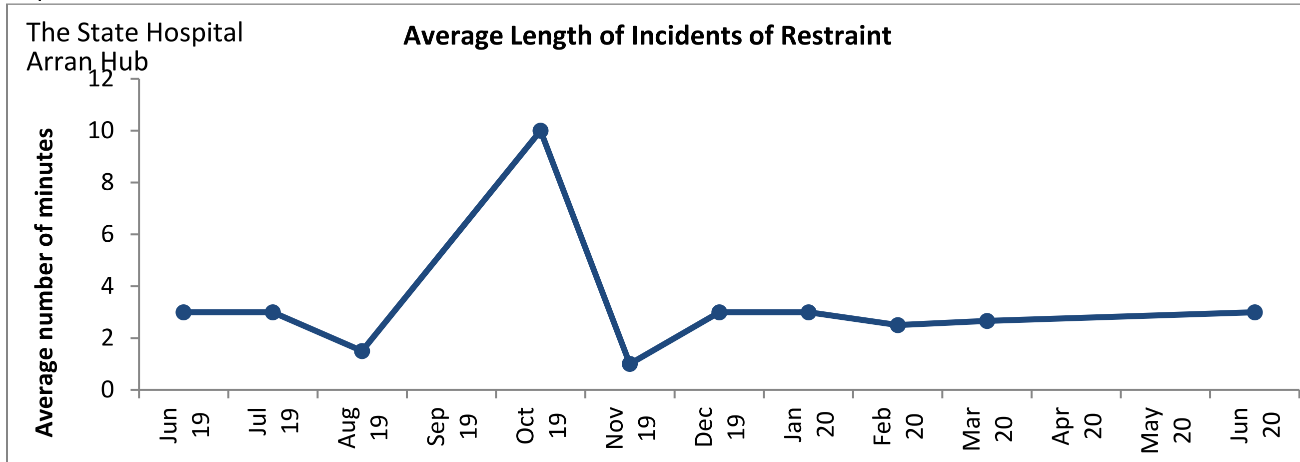
All the national charts during 2019 have shown random variation. One or two have data points above the median but not enough to make them a shift or trend at this point, but these will be kept under review every month.

Paper No 20/50









Clinical and Support Services Operating Procedure

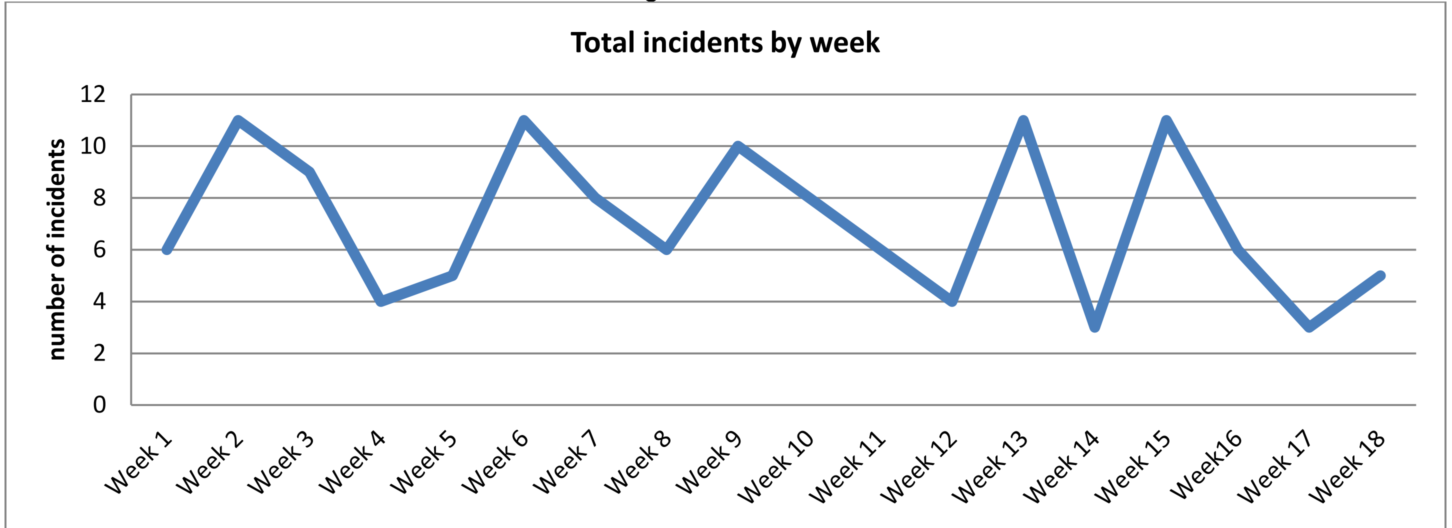
During the current Novel coronavirus (COVID-19) outbreak, The State Hospital's Gold Command Committee agreed it was necessary to introduce a further range of enhanced measures to best ensure the health and wellbeing of our patients. This Interim Clinical and Support Services Operating Procedure was developed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

An indicators report is provided to the Director of Nursing & AHPs and the Medical Director on a daily basis to give the hospital assurance around the patients physical and mental wellbeing. A weekly report is then collated and discussed at the Clinical Operations Monitoring Group which is attended by a wide range of multidisciplinary team colleagues. The weekly meeting enables collaboration on interpretation of data and agreement on actions to be taken as a result analysis. It also allows for refection and assessment on the safe continuation of the Interim Clinical Operations Policy and this is reported to Gold Command on a weekly basis. The indicators included within the report are:

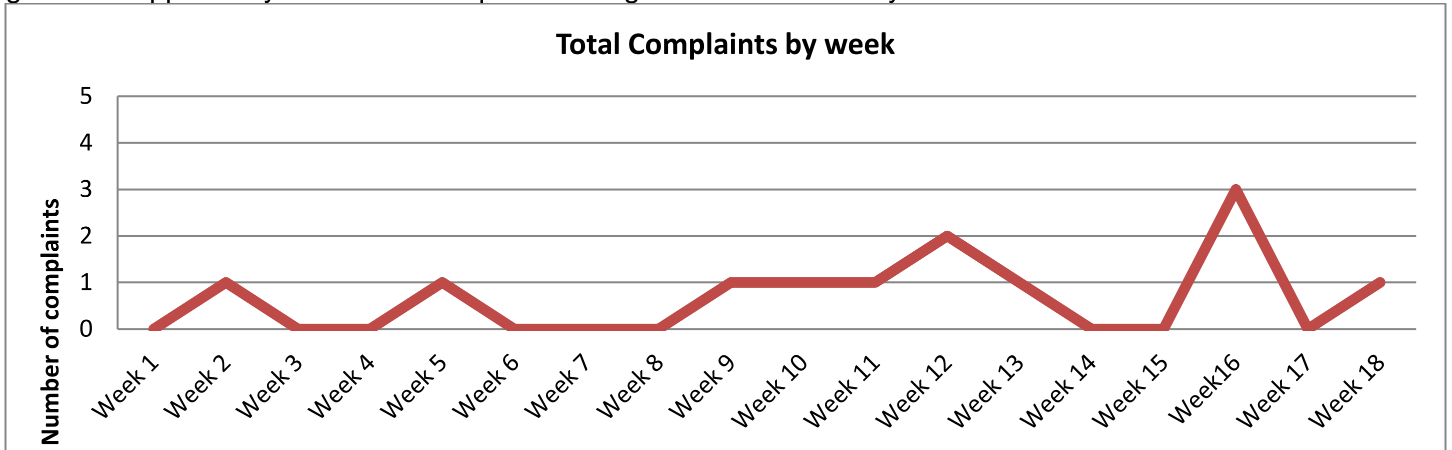
- Datix incidents around assaults, attempted assaults and behaviour (includes verbal)
- Complaints
- Feedback
- Ward staff shortages (with details of the professions backfilling)
- Number of patients on Level 3 observations (including incidents they have involved them)
- Number of patients with an increased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

The weekly data has allowed the hospital to have assurance that the revised policy is not too restrictive to our patients within the hospital. Examples of the weekly data are:

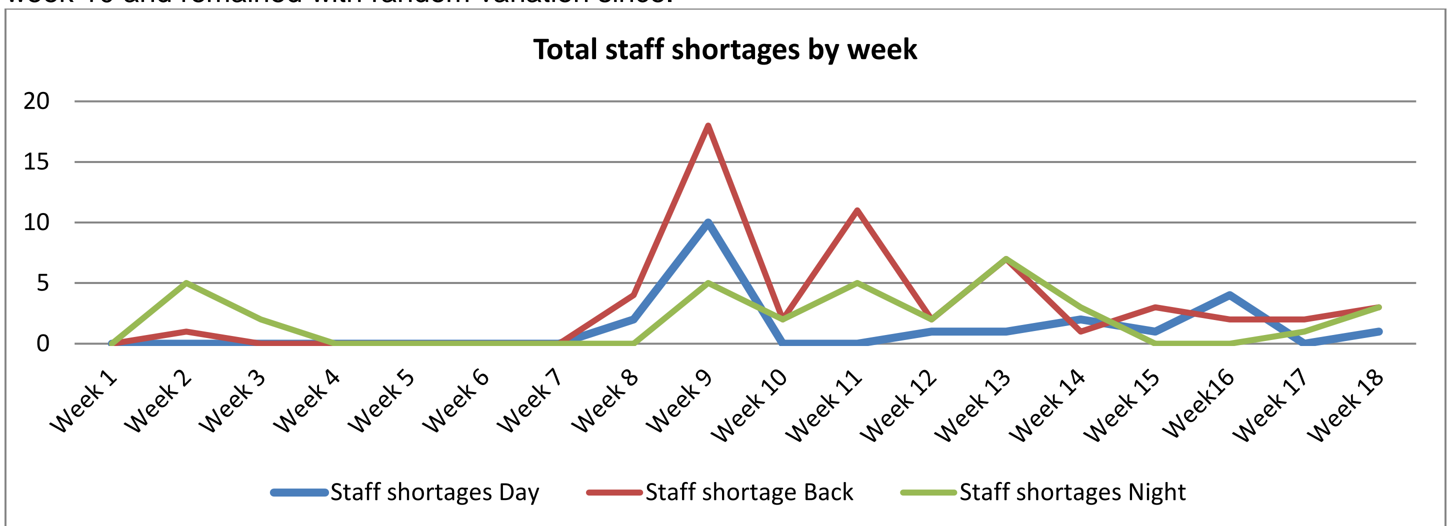
As can be seen the number of incidents have ranged between 3 and 11 with random variation.



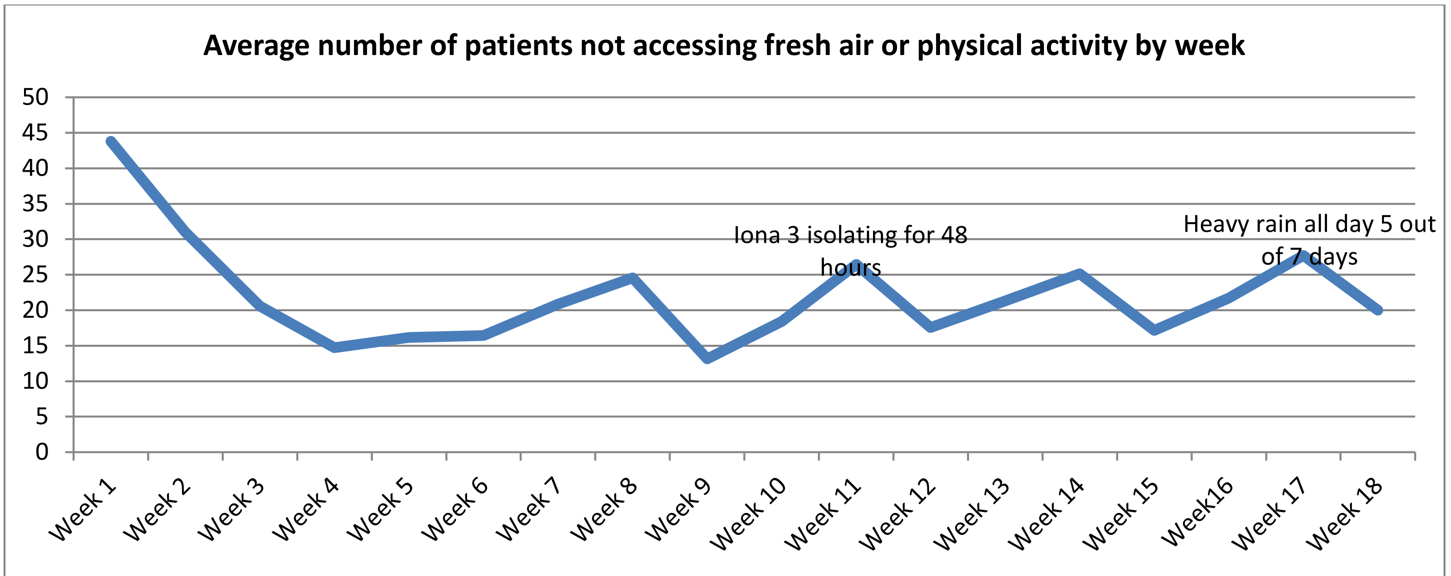
Complaints have been quite low with the highest number in one week being 3. The patients are still being given the opportunity to make a complaint through both the advocacy service of internal mail.



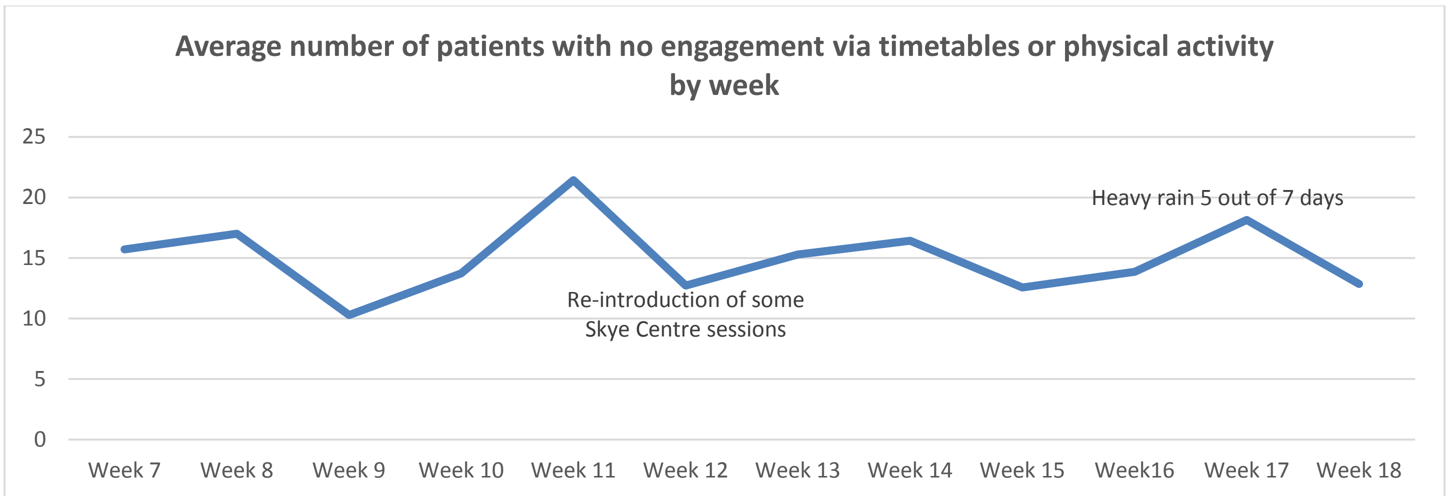
As can be seen an astronomical point was seen in week 9 but has come back down within normal limits in week 10 and remained with random variation since.



The average number of patients not accessing fresh air has improved significantly since week 1 although a few challenges have been noted with the wet weather in week 17 and a full ward isolating for 48 hours in week 11.



The number of patients not accessing fresh air, physical activity or a timetable session has improved since its introduction in week 7, although the inclement weather has cause some challenges with this in recent weeks. Random variation noted



QUALITY IMPROVEMENT

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

Quality Improvement is a systematic and applied approach to solving complex issues through testing and learning cycles, reviewing data to check for change over time. It involves working with those closest to the issues to find and test solutions using iterative tests of change. QI recognises that human dimensions of change are an important aspect of the approach. QI approaches can identify new solutions through innovation.

Quality Forum and Remobilisation Planning

The Quality Forum meets regularly to champion and lead the quality improvement initiatives across the hospital and raise awareness and understanding of QI approaches. To support recovery and renewal planning and engage staff to ensure learning for the current situation informs future plans a series of staff engagement activities have taken place across TSH. The QI Forum has been supporting staff engagement activities with a view to building in quality improvement approaches and methods to recovery and renewal planning across the site. A staff survey was developed to gather 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?*

Over a six week period, 39 responses to the staff survey were received, 9 teams and 30 from individuals. Building on themes raised in the questionnaire, a series of 13 conference linked discussions, each led by the Chief Executive, took place between the 27 May and the 8 June 2020. The main themes from the staff survey were used as a baseline for discussion and staff 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, ensuring staff engagement in development of new approaches and leaning form practice was a key principle going forward. . A Staff Bulletin was developed and published in June to share the feedback from staff engagement activities with local posters displayed in staff areas to feedback the key areas raised.

Through the staff engagement activity, a range of themes 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

As remobilisation planning continues, the QI Forum will continue to be part of this to support the use of QI approaches to embed change in organisational culture. The QI Forum will work across the hospital to support and embed QI approaches to innovation and learning using the model for improvement as a guiding approach.

TSH3030

The Quality Forum's TSH3030 QI project team have been shortlisted for an award for the Royal College of Psychiatrists Awards Category 16 - Psychiatric Team of the Year: Quality Improvement. This year's ceremony is being held virtually on 19th November 2020.

National Reports
Healthcare Improvement Scotland (HIS) and the Scottish Health Technologies Group (SHTG) released a document in March entitled "Assessment of potential for spread or scale of improvement projects featured in the "Finding a Way Forward".

The background to the report was that the Service Reform Division of the Scottish Government asked the SHTG to conduct a high level assessment of the potential for spread or scale of 31 improvement projects from across Health and Social Care in Scotland. The projects were identified from 226 posters presented at the 2018 NHS Scotland Event. After meeting with the project teams, the Service Reform Division summarised the 31 projects in the 'Finding a Way Forward' report. One of these projects was The State Hospital TSH3030 Make your ideas matter.

Projects were assessed and scored using the CORRECT framework and then grouped into strong, medium or weak categories regarding potential for spread or scale:

- 3 projects were not assessed due to a lack of available detail within the poster
- 17 projects were found to be "strong" in potential for spread or scale (this included TSH3030 Make your ideas matter)
- 11 projects were found to be "medium" strength in their potential for spread or scale

Quality Improvement from Service/Committee Reports

Medicines Committee

Clinical Audit Project Action Plans
Action plans, if required, are created and documented following all Clinical Audit projects and a running log kept for review at each Medicine Committee.

One of the main recent pieces of work followed the Safe Administration of Medicines Observational audit via Practice Development to enhance education on the role of the second nurse at administration rounds. The aim being to make sure patients take their medicines correctly and do not have the opportunity to discard or pass on to others. This will be incorporated into the nurse induction programme and details added into the Safe Use of Medicines Policy update coming. soon.

Clozapine Supply process
The clozapine supply and monitoring processes to wards were streamlined at the start of the Covid-19 pandemic and built in resilience at each stage of the process. This included Pharmacy offsite, Pharmacy onsite and at nurse administration.

Pharmaceutical Waste
In collaboration with Infection Control pharmaceutical waste bins were introduced to each ward to improve disposal processes.

Controlled Drugs
Following a controlled drug audit an improved system was required for pharmacist 3 monthly ward checks. This was completed as part of a TSH3030 project.

Medication Incident Feedback
With the well-established Medication Incident Review Group now in place more regular feedback has been introduced to staff.

Blood Monitoring database
The Health Centre's blood monitoring database has been refreshed to make sure patients on certain medication receive the correct monitoring. There had been improved information sharing. Some work will be undertaken to make sure Covid-19 restrictions didn't impact too severely on the

Scottish Patient Safety Programme

- One of the TSH3030 projects in 2019 looked to improve further the use of the Patient Support Plan. The project was received very positively by ward staff and gave them a better understanding of the benefit of the plans.

- The introduction of a new PRN form on RiO had seen challenges through 2018. In 2019 the form was re-introduced using quality improvement tools with teams getting regular feedback on areas of the form that were not being completed correctly or missed altogether. The project resulted in all parts of the form being completed to a high standard.

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 June to 31 July 2020, 34 guidance documents have been reviewed, one of which requires the completion of an evaluation matrix in relation to Osteoporosis by the Physical Health Steering Group.

Body	Total No of documents reviewed	Documents for information	Evaluation Matrix required
Healthcare Improvement Scotland (HIS)	2	1	0
Mental Welfare Commission (MWC)	13	13	0
SIGN	1	0	1
National Institute for Health & Care Excellence (NICE)	18	0	0

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

Body	Title	Allocated Steering Group	Current Situation	Publication Date
HIS	From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care	MHPSG (via Patient Safety)	Evaluation matrix completed with 28 outstanding recommendations waiting on Project Lead to take to Patient Safety Group for review. Patient Safety commencing in new format in early August 2020.	15/01/2019
MWC	The use of seclusion	MHPSG (via Patient Safety)	Evaluation matrix in draft, waiting Director of Nursing to take to Patient Safety Group for review. Patient Safety commencing in new format in early August 2020.	10/10/2019
MWC	Autism and complex care needs	MHPSG	Evaluation matrix in draft. To be tabled at next MHPSG meeting in August 2020 for final sign off.	30/10/2019
SIGN	Assessment, diagnosis and interventions for autism spectrum disorders	MHPSG	Initial evaluation matrix to be updated in line with content of MWC Autism guidance released 30/10/2019. Evaluation matrix in draft. To be tabled at next MHPSG meeting in August 2020 for final sign off.	June 2016

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

	Total Outstanding Recommendations	Total Outstanding Guidelines
Physical Health Steering Group	3	3
Mental Health Practice Steering Group	13	6
Medicines Committee	4	2
* Operational Model Monitoring Group	1	1

*The Guidelines Action Plan previously allocated to the Person Centred Improvement Steering Group was discussed at the Clinical Governance Group (CGG) who felt that the one outstanding action was best suited to sit under the Patient Day Group. Given that CGG were unsure when the Patient Day Group would be re-

established the issues was therefore presented to the Operational Model Monitoring Group (OMMG) for discussion. The OMMG noted that this was an outstanding piece of work and would sit within the remobilisation plan. It was recognised that a paper is being prepared for Silver Command to capture weekend activity and would therefore be progressed via this route

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, are particularly useful within TSH. NES have recently announced the restart plans for these training opportunities, a small number of places will be open to TSH staff as part of National Boards or geographical clusters. The Quality Forum will engage with these national programmes and support TSH applications.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 August 2020
Agenda Reference:	Item No: 12
Sponsoring Director:	Director of Security, Estates and Facilities
Author(s):	Director of Security, Estates and facilities
Title of Report:	Annual Report to Scottish Government on the Implementation of Specified Persons Legislation
Purpose of Report:	For Approval

1 SITUATION

The Mental Health (Care & Treatment) (Scotland) Act 2003, Section 286, makes provision for regulations (the regulations) relating to safety & security, use of telephones and correspondence. The Safety & Security Regulations place a duty on The State Hospital to furnish Scottish Government with an annual report on the implementation of the regulations. In the interests of openness and transparency, the annual report to the Scottish Government also includes information on the implementation of the regulations relating to correspondence and telephones.

The draft report for 2019 – 2020 is attached at Appendix 1.

2 BACKGROUND

The regulations are:

- The Mental Health (Safety & Security) (Scotland) Regulations 2005
- The Mental Health (Use of Telephone) (Scotland) Regulations 2005
- The Mental Health (Definition of Specified Persons) (Scotland) Regulations 2005

The regulations allow restrictions to be made relating to "Specified Persons". The purpose of the specified person designation and related restrictions are to ensure the safety and welfare of the patient and others by allowing the Clinical Team to introduce managed and proportionate controls in defined areas. A system of reviews, reporting and appeals is also in place to safeguard the patient from excessive or disproportionate use of the specified person designation.

The specified person designation relates to:

- Correspondence
- Telephone calls
- Property and visitors
- Searching of patients and their property
- Searching of visitors and their property
- The taking of samples

- Surveillance of patients and visitors

Outside of the State Hospital the specified person designation is applied by the Responsible Medical Officer. The Act states that all patients at The State Hospital are automatically deemed to be Specified Persons due to their detention in The State Hospital.

3 ASSESSMENT

The report attached at appendix 1 is in the same format as previous years. It meets our obligation for an annual report. The data included in the report is regularly reported in more detail to the Clinical Governance Committee.

4 RECOMMENDATION

The Board is invited to **approve** the report for submission to the Scottish Government.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Meets obligation for annual report to Scottish Government
Workforce Implications	None
Financial Implications	None
Route to the Board Which groups were involved in contributing to the paper and recommendations?	Requested as part of Board Workplan
Risk Assessment (Outline any significant risks and associated mitigation)	None
Assessment of Impact on Stakeholder Experience	None
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).	Not applicable
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One ☐ There are no privacy implications. X There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

Appendix 1

Annual Report to the Scottish Government Health Department on the Implementation of:

- **The Mental Health (Safety and Security)(Scotland) Regulations**
- **The Mental Health (Use of Telephones)(Scotland) Regulations 2005**
- **The Mental Health (Definition of Specified Person: Correspondence)(Scotland) Regulations 2005**

by The State Hospitals Board for Scotland for the period 1 August 2019 to 31 July 2020

1 THE HOSPITAL'S CURRENT POLICY ON SAFETY AND SECURITY

The State Hospital has 140 beds and is currently operating with 120. According to the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act) all patients at The State Hospital are automatically deemed to be Specified Persons due to their detention in The State Hospital.

The State Hospital does not have a single "Safety and Security" Policy. Due to the intrinsic nature of security within a high security hospital, safety and security are a part of all policies and procedures. Areas in which policy exists that implement or are affected by the above regulations include:

- Patient mail and telephones
- Searching Patients
- Restricted and excluded items
- Restrictions on visitors
- Taking of samples
- Surveillance

Detail on these areas is provided below.

2 PATIENTS' MAIL AND TELEPHONES

Mail

The State Hospital Policy allows mail to or from the patient to be inspected and read by staff if individually prescribed by the Clinical Team. Mail can then be withheld from the patient or from being sent if it satisfies criteria related to safety or distress. As at July 2020 the patient numbers in the differing categories and instances of withheld mail were as below:

Incoming Mail Scrutiny	13-14	14-15	15-16	16-17	17-18	18-19	19-20
Opened in the presence of staff	39	48	35	31	28	23	22
Opened then inspected by staff	27	25	22	22	22	21	20
Opened, then inspected and read by staff	61	50	61	60	57	60	71

Outgoing Mail Scrutiny	13-14	14-15	15-16	16-17	17-18	18-19	19-20
Sealed by patient and handed to staff	25	34	24	22	19	17	16
Inspected by staff	33	35	27	24	24	22	19
Inspected and read by staff	69	54	67	67	64	65	78

Withheld Mail	13-14	14-15	15-16	16-17	17-18	18-19	19-20
Being sent by patient	1	2	0	0	0	2	2
Being sent to patient	1	0	0	3	7	0	0

Telephones

The State Hospital Policy allows outgoing calls from patients to persons approved by the Clinical Team. Under normal circumstances patients cannot take incoming calls.

Patients are either directly supervised by a member of staff who listens to the patient during the call, or indirectly supervised by a member of staff in the vicinity of the telephone. Technology and a new policy has been introduced which allows staff to hear both sides of the call and will allow recording of calls if deemed appropriate when the required technology has been introduced.

As at July 2020 the patient numbers in the differing categories were as below:

Telephone Call Supervision	13-14	14-15	15-16	16-17	17-18	18-19	19-20
All Supervised	53	45	59	57	49	52	65
All Unsupervised	53	56	34	30	22	20	18
Some Supervised	21	22	25	26	36	30	30

Calls to Advocacy, The Mental Welfare Commission, Legal Representatives and other persons listed in the Act are not to be supervised and do not require Clinical Team approval.

3 SEARCHING AND RESTRICTED OR EXCLUDED ITEMS

The State Hospital Policy allows the regular searching of:

- Patients
- Patients' rooms
- Patients' Lockers
- Patients' Visitors

Planned search frequencies are as follows:

Patient	Weekly
Locker	Weekly
Room	Monthly

Patients are also randomly searched when moving between areas, or if leaving an area where risk items are present that have not all been accounted for. An example of this would be when a patient needs to leave the dining room before cutlery has been counted.

In addition to these measures, to which every patient is subject, searches can be individually directed at a patient, his room or his locker based on information or presentation.

Policy also details those items that a patient is allowed in his room or is able to access. Items are excluded or restricted for a number of reasons, particularly the potential to cause harm or communicate with other devices and the internet. There are also overall restrictions on the quantity and volume of items to ensure rooms can be quickly and safely searched.

4 RESTRICTIONS ON VISITORS

The State Hospital Policy restricts patient visitors to those authorised by the patient's Clinical Team and restricts the items that can be brought into the Hospital by visitors. Policy also allows for Restricted Visits, in which 1:1 close supervision of the patient takes place.

The policy relating to Child Protection makes special arrangements to protect children who may visit patients or be present during Leave of Absence. Child contact requires special approval arrangements.

All visitors may be requested to submit to a search following entry through airport style security; all bags and other carried items are X-rayed and then searched if necessary.

5 TAKING OF SAMPLES

The State Hospital Policy allows the taking of oral fluid or urine samples to test for drugs of abuse. The majority of patients opt for an oral fluid test. The frequency of testing has changed during 2020 the patient provides between one sample during the year to 12 samples during the year as determined by the Clinical Team. The numbers of patients subject to each frequency as July 2020 is as follows:

Sampling Frequency	13-14	14-15	15-16	16-17	17-18	18-19	19-20
2 Weekly	21	24	23	29	15	15	N/A
1 Monthly	14	12	13	5	14	7	31
3 Monthly	20	13	18	17	17	16	18
6 Monthly	29	25	22	19	19	23	63
Annually	43	49	42	43	42	43	N/A

6 SURVEILLANCE

The Hospital operates a CCTV system around the perimeter, grounds and reception building of the Hospital, including areas of reception used by patient visitors.

CCTV is not currently used in clinical areas or to observe patients meeting visitors, though a business case has been approved that includes the introduction of CCTV to clinical areas.

7 POLICY REVIEW

The Hospital's policies and procedures are reviewed on a regular basis and as required.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the Clinical Governance Committee Meeting held on Thursday 14 May 2020 at 9.45am via Teleconference,

CHAIR:

Non Executive Director	Nicholas Johnston

PRESENT:

Non Executive Director	David McConnell
Non Executive Director	Brian Moore
Chairperson	Terry Currie
Chief Executive	Gary Jenkins

IN ATTENDANCE:

PA to Medical & Associate Medical Directors	Jacqueline McDade
HR Manager	Linda McWilliams (part)
Head of Corporate Planning and Business Support	Monica Merson
Research & Development Manager	Jamie Pitcairn (part)
Director of Nursing and AHP	Mark Richards
Clinical Effectiveness Team Leader	Sheila Smith
Medical Director	Lindsay Thomson

1 APOLOGIES AND INTRODUCTORY REMARKS

Nicholas Johnston welcomed those present to the meeting and apologies for absence were noted from John Marshall.

2 CONFLICTS OF INTEREST

There were no conflicts of interest noted in respect of the business to be discussed.

3 TO APPROVE THE MINUTES / ACTON NOTE OF PREVIOUS MEETING HELD ON 13 FEBRUARY 2020

The Minutes of the previous meeting held on 13 February 2020 were approved as an accurate record.

4 PROGRESS ON ACTION NOTES

All actions are progressing or have been completed.

5 MATTERS ARISING

5.1 Update from Mental Health Practice Steering Group

The Committee received a short update paper on Outcomes work on behalf of the Mental Health Practice Steering Group. Lindsay Thomson advised the Committee that, following the Committee meeting on13 February, she had met with the 2 Co-Chairs of the MHPSG, Dr Gordon Skilling and Aileen Burnett and has formally written to them to ask that outcomes be a priority for the Group.

Brian Moore asked if this links in with the quality improvement work and was advised by Lindsay Thomson that both Dr Skilling and Ms Burnett lead on the quality improvement agenda within the Hospital where outcomes fits in very well.

5.2 Update from Supporting Health Choices

The Committee received a short update paper on Supporting Healthy Choices presented by Khuram Khan. Dr Khan advised that whilst the supporting healthy choices agenda has been put on hold at the moment, Frances Waddell, Dietician is continuing with nutritional reviews. It is anticipated that meetings will recommence again at the end of May / beginning of June by either teleconference or Microsoft Teams.

Lindsay Thomson advised that, as a result of a change in the normal operating model, it is appropriate that there has not been a focus on this.

6 COVID-19

Members **received** and **noted** a paper on the COVID-19 situation presented by Lindsay Thomson and Mark Richards and which covers all aspects of the clinical response; we have an infection control structure in place with input from our Senior Nurse from Infection Control and also from an Infection Control Consultant from NHS Lanarkshire, and are ensuring that we follow national guidance.

Lindsay Thomson advised that between 16 March and 3 April we have had 8 positive tests and also 11 negative tests for patients. With regards to patient flow, we currently have 115 patients which leaves us with 2 mental illness and 3 intellectual disability beds available. Prior to lockdown, exceptional circumstances admissions ceased due to the number of patients we had and steps taken previously. Since lockdown we have had 2 high secure acutely unwell admissions but no transfers outwith the Hospital. Regular discussions take place with the Scottish Government and Forensic Network partners and Lindsay Thomson gave the Committee an overview of the bed situation within medium secure forensic services.

Our Health Centre and our General Practitioner, Dr Michael Mason, are important to our response. “Near Me” video consulting has been introduced within the Health Centre which continues to function. Liaison with NHS Lanarkshire Emergency Department was extremely helpful and gave us a direct line of communication with support from Dr Alison Pollock, Consultant in Emergency Medicine.

Junior doctors created patient physical health summaries on every patient which were collated and are available. A hospital transfer plan was developed with the Scottish Government to ensure we had permission in the event of transferring restricted patients with C-19 related symptoms without having to refer to the Scottish Government unless varying terms of transfer previously agreed.

Staff guidance on the management of COVID patients has been regularly updated. This outlines symptoms to look for, steps to be taken and PPE to be worn for a variety of different situations.

Mark Richards advised that, on 30 March 2020, an interim clinical support policy was introduced, and that careful planning and engagement with clinical teams took place prior to implementation and adjustments made for patients who were identified as not being able to tolerate the model; this affected 9 patients. The policy is subject to regular review

by the Operating Model Monitoring Group which has been established and meets weekly and reports to Gold Command, with weekly reports being shared with the Mental Welfare Commission.

There have been low levels of complaints from patients during this period of time and patients have dealt with changes remarkably well and there have been improvements made on access to activity and fresh air. Weekly reports on participation in activity is provided on a patient by patient basis.

Lindsay Thomson advised that clinical care support documentation was developed to take staff through the process of treating and caring for patients with Covid-19. Mull 3 has been set up as a general medical ward and, to date, we have not had to use this. It is unlikely in the first wave that we will have to do so but we are fully prepared should this change.

We have been fortunate in our provision of PPE and we do not have any issues at this time. An ongoing piece of work is the fitting of all staff with FFP3 masks.

A formal process for professional telephone calls and video conferencing, as well as a video court link has been established.

An enhanced surveillance team has been established and reports weekly on established measures.

Our Scientific and Technical Advisory Group (STAG) was set up and meets weekly with input from Public Health and Infection Control Doctors from NHS Lanarkshire. The Group reviews literature and national guidance and infection control guidance from the past week and we review selected papers. The Group also considers modelling data nationally and makes recommendations as appropriate to Gold Command. We will use this to follow what is happening nationally and help advise on how we can loosen restrictions gradually using the track, test, trace and support model. We have already made changes, for example on the use of grounds access and the introduction additional activities so people are not in their rooms for prolonged periods, whilst practising social distancing.

Weekly feedback is gathered from patients and, to date, there have been 2 complaints. Some good ideas have been given such as themed lunches and ensuring televisions are available for those who do not have them, patient postcards and a graffiti wall which Sandie Dickson and the Patient Centred Improvement Team have been instrumental in organising.

The Committee thought that this was a very comprehensive and useful report and were content that systems were in place for continuous review during the pandemic.

Terry Currie asked if there are lessons we can take away from this on handling a crisis which could be beneficial in the future. Lindsay Thomson advised that there is a piece of work on lessons for the future which Gary Jenkins and Monica Merson are leading on.

Gary Jenkins advised that there are a number of valuable lessons we need to learn about the State Hospital and what we need to do as an organisation that is different. There are opportunities about how we run the organisation, how we involve staff and mechanisms of renewal and part of the recovery and renewal workstream is a staff survey and patient feedback. Gary Jenkins suggested bringing a paper to the next Board on the recovery and renewal process.

Action: Gary Jenkins

Monica Merson advised that, from a QI/QA perspective it was clear what was required of staff and patients as we went into crisis management and that there is a lot to be learned from collaboration and a lot to build on and work is ongoing capturing information as it is live.

Nicholas Johnson stated that at some point in the future there is going to be a rigorous retrospective look at how every institution has coped with this and that hopefully we are capturing somewhere the positive changes and practice or opportunities we have been forced to take place, for example the court link, teleconference and video conference and asked if there are changes which may be useful to continue in future.

Gary Jenkins replied that he would like us to become a more technically based hospital.

Mark Richards advised that communication and engagement is important for us and we have done a really good job during this time. One additional point about communication he wished to highlight was the importance of the unions around this and their involvement in planning, implementing and reviewing processes. He would like to build on the importance of using data for improvement and to encourage teams to engage with data going forward. Despite time constraints we have been creative and managed to get matters moving that we have perhaps not done in the past, particularly around digital inclusion and this has been really positive.

Lindsay Thomson stated that patients and staff have responded well during a very difficult period. It has been about communication and engagement however patients are no different from the rest of us in that there was some novelty to begin with by not having to follow a daily routine. We need to inject a note of caution with decisions taken during this time as patients are spending more time behind doors with limited engagement which is not good for their mental health.

Terry Currie thanked Lindsay Thomson for her word of caution and stated that just because people are co-operating it does not mean it is the right way forward.

The Committee noted the report and look forward to receiving the board paper on recovery and renewal and similar report on next agenda.

Jamie Pitcairn joined the teleconference at this point

7 RESEARCH COMMITTEE / RESEARCH FUNDING GOVERNANCE & FUNDING ANNUAL REPORT

Members **received** and **noted** the Research Committee / Research Funding Governance & Funding Annual Report presented by Jamie Pitcairn, Research & Development Manager.

Jamie Pitcairn advised that governance arrangements are in place and the report highlights a range of areas of good work within the State Hospital and Forensic Network conferences. Jamie Pitcairn informed the Committee that discussions have taken place to look at studies on staff wellbeing given the significant impact the Covid-19 pandemic has had, trying to evaluate impact and assessment for planning and future planning should anything similar arise; this will be factored in to the strategy which is due for renewal this year.

The Committee noted the report.

Jamie Pitcairn left the teleconference at this point

Linda McWilliams joined the teleconference at this point

8 FITNESS TO PRACTICE ANNUAL REPORT

Members **received** and **noted** the Fitness to Practice Annual Report presented by Linda McWilliams, HR Manager. The paper outlines the process for monitoring professional registration status at The State Hospital. It also provides assurance to Clinical Governance Committee members that all members of staff hold current professional registration.

During 2019/20, two employee NMC registrations lapsed; both staff members are now re-registered.

The Committee noted the report which will now be presented to the Staff Governance Committee.

Action: Jacqueline McDade

Linda McWilliams left the teleconference at this point

9 SAFE STAFFING REPORT

Members **received** and **noted** the Safe Staffing Report presented by Mark Richards, Director of Nursing and AHPs.

Mark Richards advised that all work regarding preparation for the local implementation of safe staffing legislation has been put on hold meantime as a consequence of COVID-19. There is no information about when this work will re-start at a national level, or when the legislation will be enacted.

This report details the position during January to March 2020. Exceptionally, this report has been extended to included COVID-19 specific recruitment during April 2020, so as to offer assurance regarding action taken to maintain safe staffing over this period.

There still remains an issue trying to attract registered nurses.

Data on staffing shortages is reported through the Datix system and there were no issues or impact on care delivery.

There was a challenging period from 27 to 29 March due to absence as a result of Covid-19 and the report highlights the number of hours and shifts that were lost. On each day, one ward required to be closed resulting in restrictions being placed on patients. On each occasion, the nurse in charge is required to report on the impact for patients. Grounds access, access to telephones and meals were all facilitated adequately for patients.

As part of the national response to COVID-19, it was agreed nationally that year 3 nursing students would become employees of the Boards, and no longer be treated as supernumerary. 11 nursing students joined the State Hospital workforce on 20 April, employed as band 4 staff. 6 recently retired nursing staff have now been re-employed as 7.5 hour contract pool staff for an initial period of 12 weeks. The impact/benefit of this will be covered in the next report to the Clinical Governance Committee.

Brian Moore asked if the current arrangements had provided an opportunity for reviewing future staff deployment arrangements. Mark Richards advised that the Skye Centre is currently closed and staff are working in a different and more integrated way with wards.

There are some lessons here in terms of future learning and ensuring activity is delivered within the hospital ensuring patient needs are met, and we need to look at how we continue that going forward.

David McConnell asked if there was an impact on service delivery by bringing in nursing students and retired people. Mark Richards advised that this has had a positive impact on staffing although there are still vacancies to be filled.

Terry Currie highlighted the issue of skill mix and gender balance and asked what the current feeling is in terms of trends, are we going in the right direction and if not what can we do to rectify it. Mark Richards advised that gender is an issue for us as the number of males going into nursing, particularly through University, is continuing to fall, however there is some national work going on around that. How we address this issue within the State Hospital needs to be built into our workforce strategy.

Nicholas Johnston asked that the workforce gender balance be raised at Staff Governance Committee to ensure the workforce strategy takes account of this issue.

Action: Mark Richards

The Committee noted the report.

10 LEARNING FROM FEEDBACK

Members **received** and **noted** the report on Learning from Feedback which was presented by Mark Richards, Director of Nursing and AHPs for the period 1 January to 31 March 2020.

There were 36 pieces of feedback during the reporting period: 10 related to the patients' meal service; 9 highlighted learning opportunities attributed to the 'Quality of Life' indicator; 6 pieces of feedback were shared by carers.

The Patient Partnership Group contributed to 4 Policy Consultations.

There are 2 outstanding actions remain from 5 relating to unresolved feedback.

Mark Richards highlighted carer feedback to the Committee in relation to visitors who were required to go to reception following a visit to the Skye Centre before they could go to the ward; this issue was addressed promptly and a positive outcome reached.

The Committee were advised that, during the current pandemic situation, the Patient Centred Improvement Team are still very focussed on reaching out to wards and ensuring patient and carer voices are heard irrespective of the situation we are in.

The Committee liked the Patient Partnership Group: Influencing Practice, Improving Experiences diagram contained within the report.

Nicholas Johnston highlighted the emerging themes column on page 3 was blank; Mark Richards advised that these will be included in the next report to the Committee.

The Committee noted the report.

11 LEARNING FROM COMPLAINTS

Members **received** and **noted** a report on Learning from Complaints which was presented by Lindsay Thomson, Medical Director for the period 1 January to 31 March 2020.

- 14 new complaints were received in this quarter;
- 6 complaints were submitted by the carers of 2 patients;
- Staff Attitude/Behaviour/Conduct and Clinical Treatment accounted for the majority of issues raised;
- 13 complaints were closed in this quarter;
- 11 complaints were resolved at Stage 1;
- 2 complaints were investigated at Stage 2;
- 1 complaint was Upheld and one Partially Upheld in this quarter;
- 11 complaints were Not Upheld during the quarter.

The Committee noted that:

- The average time taken to respond to a complaint at Stage 1 was 4 days, an increase from 2 days in the previous quarter (this was due to one response taking 11 days);
- The average time taken to respond to a complaint at Stage 2 was 15.5 days, showing a decrease from 24 days in previous quarter;
- No new complaints were escalated to the SPSO in this quarter;
- There are currently no other complaints being considered by SPSO.

The Committee noted the report.

12 INCIDENT REPORTING AND PATIENT RESTRICTIONS

Members **received** and **noted** a report on Incidents and Patient Restrictions which was presented by Lindsay Thomson, Medical Director and provided an overview of activity of incidents and patient restrictions for the period 1 January to 31 March 2020.

- Episodes of physical restraint and PAA activation have increased during this quarter. This is due to an increase in clinical activity over Mull, Lewis and Iona.
- During this quarter 1 patient has been in mechanical restraints during suspension of detention. This patient was attending emergency clinical appointments.
- The actual use of handcuffs has decreased as the patients attending ECT have handcuffs taken and not used. There has been a drop in clinical appointments during March.
- During this quarter there were two finds in 2 patient's admission property when they were admitted from jail.
  - An orange piece of paper within a box was sent to HMP Shotts for analysis and it was positive for Spice
  - A mobile phone was found inside a tube of shaving cream
- No High graded incidents were recorded during Q4;
- The number of 'finally approved' incidents increased this quarter from 301 to 347, an increase of 36;
- Assaults, attempted assaults, behaviour and self harm incidents are being monitored daily as part of the Covid dataset;
- '*Patient Physically Unwell*' increased from 1 to 6. 4 incidents related to choking on food.
- 1 patient death was recorded in this quarter, an increase from 0.
- *'Unexplained Injury'* incidents rose from 0 to 4. No serious injuries were reported
- 'Infection Control' Incidents increased from 15 to 19 however this does not include Covid-19 related infections.

- Equipment, Facilities and Property incidents remained at 31 incidents. *'Equipment Malfunctions'* remained at 24 incidents with the majority of incidents covering PAAs, pagers and double locks.
- Seclusions increased from 2 to 7 in quarter 4.

Brian Moore asked if there was any learning to be taken from the increase in patient physically well category. Lindsay Thomson advised that there had been an issue with a nebuliser not functioning for a patient who suffered an asthma attack and that there has been learning taken from that.

Terry Currie questioned the significant drop in Health and Safety, Security and direct patient care incidents from this year and the previous year and asked if there was a specific reason for this. Sheila Smith advised that there have been no changes to the data definitions so this shows a clear improvement in data being seen.

The Committee noted the report.

13 CLINICAL GOVERNANCE STOCKTAKE INCLUDING TERMS OF REFERENCE

The Committee **received** and **noted** the Clinical Governance Annual Stocktake, including Terms of Reference which were presented by Sheila Smith, Clinical Effectiveness Team Leader for approval.

Lindsay Thomson expressed her thanks to Sheila Smith and her team for all the work they have done in supporting the Committee. This was endorsed by Nicholas Johnston.

Gary Jenkins asked that the terms of reference be amended to show that he is an ex officio member of the Committee and not in attendance.

Action: Sheila Smith

The Committee were happy to support the new headings for 12 monthly reports that will bring them into a quality improvement focus from August 2020.

Action: Sheila Smith

14 PATIENT MOVEMENT STATISTICAL REPORT

Members **received** and **noted** the Patient Movement Statistical Report presented by Lindsay Thomson, Medical Director for the period 1 October 2019 to 31 March 2020.

There have been 25 admissions and 13 discharges during the reporting period. Since the report was written the number of occupied beds has risen from 113 to 115.

From 1 April 2019 until 31 March 2020 we have had 38 admissions in total, mainly from court and prison. In terms of geographical source, there were 6 admissions from Greater Glasgow and Clyde, 5 from Forth Valley, 5 from Fife and 5 from Grampian.

There were no delays between referral and admission with the exception of two which were for clinical reasons.

We currently have no one on the admission list and no one under the age of 18. There are 8 patients in the Hospital under exceptional circumstances.

There were 11 appeals against excessive security upheld. There are 2 patients over the time limits for excessive security hearings. Both patients were awaiting transfer to Rowanbank Clinic, however the second patient has now been referred to Rohallion Clinic as this was his preference. Both transfers have been held up due to the ongoing COVID-19 situation as these were imminent.

There are 23 patients on the transfer list, 20 of whom have been fully accepted and are awaiting

transfer.

Terry Currie asked if the 5 patients on the transfer list for 12 months and over was a sign of a problem building up. Lindsay Thomson advised that there is a problem across the forensic estate in terms of patient flow; a 12 bedded low secure unit on the Stobhill site was planned to open in September but this will likely be delayed due to Covid-19. Each medium secure unit has available beds but there are anxieties about admissions and bringing in infection and staff being unavailable at the present time. Patient flow is being addressed via the 2-weekly teleconference with the Forensic Network and Scottish Government.

The Committee noted the report.

15 MEDICINES COMMITTEE ANNUAL REPORT

This item was deferred to the next meeting on Thursday 13 August 2020.

16 INFECTION CONTROL ANNUAL REPORT

This item was deferred to the next meeting on Thursday 13 August 2020.

17 DISCUSSION ITEM

There was no item for discussion at this meeting due to Covid-19.

18 AREAS OF GOOD PRACTICE / AREAS OF CONCERN

Areas of good practice will be considered at the next meeting.

19 WORKPLAN

The Committee **noted** the Clinical Governance Committee Workplan.

20 ANY OTHER BUSINESS

Items for Staff Governance Committee

Fitness to Practice Report
Workforce Gender Balance

21 DAY, DATE, TIME AND VENUE FOR NEXT MEETING

The next meeting will be held on Thursday 13 August 2020 at 9.45am either via MS Teams, Teleconference or in the Boardroom.

The meeting concluded at 11.25am

Paper No 20/52

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 August 2020
Agenda Reference:	Item No: 14
Sponsoring Director:	Board Chair/ Chief Executive
Author(s):	Board Secretary
Title of Report:	Staff –side representation at Staff Governance Committee
Purpose of Report:	For approval

1 SITUATION

The Staff Governance Committee terms of reference includes attendance from staff–side representatives, recognising the importance of ensuring that the Committee achieves full staff-side representation at each meeting.

2 BACKGROUND

Within The State Hospital (TSH) there are seven Unions, with the existing terms of reference for the Staff Governance Committee including attendance by two representatives.

3 ASSESSMENT

The Staff Governance Committee has considered that it would be a further supportive mechanism for partnership working to increase this to three representatives. It is also noted that nominated deputies can attend as guests for the Committee, allowing flexibility should there be any resilience challenge experienced in releasing staff to attend meetings, through approval of protected time.

The Chair of the Staff Governance Committee has requested that this request be routed through the Board, with the support of the Chief Executive and Board Chair.

4 RECOMMENDATION

The Board is invited to approve an amendment to the terms of reference of the Staff Governance Committee to add a third staff side representative to Committee meetings.

Paper No 20/52

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	In support of Board sub-committee, and partnership working
Workforce Implications	Addition of support to staff side representation at Staff Governance Committee
Financial Implications	No relevant consideration
Route To Board Which groups were involved in contributing to the paper and recommendations.	Staff Governance Committee
Risk Assessment (Outline any significant risks and associated mitigation)	Risk of limited staff side representation to support to partnership working is mitigated by this proposal
Assessment of Impact on Stakeholder Experience	To support partnership working
Equality Impact Assessment	Not required
Fairer Scotland Duty	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the meeting of the Staff Governance Committee held on Thursday 28 May 2020 at 9.45am via teleconference, The State Hospital, Carstairs.

Present:

Non-Executive Director	Bill Brackenridge ***(Chair)***
Employee Director	Tom Hair
Non-Executive Director	Nicholas Johnston
Non-Executive Director	Brian Moore

In attendance:

Organisational Development Manager	Jean Byrne (part)
Board Chair	Terry Currie
Interim HR Director	Sandra Dunlop
Chief Executive	Gary Jenkins
UNISON Staff-side Representative	Anthony McFarlane
RCN Staff-side Representative	Jacqueline McQueen
PA to Human Resources Director	Rhona Preston (minutes)

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Bill Brackenridge welcomed everyone to the meeting that took place via teleconference. Apologies were noted from Brian Paterson and Monica Merson.

Jean Byrne was introduced to the meeting and was on the call to present agenda Item 7: Values and Behaviours, Item 10: iMatter Update and Item 11: Healthy Working Lives.

2 CONFLICTS OF INTEREST

There were no conflicts of interest noted in respect of the business to be discussed.

7 VALUES AND BEHAVIOURS REPORT MARCH 2019

Members of the Committee were advised this will be the final report from the Values & Behaviours Group as this group is being absorbed into the new Culture, Values, Behaviours and Leadership workstream which forms part of the clinical model project and will report to the Clinical Model Oversight Board. Jean Byrne expressed her thanks to all involved for their contribution in this group.

Jean Byrne summarised a few of the key achievements. These included:

iMatter – The State Hospital were one of two Boards who submitted five team stories. Returns were above the national average.

Staff Recognition – this work was taken forward by a steering group who successfully completed the task within a tight timescale to deliver on the staff recognition project. The Excellence Awards were launched and a special ceremony was organised to recognise best practice in several areas of work. Patients were also invited to the ceremony to present their trophy in the patient-related category. Feedback received from this event was very positive.

Other initiatives undertaken included 'You've been Mugged' and 'Long Service Awards'. 'You've Been Mugged' was a scheme that makes use of mugs filled with surprise treats that are circulated from person to person anonymously. These tell the recipient how much they are appreciated and valued. They are then asked to refill the mug and pass it on, continuing the theme of appreciation

throughout the site. The Long Service Award scheme aims to recognise staff members' contributions after 10, 20, 30 and 40 years of service and this new scheme has also been well received. Staff members receive a small brooch and a personal thank you from senior members of staff.

Jean Byrne noted the particular contribution from Gayle Scott, OD & Learning Advisor, and extended thanks to Gayle for her assistance in ensuring the smooth running of all the above initiatives.

Jacqueline McQueen acknowledged how well received the various initiatives have been across the site.

From the themes discussed in the Action Plan presented by Jean Byrne, Brian Moore queried whether there will be an opportunity to address any learning issues identified from the Values Based Recruitment. Jean Byrne confirmed that staff members from HR will take this forward. Due to Values Based Recruitment being introduced across the NHS, members asked for feedback on what the impact of this has been and if it has resulted in difficulties in the selection process.

Sandra Dunlop advised members that this approach is being used within Nursing for their recruitment process, with Lead Nurses and Senior Charge Nurses keeping a strong focus on the impact of the approach. The Values Based Recruitment approach is also being adopted by other disciplines within the Hospital.

Jacqueline McQueen advised that even during these unprecedented times the approach to nurse recruitment is still Values Based Recruitment. Feedback received has shown this is a positive experience that has also delivered benefits for the nursing staff being recruited.

It was agreed that Values Based Recruitment should benefit the organisation going forward, ensuring the correct people are recruited with the required values and skill-sets. Focus will continue as part of the new Culture, Values, Behaviours and Leadership workstream.

The Committee noted the report and expressed a note of thanks to all those involved with the positive work and initiatives that have been undertaken.

10 iMATTER UPDATE

Members of the Committee received and noted the iMatter End of Year Report (2019 Cycle) presented by Jean Byrne, Organisational Development Manager. It was noted that due to Covid-19, the current iMatter cycle has been paused nationally.

The 2019 National Health and Social Care Staff Experience Report demonstrated very clearly how favourably the State Hospital compared with other NHSScotland health boards over the 2019 cycle. This was also explained in some detail in the November 2019 report to the Staff Governance Committee. The completion rate for action plans was high at 82.5% - an enormous improvement on the previous year's figure of 56%. However, the % figure for progress reports declined slightly – with a 6.5% response rate in 2019 compared with 7.5% in 2018.

In addition, the overall response rate/participation level and the Employee Engagement Index (EEI) remained high. This reflects very positively on the organisation. Performance on each strand of the Staff Governance Standard was very healthy, with improvements evident over the previous four years. Overall, the scores on the standards compare very well against the national average.

Jean Byrne highlighted how far the organisation has come in the past year and asked that this be communicated to all staff. She expressed the importance of ensuring that this positive story is widely shared across the organisation. She reiterated the large increase in the completion rate and believes that this should be recognised and celebrated.

Jean noted that changes in the iMatter Team Structure within nursing for the 2019 cycle had resulted in one amalgamated report per ward instead of 3 reports (with 1 report per shift line) as in previous years. Feedback received to date in relation to this change has been positive however further

feedback is currently awaited from charge nurses, senior charge nurses and lead nurses. The benefits of this change included: all three teams in a ward getting a single report; each ward can agree an overall action plan that is consistent; there is decreased workload as it reduces the number of meetings that need to take place and it is much easier to support 13 x SCNs/CNs with their action planning than 33 separate nursing lines.

The additional staff engagement that was achieved in 2019 was felt to have resulted from staff being encouraged to engage with the process in a number of different ways. Regular dedicated bulletins were issued at the different stages of the cycle - this was a reminder of what was happening at any particular time and gave advance warning of what was on the horizon. The Corporate Induction programme also now includes a session on iMatter.

Team stories has been another success during 2019. From the 37 team stories submitted overall across NHSScotland, five of these were from teams here in the Hospital. There was a particular emphasis on the story from the Patient-Centred Improvement Team which shone a spotlight on some of the great work accomplished by staff.

Changes to the structure of the iMatter Portal have also been introduced. This includes several new elements where it is now possible to have reports on each of the following: Board reports; yearly EEI; yearly response rates; Board yearly comparisons; action plans; plus with new reports on staff groupings. Directors and those who have access rights at sub-directorate level are encouraged to access the portal and to view reports for their directorates.

Jean Byrne identified the iMatter challenges for the coming months. These include:

- Possible diversion and lack of engagement from the iMatter process due to the current pandemic and associated pause of the 2020 annual cycle.
- Capturing adequately the splendid examples of teamwork that are currently taking place across the hospital.
- Encouraging and supporting teams to implement their action plans and to consider their progress.
- Continuing to encourage teams to provide team stories so that learning can be shared across the organisation.
- Supporting senior managers and leadership team members at all levels to take ownership of and provide visible and committed leadership for iMatter.
- Supporting SCNs and CNs to work together with the three ward teams to create a coherent action plan.
- Demonstrating to the organisation that change has indeed taken place as a result of the process.

Staff-side agree with the points raised by Jean Byrne in relation to the potential challenges associated with re-building momentum to get iMatter going again following the current pause.

Gary Jenkins advised that staff engagement, together with other work streams, will form part of the Remobilisation Plan being discussed with Non-Executive Directors next week. Members are keen to see the feedback from staff in relation to their experience of the organisational response to the COVID pandemic.

Gary Jenkins agreed with Jean Byrne that a communication should be issued timeously in relation to the efforts and achievements outlined in this iMatter cycle. He will take this forward with Caroline McCarron as appropriate.

ACTION: G JENKINS

Jean Byrne expressed thanks to both Gayle Scott and Nicole Cavanagh for their assistance and support with the processing of iMatter. Overall support from the Learning Centre was also recognised.

The Committee noted the report and also expressed a note of thanks to all involved.

11 HEALTHY WORKING LIVES UPDATE TO MAY 2020

Members of the Committee received and noted the HWL update presented by Jean Byrne, Organisational Development Manager. Members noted that due to the Covid-19 health crisis, HWL work nationally has been paused.

The State Hospital has achieved and continues to maintain the HWL Gold Award. Each year a report is submitted to the national team for assessment against the gold award criteria. This process has been temporarily paused however there is confidence that the Gold Award will be retained when the assessment process is reinstated.

Since the previous report in August 2019 the HWL group has been instrumental in the delivery or have supported a number of activities to promote health and wellbeing. These are planned carefully, always being mindful to ensure inclusion of all staff and their working patterns.

The HWL group continues to meet every two months. The group comprises members from various disciplines from across the Hospital including; Nursing, Infection Control, Catering, Dietetics, Psychology, Practice Development, L&D, OD, e-Health, HR, Sports and Medical Records. The group has agreed the action plan for the coming year however it was noted that due to the current circumstances there are a number of activities still to be confirmed. This will be addressed once the HWL work resumes.

Tom Hair supported the information contained in the report, confirmed the work undertaken by the group, and advised members of the positive feedback received from staff.

Jean Byrne thanked the HWL group for all their support and continued energy and focus.

The Committee noted the report and approved the HWL Action Plan for 2020-21.

3 MINUTES OF THE PREVIOUS MEETING HELD ON 20 FEBRUARY 2020

The Committee approved the Minutes of the previous meeting held on 20 February 2020 as an accurate record.

4 ACTION POINTS AND MATTERS ARISING FROM THE PREVIOUS MEETING

Members of the Committee noted that the actions listed were on today's agenda or included in the workplan for future meetings.

Agreement of Facility Time with Clinical Operations Manager
Gary Jenkins confirmed this action is now complete following discussions with the Clinical Operations Manager regarding supporting facility time requests to ensure attendance is well balanced at meetings. It was noted however that this can be challenging for staff-side representatives due to resource pressures and their nursing commitments on the wards. Tom Hair advised that from the seven Unions available there are two representatives listed for this Committee and asked if thought could be given to inviting a third to attend as a guest or visitor if attendance by the appointed representative is not possible. Members of the Committee had no objection to this suggestion and as such a paper will be presented to the Board by Gary Jenkins and Tom Hair regarding staff-side configuration for future Committee meetings.

There was discussion around the need for flexibility and recognition of the difficulties experienced in releasing staff to enable them to attend and Terry Currie reiterated the importance of ensuring that we do as much as possible to achieve full staff-side representation at these meetings.

ACTION: G JENKINS and T HAIR

ITEM FOR APPROVAL

5 ANNUAL REPORT – STAFF GOVERNANCE COMMITTEE – 2019/20

Members of the Committee received and noted the Staff Governance Committee Annual report which outlines the key achievements and key developments overseen by the Committee during 2019/20. The report also details the Committee's Terms of Reference, Reporting Structure and Work Programme.

Minor amendments were noted at page 2 to amend Anthony McFarlane, UNISON and within the terms of reference to replace reference to the Scottish Executive with Scottish Government. Subject to these agreed amendments, the report was approved and will be presented to the Board at the June meeting.

ITEMS FOR DISCUSSION

6 SUPPORTING STAFF HEALTH AND WELLBEING DURING THE COVID-19 PANDEMIC

Members of the Committee received and noted a report providing an update on the key measures being taken with The State Hospital to support and maintain staff health and wellbeing during the Coronavirus pandemic. This was presented by Sandra Dunlop, Interim Human Resources Director.

Sandra Dunlop provided an overview of the report content, advising the Committee that a number of staff have been personally impacted by the Covid-19 virus and as of 18 May 2020 a total of 249 staff have had an episode of Covid-related absence. From this total:

- 117 staff were self-isolating due to being symptomatic
- 101 staff were isolating due to a household member being symptomatic
- 31 staff were shielding due to being in a 'high risk' group, or being the main carer for a dependant in a 'high risk' group.

Covid-related absence peaked at the end of March/early April 2020, and there has been a general downward trend in Covid-related absence since that point.

Non Covid-related sickness absence has remained relatively stable throughout the reporting period and the key reasons for non Covid-related sickness absence are consistent with those reported pre-Covid (i.e. anxiety/stress/depression/other psychiatric illnesses; musculoskeletal problems; and gastrointestinal problems).

Access to Covid-19 testing facilities has been available for all staff groups via the UK Government testing programme since 6 April 2020. Those eligible for testing include hospital employees or household members who are currently symptomatic. Testing is primarily focused on enabling staff to return to work, and tests generally take place within 24 hours of staff reporting absent due to being symptomatic or isolating due to a symptomatic household member. Results are usually available with 24-48 hours and as of 18 May 2020:

- A total of 50 staff had been tested – with 7 positive and 43 negative test results.
- A total of 5 household members had been tested – with 1 positive and 4 negative test results.

Further to the communication issued from Clare Haughey, Minister for Mental Health, urging NHS Boards 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, the Professional Nurse Advisor within The State Hospital was nominated as 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 requested as and when required.

A designated staff wellbeing zone was launched on 6 May 2020. This is located onsite within Islay and aims to provide 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.

Staff who are not coming on site during this period (e.g. due to shielding or homeworking) have access through Learnpro to a Virtual Wellbeing Hub which offers signposting to similar resources and support to that indicated above.

It was noted that the Hospital has received donations of biscuits, cakes and other goods from local businesses, and these have been made available for staff within the wellbeing zone.

Volunteers, from across all disciplines, were invited to give some of their time to be present within Islay to provide peer support to staff, if required, and to make them feel welcome in the wellbeing zone. The response to the request has been very positive and, to-date, we have been able to ensure that a volunteer is present within the wellbeing zone every day to provide peer support.

Sandra Dunlop summarised the wide range of initiatives and interventions in place or that are planned to support staffs health and wellbeing during the COVID-19 pandemic.

Brian Moore asked whether any issues had been raised in relation to staff testing and if the process in place was being utilised and had it been well received. Sandra Dunlop advised that the number of staff requiring testing to-date has been relatively low however no issues had been raised.

Gary Jenkins made the Committee aware of engagement sessions that are currently being held via telephone conference calls that staff have been invited to attend. These are taking place over a number of weeks and focus on obtaining staff feedback on the changes that have occurred as a result of COVID – including what has worked well and what staff would like to see continue going forward. A staff survey is also running in tandem with the conference call discussions. The calls are being led by the Chief Executive and it is hoped to engage staff from a wide range of teams and disciplines over the three-week period.

Staff involved in the engagement sessions will receive direct feedback in relation to the session

they participated in. Feedback received will be used to help inform the recovery and renewal work within The State Hospital and changes will be embedded within a framework of continuous quality improvement.

There was discussion around the flexibility being offered to staff to allow them to work from home where possible and with the necessary arrangements being put in place. Staff-side commented on the improved remote working facilities and are pleased that the organisation is now able to accommodate this. Committee members were advised of the quick turnaround of work undertaken by the e-Health department to ensure improved IT resources are available as appropriate. It is recognised however that additional work and funding are required in relation to ehealth to ensure continuity of this new way of working.

Jacqueline McQueen raised concern around sickness absence stage meetings not taking place and the requirement for support in this area. Gary Jenkins advised this will form part of the recovery plan he is compiling, together with other workstreams that also require to be reinstated. Options for conducting HR and other meetings virtually, using digital technology, are currently being considered.

The Committee noted the report and discussion.

8 Bi-ANNUAL STATUTORY AND MANDATORY TRAINING COMPLIANCE UPDATE

Members of the Committee received and noted the update on organisational compliance levels for statutory and mandatory training at 31 March 2020.

The Committee were asked to note that in response to the Covid-19 outbreak in mid-March 2020, a decision was taken in consultation with the Risk Management Team Leader and members of the Senior Management Team to temporarily suspend all face-to-face training (with the exception of core induction and PMVA training for new staff). Risk assessments have been undertaken and where required interim arrangements have been put in place to deliver essential training through online and distance learning routes. The position will be reviewed at the end of June 2020 however it should be noted that the suspension of face-to-face training is likely to impact on compliance levels for statutory and mandatory training over the coming months.

The overall organisational compliance levels at 31 March 2020 was 94.5% for statutory training, an increase of 1.2% since September 2019, and 85.9% compliance for mandatory training, an increase of 1.5% since September 2019.

Sandra Dunlop summarised the compliance levels for various topics and noted that from the data presented, although there is some variation across different training programmes and individual departments, overall compliance remains high.

The Committee noted the report.

ITEMS FOR INFORMATION

9 ATTENDANCE MANAGEMENT REPORT

Members of the Committee received and noted the Attendance Management Report to 31 March 2020 as presented by Sandra Dunlop, Interim Human Resources Director. It was reported that the 12-month average figure is 5.74%. The average rolling 12-month sickness absence figure represents a reduction of 2.52% when compared to the same period last year (with the average rolling absence figure from 1 April 2018 – 31 March 2019 reported at 8.26%).

The key points from the report were highlighted and the national comparison table was discussed, with the improved figures recognised. Although this is a continued challenge Committee members acknowledged the improvement and Sandra Dunlop confirmed attendance management will continue to remain a focus.

The Committee noted the report.

12 HR PERFORMANCE – EMPLOYEE RELATIONS ACTIVITY

Members of the Committee received and noted the Employee Relations Activity Report to 30 April 2020 as presented by Sandra Dunlop, Interim Human Resources Director . Sandra Dunlop summarised the report, advising members that there were no new cases during March 2020 and during April there were 2 new cases raised.

Following the outbreak of COVID-19 in mid-March 2020, it was agreed in partnership to pause non-urgent capability, disciplinary and grievance procedures and appeals. This was approved by Silver Command and where it is necessary to proceed with formal meetings, virtual meetings are being used where practicable and with the consent of all parties involved.

The Committee noted the report.

13 PERSONAL DEVELOPMENT PLAN REPORT

Members of the Committee received and noted the Personal Development Planning & Review (PDPR) update report, presented by Sandra Dunlop, Interim Human Resources Director.

As at 31 March 2020 the total number of current reviews is 498 (84.1%), a decrease of 5.1% from the previous report in February 2020.

- A total of 82 staff (13.9%) have an out-of-date PDP (i.e. the annual review meeting is overdue) – an increase of 4% from the previous report.

- A further 12 staff (2.0%) have not had a PDPR meeting – an increase of 1.1% from the previous report. Staff in this group are predominantly new staff with an initial set-up review meeting overdue.

The compliance level achieved at 31 March 2020 was 84.1%, this equates to a 3.5% increase when compared to the end-of-year compliance level for the previous year.

The Committee noted the report and the increase in compliance from the previous year.

14 FITNESS TO PRACTICE

Members of the Committee received and noted the Fitness to Practice report presented by Sandra Dunlop, Interim Human Resources Director. The report provides assurance that all staff members hold current professional registration. This report was presented to the Clinical Governance Committee at their meeting on 14 May 2020.

The Committee noted the report.

15 CORPORATE RISK REGISTER HD111: DELIBERATE LEAKS OF DATA

Members of the Committee received and noted the update report on Corporate Risk HD111: Deliberate Leaks of Data, as presented by Sandra Dunlop, Interim Human Resources Director.

This update report was presented to this Committee in response to a request from the Finance, Risk and Performance Committee that all governance groups/committees routinely review corporate risks within their scope that are categorised as “High”. This aims to ensure that Governance Committees have oversight of the risks and an opportunity to review control measures and identify any further action/controls that may further mitigate the risk.

A broad range of control measures are now in place and embedded within routine organisational systems and procedures to reduce the risk of future data leaks. In line with organisational requirements, the risk assessment will be reviewed on a quarterly basis and following any incidents

involving deliberate leaks, and will be updated/amended as required. Bi-annual update reports will be provided to the Committee for information.

The Committee noted the report and the associated reduction in the risk rating of this corporate risk.

16 STAFF GOVERNANCE STANDARD MONITORING RETURN 2019-20

Members of the Committee noted the pause on the monitoring return following instruction from the Scottish Government due to COVID-19. A revised date to submit this return is awaited.

17 NHS CIRCULARS – COVID-19

Members of the Committee received and noted the guidance documents issued by Scottish Government in relation to the COVID-19 pandemic. These are available to view via the coronavirus (COVID-19) reference page on the Scottish Terms and Conditions (STAC) website.

The Committee noted the report.

ANY OTHER COMPETENT BUSINESS

18 ANY OTHER BUSINESS

Gary Jenkins updated the Committee on arrangements within the resilience plan for managing extreme loss of staff during the COVID-19 pandemic. A redeployment team has been established and has compiled a database of available staff that could be deployed should the Hospital experience a catastrophic loss of staff.

Arrangements within the plan for managing extreme loss of staff have recently been ‘stress tested’ and the feedback from this exercise has provided a level of reassurance that the plan is workable and robust.

The Committee noted this update.

19 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 20 August 2020 at 9.45am.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 August 2020
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

SITUATION

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

BACKGROUND

As previously intimated to the Board, a revised work programme has been developed and accepted to upgrade TSH security systems and the design work has progressed and site activities have commenced.

The project is still on target to meet 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):	£2,927,045

GOVERNANCE

The Governance for the project is provided by a Project Oversight Board (POB) chaired by the Chief Executive supported by 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 16 July 2020 where the Programme Director provided an update on the current status on the project and the financial details as outlined in Table 1 below. A draft work plan for the POB will be

submitted to the next meeting on 20 August for discussion and approval. No additional risks have been identified since the July POB meeting.

ASSESSMENT

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

On-site works
Works Completed:

- Installation and testing of Fibre Network across site.
- Installation of CCTV in Skye Centre - 136 cameras have been installed providing full coverage of all patient accessible areas within the Skye Centre. During process several items found within ceiling space which appear to be a legacy from the original build.
- Tubestile replacement programme was completed ahead of schedule with some minor cosmetic work requiring completion.

Works underway:

- Installation of CCTV into Arran Hub and Wards – 148 cameras being installed. Arran 3 and Hub area is now complete and cameras are currently being installed into Arran 2 ward.
- Moling under perimeter & add CCTV Columns – this is currently suspended and awaiting improved Risk and Method statements from the contractors.
- Arrival of 1st 2 batches of PAAs have been received and will be issued to staff once Factory Acceptance Test complete, estimated timescale for this is February 2021.

Programme dates are under constant review and are subject to change. A short life working group has been 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 - discrepancies have been identified in the data held and supplied by TSH for technical drawings. TSH intends to commission a full topographic survey with GPS positioning used to identify all site features. This will assist in moving the project forward while avoiding lengthy contractual arguments; it will also provide a useful baseline for the State Hospital beyond the life of the project.
- Risk Assessments and Method Statements for all elements of the project.
- Installation and configuration of equipment in the Factory Acceptance Testing facility at Swindon

Finance

Table 1 shows the progress at 6 August 2020 against this contract sum:

Progress to date

	£k	£k
Total anticipated final sum		**10,346**
Invoiced to June 2020 (after 5% retention applied to Stanley)		(2,853)
Staff costs to date		(74)
Balance remaining		**(7,419)**

Invoiced by –		
Stanley	*2,005*	
Thomson Gray	*366*	
Doig & Smith	*6.7*	
VAT		*476*
		2,853

RECOMMENDATION

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

MONITORING FORM

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

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting/Return due date:	27 August 2020
Agenda Reference:	Item No: 17
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Deputy Director of Finance
Title of Report:	Financial Position as at 30 June 2020
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 30 June 2020, which is issued monthly to Scottish Government (SG) - along with the statutory financial reporting template (also reported to Board, Senior Management and Partnership Forum, although some alterations to this in 2020/21, due to Covid).

2 BACKGROUND

Scottish Government are provided with an annual Operational Plan and 3-year financial forecast template, the draft version was sent but due to Covid-19 a final version has not been requested yet. It set a balanced budget for 2020/21.
However the base budgets have now been set since and in line with the earlier balanced budget, this is 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 reason the savings are so much lower than last year is because additional income has been set as £0.500m for exceptional circumstance patients.

The annual budget of £37.852m is primarily the Scottish Government Revenue Resource Limit allocation, and anticipated RRL.

3 ASSESSMENT

3.1 Revenue Resource Limit Outturn

The Board is reporting an under spend of £0.090m to 30 June 2020.

Of the unidentified £0.421m savings initially phased to Month12, a quarter has now been brought forward to June'20, with an effect of £0.105m.

3.2 **Key financial pressures / potential benefits, that values have not yet been identified in the operational plan / base budgets.**

2020/21 PRESSURES	Risk	per annum (or per month) estimate £'k	Included in Reserves
Clinical Model Review	High	tbc	N
Office 365	High	250	N
Covid-19	High	250 pm	in part
2020/21 BENEFITS			
Travel underspend re covid		10	Q1 Apr-Jun

Clinical Model review
The review of the clinical model has identified potential recurring savings in ward nursing - values to be confirmed – which would have been beneficial from early 2020/21 and to be monitored as part of the overall evaluation of the model, however this is on hold due to Covid. There are, however, potential unidentified costs yet to be determined subject to the steps required to prepare for the implementation of the model e.g. Estates costs.

Office 365
NHS Scotland are directing all Boards to the implementation of Office365 in 2020. This will require input from all directorates and much staff commitment. While the plan was originally likely to be underway in early 2020, with timing now likely qtrs. 2 /3 20/21, any potentially significant costs are being evaluated and should additional funding be required to meet the demands of this, a specific business case will be developed.

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.

These costs have been formally reported to the Scottish Government's Covid-19 Health Finance team within the Health Finance and Infrastructure Directorate, and feedback / discussion has followed directly on these reports.

As previously notified, any specific costs in excess of £100k with relation to Covid19 are 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.
Since April, the main undernoted revenue costs specified in the Hospital's returns were nursing overtime costs April-June £290k, delayed annual leave £44k, Covid-19 support team £35k per month, IT costs £20k, equipment costs £8k, estates/facilities costs £6k, Student nurse recruitment (potentially NES funded) £260k., and forecast "dual running" costs for staff to recommence key areas of work under remobilisation while the Covid support team remains in place.

Additionally, individually identified costs have been incurred for deep cleaning, drugs, oxygen, and specific equipment, while costs to come regarding any staffing pressures of role requirements of new ways of working are currently being evaluated.

It is understood that a proportion of these costs now ongoing in 2020/21 should, in due course, be reimbursed from the Scottish Government's share of the funding being provided by the UK Treasury. However, while the position on this remains to be finalised the costs remain specific to the board, and will continue to be reported timeously in line with SG requirements.

Travel – travel is underspent to-date by £0.010m, mainly due to reduced demand as a result of staff working remotely. However this is offset by the higher demands on teleconferencing which have resulted in increased call charges by £0.018m'

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 3	Budget WTE	Actual WTE
Nursing And Ahp's	19,847	4,962	4,922	40	379.10	390.76
Security And Facilities	5,852	1,463	1,458	5	118.64	113.22
Medical	3,975	994	904	89	37.13	32.03
Chief Exec	1,848	462	460	2	22.27	22.56
Human Resources Directorate	836	209	180	29	13.45	12.01
Finance	3,047	762	713	49	38.39	35.36
Cap Charges	2,857	714	709	5	0.00	
Misc Income	(600)	(150)	(141)	(9)	0.00	0.00
Central Reserves	190	(105)	15	(120)	0.00	0.00
	37,852	**9,310**	**9,221**	**90**	**608.98**	**605.94**

<u>Highlights:</u>
Nursing & AHPs, and Security & Facilities - see further detail below.

Medical - Vacancies in Psychology, together with savings from some reduced hours.

HR – Vacancies. **Learning Centre** – currently little of the training budget utilised due to Covid.

Finance – Vacancies. **Research** – no spend for first quarter – full year programme being reviewed.

Misc Income – Recognition of income for exceptional circumstance patients.

Central reserves
Much of the previous year-end accrual for certain Covid costs has been released to match spend recognised in the first quarter. A balance of savings remains unidentified, now partly phased to the first quarter, from Month 12. Other reserves are principally earmarked for later developments.

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 3	Budget WTE	Actual WTE
Advocacy	147	37	36	1	0.00	
AHPs & Dietetics & SLAs	687	172	166	6	13.33	13.84
Hub & Cluster Admin & Clinical Operations	803	201	189	12	23.17	20.21
NPD & Infection Control & Clin Gov	410	103	106	(4)	5.80	5.77
PCI & Pastoral	231	58	45	13	3.40	2.90
Skye Centre	1,680	420	401	19	38.33	33.80
Ward Nursing	15,889	3,972	3,979	(7)	295.07	314.24
	19,847	**4,962**	**4,922**	**40**	**379.10**	**390.76**

Highlights:-
Ward Nursing
Student nurses – currently there is an assumption of matched income from NES (matched spend), although this is currently under review. There are further pressures in Nursing re high levels of sickness due to Covid.

Overtime pressures continue as a result of Covid-related issues, which have resulted in overtime costs for April-June of approx. £0.290m.

Ward overtime incl. ni'ers		
Apr-20	May-20	Jun-20
£'k	£'k	£'k
144	66	79

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 2	Budget WTE	Actual WTE
Facilities	4,221	703	697	7	78.87	73.99
Security	1,631	272	284	(12)	39.77	38.33
	5,852	**975**	**981**	**(5)**	**118.64**	**112.32**

Highlights:-
Facilities – Call charges have increased dramatically due to staff working from home. Full review of utilities budgets is underway after first quarter.

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

Perimeter Fence – Escort staffing etc. now being cross charged to capital as part of the FBC.

4 ASSESSMENT – SAVINGS

4.1 The following table is the savings set by Directorate, further discussions will be required to address the unidentified savings balance of £0.421m (of which the three months hit has been pro-rata'd to June '20). 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
Directorate	**£'k**	**£'k**	**£'k**	**£'k**
Chief Executive	(143)	30	(113)	0
Finance	(49)	15	(34)	(30)
Nursing & AHP's	(315)	28	(287)	0
Human Resources	(15)	0	(15)	0
Medical	(144)	49	(95)	(55)
Security & Facilities	(235)	41	(194)	0
Unidentified (£(105)k phased Q1	(421)	0	(421)	0
Total	**(1,322)**	**163**	**(1,159)**	**(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%, and other National boards have non-pay costs ranging from around 80% (NSS, NES) to 30/40%.

4.2 National Boards Contribution

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

The level to which the Board agreed for 2019/20 remained at £220k, with 2020/21 to be reviewed and expected to remain at a consistent level – while there continues to be pressure due to the £15m not yet being fully attained

5 CAPITAL RESOURCE LIMIT

The capital allocation anticipated from Scottish Government for the year is £0.269m.

Over and above this is the perimeter fence project allocation, this shows Year 1 of 2.

CAPITAL CRL	ANNUAL	YTD
AS AT JUNE 2020	PLAN	SPEND
	£'k	£'k
PERIMETER SECURITY		
STANLEY SECURITY SOLUTIONS LTD		1,536
SECURITY CONTRACTING SERVICES LTD		101
THOMSON GRAY LTD		43
TSH STAFFING APR & MAY 20		36
PERIMETER SECURITY TOTAL	9,150	1,715
CAPITAL		
IM&T		20
		0
OTHER		17
CAPITAL	269	37

6 RECOMMENDATION

Revenue
Year-to-date: £0.090m under spend. Forecast break-even is currently expected for year-end.

Capital
Spend for 20/21 is in line with budget. While this is not currently scheduled evenly through the year, and the timing is being reviewed on this basis, a break even outturn is anticipated. Planned funding will be aligned to actual spend for monthly breakeven.

The Board is asked to note the report.

MONITORING FORM

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

Paper No 20/55

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 August 2020
Agenda Reference:	Item No: 18
Sponsoring Director:	Finance and Performance Management Director
Author:	Head of Corporate Planning and Business Support
	Corporate Planning/ Risk Project Support Officer
Title of Report:	Performance Report Q1 2020/2021
Purpose of Report:	For Noting

1 SITUATION

This report presents a high-level summary of organisational performance for Q1, April - June 2020. A summary table and run charts for the performance indicators may be found in Appendix 1. Trend data is also provided to enable comparison with previous performance. The Board is asked to note that the report covers the unprecedented period of operation due to the Coronavirus pandemic. An Interim Clinical Operational Policy was introduced to ensure infection prevention and control measures are prioritised. This Policy has daily and weekly monitoring to review the impact of this new approach to delivery of care on the health and well-being of patients.

The national standards directly relevant to the State Hospital are as follows: Psychological Therapies Waiting Times and Sickness Absence. Additional local Key Performance Indicators (KPIs) are reported to the Board and included in this report. An Annual Operational Plan for 2020-21 was submitted to Scottish Government to outline the priority areas of development. Going forward, Board Performance for 2020-21 will also be considered through the COVID -19 Remobilisation Plan September 20 – March 21.

2 BACKGROUND

Members receive quarterly updates on Key Performance Indicator (KPI) performance as well as an Annual Overview of performance and a Year-on-Year comparison each June.

3 ASSESSMENT

We have maintained good levels of performance in many areas and performance in the following areas merit comment:

No 1 Patients have their care and treatment plans reviewed at 6 monthly intervals.

On 30 June 2020 there were 116 patients in the hospital. Five of these patients were in the admission phase. Five CPA documents had not been reviewed within the 6-month period. Of these five, one was uploaded on 1 July missing the deadline and another was due with a change in the relevant date of his section. The remaining three have been held, however paperwork had not been uploaded to RiO as yet. This gives a compliance of 95.7% which is a rise from March's 87.9% compliance. This has moved this indicator into the green zone from the red zone in Q4 of year 19/20.

Health Records staff continue to send reminder emails to RMOs and medical secretarial staff to advise that a patient's review or renewal of detention is due. The renewal of detention ties in with the annual CPA document being completed.

No 3 Patients will be engaged in off hub activity centres

Due to Covid-19, no off-hub activities were offered as these were suspended thus the figure representing patient attendance is 0%. This indicator moved from the green zone into the red. Daily and weekly reports including sessions for patients in the grounds and on hub activities have been provided and reported to the Interim Clinical Operational Policy Monitoring Group. Monitoring of these activities have revealed random variation, with good uptake of activities and between 0 - 5 patients over the last 5 weeks not assessing at least one session over each week.

No 4 Patients will be offered an annual physical health review

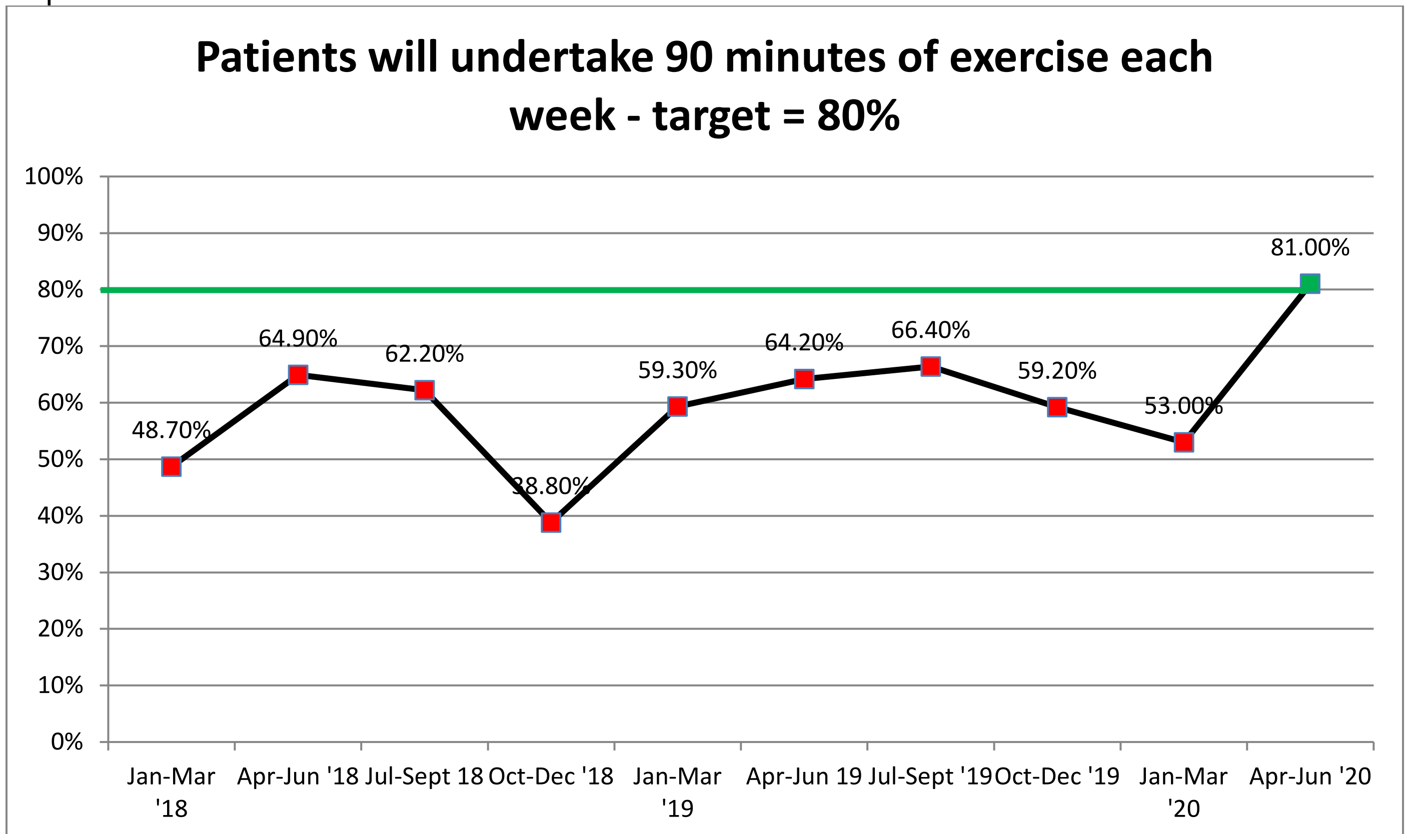
This indicator increased from Q4's figure of 93.94% to 100% in Q1 of year 20/21.

No 5 Patients will undertake 90 minutes of exercise each week

The Physical Activity levels over the first quarter have averaged 81%. This is a significant increase with the last quarter average being 53%. This is the first quarterly instance where the indicator is within the green zone since the data collection started. The reason for this increase was due to Covid-19: all normal activities within the hospital were suspended. To facilitate activity, service providers were supporting patient's walks twice per day between April – June 2020. In addition to this, in June 2020 patients had the opportunity to participate in outdoor sporting sessions, including cycling and gardening sessions albeit on a much smaller scale than normal.

Data recorded is patient participation in moderate physical activity intervention. This data includes patients participating in Sports and Fitness, Gardens, ward activities and escorted walks. This data also includes patients using Ground Access as a means of physical activity. Caution should be used to the data however, as this is based on patient self-reporting.

Quarterly reporting is also provided to the Physical Health Steering Group who review the trend data and suggest possible ways of improving the uptake of Physical Activity.



No 6 Healthier BMI.

The RiO reports show that 13% of patients have a healthy BMI. This is slightly higher than the last quarter of 10%. The percentage of patients with an unhealthy BMI has decreased from 90% to 85% since the last quarterly report. The majority of patients with an unhealthy BMI fall into the overweight category with this currently reporting at 39.7%. This indicator remains in the red zone and will be the focus of Supporting Healthy Choices group when it resumes.

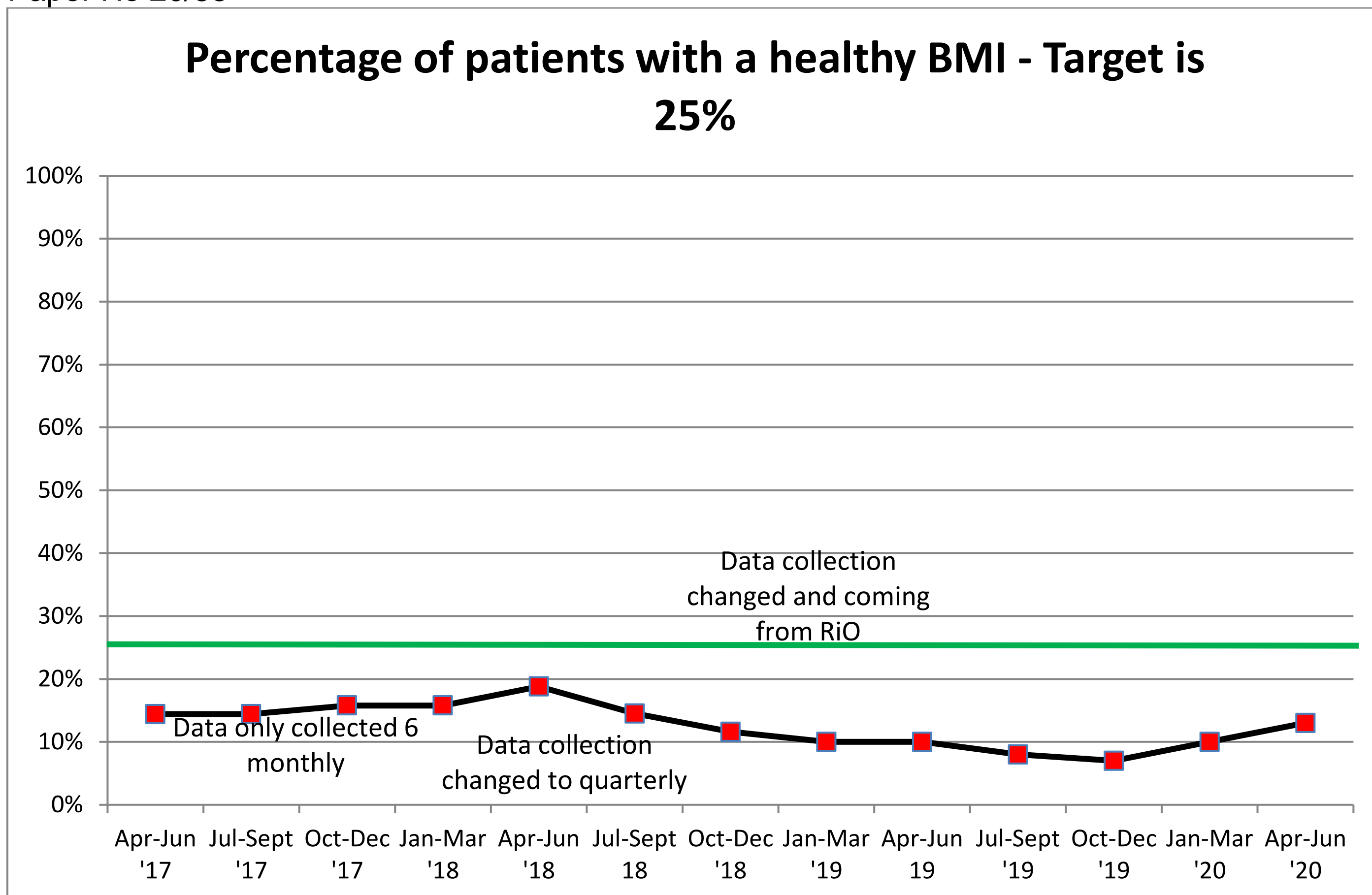


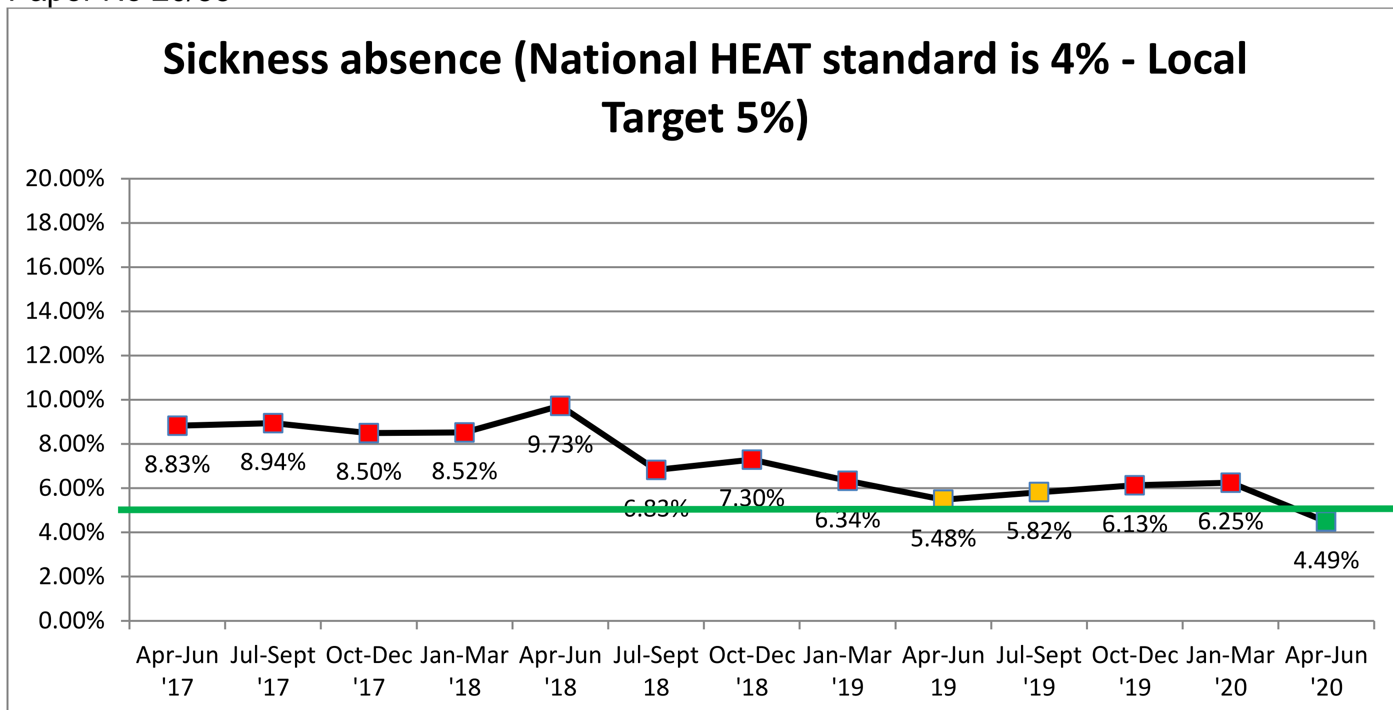
Table 1

Weight Range by BMI	(Q1) N=110	(Q4) N=107	(Q3) N=105	(Q2) N=100
<18.5 underweight	1%	0	0	0
18.5-24.9 healthy	13%	10%	7%	8%
25-29.9 overweight	85%	90%	93%	92%
30-39.9 obese				
>40 obese				

No 7 Sickness absence.

The sickness absence rate for the quarter was 4.49%. This was a decrease from last quarter's average of 6.25%. April's figure was 4.98%, May was 3.30% and June's figure was 5.19%. Within the quarter, there were fluctuations in absence rates, both increases and decreases.

This is the first instance where this indicator is within the green zone since its data collection.



COVID-19 RELATED SPECIAL LEAVE

It should be noted that in accordance with guidance set out in DL(2020)5 Coronavirus (Covid-19): National Arrangements for NHS Scotland Staff, staff absence and sickness related to Covid-19 is recorded as special leave and does not count towards sickness absence triggers.

Details of working hours lost due to COVID19 related special leave expressed by the monthly totals, are provided below.

Source: SSTS

< 5% Green
5 - 7% Amber
> 7% Red

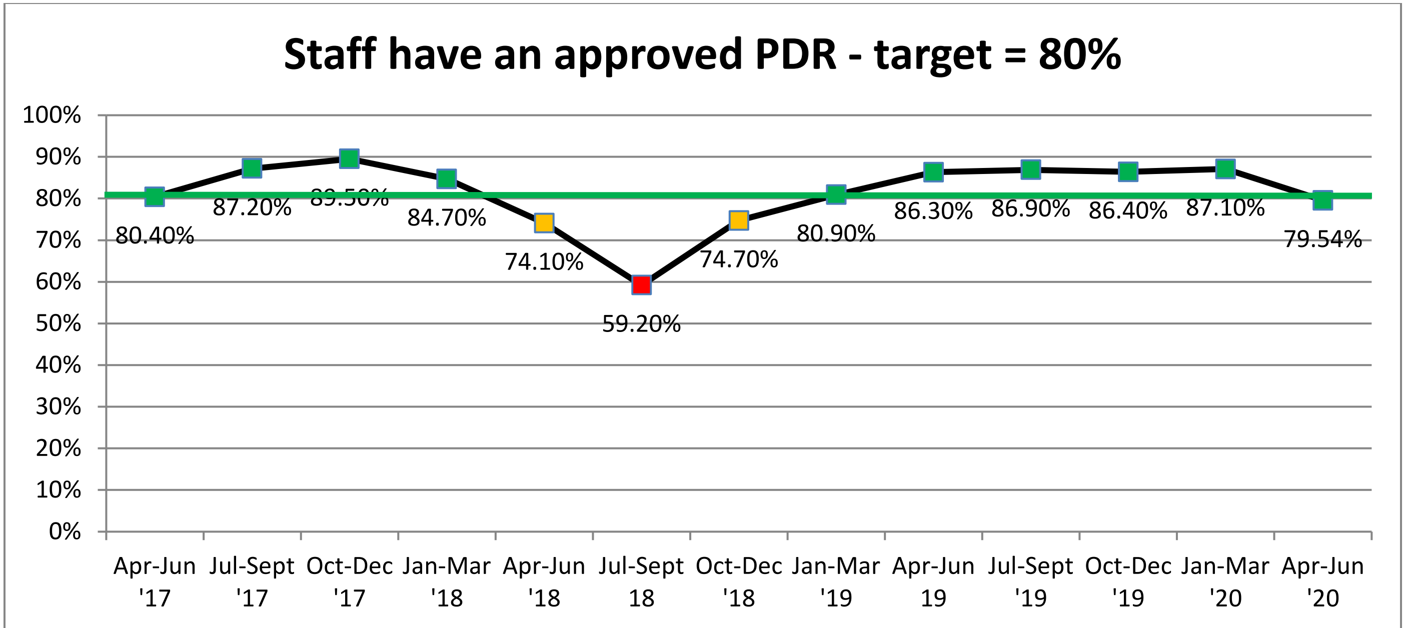
Month	Total Hours Lost	Total Hours Lost (%)
March 2020	6154.08	6.33%
April 2020	8086.04	8.50%
May 2020	3530.62	3.56%
June 2020	3239.32	3.39%
July 2020	3133.85	3.17%

No 8 Staff have an approved PDR

The PDR compliance level over the period April to June 2020 has averaged at 79.54%. This is a decrease of 7.56% from the last quarter. It is important to note the impact of the coronavirus pandemic has had upon the review process across all NHS Boards. National guidance for NHS Scotland invited Boards to postpone all non-urgent business, including appraisals. In addition, of those appraisals carried out, factors such as

shielding, and homeworking have made it difficult to conduct and progress appraisals that may be due. Restart of PDR process has now progressed in line with national guidance.

This indicator has remained in the green zone since February 2019.



No 13 Patients will be transferred/discharged using the CPA process.

The figure for this quarter is 100%. Only one transfer was carried out during this period due to COVID-19. Flow across the forensic estate during the initial phase of the Covid -19 pandemic was restricted, however this is being reviewed with an expectation that flow will increase in Q2 with all appropriate infection management and control procedures in place.

No 15 Attendance by clinical staff at case reviews.

Please note, any case reviews not held due to COVID-19 were stripped from these results. During the period, 52 reviews were scheduled however, due to COVID-19, 37 were completed. These figures are also recorded as physical attendance: attendance at these case reviews was also achieved through virtual means such as Microsoft Teams and teleconference.

RMO - for the first quarter of 20/21 attendance dropped 28% from 90% in Q4 to 62% in Q1 in 20/21. This moves this indicator from the green zone into the red zone.

Medical - attendance of Medical staff moves into the red zone for Q1 with 62% attendance – Q4 attendance was 95%.

Key Worker/Associate Worker – attendance figures decreased to 62% in Q1 20/21 from 78% in Q4. This moves them from the green to the red zone.

Nursing – during Q1, attendance from Nursing has lowered to 81% from 95% in Q4 of last years' data collection. Nursing is now within the red zone for this quarter.

Pharmacy – attendance for this quarter has slightly dropped from 68% to 57%. Pharmacy still remain in the green zone for this quarter.

Psychology – there has been a decrease of 20% attendance in Q1. This moves them from the amber zone into the red for Q1.

Security - attendance from security has significantly fallen again in this quarter – from 44% to 16%. They remain within the red zone for this quarter.

Social Work – attendance has risen in Q1 by 21% with an overall figure of 95%. This moves them from the amber zone into the green for this quarter.

Dietetics – during quarter 1, attendance from dietetics has risen to 86% from 64% in Q4. There is no target for this profession as of yet.

4 RECOMMENDATION

The Board is asked to **note the contents of this report and the unprecedented period that the report covers.**

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Monitoring of Key Performance Indicator Performance in the TSH Local Delivery Plan (2017-2020) and the Operational Plan.
Workforce Implications	No workforce implications-for information only.
Financial Implications	No financial implications-for information only.
Route To Board Which groups were involved in contributing to the paper and recommendations?	Risk, Finance and Performance Management Group
Risk Assessment (Outline any significant risks and associated mitigation)	There is a dependency on the Business Intelligence project. While we can identify other ways of obtaining and analysing data there will be continue to be limitations on the timeliness and granularity of the information reported.
Assessment of Impact on Stakeholder Experience	The gaps in KPI data which make it difficult to assess.
Equality Impact Assessment	No implications identified.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	n/a
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

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Appendix 1

Item	Principles	Performance Indicator	Target	RAG Q4	RAG Q1	Actual	Comment	LEAD
1.	8	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	R	G	95.70%	This indicator moves to the green zone for Q1 of 2020/2021.	**LT**
2.	8	Patients will be engaged in psychological treatment	85%	G	G	86.72%	Figure is an average of 83.47% in April, 82.75%in May and 93.96% in June 2020.	**JM**
3.	8	Patients will be engaged in off-hub activity centres	90%	G	R	0%	All off-hub activities were cancelled during this period: Skye Centre staff facilitated walks in the interim.	**MR**
4.	8	Patients will be offered an annual physical health review	90%	G	G	100%	All patients eligible for an annual physical health review were offered for Q1.	**LT**
5.	8	Patients will undertake 90 minutes of exercise each week	80%	R	G	81%	This is the first quarter where the indicator has been green since its data collection period.	**MR**
6.	8	Patients will have a healthier BMI	25%	R	R	13%	This quarter, this figure has increased slightly but remains in the red zone.	**LT**
7.	5	Sickness absence rate(National HEAT standard is 4%)	** 5%	R	G	4.49%	April's figure was 4.98%, May's was 3.30% and June's was 5.19%. The first green zone instance since its data collection.	**KS**
8.	5	Staff have an approved PDR	*80%	G	G	79.54%	This indicator has been showing a steady improvement since October 2018.	**KS**
9.	1, 3	Patients transferred/discharged using CPA	100%	G	G	100%	Only one patient was transferred during this period.	**KB**
10.	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	G	G	100%	This indicator remains 100% in Q1.	**LT**
11.	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	97.39%	3 patients in total waited beyond the estimated 18-week target.	**JM**
~~12.~~	~~1, 3~~	~~Patients will engage in meaningful activity on a daily basis~~	~~100%~~	**-**			~~*New indicators and business processes in development as reported to the June Board.*~~	~~**MR**~~
13.	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	G	G	95.50%	116 patients. 5 new admissions, 106 patients with current risk assessments and 5 risk assessments out of date (3 was due to section changes, 1 due to a mix up with CPA timing, 1 late due to RMO returning from maternity leave and now complete).	**LT**
~~14.~~	~~2, 6, 7, 9~~	~~Hubs have a monthly community meeting.~~	-	-		-	~~*New indicators and business processes in development as reported to the June Board.*~~	~~**MR**~~
15.		Refer to next table.						**All Clinical Leads**

Item	Code	Principles	Performance Indicator	Profession (Lead)	Target	RAG Q4	RAG Q1	Overall attendance Apr - Jun 2020 (n=52)	Overall attendance Jan-Mar 2020	Overall attendance Oct-Dec 2019 (n=44)	Overall attendance July-Sept 2019 (n=43)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO **(LT)**	90%	G	R	62%	90%	86%	91%
				Medical **(LT)**	100%	G	R	62%	95%	98%	95%
				Key Worker/Assoc Worker **(MR)**	80%	G	R	62%	78%	82%	81%
				Nursing **(MR)**	100%	G	R	81%	95%	98%	98%
				OT**(MR)**	80%	G	G	89%	90%	93%	79%
				Pharmacy **(LT)**	60%	G	G	57%	68%	57%	63%
				Clinical Psychologist **(JM)**	80%	R	R	65%	67%	80%	61%
				Psychology **(JM)**	100%	A	R	70%	90%	84%	86%
				Security **(DW)**	60%	R	R	14%	44%	68%	56%
				Social Work **(KB)**	80%	A	G	95%	74%	75%	72%
				Skye Activity Centre **(MR)** (only attend annual reviews)	tbc	-	-	0%	0%	4%	5%
				Dietetics **(MR)** (only attend annual reviews)	tbc	-	-	86%	64%	67%	45%

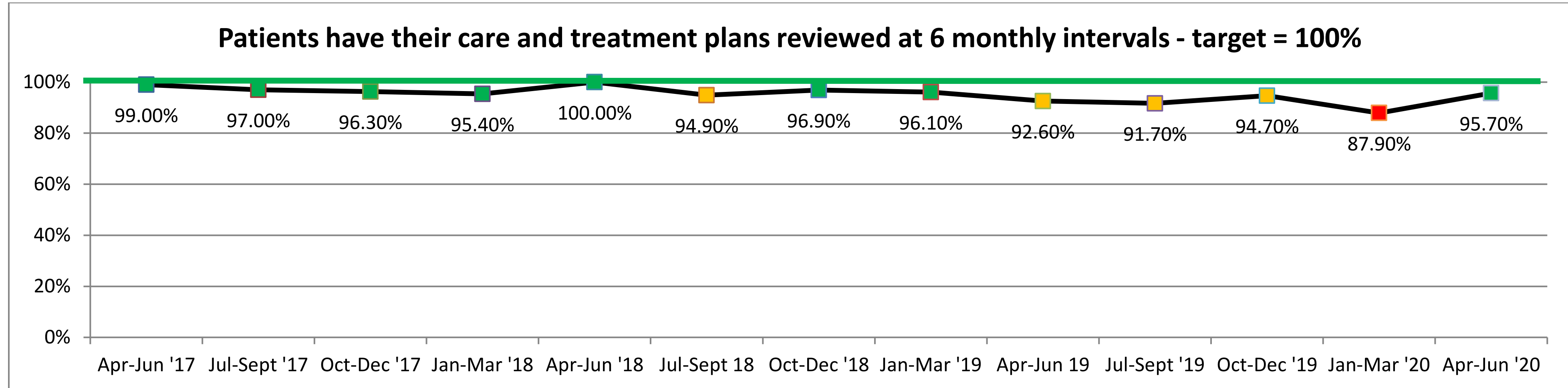
Definitions for red, amber and green zone

- For all but item 6 and 7 green is 5% or less away from target, amber is between 5.1% and 10% away from target and Red will mean we are over 10% away from target
- For item 6: ‘Patients have a healthier BMI’ green will be 3% or less away from target, amber will be between 3.1% and 5% away from target and red will be over 5% away from target
- For 7 ‘Sickness absence’ green is less than 0.5% from target, amber will be between 0.51% and 1% away from target and red will be over 1% and away from target

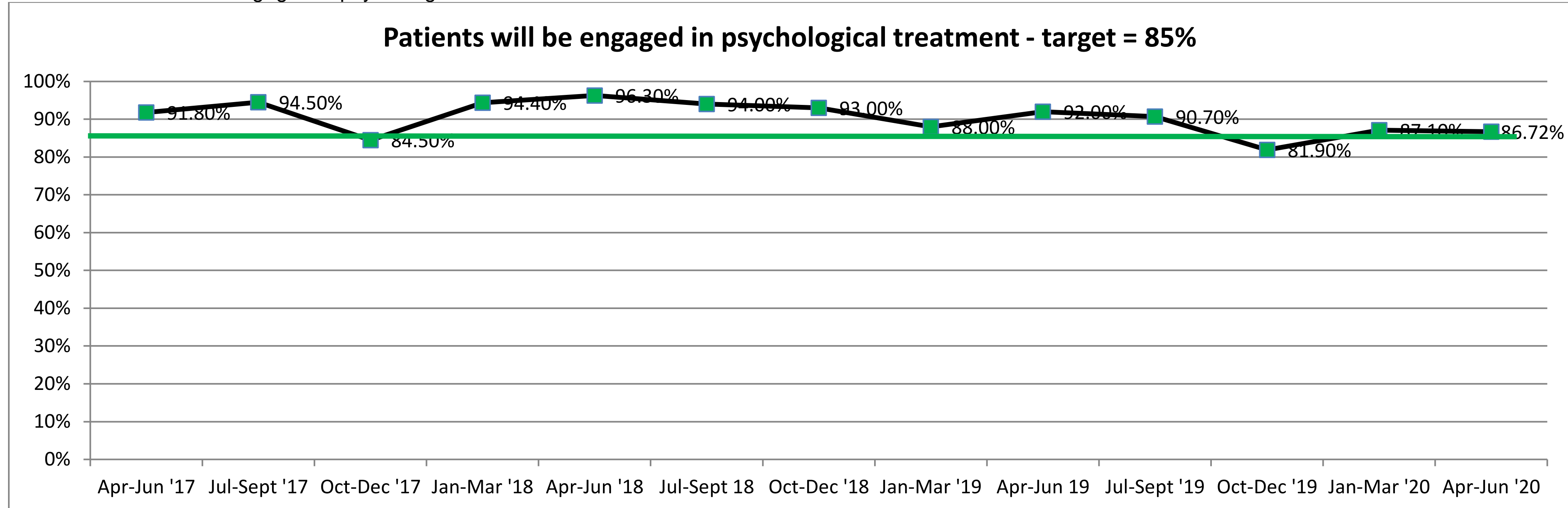
Paper No 20/55

Trend Graphs for Performance Management Data

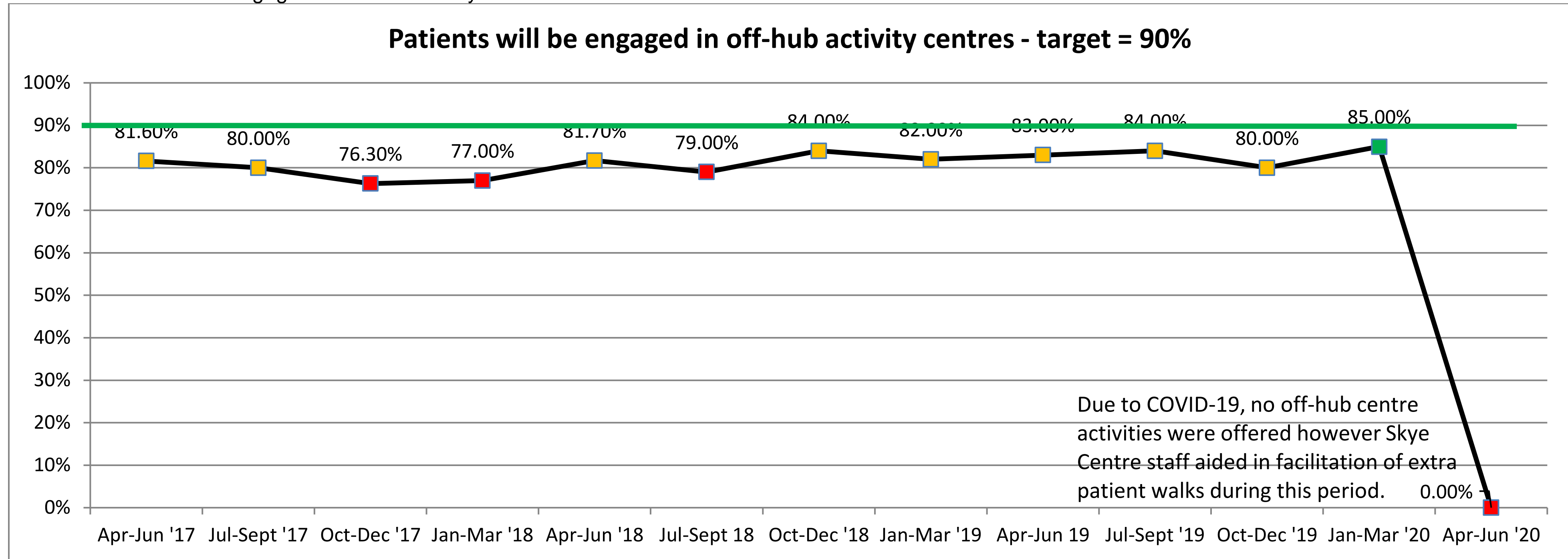
Item 1: Patients have their care and treatment plans reviewed at 6 monthly intervals



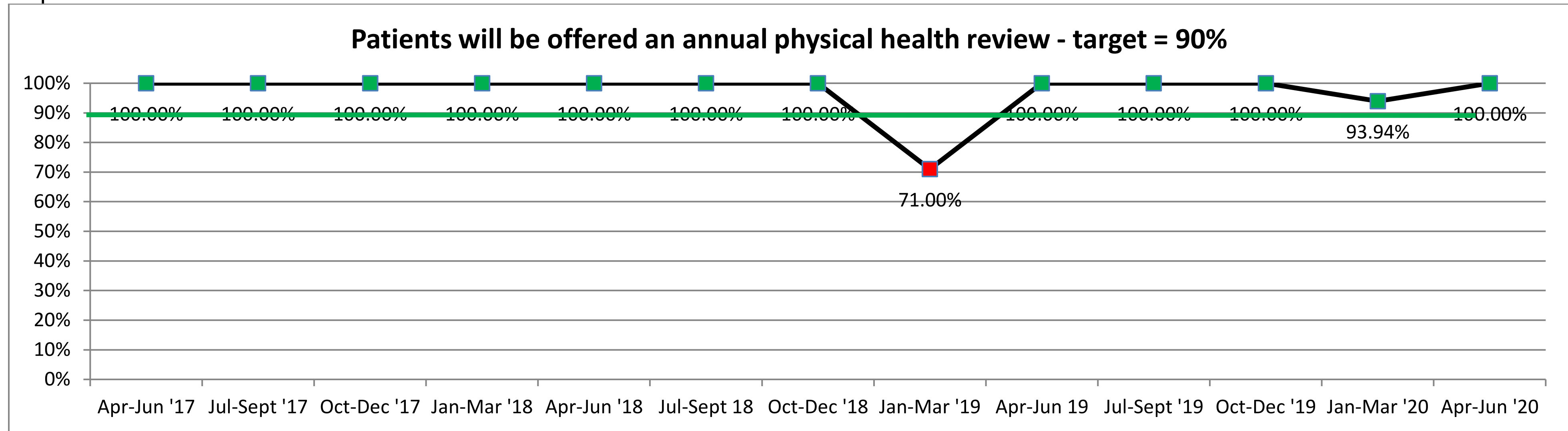
Item 2: Patients will be engaged in psychological treatment



Item 3: Patients will be engaged in off-hub activity centres



Item 4: Patients will be offered an annual physical health review


Patients will be offered an annual physical health review - target = 90%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100.00%
100.00%
100.00%
100.00%
100.00%
100.00%
100.00%
71.00%
100.00%
100.00%
100.00%
93.94%
100.00%
Apr-Jun '17
Jul-Sept '17
Oct-Dec '17
Jan-Mar '18
Apr-Jun '18
Jul-Sept 18
Oct-Dec '18
Jan-Mar '19
Apr-Jun 19
Jul-Sept '19
Oct-Dec '19
Jan-Mar '20
Apr-Jun '20

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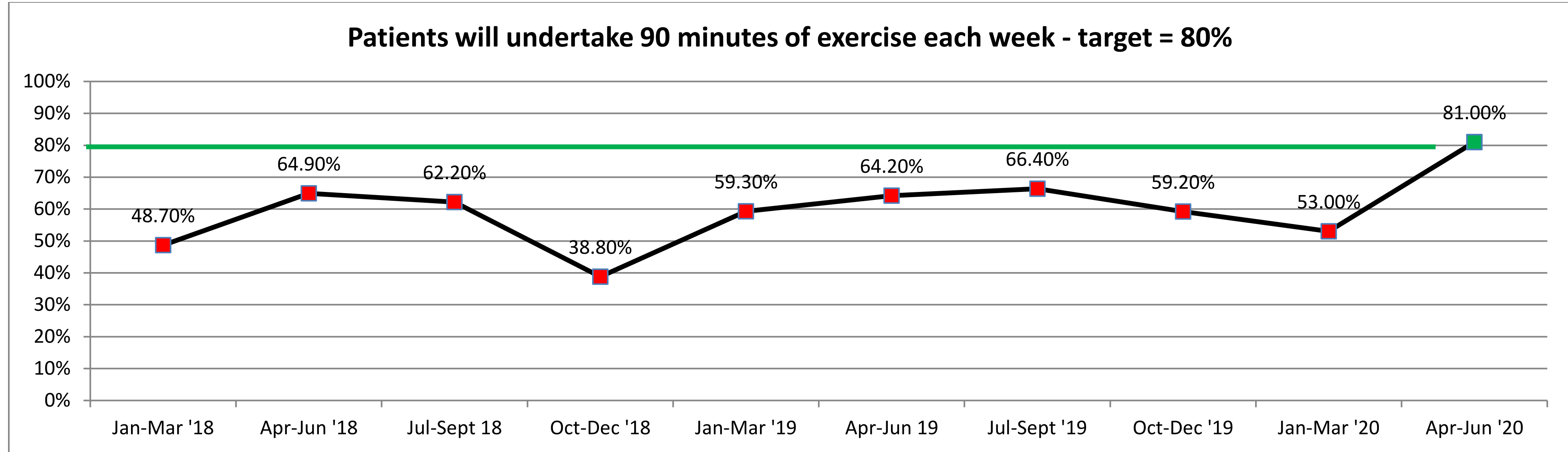
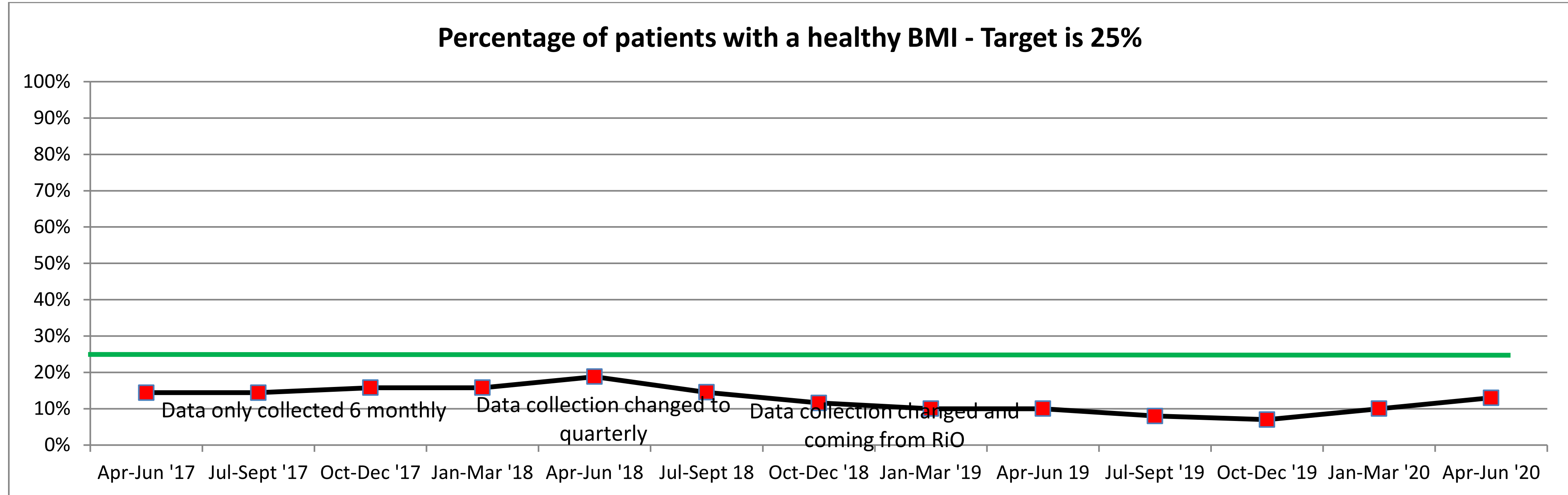
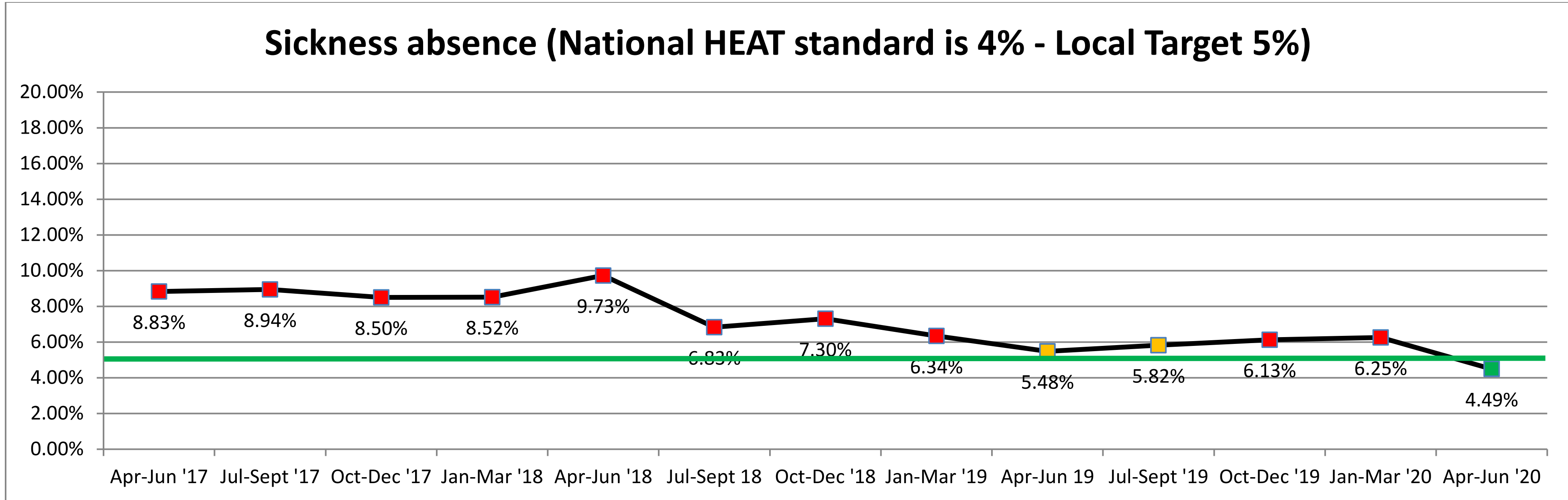
Item 5: Patients will undertake 90 minutes of exercise each week



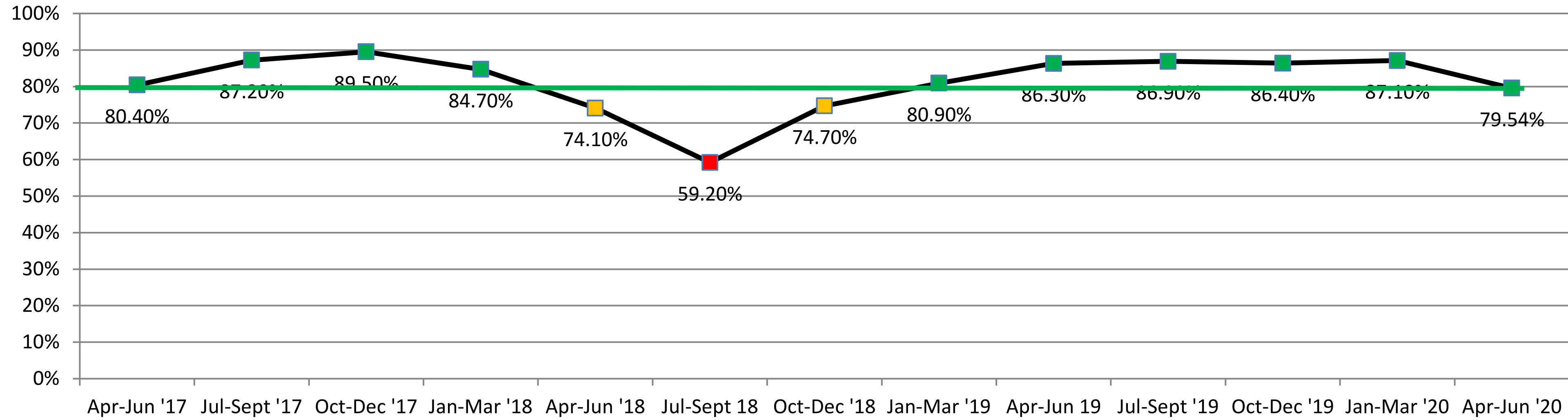
Item 6: Patients will have a healthier BMI



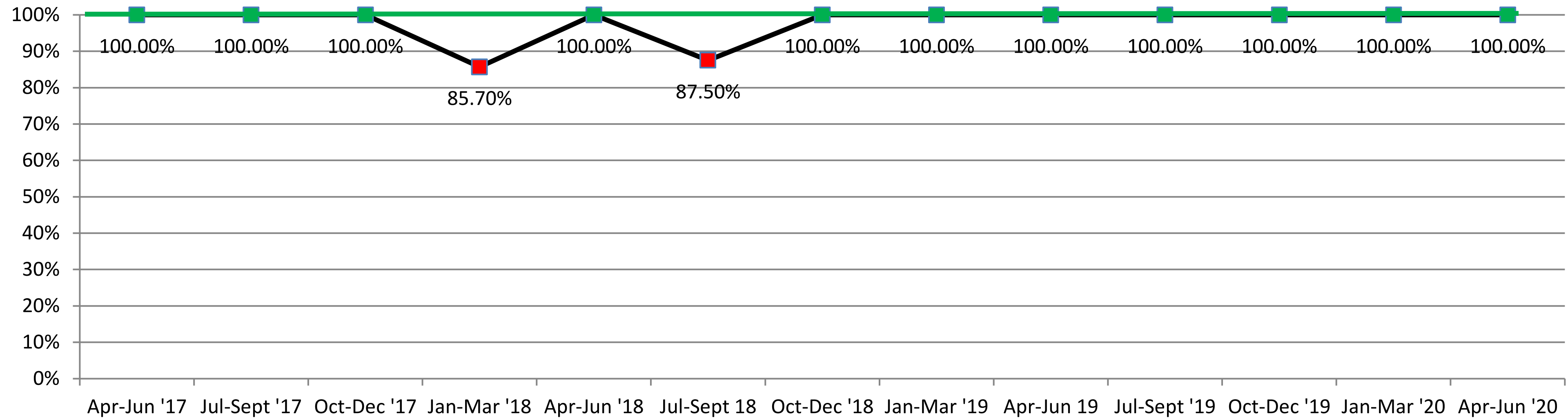
Item 7: Sickness Absence



Item 8: Staff have an approved PDR

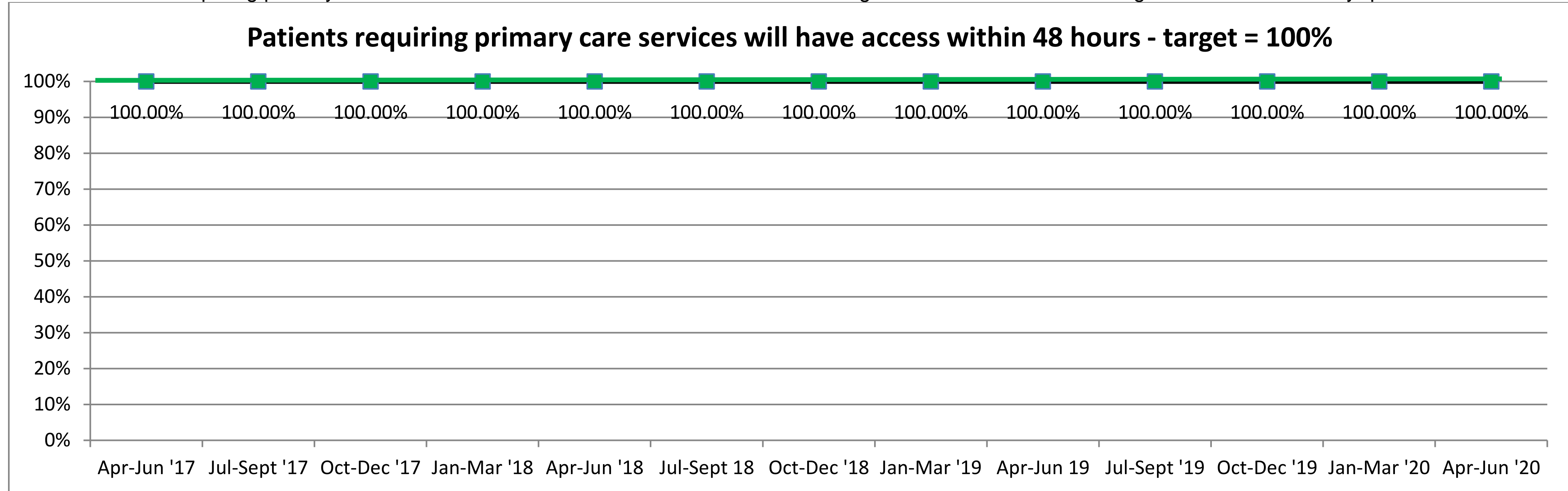


Item 9: Patients transferred/discharged using CPA



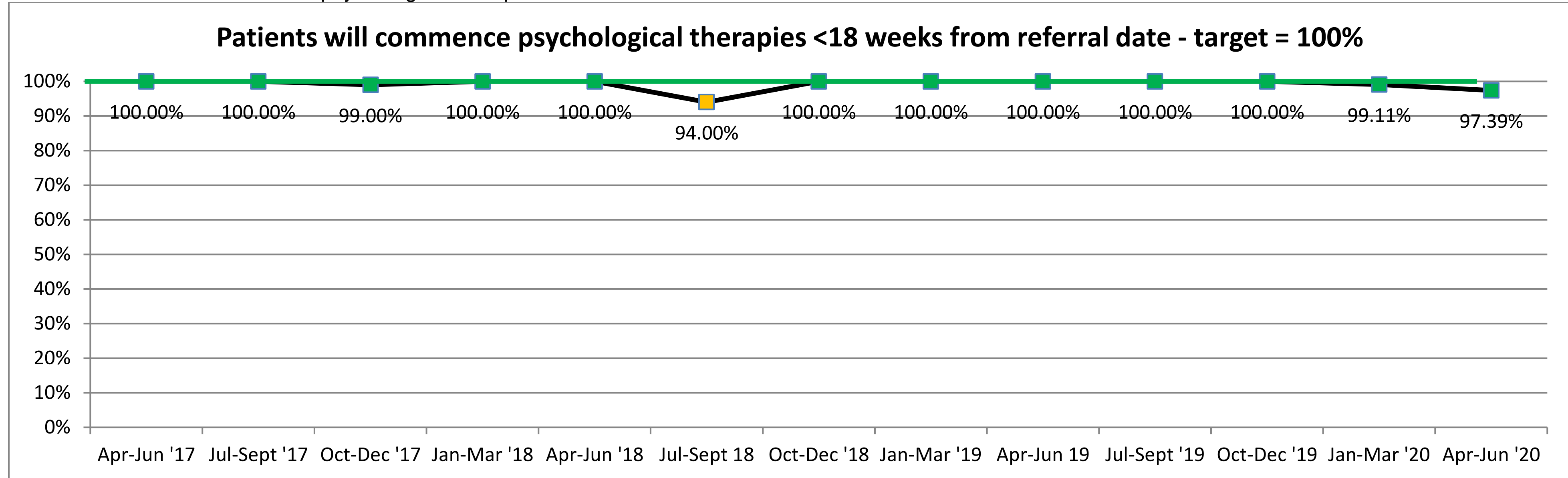
Paper No 20/55

Item 10: Patients requiring primary care services will have access within 48 hours – No target line has been used as target has been met every quarter

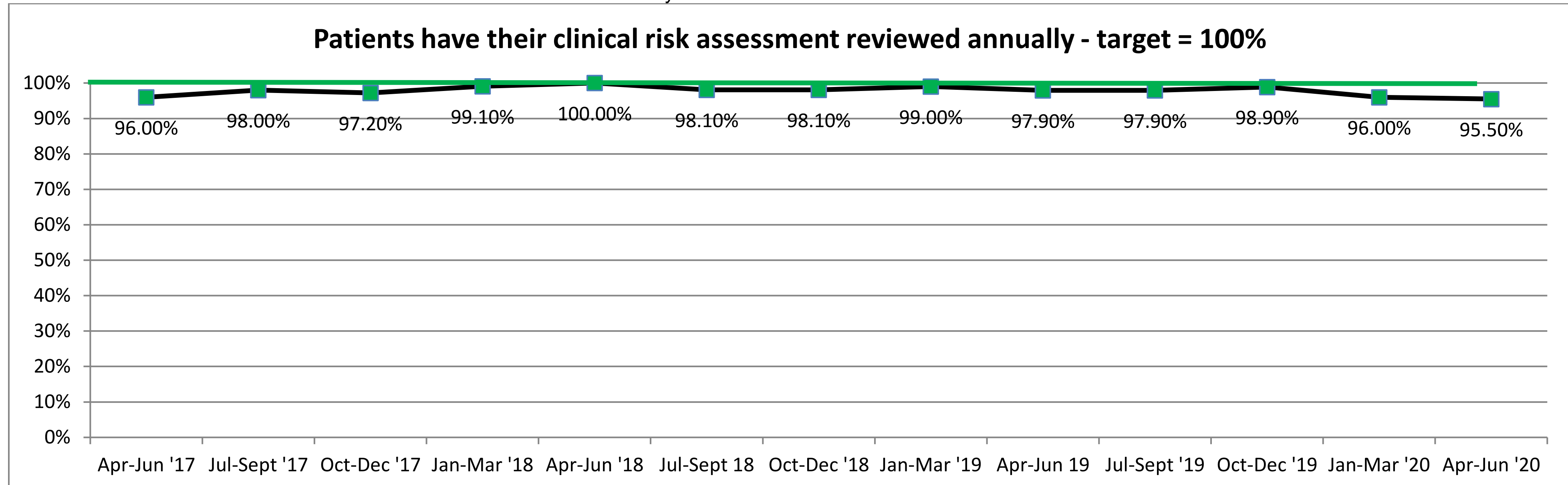


Paper No 20/55

Item 11: Patients will commence psychological therapies <18 weeks from referral date

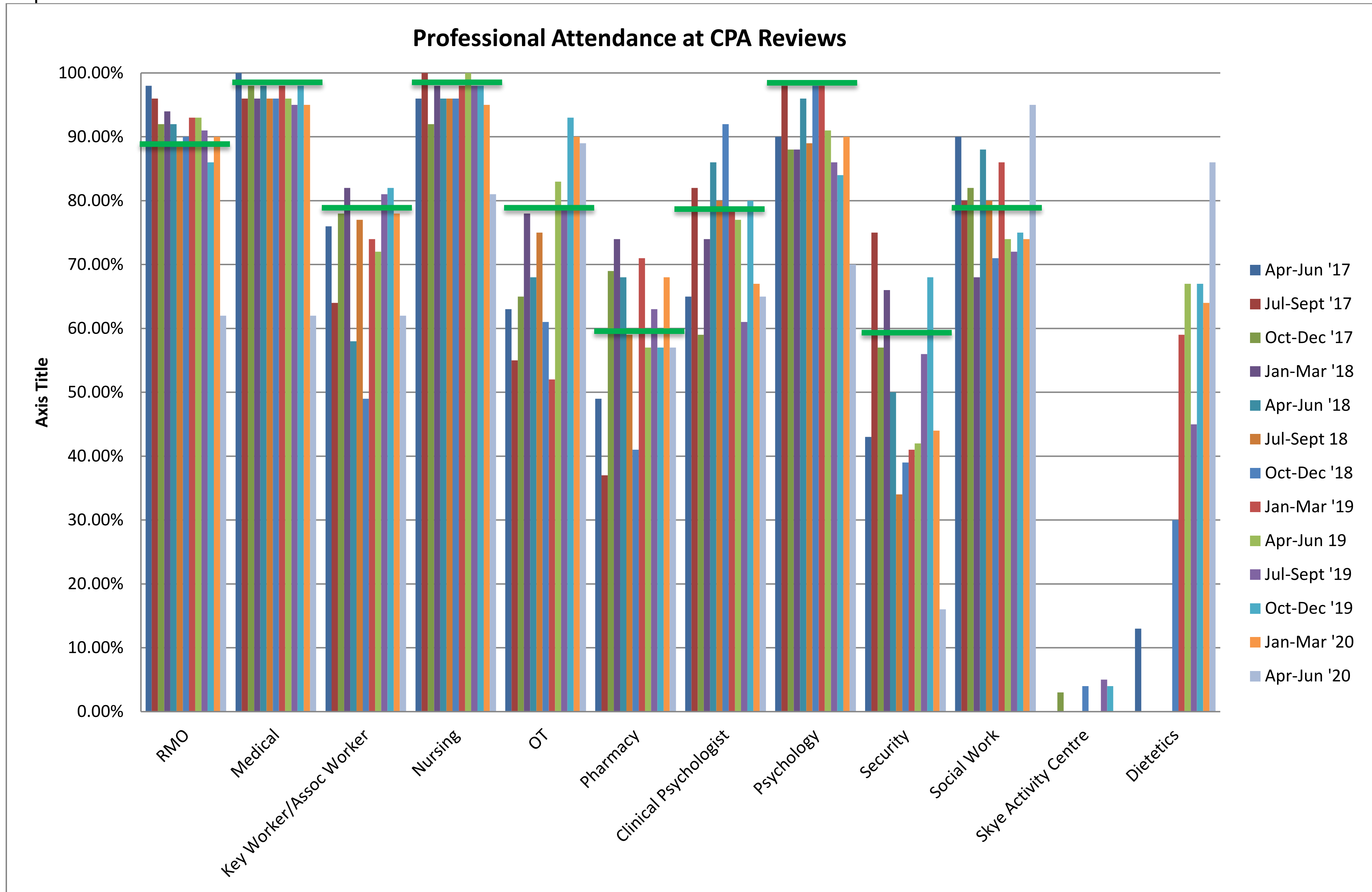


Item 13: Patients have their clinical risk assessment reviewed annually



Paper No 20/55

Item 15: MDT Attendance at Case Review


Professional Attendance at CPA Reviews
Axis Title
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
RMO
Medical
Key Worker/Assoc Worker
Nursing
OT
Pharmacy
Clinical Psychologist
Psychology
Security
Social Work
Skye Activity Centre
Dietetics
Apr-Jun '17
Jul-Sept '17
Oct-Dec '17
Jan-Mar '18
Apr-Jun '18
Jul-Sept 18
Oct-Dec '18
Jan-Mar '19
Apr-Jun 19
Jul-Sept '19
Oct-Dec '19
Jan-Mar '20
Apr-Jun '20

Paper No 20/56

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 August 2020
Agenda Reference:	Item No: 19
Sponsoring Director:	Finance & Performance Management Director
Author(s):	Risk Management Team Leader/ Facilitator
Title of Report:	Corporate Risk Register – Very High/High/Medium risks
Purpose of Report:	For Discussion

1 SITUATION

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

2 BACKGROUND

This report provides an update on Very High, High and Medium Corporate Risks that are currently recorded on the Corporate Risk Register. The Corporate Risk Register was presented to the Audit Committee in March and is also a standing agenda item on the quarterly Risk, Finance and Performance Committee.

3 ASSESSMENT

Current Corporate Risk Register is detailed within Appendix A.

All Risk Owners have been advised to consider the impact of Covid-19 on their risk control measures detailed within their risk assessments.

There has been one change since the last report, increase of the likelihood (Unlikely to Possible) for HRD112 Compliance with Mandatory PMVA Level 2 Refresher Training.

There is one 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.

The 7 following risks are graded as High:

MD30 Failure to prevent/mitigate obesity
*SD51 Physical or electronic security failure
*SD53 Serious security breaches (eg escape, intruder, serious contraband)
ND70 Failure to utilise our resources to optimise excellent patient care and experience
*ND71 Failure to assess and manage the risk of aggression and violence effectively

FD97 Unmanaged smart telephones' access to The State Hospitals information and systems.
HRD112 Compliance with Mandatory PMVA Level 2 Refresher Training (Increased from last report)

The following 21 risks are graded as Medium

*CE10 Severe breakdown in appropriate corporate governance
*CE11 Risk of patient injury occurring which is categorised as either extreme injury or death
CE12 Failure to utilise appropriate systems to learn from prior events internally and externally
MD32 Absconsion of patients
*MD33 Potential adverse impact arising from clinical presentation out of hours with no doctor on site (5pm - 6pm)
*MD34 Lack of out of hours on site medical cover
MD35 Non-compliance with Falsified Medicines Directive
*SD50 Serious Security Incident
SD52 Resilience arrangements that are not fit for purpose
SD54 Climate change impact on The State Hospital
SD55 Negative impact of EU exit on the safe delivery of patient care within The State Hospital
SD56 Water Management
ND72 Failure to evolve the clinical model, implement and evidence the application of best practice in patient care
ND73 Lack of SRK trained staff
FD90 Failure to implement a sustainable long term model
FD91 IT system failure/breach
FD93 Failure to complete actions from Cat 1/2 reviews within appropriate timescale
FD94 Inadequate data centre
*FD96 Cyber Security/Data Protection Breach due to computer infection
HRD110 Failure to implement and continue to develop the workforce plan
HRD111 Deliberate leaks of information

*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*

*being reviewed weekly at present

Risk distribution of other risks are as follows:

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain				CE14	
Likely			ND70	MD30	
Possible			CE12, SD50, SD54, ND72, ND73, FD91, FD93, FD94	ND71, FD97, HRD112	
Unlikely			MD33, MD35, SD55, FD90, FD96, HRD110	MD34, SD52, SD56, HR111	SD51, SD53
Rare			FD95, CE13	MD32	CE10, CE11

4 RECOMMENDATION

The Corporate Risk Register Very High/High/Medium Risk report is presented to the Board for discussion, and to request whether any amendment is required to existing risks and/or whether additional areas should be considered.

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MONITORING FORM

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

Appendix A

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Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	RA	AP	Monitoring Frequency
Corporate CE 10	Reputation	Severe breakdown in appropriate corporate governance	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/08/20	Board	Y/Y	N/A	Quarterly
Corporate CE 11	Health & Safety	Risk of patient injury occurring which is categorised as either extreme injury or death	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/08/20	Clinical Governance	Y/Y	N/A	Quarterly
Corporate CE 12	Strategic	Failure to utilise appropriate systems to learn from prior events internally and externally	Major x Possible	Moderate x Possible	Moderate x Unlikely	Chief Executive	Risk Management Team Leader	31/08/20	Risk, Finance & Performance Group	Y/Y	N/A	Quarterly
Corporate CE 13	Strategic	Inadequate compliance with Chief Executive Letters and other statutory requirements	Moderate x Unlikely	Moderate x Rare	Moderate x Rare	Chief Executive	Board Secretary	28/02/21	CMT	Y/Y	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	26/08/20	Gold Command	Y/Y		Weekly
Corporate MD 30	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	25/08/20	Clinical Governance Committee	Y/Y	Y/Y	Monthly
Corporate MD 32	Medical	Absconsion of Patients	Major x Unlikely	Major x Rare	Moderate x Rare	Medical Director	Associate Medical Director	31/08/20	SMT	Y/Y	N/A	Quarterly
Corporate MD 33	Medical	Potential adverse impact arising from clinical presentation out of hours with no doctor on site (5pm - 6pm)	Moderate x Unlikely	Moderate x Unlikely	Moderate x Unlikely	Medical Director	Associate Medical Director	31/08/20	SMT	Y/Y	N/A	Quarterly
Corporate MD 34	Medical	Lack of out of hours on site medical cover	Major x Unlikely	Major x Unlikely	Major x Unlikely	Medical Director	Associate Medical Director	31/08/20	SMT	Y/Y	N/A	Quarterly
Corporate MD 35	Medical	Non-compliance with Falsified Medicines Directive	Moderate x Unlikely	Moderate x Unlikley	Moderate x Rare	Medical Director	Associate Medical Director	15/10/20	Medicines Committee/ Clinical Governance	Y/Y	N/A	Quarterly

Corporate SD 50	Service/Business Disruption	Serious Security Incident	Moderate x Possible	Moderate x Possible	Moderate x Possible	Security Director	Security Director	31/08/20	SMT	Y/Y	N/A	Quarterly
Corporate SD 51	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Extreme x Unlikely	Extreme x Unlikely	Security Director	Security Director	04/09/20	Audit Committee	Y/Y	Y/Y	Monthly
Corporate SD 52	Service/Business Disruption	Resilience arrangements that are not fit for purpose	Major x Unlikely	Major x Unlikely	Major x Rare	Security Director	Security Director	31/08/20	SMT	Y/Y	N/A	Quarterly
Corporate SD 53	Service/Business Disruption	Serious security breaches (eg escape, intruder, serious contraband)	Extreme x Unlikely	Extreme x Unlikely	Extreme x Unlikely	Security Director	Security Director	04/09/20	Audit Committee	Y/Y	Y/Y	Monthly
Corporate SD 54	Service/Business Disruption	Climate change impact on the State Hospital	Minor x Possible	Moderate x Possible	Minor x Possible	Security Director	Head of Estates and Facilities	31/08/20	SMT/Resilience Committee	Y/Y	N/A	Quarterly
Corporate SD 55	Service/Business Disruption	Negative impact of EU exit on the State Hospital	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Chief Executive	Security Director	31/08/20	SMT	Y/Y	N/A	Quarterly
Corporate SD 56	Service/Business Disruption	Water Management	Major x Unlikely	Major x Unlikely	Major x Rare	Security Director	Head of Estates and Facilities	05/11/20	Infection Control Committee/ Clinical Governance	Y/Y	N/A	New
Corporate ND 70	Service/Business Disruption	Failure to utilise our resources to optimise excellent patient care and experience	Moderate x Possible	Moderate x Likely	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	24/08/20	SMT	Y/Y	Y/Y	Monthly
Corporate ND 71	Health & Safety	Failure to assess and manage the risk of aggression and violence effectively	Major x Possible	Major x Possible	Major x Possible	Director of Nursing & AHP	Director of Nursing & AHP	24/08/20	Clinical Governance	Y/Y	Y/Y	Monthly
Corporate ND 72	Service/Business Disruption	Failure to evolve the clinical model, implement and evidence the application of best practice in patient care	Moderate x Possible	Moderate x Possible	Moderate x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	24/10/20	Clinical Governance	Y/Y	N/A	Quarterly
Corporate ND 73	Service/Business Disruption	Lack of SRK trained staff	Moderate x Likely	Moderate x Possible	Moderate x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	31/08/20	PMVA Group and SMT	Y/Y	N/A	Quarterly
Corporate FD 90	Financial	Failure to implement a sustainable long term model	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Finance & Performance Director	Finance & Performance Director	11/09/20	Audit Committee, RF&P Group & SMT	Y/Y	N/A	Quarterly

Corporate FD 91	Service/Business Disruption	IT system failure/breach	Moderate x Possible	Moderate x Possible	Minor x Possible	Finance & Performance Director	Head of eHealth	11/09/20	Information Governance Group & SMT	Y/Y	N/A	Quarterly
Corporate FD 93	Health & Safety	Failure to complete actions from Cat 1/2 reviews within appropriate timescale	Moderate x Possible	Moderate x Possible	Moderate x Unlikely	Finance & Performance Director	Head of Corporate Planning and Business Support	11/09/20	Clinical Governance	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	11/09/20	SMT/Resilience Committee	Y/Y	N/A	Quarterly
Corporate FD 95	Service/Business Disruption	Lack of IT on-call arrangements	Moderate x Possible	Moderate x Rare	Moderate x Rare	Finance and Performance Director	Head of eHealth	31/12/20	SMT/Resilience Committee	Y/Y	N/A	Quarterly
Corporate FD 96	Service/Business Disruption	Cyber Security/Data Protection Breach due to computer infection	Moderate x Unlikely	Moderate x Unlikely	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	31/07/20	SMT/Resilience Committee	Y/Y	N/A	Quarterly
Corporate FD 97	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Major x Possible	Major x Unlikely	Finance and Performance Director	Head of eHealth	11/09/20	Information Governance Group & SMT	Y/Y	Y/Y	Monthly
Corporate HRD 110	Resource	Failure to implement and continue to develop the workforce plan	Moderate x Possible	Moderate x Unlikely	Minor x Rare	Interim HR Director	Interim HR Director	31/08/20	SMT	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	31/08/20	SMT	Y/Y	Y/N	Monthly
Corporate HRD 112	Health & Safety	Compliance with Mandatory PMVA Level 2 Training	Major x Unlikely	Major x Possible	Major x Rare	Interim HR Director	Training & Professional Developmen t Manager	30/09/20	H&S Committee	Y/Y	N/A	Monthly

Very High Graded
Actions from those not at target level

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

- As this is a developing situation control measures are being looked at daily through the established command centre. In progress work is being monitored by the Covid-19 Support Team.

- Guidance being updated on a daily basis and being relayed to staff as soon it is can be.
- Approach taken to re-establish services within the hospital. Risk assessments for each activity will take place based on infection control guidelines and public health advice.
- Proposal to reintroduce activities in the Skye Centre, will go to STAG and Gold Command for final approval.
- Corporate Risk Register being updated to include impact of Covid-19

High Graded
Actions from those not at target level

MD30 Failure to prevent/mitigate obesity

- Ongoing patient education and where appropriate restrictions/limits on additional food stuffs (snacks, takeaways, high energy food items and similar) being available out with meals in conjunction with 'Supporting Healthy choices' remit for those 'at high risk'.
- Workshop in January 2020 to scope work and changes required – step wise introduction of feasible changes post COVID pandemic.
- Review of cumulative effect of availability of food to patients and how this can be managed in a least restrictive manner to support patient's physical health.
- Increased accessibility of physical activity opportunities for all patients daily – move to national physical activity targets (min 150 minutes vs. 90).
- Increased education and training for staff around physical health needs – identified key support staff (trained and assistant proposed) to follow on from health champion posts in 2020 across the site supporting physical health matters.
- Ongoing implementation and audit of health and Wellbeing plans for 100% patients updated monthly and discussed at CPA's.
- Initiation of 'counterweight plus' (VLCD plans) in 2020 to targeted patients.
- Consideration of review of the patients' shop, due to change in operational practice during COVID.
- Some of this work on hold due to COVID 19 pandemic.

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

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

- Recruitment of 'returners to practice.'
- Identification and agreement of double running costs and associated recruitment in advance of clinical model change

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

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

HR112 Compliance with Mandatory PMVA Level 2 Training

- PMVA refresher training to be reinstated (commencing 26 August 2020). A plan will be put in place to target staff that are overdue refresher training (with priority being given to individuals that are most out of date).

<u>Medium Graded</u>
<u>Actions from those not at target level</u>

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

- Await outcome of HIS notification process.

FD90 Failure to implement a sustainable long term financial model

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

FD91 IT system failure/breach

- Increased use of DPIA to be encouraged and awareness raised.

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

- Regular robust reporting arrangements required.

FD94 Inadequate data centre

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

FD96 Cyber security/Data Protection breach due to computer infection.

At target level however:

- Cyber security training development ongoing.

SD52 Resilience arrangements that are not fit for purpose

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

SD54 Climate Change impact on the State Hospital

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

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

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

SD 56 Water Management

- Remedial work identified in L8 Risk Assessments to be completed

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

MD35 Non-compliance with Falsified Medicines Directive

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

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

- Implementation of agreed changes to clinical service delivery model during 2020/21.

ND73 Lack of SRK trained staff

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

HRD 110

- No actions identified to reduce to target level – will be highlighted to risk owner.

HRD111 – Deliberate leaks of information

- Explore the potential to utilise the metacompliance system to ensure that all staff read the ‘Protecting Patient Confidentiality NHS Scotland Code of Practice.