THE STATE HOSPITALS BOARD FOR SCOTLAND TSH (M) 22/07

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 25 August 2022.

This meeting was conducted virtually by way of MS Teams, and commenced at 1000 hours

Chair: Brian Moore

Present:

Non-Executive Director	Stuart Currie
Non-Executive Director	Cathy Fallon
Chief Executive	Gary Jenkins
Director of Nursing and Operations	Karen McCaffrey
Vice Chair	David McConnell
Director of Finance and eHealth	Robin McNaught
Medical Director	Lindsay Thomson

In attendance:

Director of Workforce	Linda McGovern
Head of Risk and Resilience	Allan Hardy
Head of Social Work	David Hamilton
Chair of Clinical Forum	Sheila Howitt
Head of Planning and Performance	Monica Merson
Head of Communications	Caroline McCarron
Research Fellow	Cheryl Rees [Item 11]
Board Secretary	Margaret Smith [Minutes]

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Moore welcomed everyone to the meeting, and apologies were noted from Allan Connor (Employee Director), Ms Pam Radage (Non-Executive Director). Apologies were also noted David Walker (Director of Security, Resilience and Estates) and it was noted that Mr Hardy would be in attendance in his place.

2 CONFLICTS OF INTEREST

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

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 23 June 2022 were noted to be an accurate record of the meeting.

The Board:

1. Approved the minute of the meeting held on 23 June 2022.

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board received the action list (Paper No. 22/64) and noted progress on the action points from the last meeting. Ms Smith highlighted that the Board would receive updates at today's meeting on a number of items as highlighted, including a presentation encompassing patients' views which had been a key area of focus for the Board. There would also be an update on the development of the Family Centre, as well as an update on the actions highlighted in the Ministerial Review as part of the Corporate Governance Improvement Action Plan. The Action List confirmed reporting dates for any other outstanding items, and asked the Board to agree to close the remaining items as indicated.

The Board:

1. Noted the updated action list, and confirmed it as being accurate.

5 CHAIR'S REPORT

Mr Moore provided an update to the Board in relation to the main areas of focus and sessions attended since the last Board meeting.

On 2 August, there had been a very successful 'Couch to 5k run' undertaken by patients, and supported by staff who had also participated. Mr Moore had attended and found the sense of commitment and achievement by all involved to have been really impressive, and hoped that this event could take place again in the future. He noted that the Non-Executive Directors were now able to come on site more frequently and this was a welcome development. They had been able to visit the Skye Centre and Staff Wellbeing Centre earlier this month.

On 4 August 2022 the Chair had taken part in the Quality and Safety visit to Arran 2 ward. This was a valuable, interesting and informative visit enabling direct engagement with both staff and patients. There had been very positive engagement in anticipation of the implementation of the new clinical model.

Mr Moore advised that he and the Chief Executive had welcomed Mr Kevin Stewart, Minister for Mental Wellbeing & Social Care to The State Hospital (TSH) on 10 August 2022 for an informal visit that included a tour of the site. The visit provided the Minister with a good insight into key challenges and developments for TSH in the coming period, and the quality of facilities and care offered to our patients.

The Patient Partnership Group welcomed the Chair to its meeting on 24 August 2022 where the focus was on activity programmes linked to the new clinical model.

He noted that Mr McConnell had attended the NHS Board Chairs' meeting which took place on 22 August 2022. Mr McConnell advised that topics discussed included upcoming winter pressures and how they affect the different parts of the service, an update on the work around the Blueprint for Good Governance, Chairs' response to the national Care Service Bill, response arrangements to the Covid Inquiries for both the U.K. and Scotland, and 'Revised Arrangements for Innovation' within the NHS.

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 as well as local updates, since the date of the last Board meeting as well as national developments.

He advised that the inaugural meeting of the SARCS network (a sexual assault response co-ordination service for the population of Scotland) would take place in September 2022, and he would feedback any implications for TSH in this respect.

Mr Jenkins asked the Board to note that a development workshop had taken place in June 2022 with the Scottish Prison Service (SPS) to discuss a number of issues around health and prisoner care priorities. In addition, he would meet with the Chief Executive of the SPS in September 2022.

He advised that scoping work was being progressed for the re-introduction of a women's service at TSH, and an update would be provided in the private session of the Board today.

Locally, TSH had developed a Workforce Workbook as a central repository for correlated finance and human resources data, enabling close monitoring of variance to establishment for every department. There was an update on the development of the Family Centre as an in person visiting hub on today's agenda, and the Board would receive an update on the progress made within communications at its next session on October.

Mr Jenkins confirmed that the Annual Operational Plan 2022/23 and the Workforce Plan 2022/25 were both submitted to the Scottish Government on 29 July 2022 as required. These would be reviewed by Scottish Government colleagues and feedback expected thereafter. Quarterly performance meetings with the Mental Health Directorate (MHD) were now in place, producing synergy with the MHD, and a meeting would take place on 29 August 2022. A Sponsorship Agreement was being drafted outlining the duties of the Board and the Scottish Government Mental Health Directorate supporting clear governance and accountability.

He referenced the visit from Mr Stewart, Minister for Mental Wellbeing & Social Care on 10 August 2022 as described by the Chair and which had been very positive. The Minister had thanked all staff for their continued effort and excellent work appreciating the challenges faced, and would write to the Board chair in due course.

Mr Jenkins advised that a Systems Pressures meeting was held on 24 August 2022 with Chief Executives and the Cabinet Secretary focused on delayed discharges, Covid-19, winter planning, and wider resilience including the possibility of industrial action. The Chief Executives' Strategy Session had taken place on 17 August 2022 to discuss finance challenges and collaborative working. A further component of the meeting had been cyber security following the NHS cyber-attack that took place on 8 August 2022, and a post-incident investigation will take place in relation to the systems affected. He provided reassurance that TSH had not been affected by this. In addition, A Network Infrastructure Security (NIS) Audit was planned for TSH in September 2022, and Non-Executive Directors had been invited to take up the cyber security training session on 13 September 2022.

Mr Jenkins advised that a session was planned for 16 October 2022 with the National Board Collaborative to discuss combined priorities that can be taken forward collectively.

He noted that the Independent Review Short Life Working Group (Barron Report) had met on 27 July 2022 to discuss the final report, and that the Medical Director would provide an update on this to the Board in its private session.

On 15 July 2022, Mr Jenkins and Ms McCaffrey had met with the Patients' Advocacy Service and, following this productive meeting, it was agreed to meet bi-monthly in this way. He had signed off the Social Work Service Level Agreement (SLA) with South Lanarkshire enabling the good work undertaken by the Social Work team to continue.

Mr Jenkins asked the Board to note that the Mental Welfare Commission would be conducting a planned visit to the hospital on 19 to 20 September.

The Chief Executive asked the Board to acknowledge the tremendous effort shown by all staff during the recent period of Covid-19 related absences.

Mr Moore thanked Mr Jenkins for his update and asked about the structure of the MWC inspection visit. Ms McCaffrey advised that the MWC would set the agenda for this prior to the visit, including the areas of the hospital that they would visit. There was discussion as to whether it would be helpful for Non-Executives to have an opportunity to meet with representatives form the MWC and for this possibility would also be explored in the future.

Mr Currie referred the update from the NHS Chief Executives' meetings, in the context of the scale of challenges facing NHS Scotland and how to being forward new initiatives for change especially with winter pressures on the horizon. Mr Jenkins emphasised that the pressures faced going into this winter were considerable including staffing capacity, the potential for further waves of Covid-19, as well as for industrial action. Planning at a national level would include setting appropriate trigger points for the escalation or reduction of service delivery across this period.

Mr Moore advised that the Board noted this update from the Chief Executive, representing a busy period developing local initiatives as well as providing a link regionally and nationally for the hospital.

The Board:

1. Noted the update from the Chief Executive.

RISK AND RESILIENCE

7 CORPORATE RISK REGISTER

The Board received a paper (Paper No. 22/65) from the Director of Security, Resilience and Estates, which provided an overview of the medium, high and very high risks featuring on the Corporate Risk Register, and provided assurance that these were being addressed appropriately.

Mr Allan Hardy presented this report and highlighted the key areas of change since the last Board meeting. In particular, work was progressing on assessment of SD 54 - Climate Change Impact. He provided an overview of the four risks rated as 'High' on the register, and also the support being provided to risk owners by the Risk Team to help assess any movements in the risk position.

Mr McConnell raised a query on FD96 – Cyber Security and whether the rating should change given the rising risk of this. Mr Hardy advised that this was being kept under close review, and Mr McNaught acknowledged that this risk was very fluid and could change quickly. It was confirmed that consideration of this in particular would be reported to the Board at its next meeting.

Action – Mr McNaught/Mr Walker

Ms Fallon observed that despite the focus on improving patient physical health, especially reducing obesity, failure to mitigate this remained a risk (MD30). She queries whether risk HRD111 – Deliberate leaks of information was at the right level. Mr Hardy confirmed that appropriate control measures were in place, and that this would be reviewed again prior to the next Board meeting.

Action – Ms McGovern/Mr Walker

Mr Currie suggested that it would be helpful if reporting could highlight the risks that had changed rating, rather than the register as a whole. He also asked for consideration of review dates for each

risk, and how this tied in with capacity within the organisation to undertake this work underlining the need for a realistic programme of monitoring depending on the rating level for each risk. Mr Hardy agreed and advised that the Risk Team was working closely with colleagues to ensure that this was taking place across all risks both corporate and local. He added that the monitoring dates helped focus the need for regular review especially taking into account the fluid nature of risk assessment. It was also possible for interim measures to be put in place if appropriate. Mr Jenkins commented that the risk appetite being supported through internal auditors would also be helpful in defining risk appetite across the organisation, and noted that this was scheduled to take place in October.

Mr Moore commented on the mix of governance committees taking oversight, on the register in terms of how risks were allocated to the relevant assurance committee – and it was noted that this was something that was also under review. Mr Moore summed up for the Board in noting that the recommendations in the paper were accepted by the Board, and that a further update would return to the next meeting.

The Board:

1. The Board reviewed the current Corporate Risk Register and approved it as an accurate statement of risk.

8 RESILIENCE UPDATE – GOVERNANCE STRUCTURE

The Board received a paper (Paper No. 22/66) from the Chief Executive, to provide an update on changes within the organisational governance to support service delivery, during the recent pressures experienced due to an increase in community infection from Covid-19.

Mr Jenkins presented this report outlining the variance to the governance structure which had enabled The State Hospital to be in a position to respond quickly and proactively to the challenges being faced; and that this was proven as an effective response. This structure had been well tested and could be stood up in future should this be required. This was in the wider context of the Safe to Start methodology to respond quickly and pro-actively to peaks on staff absences. Learning from this would be taken so that a base operating model in the form of an Operational Response Plan could be formulated, to define appropriate formal trigger points, for escalation to this model. Further reporting would be brought back to the next Board meeting.

Action – Ms McCaffrey

The report also detailed the review of governance with the Hospital Management Team being replaced by a strengthened Hub Leadership Teams (HLT) structure giving cohesion across the Hubs and the Skye Centre; as well as the formation of the Activity Oversight Group to provide a long term structure to continue the work to closely monitor and seek improvement for the delivery of patient activity across the hospital.

Mr Jenkins thanked staff for their work during this challenging period, and for their contribution to ensuring that this change in structure had been effective.

Mr McConnell commented that the strengthening of HLTs was a positive development, and asked what steps were being taken to ensure that there would be consistency of approach taken. Mr Jenkins advised that this was being taken forward through a development session to make sure that there could be connectivity and collaboration as well as consistency of approach. Ms McCaffrey added that this was the start of a journey to help support staff into this structure, so that it would mature in line with the new clinical model.

There was discussion on reporting of operational structure to the Board, and the need to ensure that moving forward that reporting would be for assurance that the organisational structures were working effectively.

Mr Moore noted the need for the organisation to anticipate future impacts of Covid-19, and the delivery of service during peaks, and that the learning points within the report would help to place the hospital in a significantly improved position to respond to increased system pressures going forward.

The Board:

1. Noted the content of the paper.

9 INFECTION PREVENTION AND CONTROL REPORT (INCORPORATING COVID-19 UPDATE)

The Board received a paper (Paper No. 22/67) from the Director of Nursing and Operations, which provided an update in relation to Hospital Acquired Infection (HAI) activity including Covid-19.

Ms Karen McCaffrey, Director of Nursing and Operations, presented this report and provided a summary of the key points around infection prevention and control activity, as well as safe Covid-19 practice. She drew the Board's attention to the risk reporting system which ensured that noncompliance could be monitored and appropriate improvements in practice made. Ms McCaffrey also provided an update on the Autumn/Winter Vaccination programme.

As part of reporting, Ms McCaffrey also summarised the level of covid infection experienced within TSH to date, and related clinical care, within the context of change in standard operating practices to ensure least restrictive practice and to align with clinical practice in other health boards.

Ms McCaffrey also noted the re-start of Healthcare Environmental Inspection (HEI) programme through Health Improvement Scotland (HIS)and provided assurance to the Board on local readiness.

She acknowledged that this was a newly formatted report for the Board, and asked for feedback.

Mr Currie noted that it would be essential not to return to practice that existed prior to the Covid-19 experience, and opportunities for improvement or development of practice should be taken. He thought that this report was helpful, especially to outline the potential risks on the horizon. He noted the potential of digital innovation within infection prevention and control practice. Ms Fallon agreed on this particularly to harness improvement around hand hygiene; she also noted that it would be helpful to continue to receive reporting on the test of change undertaken in management of linen. There was also agreement that monthly Infection Control Group meetings within the hospital would support good practice and help to share learning.

Mr Moore asked for assurance that the vaccination programme would be promoted to all staff, and encouragement and support given to take up this opportunity, and Ms McCaffrey confirmed that this was in place to support staff to do so.

Mr Moore summed up for the Board, to note the content of the update and to confirm agreement that this reporting should continue to be developed and return as a standing item at each meeting.

The Board:

1. Noted the content of report.
2. Agreed that this report should be developed and return as a standing item.

10 BED CAPACITY IN THE STATE HOSPITAL AND FORENSIC NETWORK

The Board received a paper (Paper No. 22/68) from the Medical Director which detailed the actions

taken to monitor the bed capacity within TSH within the context of the wider Forensic Network, and planning in place to increase capacity.

Professor Thomson outlined the key points, encompassing the governance framework within TSH for patient admissions and transfers. She also highlighted the inclusion in the paper of the Forensic Network Capacity Paper and Plan, as submitted to Scottish Government.

Ms Fallon found the report very helpful, and asked if any further context could be provided on housing of patients beyond the forensic estate once they were ready to move on. Professor Thomson confirmed that this was outwith the remit of the Forensic Network, but noted the survey work completed nationally for patients in low secure units and the challenges in availability of supported accommodation. Mr Moore commented that there had been difficulties in this area for some time, awaiting completion of new capital developments. He noted the helpfulness of the report to provide the updated positon within THS as well the wider context and that this report would be standing item on the Board agenda, developing with updates on the short, medium and longer term actions being taken forward.

The Board:

1. Noted the content of report.
2. Agreed that this report would be a standing item going forward.

CLINICAL GOVERNANCE

11 PATIENT STORY: "GET ON AND GET OUT"

Professor Thomson introduced a presentation for the Board, on the development of the "Get On and Get Out" leaflet; created by TSH patients for TSH patients. This work was based on patient experiences, particularly around what they could do assist each other in their rehabilitation.

Ms Cheryl Rees, joined the meeting and delivered a presentation, explaining the research approach taken had been to recognise that patients were experts on their own experiences. She had worked alongside patients as collaborators to help produce this information leaflet, and to ensure that it fully reflected what patients themselves had to say about how to move on from TSH. The goal was to make a leaflet that would make sense and help patients newly admitted to TSH. She highlighted the way in which patients wanted to show the movement and change that was possible, and that it would be a journey towards moving on. Further, the leaflet told this story through direct quotes from patients so that it reflected patients' own experiences and how they had been able to make changes. In this way, the leaflet also explained the types of resources available to patients within TSH, and also helped staff to better understand the patient experience. The 'Stop and Listen !!!' section further supported this approach by providing further reflections from patients about what had benefitted them in their rehabilitation journey. The final component was 'A Patients Story' taken from individuals who had moved from TSH including someone who had successfully moved on to be able to live in the community.

This presentation was very positively received by the Board, who thanked Ms Rees for her work. Mr Moore advised that he had recently attended the Patient Partnership Group (PPG) where patients had been discussing the admission stage and the onward journey within the hospital. Mr Currie noted that he found this very useful in explaining the rehabilitation focus of the care delivered within TSH, and reflected that this may not be the image held of the hospital by the public more widely. He would like to see more direct patients' stories coming to the Board, to help understanding of the patient experience which was best told by patients themselves. This could help to support a more positive public perception of the hospital. At the same time, he recognised that not all stories would always be positive and it was also important for balance for the Board to hear feedback about when the patient experience may not have been optimal. He recognised that complaints reporting to the Board did provide a good means of this being presented.

Mr McConnell commented that it was very positive for patients to be included as research participants, and asked if this methodology could be re-visited and widened to other areas. Ms Rees confirmed that she would hope to be able to do so in other areas. She noted that she had met with the PPG and their feedback had been that although they may have felt negative about being admitted to TSH, this leaflet would have provided them with a more positive outlook, especially on the possibility of change. Professor Thomson explained that every new patient would receive this leaflet, and would be supported through the Patient Advisory Service. This would then be re-visited through the key worker system for follow-up.

Ms Fallon added that it would be good for this to be developed to include carers as well. Professor Thomson also noted that potential for this to help evaluate the new clinical model as patients transitioned through the services within the hospital. Patients would be able to tell their stories about what it was like to live within this system and pass on their experiences to newly admitted patients.

Mr Moore summed up for the Board about the very positive nature of this work, and the hope that this methodology could be developed further and used in the future. He thanked Ms Rees for her presentation to the Board, which had been much appreciated.

The Board:

1. Noted the content of this presentation
2. Discussed and noted the potential to continue to develop and apply this methodology to wider initiatives throughout the hospital for both patients and carers.

12 SUPPORTING HEALTHY CHOICES

The Board received a paper (Paper No. 22/69) from the Medical Director which provided an update on the Supporting Healthy Choices Group. Professor Thomson advised that thus group was focused on supporting TSH in managing obesity. She underlined that rates continued to prevail at between 83 to 93% of patients being overweight or obese with the risk of associated comorbidities and known increased risk of morbidity and mortality from the current COVID -19 pandemic. Although this should be seen within the wider societal context of increasing obesity, there were environmental impacts specific to TSH to be considered in addition. She provided a summary of the key areas of development of the action plan which had been agreed by the Board in August 2021 Recruitment of a dedicated Project Manager to support this initiative was underway with interviews being held in September.

This update was noted by the Board, and Mr Moore commented on the positive progress made in the provision of new resources for this initiative, as improving patients' physical health was central to the Board's objectives.

The Board:

1. Noted the report and the update provided.

13 IMPLEMENTATION OF SPECIFIED PERSONS – ANNUAL REPORT 2021/22

The Board received a paper (Paper No. 22/70) from the Director of Security, Resilience and Estates which outlined the Board's responsibility to provide Scottish Government with an annual report on the implementation of regulations in relation for specified persons under the Mental Health (Care and treatment) (Scotland) Act, relating to proportionate controls as set out therein. Mr Hardy provided a summary of the ley points, noting that under the Act, all patients within TSH were deemed as specified persons.

The Board were content to approve the report for onward submission – noting that the policy on

patient mail was reviewed during the past year, and this had impacted reporting. There was also consideration of how items were classified as high, medium or low; and Mr Hardy confirmed that this was be kept under close review. It was also noted that the expectation was that feedback on this from Scottish Government would be by exception, and this had not been the case to date. However, this would also be kept under review for inclusion in future reporting.

Mr Moore confirmed that the Board was content to approve this report, and noted that the Board would continue to receive this report annually.

The Board:

1. Approved the report for submission to Scottish Government.

14 QUALITY ASSURANCE AND QUALITY IMPROVEMENT

A paper was received from the Head of Planning and Performance (Paper No. 22/71) in relation to an update on progress made towards quality assurance and improvement activities since the last Board meeting in February April 2022. The report highlighted activities in relation to quality assurance and quality improvement and outlined how these related to strategic planning and organisational learning and development. Ms Merson led the Board through a summary of the report, detailing the work progressed in relation to each area.

Ms Fallon asked whether it would be possible for comparative data reporting to be provided for planned patient activity being delivered now, and what had been available prior to the Covid-19 pandemic. Ms Merson described the logistic difficulties in providing meaningful data on that respect, and added that the newly formed Activity Oversight Group would be able to monitor data reporting to ensure that there was meaningful measurement of patients' need and what was actually available and delivered.

Mr Moore commented that the report provided helpful context in regard to the reported increase in Incidents of aggression or assault. Further that this report was helpful and continued to provide the Board with a wide ranging summary of the quality assessment and improvement workstreams being progressed.

The Board:

1. Noted the content the report and updates contained therein.

15 CLINICAL GOVERNANCE COMMITTEE: APPROVED MINUTES 12 MAY 2022 VERBAL UPDATE FROM MEETING HELD 11 AUGUST 2022

The Board received the agreed minutes of the meeting (Paper No. CGC(M)22/02) of the Clinical Governance Committee which took place on 12 May 2022.

As Chair of the committee, Ms Fallon provided a verbal update from meeting on 11 August 2022 and advised that the committee had received progress reporting on the formation of the new Activity Oversight Group, and the key performance indicators for performance measurement. Further the committee had discussed around complaints handling particularly in relation to support staff in an area that could be challenging, as well as receiving more detail about the links made by the complaints service to the Patient Partnership group to help patients to raise concerns in a supportive environment.

The Board:

1. Noted the approved minutes from the Clinical Governance Committee held 12 May, and the

verbal update from the meeting held on 11 August 2022.

16 CLINICAL FORUM

The Board received a verbal update from Dr Sheila Howitt, Chair of the Clinical Forum which took place on 17 May 2022. This included the development work being taken forward in relation to the professional advisory committees within TSH. Both Dr Howitt and Ms Smith had attended a session with the Nursing and AHP Advisory Group which had been very positive, and helped to support the review of the structure of the Clinical Forum and advisory groups being taken forward by Ms Smith presently. This would continue to be reported to the Clinical Forum, and updates brought back to the Board. Further the Forum had considered the review of the Grounds Access policy, as well as implementation of the new Clinical Model.

Mr Moore added that both he and Mr Jenkins regularly attended the Clinical Forum to provide a direct link from the Board to its members.

The Board:

1. Noted the verbal update from the Clinical Forum held on 17 May 2022.

STAFF GOVERNANCE

17 WORKFORCE REPORT

The Board received a report from the Director of Workforce (Paper No. 22/72) to provide an update on overall workforce performance to 31 July 2022. Ms McGovern summarised the key points for the Board including the recent upward movement in sickness absence, and the contributing factors. for this. She summarised the ongoing work on recruitment and on-boarding into the organisation. She confirmed that an improved mechanism was in place to closely monitor workforce figures and variance to establishment. Ms McGovern also outlined the efforts being made to reduce the length of time taken to conclude employee relations cases.

Mr McConnell asked for clarification on performance for the recruitment process – with TSH comparing less favourably to the national figures – and whether this performance was static or moving over time. Ms Fallon echoed this and asked if further action could be taken to reduce delays in this crucial area. Ms McGovern acknowledged that performance had been static and referenced the refreshed recruitment strategy, which focused on improvement in this area.

In response to a point made by Ms Fallon, Ms McGovern noted differences in the way the data was presented in terms of time periods, either quarterly or six-monthly, and agreed that the report would be updated in future to show consistent presentation and avoid over-lapping of the relevant periods.

Action – Ms McGovern

Ms Fallon asked if the numbers of staff being managed through the Attendance Management Policy was constant or if this represented an increase, and how this related to policy. Ms McGovern confirmed that both staff and managers were being supported in line with the national policy to take a more streamlined approach that responded to individual needs, and the data in the report should evidence this in the coming months. Ms Fallon also asked if a link could be evidenced between the level of sickness absence, and the cost to the organisation in overtime spend. Ms McGovern noted that the need for overtime may be multi-factorial, and Mr McNaught also clarified that it was difficult to give a percentage cost due to sickness absence alone. He would review this possibility to provide clarity, and this could be included within in the workforce report or as part of finance update to the Board. It was noted that this would be helpful if it could demonstrate any changes over time.

Action – Mr McNaught/Ms McGovern

Mr Moore commented on the lack of detail about reasons for leaving the organisation as this would be helpful to know to help inform the workforce retention strategy. Ms McGovern noted that how to elicit more meaningful information from exit interviews was under review and would be added to reporting. It was also noted that there could be difficulty with the low numbers of staff represented within reporting, to ensure that there was no risk of jigsaw identification of individuals and Ms McGovern agreed to ensure that this was risk reviewed.

Actions – Ms McGovern

There was discussion round the table on the format and content of this report for the Board. It was acknowledged that there was a need for the Staff Governance Committee to take detailed oversight in this area and receive this level of detailed reporting. It was felt that the Board's role was not to duplicate this, but to receive more high level assurance. This would help to ensure that the scrutiny role of the committee was not diminished, and at the same time that a synopsis of the key developments would be presented to the Board.

Mr Moore summarised this for the Board, requesting that the full report was submitted to the committee, and a link to it provided to the Board as part of a high level summary report at each Board meeting.

Action – Ms McGovern

The Board:

1. Noted the content of the report
2. Requested further development of workforce reporting, outlining requirements for the Staff Governance Committee and the Board.

18 WHISTLEBLOWING REPORT QUARTER ONE 2022/23 UPDATE

The Board received a report from the Director of Workforce (Paper No. 22/73) detailing the quarterly update on the current situation of outstanding Whistleblowing Investigations. Ms McGovern confirmed that no new cases had been received within this quarter, and that work was continuing on the action plan previously developed. She confirmed that "Speak Up Week" would be well publicised within TSH, with the Chair, Employee Director and CEO all providing input to a communications plan.

Mr Moore advised that recruitment process for a Non-Executive Whistleblowing Champion was progressing with interviews scheduled for early October. It was also noted that the Independent National Whistleblowing Officer (INWO) Ms Rosemary Agnew would be attending the upcoming Board development session on 3 September to feedback on INWO activity.

The Board:

1. Noted the content of the report and the updates contained therein.

19 STAFF GOVERNANCE COMMITTEE: APPROVED MINUTES 19 MAY 2022 VERBAL UPDATE FROM MEETING HELD 18 AUGUST 2022

The Board received the approved minutes of the meeting (Paper No. SGG(M)22/02) of the Staff Governance Group which took place on 19 May 2022. It was noted that a key focus of the meeting which took place on 18 August had been attendance management and support to staff through the

occupational health function.

The Board:

1. Noted the approved minutes from the Staff Governance Committee on 19 May 2022, and the verbal update from its meeting on 18 August 2022.

CORPORATE GOVERNANCE

20 CORPORATE GOVERNANCE IMPROVEMENT PLAN

A paper was submitted to the Board (Paper No. 22/73) by the Board Secretary which reported on progress made on this plan as part of the NHS Scotland Blueprint for Good Governance. Ms Smith presented an overview of the report for the Board, and highlighted in particular the developments under the performance framework and active governance initiative. This had been supported through a development session by the Board Development Team within NHS Education for Scotland (NES) and the Board was continuing to review its reporting and assurance framework in light of this.

Ms Smith also highlighted consideration of the mechanism through which the Board and its committees would plan to meet in the coming year, within the context of the expected future impacts of Covid-19 especially over the winter period. She summarised the approaches taken across NHS Scotland and the difficulties of long term planning in the respect, given the potential for the risk level of in person meetings to change over time. She also summarised the progress being made on opportunities for Non-Executive Directors to be on site in a wider context including Quality and Safety Walkrounds and attendance at Patient Partnership Meetings.

There was discussion around the table with the Board recognising the particular challenge of the upcoming winter period. The advantages of virtual meeting in terms of efficiency, logistics and attendance levels was noted, as well as equality of access. It was noted that hybrid meeting would require to be carefully managed and could present new challenges which would also need to be considered.

The Board also noted the importance of action required to reduce carbon emissions, and they way that virtual meeting could contribute. The risk was of increased community infection, and on site meetings was acknowledged as very real. The way in which virtual meetings had strongly helped the Board to continue to meet at both Board and Committee meetings was also underlined, in terms of governance.

Mr Moore summarised the discussion with it being worth considering further the available options including hybrid meetings, though it was clear that this would need to be carefully planned and could revert to virtual meetings. The opportunities and challenges of this would be discussed further at the board development session taking place on 3 September 2022.

The Board:

1. Noted the content of the report, agreeing to the recommendations made.

21 FINANCE REPORT TO 30 JUNE 2022

A paper was submitted to the Board (Paper No. 22/75) by the Finance and eHealth Director, which presented the financial position to 30 June 2022, reporting on revenue and capital resource appending plans as well as the projected yearend financial outturn.

Mr McNaught provided a summary of the report, and advised that year end breakeven positon was anticipated. He highlighted the national context for funding with considerable financial challenges

expected in the next two years. He also advised that funding was expected in relation to an Agenda for Change pay settlement, once agreed.

Mr McConnell noted the upcoming winter pressures and that there was no additional funding available for covid-19 cost (such as the vaccination programme). Mr McNaught gave assurance that this appeared manageable within the current budget. However, a large spike in covid infection rates may cause additional uncertainties with variable costs of managing that. There were other also other risk factors in play including inclement weather through the winter period. Mr Jenkins added that there was clear messaging from Scottish Government in respect of budget management, and the need for sometimes difficult funding choices to be made on what would be possible.

Mr Moore noted this for the Board, and that this was an area that would be worth further discussion in a Board development session, given the expected pressures, and this would be added to the programme for these.

The Board was content to note this update report.

The Board:

2. Noted the content of the report.

22 PERIMETER SECURITY AND ENHANCED INTERNAL SECURITY SYSTEMS PROJECT

The Board received a report from the Director of Security, Resilience and Estates (Paper No. 22/76) detailing the update of the Perimeter Security and Enhanced Internal Security Systems re-fresh project and planning for the remainder of this year.

The Board noted this paper, and that the project was nearing conclusion. A further report would be presented in a private session of the Board, given the security and commercial sensitivities.

The Board:

1. Noted this update in relation to the perimeter Security and Enhanced Internal Security Systems Project and recognised that this was a feature within the Private Session of the Board Meeting.

23 COMPLAINTS ANNUAL REPORT 2021/22

A paper was submitted to the Board (Paper No. 22/77) by the Board Secretary which provided annual reporting on all aspect of complaints handling for the past year. Ms Smith provided a summary overview of the report for the Board, focused on the key performance indicators which showed that the majority of complaints were resolved during the early resolution stage. She also highlighted that the organisation continued to respond to complaints at each stage of the process within target response times. There was a focus on transparency in complaints management and the importance of recognising when service delivery had not been as good as it could have been, especially in terms of taking learning for better outcomes in the future. She summarised the themes emerging from complaints handling, especially around pressures in staffing resourcing and the actions taken to minimise impacts on patients, as much as possible. Finally, the focus on listening to feedback about the complaints process from patients and ensuring that they had confidence in its value for them.

Ms Fallon commented on the helpfulness of this report, and asked if the departmental audit work conducted had produced any further learning, and Ms Smith advised that these tended to show areas of concern that the team would be well aware of, given the low number received. Ms Fallon also suggested that it would be helpful for complaints management, and the learning taken to be

included in a future Board development session so this would be added to the programme for these.

Mr Moore noted that the report demonstrated openness, and this could be seen in the way complaints were assessed in terms of being upheld or not. He also commented that it was reassuring that the SPSO had not taken forward any investigations during the year, or offered suggestions for further learning. He summed up for the Board, on being content with the report as presented.

The Board:

1. Noted the content of the report.

24 PERFORMANCE QUARTER ONE REPORT 2022/23

The Board received a report from the Head of Planning and Performance (Paper No. 22/78) which provided the relevant update for Quarter 1 2022/23. Ms Merson provided a summary of the key points from the report, particularly the three KPIs which had not met their target in this quarter: review of patient care and treatment plans, patient BMI, and commencement date of psychological therapies. She also highlighted the progress made for patients having an annual physical review, meaning that the target had been reached in this quarter.

Ms Fallon noted the success in regard to annual physical reviews, as well patients having access to activity within the context of outbreaks of Covid-19 during this period.

Mr Moore summed up, referencing the helpfulness of this report in continuing to provide assurance to the Board, and highlighting any risks in meeting performance targets.

The Board:

1. Noted the content of the report.

25 VISITING EXPERIENCE UPDATE – CENTRALISED VISITING PLAN

The Board received a report from the Director of Security, Resilience and Estates (Paper No. 22/79) which provided a progress update on the re-purposing of the Family Centre as a central visiting hub.

Mr Hardy summarised this for the Board, noting that a number of enhancements were required, and the likely capital costs. He noted that a timeline was being established to take this forward, with regular reporting being brought to the Board for assurance.

Mr Moore noted that this had been a key enhancement taken from learning from the Covid experience for the hospital, and the Board welcomed the progress made.

The Board:

1. Noted the content of the report.

26 ANY OTHER BUSINESS

There were no additional items of competent business for consideration at this meeting.

27 DATE AND TIME OF NEXT MEETING

The next public meeting would take place on 27 October 2022, by way of MS Teams, and Ms Smith would arrange this in conjunction with the Chair and wider Board.

28 PROPOSAL TO MOVE TO PRIVATE SESSION

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

The meeting ended at 1.30pm.

ADOPTED BY THE BOARD

CHAIR

DATE

THE STATE HOSPITALS BOARD FOR SCOTLAND
ROLLING ACTION LIST

ACTION NO	MEETING DATE	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	February 2021/April 2021	Resilience Report – Covid-19 (Item 7a)	Provide benchmarking comparison to other organisations on use of virtual visiting	R McNaught	Adjusted to June 22	Update August 21: Update included in Covid response report at Item 7a. Full report to be brought to October meeting Update February 22: trial of new system used in other high secure hospitals pending start date = delayed due to need for full DPIA to be completed. Update to Board in December. Update April 22 – Work progressing to pilot following completion of DPIA- update on agenda as part of digital strategy Update June 2022: Update as part of Covid report on today's agenda including comparator visit to high secure unit. Update August 2022: Reporting will be presented as part of digital/eHealth reporting at next meeting in October. **Update October 2022: On Agenda, and now on board workplan for regular updates. Close**

2	December 2021	Patient, Carer Volunteer Story (Item 8)	Request that stories return to being presented first hand, using digital means if possible, as soon as service delivery allows.	K McCaffrey	Adjusted to August 2022	Update April 22: The use of 'digital touchpoints' will be a feature of the presentation the April Board. Update June 22– this wasn't possible for April Board – plan in place with PCIT/Communications to be brought back to Board. Update August 2022: Presentation of research which focused on patient contributions- Get On and Get Out. **Update October 2022: Added to Board workplan to specify more direct contributions from patients and carers.** **Close**
3	February 2022	Resilience Report – Covid-19 (Item 7a)	Updating on Family Centre infrastructure/ capital plan and progress of SLWG	D Walker	Adjusted to June 2022	Update June 2022: Reported progress to CMT on 1 June, and included progress report in Covid report on today's agenda Update August 2022: on agenda **Update October 2022: Added to Board Workplan for regular reporting** **Close**
4	February 2022	Corporate Risk Reg (Item 8)	Update on directorate review of risks with Risk team – ensure added as topic to Board Seminar programme for 2022 - to agree timing/ content.	D Walker/ M Smith	August 2022	Update June 2022: Progressed with RSMUK, with planned programme agreed and in place, session dates to be confirmed and arranged. Update August 2022: dates being confirmed for October

						2022. **<u>Update October 2022</u>: now arranged – Close**
5	April 2022	Patient Story (Item 9)	PCIT proposal for patients to be part of recruitment for patient facing staff – to be considered for CMT agreement then update to Board.	K McCaffrey	August 2022	<u>Update June 2022:</u> Work progressed initially through PPG to provide a number of suggested scenarios drafted by patients for use in recruitment - focus on issues important to patients and their care and treatment. To be taken forward through CMT**.** <u>Update August 2022:</u> Patients provided a samples set of questions and this is incorporated into interview planning CLOSED
6	April 2022	QA and QI (Item 11)	Update on Carer's clinic workstream	K McCaffrey	December 2022	<u>Update June 2022:</u> Progress with clinic in 2 Hubs during Feb – May 2022. Given positive feedback, further clinics will be held on 3-monthly basis. Feedback Reporting to be prepared end of November, and then update back to the Board for **December meeting.**
7	April 2022	Ministerial Annual Review (Item 17)	Action list to respond to Minister's letter – report through CMT and Board	M Smith	August 2022	<u>Update June 2022:</u> Report to CMT on 6 July and update to next Board in August. <u>Update August 2022:</u> Actions added into CG

						Improvement Plan and presented as part of meeting agenda Closed
8	August 2022	Corporate Risk Register	Review for next report: FD96 – Cyber Security HRD111- Information leaks	R McNaught/ D Walker L McGovern/ D Walker	October 2022	**<u>Update October 2022</u>: Risks reviewed and presented as part of CRR report. Close.**
9	August 2022	Resilience Update – Governance	Operational Response Plan to be brought to next meeting	K McCaffrey	October 2022	**<u>Update October 2022</u>: Report on agenda. Close.**
10	August 2022	Workforce report	Development of reporting to differentiate requirements for SGC and Board: Board to received summary and link only. <u>Updates to:</u> -Reporting time frames – so not mix of periods to avoid confusion -Provide link of overtime costs to staff attendance and show change over time -review to ensure no risk of jigsaw ID given low reporting numbers			**<u>Update October 2022</u>: Report on agenda, updated and tableau reporting circulated as background information in support.**

Last updated – 20.10.22 – M Smith

Author:
Margaret Smith
Board Secretary
01555 842012

Paper No: 22/84

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 7
Sponsoring Director:	Director of Security, Estates and Resilience
Author(s):	Risk Management Facilitator
Title of Report:	Corporate Risk Register Update
Purpose of Report:	For Decision

1 SITUATION

A corporate risk is a potential or actual event that:

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

This report provides The Board with an update on the current Corporate Risk Register.

2 BACKGROUND

Each corporate risk has a nominated executive director who is accountable for that risk, as well as a nominated manager who is responsible for ensuring adequate control measures are implemented.

3 ASSESSMENT

3.1 Current Corporate Risk Register - See appendix 1.

3.2 Review Dates

All Risk Assessments are in date.

3.3 Update on Proposed Risks for inclusion on Corporate Risk Register

- Following a review of the Security Directorate Corporate Risks, **SD54 Climate change impact on The State Hospital** has been reviewed by the Climate Change and Sustainability Group to better align with DL38 - The Climate Emergency and Sustainable Development Policy. The risk assessment has been updated and is now titled **SD54 Implementing Sustainable Development in Response to the Global Climate Emergency.** An initial draft risk assessment went to the group on 8 September 2022. The group agreed the principle of the risk assessment and ask that it be circulated to members of the group for comment. Comments were received and incorporated into the final risk assessment which was approved at the Security, Resilience Health and Safety Oversight Group on 6 October 2022 and is available in Appendix 2.
- Corporate Risk **CE15 – Impact of Covid-19 Inquiry** is currently in development. The risk assessment will look to implement control measures to reduce the impact of resourcing issues that may arise out of the increased workload that some departments may be subject to while also understanding the statutory requirements of the enquiry.

3.4 Corporate Risk Register Updates

3.4.1 IT Risk Updates

Work has been ongoing to finalise the risks below since the last Board Committee. Full Risk Assessment detailed in Appendix 3 and 4.

Risk	Action
FD91 - IT System Failure	Updates made to Risk Assessment, signed off by Director
FD98 - Failure to Comply with Data Protection Arrangements	Updates made to Risk Assessment, signed off by Director

3.4.2 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.

Risk was reviewed in September and October 22, agreed to move to medium based on current impact within TSH (Major x Possible reduced to Moderate x Possible) No outbreaks since July. Infection Control Committee and CMT will continue to review risk. Changes to testing approach are being implemented which may affect impact.

3.4.3 FD96 - Cyber Security

It was raised at the August 2022 Board meeting that FD96 should be reviewed given the risking risk of cyber attacks in organisations. The risk is currently graded as Medium using the TSH Risk Matrix – Impact x Likelihood. The Impact aspect of this risk is currently graded as Moderate which is defined under Service/Business Interruption as ‘Some disruption in service or temporary loss of ability to provide service’. The likelihood aspect is graded as Possible which is defined as ‘May occur occasionally, has happened before – reasonable chance of occurring again’. There have been few recorded incidents that relate to Cyber Security, all incidents had a minimal impact on service with no data breached. Current control measures in place prevented any disruption or breaches and action was taken immediately following incident to reset passwords/accounts where

necessary. Based on the current evidence, Director and Risk Management Facilitator have agreed to keep risk at current level. Should there be any cyber security breaches, threats or increased risk then the risk assessment will be updated to reflect current situation. Details of IT Security contingencies are available in the eHealth Annual Report.

3.4.4 HRD111 – Deliberate Leaks of Information

It was queried at the August 2022 Board Meeting if HRD111 was at the right level. The risk is currently graded as Medium using the TSH Risk Matrix – Impact X Likelihood. The Impact aspect of the risk is currently graded as Major which is defined under Adverse Publicity/Reputation as 'National media, adverse publicity less than 3 days, public confidence in service undermined'. The likelihood aspect of the risk is currently graded as 'Unlikely' which is defined as 'Not expected to happen but definite potential exists' or 1 in 100 chance of occurring. For comparison, the next step up from Unlikely is 'Possible' which is about 1 in 20 chance of occurring and described as 'May occur occasionally, has happened before on occasions – reasonable chance of occurring'.

In the last year there have been 5 recorded incidents that relate to potential deliberate leaks which is about 1 in 73 if the numbers are compared which each day within the year. Based on the current evidence Director and Risk Management Facilitator have agreed that the likelihood of the risk could be graded as either 'Unlikely' or 'Possible'. A 'Possible' grading would increase the overall grading from Medium to High. The risk assessment will remain at Major x Unlikely and will be put to CMT for a decision on 2 November 2022.

3.5 High and Very High Risk – Monthly Update

The State Hospital currently has **Four** 'High' graded risks, latest updates are below:

- **Director of Nursing: ND71** - **Failure to assess and manage the risk of aggression and violence effectively.**

Risk is at target level and continues to be managed effectively with existing procedures and training. Violence and aggression incidents monitored by Risk & Resilience Team through Clinical Governance Group.

Monthly Update: Level 3 PPE training has been completed. Policy has been shared with the Patient Safety Group and will be out for consultation once initial feedback is received. Once implemented the Risk and Resilience Team will monitor use and effects on Violence and Aggression through Datix incident reporting.

- **Medical Director: MD30- Failure to prevent/mitigate obesity.**

Monthly Update: Latest Obesity figures have not been recorded, last data remain at 83.1% from 86.6%. Healthy Living Group commenced in September 22.

Health Psychology Post and Project Manager Post both appointed due to start in October/November 22. Both posts will help contribute to the reduction of obesity figures as detailed in the risk assessment.

- **Nursing Director: ND70: Failure to utilise our resources to optimise excellent patient care and experience.**

Monthly Update: Staffing issues continue to affect TSH. Daily meeting takes place to monitor staff resources in real time managed through the 'Safe to Start' Process.

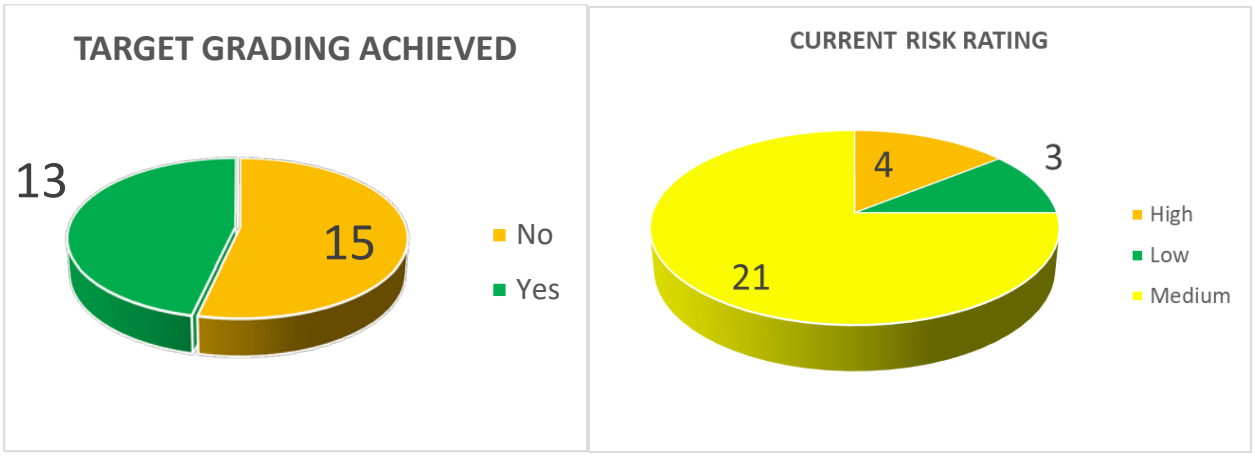
Staffing Resource incident numbers continue to rise through Datix although we are now able to identify which wards have been closed, partially closed and modified working. Closures are also being checked with the weekly indicator report to ensure accuracy.

Staffing is being monitored daily and continues to be a priority for the Hospital, recruitment is ongoing and modified working/closures being utilised where required.

- **SD54 Implementing Sustainable Development in Response to the Global Climate Emergency**

  Newly updated risk. Updates to follow at next meeting. Full Risk assessment available in Appendix 2.

3.6 Risk Distribution



Currently 13 Corporate Risks have achieved their target grading, with 15 currently not at target level.

As per the TSH Risk Management Strategy, Low and Medium risks are tolerated within the organisations risk appetite. While some of the Corporate Risks have not met their target level, they still remain within the agreed risk parameters. Ongoing work is underway to reduce risks to target level and is being further monitored through the work plan detailed below.

A work plan is underway to focus on risks not at target level in 2022/23, this will be taken forward by the Risk Management Facilitator and Head of Risk and Resilience who will liaise with risk owners. The work plan will involve working with risk owners and action officers to ensure risks are up to date and relevant, review ongoing work to reduce risk to target level and ensure appropriate grading. The aim is to meet with one directorate each month going forward with updates given to CMT and The Board through this report. Next scheduled meeting is October 2022 with updates to follow.

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					

Likely			ND70,	MD30, SD54	
Possible			CE12, SD57, FD91, ND73, FD98, CE14	ND71	
Unlikely			MD33, SD55, FD90, HRD110, HRD112	MD34, HR111, SD51, SD50	
Rare			FD97, CE13, SD52,	MD32, FD96, SD56,	CE10, CE11, SD53

Review Periods:

Low risk	6 monthly
Medium risk	Quarterly
High risk	Monthly
Very High	Monthly (or more frequent if required)

4 RECOMMENDATION

The Board are invited to review the current Corporate Risk Register, and approve it as an accurate statement of risk. There Board are also asked to feedback any comments and/or additional information members would like to see in future reports.

Paper No: 22/84
MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	The report provides The Board with an update of the Corporate Risk Register.
Workforce Implications	There are no workforce implications related to the publication of this report.
Financial Implications	There are no financial implications related to the publication of this report.
Route To Board Which groups were involved in contributing to the paper and recommendations	Board Workplan / CMT
Risk Assessment (Outline any significant risks and associated mitigation)	There are no significant risks related to the publication of the report.
Assessment of Impact on Stakeholder Experience	There is no impact on stakeholder experience with the publication of this report.
Equality Impact Assessment	The EQIA is not applicable to the publication of this report.
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)	The Fair Scotland Duty is not applicable to the publication of this report.
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: 22/84

High Risks

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Monitoring Frequency	Movement Since Last Report
Corporate MD 30	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	01/11/22	Clinical Governance Committee	Monthly	-
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	01/11/22	Clinical Governance Committee	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	01/11/22	Clinical Governance Committee	Monthly	-
Corporate SD 54	Service/Business Disruption	Implementing Sustainable Development in Response to the Global Climate Emergency	Major x Likely	Major x Likely	Minor x Possible	Security Director	Head of Estates and Facilities	01/01/23	Security, Resilience, Health and Safety Oversight Group	Monthly	-

Medium Risks

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Monitoring Frequency	Movement Since Last Report
Corporate CE 10	Reputation	Severe breakdown in appropriate corporate governance	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Board Secretary	01/01/23	CMT	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	01/01/23	Clinical Governance	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	01/01/23	Security, Resilience, Health and Safety Oversight Group	Quarterly	-

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	Moderate x Possible	Minor x Possible	Chief Executive	Chief Executive	01/01/23	CMT	Quarterly	Impact ↓
Corporate MD 32	Medical	Absconsion of Patients	Major x Unlikely	Major x Rare	Moderate x Rare	Medical Director	Associate Medical Director	01/01/23	Clinical Governance Committee	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	01/01/23	Clinical Governance Committee	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	01/01/23	Clinical Governance Committee	Quarterly	-
Corporate SD 50	Service/Business Disruption	Serious Security Incident	Moderate x Possible	Major x Rare	Major x Rare	Security Director	Security Director	01/01/23	Security, Resilience, Health and Safety Oversight Group	Quarterly	-
Corporate SD 51	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Major x Unlikely	Major x Rare	Security Director	Security Director	01/01/23	Security, Resilience, Health and Safety Oversight Group	Quarterly	-
Corporate SD 52	Service/Business Disruption	Resilience arrangements that are not fit for purpose	Major x Unlikely	Moderate x Unlikely	Moderate x Rare	Security Director	Security Director	01/01/23	Security, Resilience, Health and Safety Oversight Group	Quarterly	-
Corporate SD 53	Service/Business Disruption	Serious security breaches (eg escape, intruder, serious contraband)	Extreme x Unlikely	Extreme x Rare	Extreme x Rare	Security Director	Security Director	01/01/23	Security, Resilience, Health and Safety Oversight Group	Quarterly	-
Corporate SD57	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	01/01/23	Security, Resilience, Health and Safety Oversight Group	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	01/01/23	Clinical Governance Committee	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	01/01/23	Finance, eHealth and Performance Group	Quarterly	-
Corporate FD 91	Service/Business Disruption	IT system failure	Moderate x Possible	Moderate x Possible	Moderate x Possible	Finance & Performance Director	Head of eHealth	01/11/22	Finance, eHealth and Performance Group	Quarterly	-
Corporate FD 96	Service/Business Disruption	Cyber Security/Data Protection Breach due to computer infection	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Finance and Performance Director	Head of eHealth	01/11/22	Finance, eHealth and Performance Group	Quarterly	-
Corporate FD 98	Reputation	Failure to comply with Data Protection Arrangements	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Finance and Performance Director	Head of eHealth/ Info Gov Officer	01/11/22	Finance, eHealth and Performance Group	Quarterly	-
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	01/01/23	CMT	Quarterly	-
Corporate HRD 111	Reputation	Deliberate leaks of information	Major x Possible	Major x Unlikely	Moderate x Unlikely	Interim HR Director	Interim HR Director	01/01/23	CMT	Quarterly	-
Corporate HRD 112	Health & Safety	Compliance with Mandatory PMVA Level 2 Training	Major x Unlikely	Moderate x Unlikely	Major x Rare	Interim HR Director	Training & Professional Development Manager	01/01/23	Clinical Governance Group	Quarterly	-

Low Risks

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Monitoring Frequency	Movement Since Last Report
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	01/04/23	CMT	6 monthly	-

Corporate SD 56	Service/Business Disruption	Water Management	Moderate x Unlikely	Moderate x Rare	Moderate x Rare	Security Director	Head of Estates and Facilities	01/11/22	Security, Resilience, Health and Safety Oversight Group	6 monthly	-
Corporate FD 97	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Moderate x Rare	Moderate x Rare	Finance and Performance Director	Head of eHealth	01/04/23	Finance, eHealth and Performance Group	6 Monthly	-

Appendix 2

Implementing Sustainable Development in Response to the Global Climate Emergency Ref: SD 54

Category	Service / Business Disruption	**Risk Owner**	Security Director	**Action Officer**	Head of Estates & Facilities

Risk	
Risk that The State Hospital does not appropriately implement sustainable development in response to the Global Climate Emergency as detailed in Government Policy DL(2021)38 - a 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development'.	Complete the relevant details of the operation/ activity giving risk to the risk

Type of Risk		
Staffing		Tick the box to indicate the type of risk
Financial & Organisational	X	
Clinical		
Physical		
Project	X	
Other		

Hazards		
• Not adhering to Government led policy for Climate Emergency and Sustainable development. (DL38) • Not responding to climate change extreme adverse weather (winds, cold, heat, storms and heavy rain/floods) • A non-environmental and sustainable health service • Health Risk due to Climate Change • Higher levels of waste and pollution • Not achieving net-zero greenhouse gas emissions by 2040 • Not complying with the Sustainable Procurement Duty under the Procurement Reform (Scotland) Act 2014 • Not reducing Carbon Emissions resulting from travel associated activities • Facilities not fit for purpose		Details the hazards associated with this risk, i.e. the effect. Impact of this risk if realised
Individuals or groups exposed	All Staff / Patients / Visitors	Highlight those who would be affected by risk

Benefits	Detail any benefits associated with this risk being realised. (e.g. cost savings)
Sustainable development will maximise our contribution to mitigating and limiting the effects of climate change which will produce an environmentally and socially sustainable health service that is resilient to the locked-in impacts of climate change.	

Existing Control Measures	List any existing measures in place to mitigate this risk.
1. Climate and Sustainability monitoring group 2. Maintenance and development of buildings by Estates to meet changing needs 3. Controlled Waste Management Process for recording and monitoring 4. Monitoring of Water consumption 5. Monitoring of fuel consumption gas / electric / diesel and bio. 6. Large Greenspace areas well maintained and available 7. Improved travel and transport arrangements. Vehicle management and move to more sustainable transport. 8. Comply with the Sustainable Procurement Duty on all regulated contracts to ensure we consider how to improve the environmental, social and economic well-being of our area. 9. Annual reporting mechanisms in place to show progress	

Likelihood	**Impact/ Consequence**				
	Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Risk Rating Refer to the QIS Matrix and descriptors (appendix 1) to assess the likelihood of the risk occurring and the impact it would have and determine the overall level of the risk.	**Impact/Consequence** **(use descriptor relevant to proposal and select level of impact)**	**Likelihood**	**Rating** **R= I/C x L**
Initial Risk Rating	***Major***	***Likely***	***High***

Target Movement	-	-	-
Target Risk Rating	***Minor***	***Possible***	***Medium***
Current Risk Rating	***Major***	***Likely***	***High***

Further control measures required	Include any additional controls identified to eliminate or reduce the risk further.
Monitoring of climate change. Representation on NSS Sustainability Group (Head of Estates) Re-establishment of local sustainability group meetings. Discussion at Sustainability Group re risk National Sustainability Assessment Tool Completion Action plan to be created and monitored Staff awareness and training so they can become ambassadors for this shared responsibility	

Assurances	What assurances are there that current controls are effective? (Internal and external)
Annual Return on energy targets Compliance with DL(2021)38 National Sustainability Assessment Tool Completion	

Corporate Objective		Tick the box to indicate the corporate objective the risk aligns with
Better Care	✓	
Better Health		
Better Value		
Better Workforce		

Date Added to CRR	January 2018
Completed by	David Walker
Last reviewed:	06/07/2022
Next review:	06/10/2022

Complete this section if risk is being escalated to risk register then refer to risk register guidance for next steps

Group monitoring risk	Climate Change and Sustainability Group

Key Performance Indicators	Detail any existing KPIs that would link to risk, and show performance against risk

Appendix 3

IT System failure Corporate FD 91

Category	Service / Business Disruption	Risk Owner	R. McNaught	Action Officer	T. Best

Risk	
Maintenance of the standard of back ups with a potential for loss of data. **Failure of IT systems within The State Hospital.**	Complete the relevant details of the operation/ activity giving risk to the risk

Type of Risk		
Staffing		Tick the box to indicate the type of risk
Financial & Organisational	X	
Clinical		
Physical		
Project	X	
Other (Reputational)	X	

Hazards		
System outage with staff unable to access or utilise systems as a result of systems failings, cyber-attacks etc. Loss of Clinical Data – resultant effect on patient care.		Details the hazards associated with this risk, i.e. the effect. Impact of this risk if realised
Individuals or groups exposed	All Staff	Highlight those who would be affected by risk

Benefits	
System resilience; Ability to access clinical information at all times; Tracing of confidentiality breaches.	Detail any benefits associated with this risk being realised. (e.g. cost savings)

Existing Control Measures	List any existing measures in place to mitigate this risk.
1. Full review of back up procedures and strategy – prioritisation of systems and data, and ensuring systems up-to-date and under warranty 2. Regular audits of laptops, USB pens, mobile phones and tablet devices 3. Data security measures in place – "Fairwarning", firewall etc. 4. Updated Data Centre includes below features: 4.1 Self reporting function from data centres with email reports sent to IT email group. 4.2 Visual checks Mon – Fri on systems within server room. 4.3 Maintenance and support contract on data centre, with priority response. 4.4 Multiple back-up solutions (hard disk to hard disk and tape) should any system fail and 2 data centres storing mirror data	

Likelihood	Impact/ Consequence				
	Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Risk Rating Refer to the QIS Matrix and descriptors (appendix 1) to assess the likelihood of the risk occurring and the impact it would have and determine the overall level of the risk.	**Impact/Consequence** **(use descriptor relevant to proposal and select level of impact)**	**Likelihood**	**Rating** **R= I/C x L**
Initial Risk Rating	***Moderate (3)***	***Possible (3)***	***Medium (9)***
Target Movement	↓	↔	↓
Target Risk Rating	***Moderate (3)***	***Possible (3)***	***Medium (9)***
Current Risk Rating	***Moderate (3)***	***Possible (3)***	***Medium (9)***

Further control measures required	Include any additional controls identified to eliminate or reduce the risk further.
Risk at target level, control measures regularly monitored and updated to ensure system resilience.	

Assurances	What assurances are there that current controls are effective? (Internal and external)
Monitoring of instances / breaches through Datix. Very few incidents suggest that control measures are adequate. Should this change then further control measures will be required.	

Corporate Objective		Tick the box to indicate the corporate objective the risk aligns with
Better Care	x	
Better Health		
Better Value		
Better Workforce	x	

Date Risk Implemented	October 2018
Completed by	Robin McNaught, Finance and eHealth Director
Review Date	August 2022
Reviewed by	Robin McNaught, Finance and eHealth Director

Group monitoring risk	Finance eHealth & Audit Group; IT Subgroup; Information Governance Group

Key Performance Indicators	Detail any existing KPIs that would link to risk, and show performance against risk
Incidents monitored through Datix and reported to Security, Risk and Resilience Group.	

Appendix 4

Information Governance – Failure to comply with statutory requirements Corporate FD 98

Category	Service / Business Disruption	**Risk Owner**	R. McNaught	**Action Officer**	K Lawton, T. Best

Risk	Complete the relevant details of the operation/ activity giving risk to the risk
Failure to comply with data protection statutory requirements	

Type of Risk		Tick the box to indicate the type of risk
Staffing		
Financial & Organisational	X	
Clinical		
Physical		
Project	X	
Other (Reputational)	X	

Hazards		Details the hazards associated with this risk, i.e. the effect. Impact of this risk if realised
Staff confidentiality breaches Patient confidentiality breaches Potential for fines / Criminal Procedures Loss of Clinical Data – resultant effect on patient care.		
Individuals or groups exposed	All Staff	Highlight those who would be affected by risk

Benefits	Detail any benefits associated with this risk being realised. (e.g. cost savings)
Data resilience; Security of back-up clinical information; Tracing of confidentiality breaches.	

Existing Control Measures	List any existing measures in place to mitigate this risk.
1. Online mandatory training for information governance with tests modules for all staff – completion monitored by training manager with monthly update to SIRO and Caldicott Gaurdian, and reporting to Information Governance. 2. Physical IT asset identification. 3. Data security measures in place – "Fairwarning", firewall etc. 4. IT policies and procedures in place – staff sign to confirm agreed. 5. Regular IT audits including security audit. 6. Information governance embedded in specific role in eHealth. 7. Regular audits of laptops, USB pens, mobile phones and tablet devices	

Likelihood	Impact/ Consequence				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Risk Rating Refer to the QIS Matrix and descriptors (appendix 1) to assess the likelihood of the risk occurring and the impact it would have and determine the overall level of the risk.	Impact/Consequence (use descriptor relevant to proposal and select level of impact)	Likelihood	Rating R= I/C x L
Initial Risk Rating	***Moderate (3)***	***Possible (3)***	***Medium (9)***
Target Movement	↓	↔	↓
Target Risk Rating	***Moderate (3)***	***Possible (3)***	***Medium (9)***
Current Risk Rating	***Moderate (3)***	***Possible (3)***	***Medium (9)***

Further control measures required	Include any additional controls identified to eliminate or reduce the risk further.
Increased use of DPIA to be encouraged and awareness raised.	

Assurances	What assurances are there that current
Monitoring of instances / breaches through Datix.	

	controls are effective? (Internal and external)

Corporate Objective		Tick the box to indicate the corporate objective the risk aligns with
Better Care	x	
Better Health		
Better Value		
Better Workforce	x	

Date Risk Implemented	October 2018
Completed by	Robin McNaught, Finance and eHealth Director
Review Date	August 2022
Reviewed by	Robin McNaught, Finance and eHealth Director

Group monitoring risk	Finance eHealth & Audit Group; IT Subgroup; Information Governance Group

Key Performance Indicators	Detail any existing KPIs that would link to risk, and show performance against risk
Datix report given to Information Governance Group, incident numbers monitored.	

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 8
Sponsoring Directors:	Director of Nursing and Operations Director of Security, Resilience and Estates
Author(s):	Director of Nursing and Operations Director of Security, Resilience and Estates
Title of Report:	Operational Response Plan
Purpose of Report:	Noting

1 SITUATION

Given the continued staffing issues experienced primarily in nursing there was a need to review the escalation process and ensure that remains fit for purpose. There was also a need to review TSH loss of staff plan as this was developed early on in the pandemic, since then there has been significant learning during the pandemic regarding identification of risk and mitigation. Therefore, the trigger points may no longer be relevant.

2 BACKGROUND

The introduction of Safe to Start has provided TSH with the ability to closely monitor staffing and respond timeously to any identified pressures. As part of the suite of business continuity plans a loss of staff plan was developed for instances such as extreme weather where limited numbers of staff are able to attend site. In the early stages of the Covid pandemic, an extreme loss of staff plan was developed and outlined plans at points of criticality for safe delivery of service provision. These were both introduced and developed early in the pandemic, however the organisation has learned from the experiences of the past two years and regular testing of contingency plans. This means as an organisation we are clearer regarding what can be safely managed and what would now constitute standing up an incident command structure. There have been instances recently where despite the significant loss of staff there was felt to be nothing further to be gained from declaring an incident as all measures that could be put in place had been and the modifications ensured the delivery of safe care. Therefore, the trigger for the loss of staff plan, percentage of staff lost, requires review.

3 ASSESSMENT

Measures currently in place

Use of Data

The introduction of safe to start gives a clear rag status based on agreed staffing levels and this supports informed decision making regarding impact of service delivery with a particular focus on patient activity given the potential impact on well-being. This data is updated daily and reviewed at various forums.

Planning and Resource meetings

A Daily Safety Huddle (Previously Covid 19 Huddle), takes place and provides an update regarding Covid status within the hospital and reviews resourcing issues across Nursing, Estates and Security. Discussion take place regarding any planned work or outings, which may impact on service delivery. This has provided an opportunity for forward planning and timely response to emerging issues. The On Call Director attends and the meeting provides them with vital information to support decision-making on a 24-hour basis.

A nursing resource meeting takes place twice weekly and is attended by a range of frontline clinicians and professional leads, Security and Estates, resourcing and the Director of Nursing and Director of Security are also in attendance. This meeting forecast resources for the week ahead and decisions on training, outings and escalation are taken to minimise shifts where deficits have been identified that impact on service delivery.

Each Friday, a pre-weekend safety meeting occurs which includes the On Call staff for the weekend including the Director, Senior Clinical Cover, Doctor, Responsible Medical Officer and Clinical Security Liaison Manager. This again ensures that anything that could impact on service delivery is discussed and plans put in place. Safety huddles also take place on Saturday and Sunday where updates on service delivery are provided with an opportunity to address any further issues.

Modified working

There is clear definition given to the levels of modified working permitted within TSH and the escalation process for authorisation of this. There has been some inconsistency in the application of these measures and the lead nurses are working with the SCNs to ensure that staff recognise the need for modified working to be again recognised as a last resort and return it to being a “Never Event”. The current meetings provide robust oversite regarding not only the staffing pressures but also any mitigating actions.

Senior oversight

The Covid huddle has been recognised as a forum of value that enables a timely response to emerging issues. However, these issues are not confined to Covid and therefore these huddles have been reconfigured as safety huddles and not just related to TSH’s Covid response. Directors now attend at the safety huddle and the weekly resource meeting. The first part of the meeting looks at resourcing the second part analysis of the risks and consideration regarding escalation.

Escalation Process

There is now senior cover at director level at the safety meeting and the weekly resource meetings. Should staffing pressures fail to be resolved these meetings can be increased to provide additional support and sanction any hospital wide decisions as necessary. The directors can also advise CMT informed should there be any cause for concern.

Next steps

- There is currently work supporting the effective DATIX reporting of staffing issues that will provide a site wide understanding of the percentage of staff loss and consideration regarding the mitigation that has been put in place. Once addressed this will give a clear indication to directors including director on call regarding whether the staffing levels have triggered the loss of staff plan.
- Lead nurses to continue to work with Teams to minimise the use of modified working.

- Loss of staff plan to be reviewed and will incorporate the forgoing plans to manage resources across the site.

4 RECOMMENDATION

The Board are invited to note the content of the paper and approve the review of the Loss of Staff plan.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Outlines management of resources to support safe staffing and delivery of person centred patient care.
Workforce Implications	Papers outlines business continuity measures in place across the organisation.
Financial Implications	None
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	CMT
Risk Assessment (Outline any significant risks and associated mitigation)	Without measures in place there is a risk to safe staffing and patient care.
Assessment of Impact on Stakeholder Experience	Improves oversight of resourcing plans and identifies escalation route.
Equality Impact Assessment	N/A

Paper No: 22/86

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 9
Sponsoring Director:	Director of Nursing and Operations
Author(s):	Senior Nurse for Infection Control
Title of Report:	Infection Prevention & Control Report (Including Covid19 activity)
Purpose of Report:	For Noting

1. BACKGROUND

This report is presented to the Board to provide an update in relation to Infection Prevention and Control (IPC) activity.

2. INFECTION PREVENTION & CONTROL ACTIVITY

During this review period the primary focus for the Infection Control Team (ICT) has been the delivery of the autum/winter vaccination program for patients and staff.

Hand Hygiene

The importance of appropriate and effective hand hygiene continues to be a priority for the ICT. This is continually monitored via the monthly Infection Control Audits. In addition to hand hygiene, compliance with wider aspects of infection control are also monitored.

The data (to August) is detailed below (September data yet to be presented to the ICC).

Hand Hygiene audits are completed by a member of staff within the clinical area. 16 clinical areas are monitored and the completed audits are sent to the Clinical QI Facilitator by the 20th of each month. The ICT have increased the number of key moments from five to six. This is a deviation from the 'WHO 5 Key moments' however, it take cognisance of the hand hygiene opportunity when removing fluid resistant surgical masks.

Chart 1: Overall Compliance with Hand Hygiene

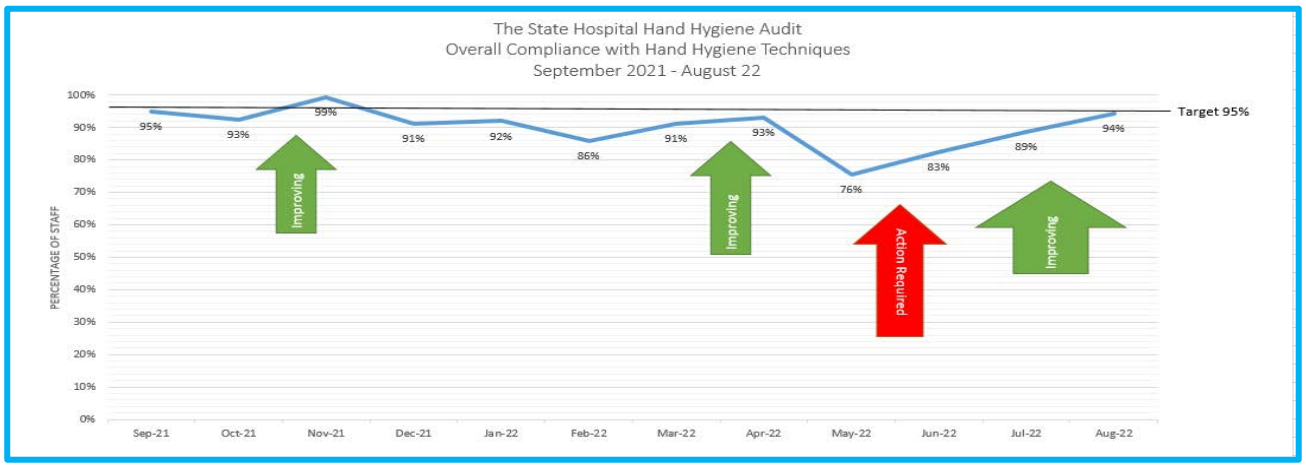


Chart 1 shows the percentage of overall completion rate. July reports compliance rate of 89%, this has increased to 94%, which is just below the hospital target of 95%; therefore moving from red to amber within the RAG Rate.

Chart 2: Percentage of staff complying with the correct Hand Hygiene Techniques in clinical areas

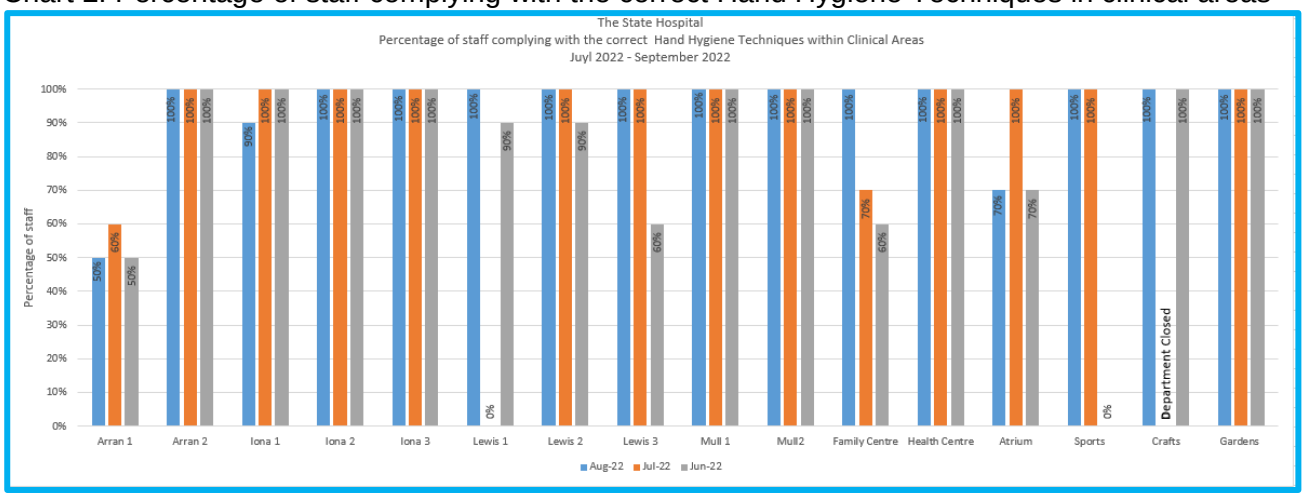


Chart 2 shows the breakdown per clinical area with hand hygiene technique compliance over the last three months. Although a slight improvement was noted in July by Arran 1 this has fallen for the month of August.

The Skye Centre Atrium has also decreased this month by 30%.

Iona 1 information was not completed correctly there decreased their compliance percentage from 100% to 90%

Reviewing the data provided by each clinical area the total disciplines that were not comply with Hand Hygiene Techniques whilst in a clinical area were 8; these have been reported from highest to lowest:

- Code F: Housekeeping, Estates, Procurement and Ported = 4
- Code O: Admin staff, senior management, pharmacy, social work, advocacy & PCIT = 2
- Code D: RMO, Junior Doctor = 1
- Code N: Nurses /Skye centre staff (both trained or untrained) = 1

Infection Control Audits

Charts 3 shows the overall average of staff complying with Infection Control measures to reduce the spread of infection. A total of 16 areas should be observed in the month of August; however only 15 submitted audits.

The overall average for August 2022 was 86% which is decreased since July 2022 were the average total was 90%. Therefore, the RAG rate has increased from Amber to Red.

Chart 3: Clinical Area audit compliance with Covid practice

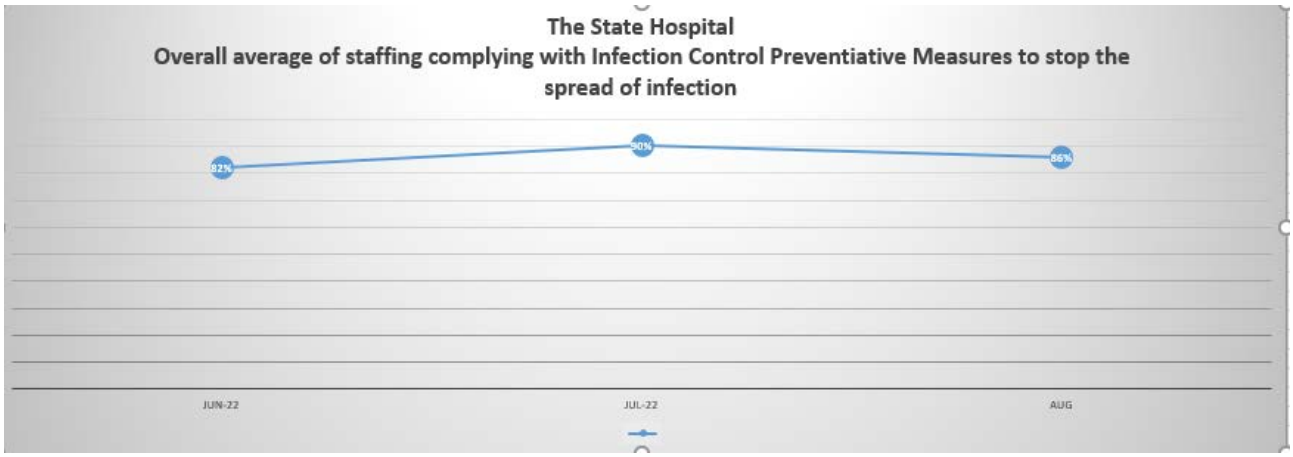
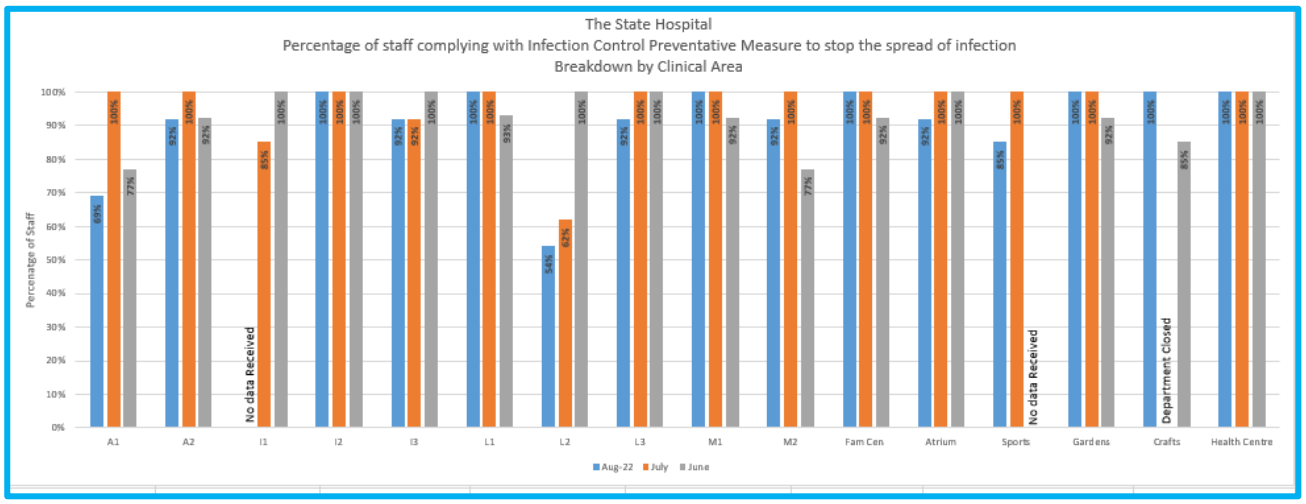


Chart 4 shows the breakdown by clinical area on compliance with infection control measures to stop the spread of infection



The reasons for non-compliance were:

- Staff not wearing face masks correctly
- Face masks being disposed of in the general waste bin
- Nursing staff wearing watches
- Nursing staff wearing nail varnish
- Staff wearing False eye lashes
- Staff hair not tied back

ACTION TAKEN:

The Infection Control Team in conjunction with the Lead Nurses have contacted the Senior Charge Nurses for these specific areas and asked for an update on the steps taken to improve compliance for September.

The Infection Control Team have developed a reporting template (currently being reviewed by the Senior Charge Nurse group) to enable a formal response to be submitted to the ICC.

Members of the ICC were asked to remind their staff of the improtanct of adherence to all IPC measures.

DATIX INCIDENTS FOR INFECTION CONTROL (June - August)

During this period there were 14 which is down from 29 infection control related incidents in the previous quarter:

- 3 (previously 11) these pertained to Safe Management of Linen
    - August x2 (x1 patients personal linen in main laundry stream; x1 bag not labelled)
    - June x1 (bag not tagged)

- 7 (previously 16) related to Covid.

- 2 (static) related to Diarrhea and Vomiting

- 1 dirty instruments were left in cupboard alongside clean instruments. This has been addressed by the SNIC with no follow up required.

- 1 exposure to body fluids. This has been discussed with the patients clinical team and no further action required.

Following the quality improvement project regarding the Safe Management of Linen implemented in June 2022, the wider roll out began in August. The initial data received has shown a decrease in the last quarter however it is unsure if this is attributed to the change in practice. A further update will be presented in the next Board paper.

ACTION TAKEN

The Clinical QI Facilitator for Infection Control will continue to review all DATIX incidents and report to the ICC monthly.

3. Policies and Guidance

All infection control policies and procedures are reviewed as per policy schedule and there are no outstanding policies.

4. Autumn/Winter Vaccination Program

The Senior Nurse for Infection Control in conjunction with the Pharmacy department clinics for the Autumn/Winter Vaccination for staff were held on the 13th, 14th & 16th September. Uptake was positive with 295 appointments being issued. There were a few vaccines administered out with these appointments in order to reduce wastage. There is an additional staff clinic on 25th October.

There were 2 patient vaccination clinics held however, uptake was poor with only 69 patients (63%) receiving their Covid booster and 64 (58%) patients receiving their flu vaccination.

Informal feedback from patients to the Senior Nurse for Infection Control is vaccine fatigue.

ACTION TAKEN

Medical staff have been asked to speak to all patients who have refused the vaccination to encourage uptake.

5. COVID19 Activity

To date there have been 116 patients who have tested positive. With 3 additional cases since last report

- Mull 1 (x1 symptomatic)

- Mull 2 (x1 symptomatic and x1 new admission). It is unsure whether the new admission was an active Covid case or residual as he was identified on admission and was asymptomatic at time of testing.

From 28th September, staff working in healthcare settings are no longer required to undertake twice weekly asymptomatic LFD testing. Patient facing staff will only undertake LFD testing if they are symptomatic or as part of an outbreak.

HIS Infection Prevention and Control Standards

During the pandemic, it became apparent that a range of actions was required to support and improve mental health services through the pandemic and beyond. As part of this, Scottish Government asked Healthcare Improvement Scotland to set up proportionate and intelligence led inspections, with a focus on infection prevention and control. Whilst there is a desire to look at all areas in a rolling programme of inspection, it was deemed prudent to consider a risk based and intelligence-led approach to the immediate inspection work. Considering these categories, and the outbreak data already provided by Antimicrobial Resistance and Healthcare Associated Infection Scotland (ARHAI), it was recommended that an initial work plan of inspection should focus primarily on psychiatry of old age units and areas where outbreaks have been classified as red or amber. In addition, the forensic estate should be considered as a priority due to the risks associated with the secure environment and the nature of service users.

The inspections are against the Infection Prevention and Control Standards that were published in May 2022. The State Hospital has received 5 Inspections (previously Healthcare Environment Inspections) between 2011 – 2016, with no significant areas of concern identified. The Infection Control Team are currently reviewing their practice to ensure compliance against the standards and assurance is provided to the Board. A full gap analysis has been delayed due to Covid activity and competing priorities within the Team.

The Senior Nurse for Infection Control is currently working alongside HIS to ensure that forensic settings are assessed proportionately against the Standards. On 13th October 2022, the HIS inspection team visited the hospital for a review of their audit pro-forma. This proved to be useful for the Clinical Quality Improvement Facilitator for Infection Control by way of expectations from external scrutiny.

6. RECOMMENDATION

The Board is invited to

1. Note the content of this report.
2. Advise on information to be reported

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To provide the Board with specific updates infection control as well as any other areas specified to be of interest to the Board.
Workforce Implications	As detailed within sections 2 and 3 of report.
Financial Implications	No financial implications identified.
Route To Board Which groups were involved in contributing to the paper and recommendations.	Nursing and AHP Directorate Board requested information.
Risk Assessment (Outline any significant risks and associated mitigation)	Not identified for this report.
Assessment of Impact on Stakeholder Experience	Not identified.
Equality Impact Assessment	Not formally assessed.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	Not identified as relevant.
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: 22/87

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 10
Sponsoring Director:	Medical Director
Author(s):	PA to Medical Director
Title of Report:	Bed Capacity within The State Hospital and Forensic Network
Purpose of Report	For Noting

1 SITUATION

Capacity within the State Hospital and across the Forensic Network has been problematic and requires monitoring.

2 BACKGROUND

1) TSH

The following table outlines the high level position from 1 August 2022 until 30 September 2022.

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds	108	12	120
Admissions	5	1	6
Discharges / Transfers	6	1	7
Average Bed Occupancy: Available beds/All beds			93.3% **/** 80.0%

Please note that there were 111 patients as of 30 September 2022 and 15 patients with a primary diagnosis of Learning Disability.

19 patients have been identified for transfer from TSH and have been fully accepted for transfer. We have one LD patient at TSH under the Exceptional Circumstances clause.

2) TSH Contingency Plan

A contingency plan has been finalised through CMT. This remains as follows:

I Ongoing Actions

a) Formal transfer review meeting established on a monthly basis (AMD)
b) Monitoring of imminent transfers (next 2-3 weeks) at weekly Patient Pathway Meeting and likely bed state reported to directors weekly (AMD)
c) Regular meeting in place to discuss with NHS Greater Glasgow and Clyde fully accepted patients for transfer to Rowanbank Clinic (CEO).

II Additional Actions agreed by CMT in the event of further bed pressure:

1. Use Mull 3 for patients to sleep in but to be located in another ward during day. 2 staff required to open ward at night. Facility time would not be possible. Establish operational group to plan this (ND).
2. Any agreement to use last bed must be with AMD / MD consent or out of hours with duty director consent. Communicate to RMOs (MD).

3) Forensic Network Capacity

The Board was given copies of the Forensic Network's short-, medium- and long-term plans to improve capacity across the forensic estate at its meeting on 25/8/22. These were requested by Scottish Government. A copy of the weekly bed report across the Forensic Network is attached dated 3/10/22 – see Appendix 1.

Appendix 1 - Bed Capacity Paper.xlsx

3 ASSESSMENT

The current bed situation within TSH remains eased but it is recognised that there is a natural variation in the number of referrals and admissions and further pressure is likely in the future unless the medium and long term plans outlined by the Network are progressed.

4 RECOMMENDATION

The Board is asked to note the report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	The report supports strategy within the hospital, and all associated assurance reporting.
Workforce Implications	N / A
Financial Implications	N / A
Route To Board Which groups were involved in contributing to the paper and recommendations	Board requested as part of workplan
Risk Assessment (Outline any significant risks and associated mitigation)	The various reports throughout the year would include any issues
Assessment of Impact on Stakeholder Experience	All the reports are assessed as appropriate
Equality Impact Assessment	All the reports are assessed as appropriate
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)	All the reports are assessed as appropriate
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

W/c 3 October 2022

	High Secure		Medium Secure						Low Secure																
	TSH Male MI	TSH Male ID	Orchard Clinic Male	Orchard Clinic Female	Rohallion Male	Rowanbank Male	Rowanbank Female	National LD Male	National LD Female	Beckford Lodge Male	Bellsdyke Male	Bellsdyke Female	Levenmdale Male	Levenmdale Female	Levenmdale Male LD	Rohallion Male	Blair Unit Male	Blair Unit Female	Stratheden Male	Ayr Clinic Male	Ayr Clinic Female	Sunehaven Male	Sunehaven Female	Woodland View Male	Kirklands Hospital (closed 25	Lynebank Male ID	Strathmartine Male ID
Bed capacity	108	12	NOT SUBMITTED	NOT SUBMITTED	30	56	6	8	4	15	12	6	38	5	10	24	NOT SUBMITTED	NOT SUBMITTED	12	NOT SUBMITTED	NOT SUBMITTED	NOT SUBMITTED	NOT SUBMITTED	8	3	14	8
No. of beds in use	100 (4 MWI Bed currently in use for ID)	15			26	52	5	8	2	14	9	5	36	5	9	20			12					7	3	10	8
No. empty beds	7	1			4	5	1	0	2	1	3	1	2	0	1	4			0					1	0	4	0
No. available beds	6	0			4	0	1	0	2	0	2	1	0	0	1	4			0					1	0	0	0
No. on waitme list for access to service	0	0			1	12	0	3	0	2	0	1	26	0	0	0			7					0	4	1	0
No. on waiting list currently placed out of area	0	0			0	4	0	0	0	0	0	0	16	0	0	0			0					0	0	0	0
No. beds booked (if impacts on no. of available beds)	0	0			1	5	0	3	0	0	0	0	2	0	0	1			0					0	0	0	0
No. of admissions planned for coming week	0	0			0	0	0	0	0	0	0	0	0	0	0	0			0					0	0	0	0
No. of patients on transfer list for lower secure settings	16	3			3	9	1	0	0	0	0	0	N/A	0	0	0			0					0	0	0	0
No. of patients on transfer list for higher security settings	0	0			0	0	0	0	0	0	0	0	0	0	0	0			0					0	0	0	0
No. of patients on transfer list for community or other services	0	0			0	3 (x2 recorded as delayed discharge)	0	1	0	1	0	0	7 (3 recorded as delayed discharges)	3	0	8 (5 delayed discharges)			5 (del disch)					0	0	7	0
No. of patients on transfer list fully accepted for transfer	11	2			3	9	0	3	0	0	0	1	8	3	0	0			0					0	0	1	0
No. of admissions in last week	0	0			1	0	0	0	0	0	0	0	0	0	0	0			0					0	0	0	0
No. of those admissions that were an emergency	0	0			0	0	0	0	0	0	0	0	0	0	0	0			0					0	0	0	0
No. of patients at TSH under Exceptional Circumstances Clause	0	1			0	0	0	0	0	0	0	0	0	0	0	N/A			0					0	N/A	0	0
Any foreseen potential issues this week in terms of capacity	*MWI Bed numbers reduced due to ID patients using these. Bed unavailable in Arran 2 due to works being carried out.				Referrals to the service will be carefully reviewed on a case by case basis due to the severe challenges in nursing staff availability. This may result in the service														Recall bed in use.								

Paper No: 22/88

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 11
Sponsoring Director:	Medical Director
Author(s):	Head of Planning and Performance Consultant Psychiatrist
Title of Report:	Clinical Model Implementation
Purpose of Report:	For Noting

1 SITUATION

Planning for Implementation of the Clinical Model was in an advanced stage prior to the Coronavirus pandemic. Work was paused in March 2020 and restarted in June 2021 to consider the current context, previous work carried out and what the future conditions would require prior to any restart. Planning and engagement has progressed. This paper updates the Board on progress towards implementation.

2 BACKGROUND

The clinical care model describes the way The State Hospital provides high secure services to patients with a mental disorder many of whom have offended. The need to review the Clinical Care Model arose from issues raised through a staff engagement exercise which focused on readiness to change. In May 2021. The Board have received updates throughout the year on progress in planning for implementation.

A project group has formed planning for the implementation of the new Clinical Model has taken place. At the Board meeting in June 2022, the Board approved Project Initiation Document which provided detailed plans for the for implementation of the model and the staff requirements and costs for implementation.

3 ASSESSMENT

As TSH has moved into the implementation phase of the project, a range of activities have been carried out to support the project.

- The Clinical Model Implementation Short Life Working Group has formed and met in August and September. This will continue to meet monthly
- The Project Plan is updated regularly and attached for information (Appendix 1).
- The Project Oversight Group have met in August and October.

- Updating issues log and escalation of issues to the Project Oversight Board to support project management and effective decision making.
- The Project Group meet weekly to progress project planning and management

Actions carried out over September and October include:

- Completion of a patient mapping exercise to ascertain how current patient population would be distributed across proposed Clinical Model and ensure any specific patient needs are accommodated.
- Analysis of preparation of safety data in the admission and assessment cohort to understand any elevation of risks
- Draft template developed for the clinical guidance for each ward type.

To support staff communications, a Clinical Model staff bulletin was issued in August and monthly update reports in the form of flash reports, summarising the month's activities and detailing the next steps, were issued in August and September (Appendix 2 and 3). These flash reports have been extensively shared and paper copies will be place within hospital reception to ensure whole workforce remains informed regarding progress of the Clinical Model. In addition, there is a specific intranet page which holds all Clinical Model information.

4 RECOMMENDATION

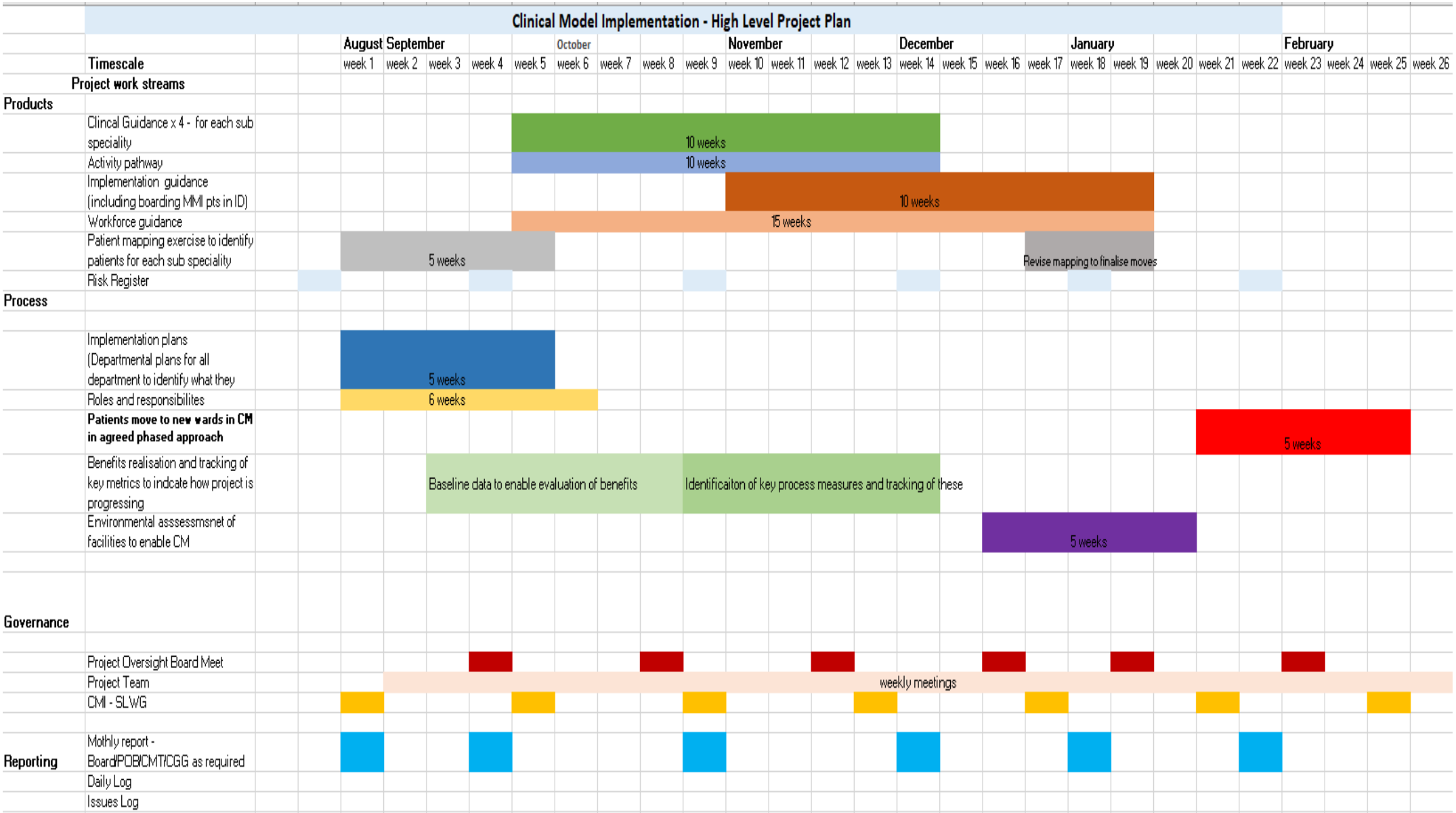
Board members are asked to:

- Note the contents of the attached documents.
- Discuss the implication of these for TSH.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Supports the implementation of the Clinical Model
Workforce Implications	Some of the actions may result in additional workforce resources being required
Financial Implications	As above
Route To The Board Which groups were involved in contributing to the paper and recommendations	Corporate Management Team and Clinical Governance Committee
Risk Assessment (Outline any significant risks and associated mitigation)	Risk that the current patient population will not fit into the clinical model
Assessment of Impact on Stakeholder Experience	Stakeholder experience may by impacted due to the new model being unable to be implemented at this time
Equality Impact Assessment	An EQIA has been completed for this project in 2020
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 1: Project Plan



Appendix 2: August Flash Report

Clinical Model Flash Report – August 2022

Successful implementation is a shared responsibility.

Aim of Report:

The Clinical Model describes how clinical care is structured and delivered. As we move into the implementation stage for the new Clinical Model, we will provide a monthly report on work that has been delivered recently and describe the plan for the coming months. The aim is to have patient moves completed by the end of March 2023.

Clinical Model Activity in August 2022:

The Clinical Model Project Oversight Board met on the 4th August.

The first meeting of the Clinical Model Implementation Short Life Working Group (SLWG) has also been set up. This group, which comprises Service Heads from across the whole Hospital, met for the first time on Tuesday, 23 August 2022.

The purpose of the group is to develop the essential elements required to deliver the project, and plan and manage the logistics of transition of this whole Hospital project.

Overview of the New Clinical Model:

The Clinical Model had been developed to provide an enhanced treatment environment with a focus on recovery. There are four sub specialties within the model – Admission and Assessment, Treatment and Recovery, Transition and Intellectual Disability.

Planned Work in September 2022:

- Patient Mapping to be completed
- Heads of Service to discuss with their team the implementation of the Clinical Model and return their Service Considerations and Feedback to Jennifer Green by 18th September.
- Clinical Leads for sub specialities to be identified.
- Project Team to be confirmed.

Planned Meetings – September / October 2022

Clinical Model Implementation SLWG:
28 Sep 22 and 25 Oct 22
Clinical Model Project Oversight Board:
20 Oct 22

Key Project Milestones:

To deliver the Clinical Model, the following Key Planning Elements require to be developed:

- Clinical Guidance.
- Workforce Guidance.
- Guidance for the physical movement of patients.
- Patient Mapping.
- Activity pathway

Communication and Engagement:

All staff Bulletin issued on 26th August.

The intranet page is now updated and relevant documentation for this project can be sourced here when available.

Senior Change Nurses discussed Clinical Model at their weekly meeting.

PPG have Clinical Model as a standing item and have started to consider what they need in preparation for the model.

Next Steps:

Service Heads have been asked to:

- Engage with their teams, plan their speciality transition and identify issues to be resolved and timescales for their own team to set up for the change.
- Consider their role in the development of the clinical guidance, workforce guidance, transition guidance, and activity pathway.
- Identify any issues and if possible workable solutions as early as possible.

Patient Mapping Activity to be considered with environmental needs

Appendix 3: September Flash Report

Clinical Model Flash Report – September 2022

Successful implementation is a shared responsibility.

Aim of Report:

The Clinical Model describes how clinical care is structured and delivered. As we move into the implementation stage for the new Clinical Model, we will provide a monthly report on work that has been delivered recently and describe the plan for the coming months. The aim is to have patient moves completed by the end of March 2023.

Clinical Model Activity in September 2022:

- A Patient Mapping activity was conducted to allocate our current patient population into the four sub-specialties.
- A template was created for the new clinical guidance documents which each service group will populate for each sub specialty.
- Heads of services fed back how they plan to prepare for the introduction of the clinical model and what the impact would be for their services.

Overview of the New Clinical Model:

The Clinical Model had been developed to provide an enhanced treatment environment with a focus on recovery. There are four sub specialties within the model – Admission and Assessment, Treatment and Recovery, Transition and Intellectual Disability.

Planned Work in October 2022:

- .Project Team to be confirmed.
- Clinical Guidance Groups will be set up and first draft of guidance to be developed
- Scoping of the contents and timeframe for the security and environmental scan
- Update issues log

Planned Meetings – September / October 2022

Clinical Model Implementation SLWG:
25 October 22
Clinical Model Project Oversight Board:
20 October 22

Key Project Milestones:

To deliver the Clinical Model, the following Key Planning Elements require to be developed:

- Clinical Guidance.
- Workforce Guidance.
- Guidance for the physical movement of patients.
- Patient Mapping.
- Activity pathway

Communication and Engagement:

PPG have Clinical Model as a standing item and have started to consider what they need in preparation for the model.
All Heads of Service are encouraged to include the new model as a standing agenda item in their teams meetings.
TSH Clinical Model intranet page will contain the relevant documents once they are made available and a link will be shared with staff.

Next Steps:

- Review the issues raised at the SLWG, review relevant safety data to understand the acuity within the admission and assessment service, compile a report regarding admissions and escalate to the Project Oversight Board.
- Contact potential leads to create task groups to develop guidance for each specialist service.
- Feedback issues to Project Oversight Board
- Ensure all Heads of Service considerations are received and explored.

Paper No: 22/89

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 12
Sponsoring Director:	Medical Director
Author(s):	Head of Planning and Performance Head of Clinical Quality
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 August 2022. 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 (TSH) to embed quality assurance and improvement as part of how care and services are planned and delivered.

2 BACKGROUND

Quality Assurance and Improvement in TSH links to the Clinical Quality Strategy 2017 – 2020. TSH will work towards updating and revising the Clinical Quality Strategy in 2023. The current Clinical Quality Strategy sets out the direction, aims and ambitions for the continuous improvement of clinical care. It outlines the following 7 goals to ensure the organisation remains focussed on delivering our quality vision:

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

2) Engaging staff, patients, carers, volunteers and other stakeholders in improving our quality of care

3) Ensuring that everyone in the organisation understands their accountability for quality and are clear about the standards expected of them

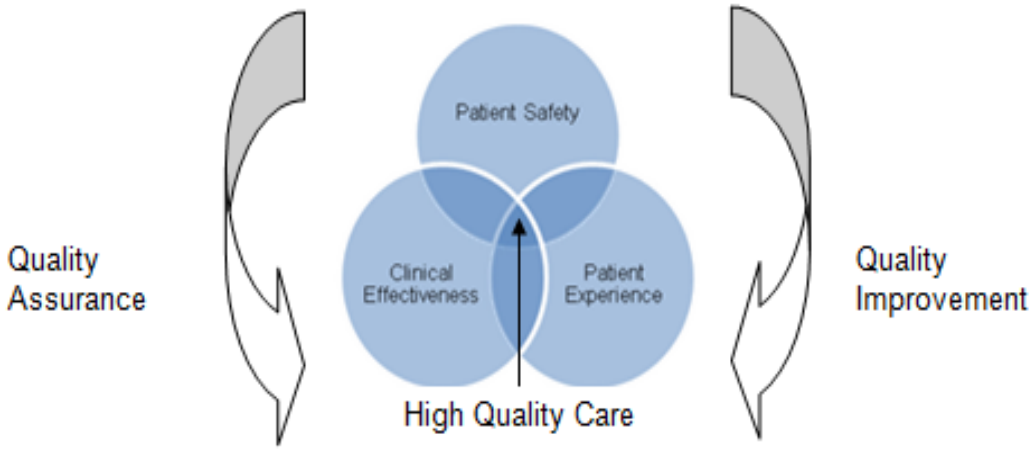
4) Gaining insight and assurance on the quality of our care

5) Ensuring access to and understanding of improvement data to build a positive momentum in relation to quality improvement

6) Evaluating and disseminating our results

7) Building improvement knowledge, skills and capacity

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



3 ASSESSMENT

The paper outlines key areas of activity in relation to:

- Quality Assurance through:
  - Clinical audits and variance analysis tools
  - Clinical and Support Services Operating Procedure Indicators Report
- Quality Improvement through the work of the QI Forum
- Capacity Building for Quality Improvement
- Realistic Medicine
- Evidence for quality including analysis of the national and local guidance and standards recently released and pertinent to TSH

4 RECOMMENDATION

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

Paper No: 22/89

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	The Quality Improvement and Assurance report supports the Quality Strategy and Corporate Objectives by outlining the actions taken across the hospital to support QA and QI.
Workforce Implications	Workforce implications in relation to further training that may be required for staff where policies are not being adhered to.
Financial Implications	Covid monies have been approved to continue with the Daily Indicator Report due to CQ staff workload/ weekend working.
Route to Board	Route to the Board is via the CMT.
Risk Assessment (Outline any significant risks and associated mitigation)	The main risk to the organisation is where audits show clinicians are not following evidence based practice.
Assessment of Impact on Stakeholder Experience	It is hoped that the positive outcomes with the weekly indicator report will have a positive impact on stakeholder experience as they will be getting more fresh air, physical activity and timetable sessions.
Equality Impact Assessment	All the policies that are audited and included within the quality assurance section have been equality impact assessed. All larger QI projects are also equality impact assessed.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	This will be part of the project team work for any of the QI projects within the report.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications, full DPIA included.

QUALITY ASSURANCE AND IMPROVEMENT IN TSH AUGUST 2022

ASSURANCE OF QUALITY

Clinical Audit
The Clinical Quality Department carries 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 audit reports that have been approved since the last Board Meeting in August 2022 are:

- Medication Trolley Audit
- Medicine Fridge Audit
- Responsible Medical Officer (RMO) Record Keeping Audit
- Prevention and Management of Violence and Aggression (PMVA) Psychiatric Observations Policy Audit
- PMVA Post Physical Intervention Policy Audit

Medication Trolley Audit
A number of years ago, concerns were raised when medication incidents were showing that patients were getting the wrong medications or the wrong dose of medications. The hospital implemented a standard for medication trolleys to ensure that every trolley is set up the same way. This standard is audited once a year for assurance purposes.

The aims of the audit are:

1. To ensure medication is kept in alphabetical order
2. To ensure medication is kept in dose order of low to high
3. To ensure that the poster showing how the medicine trolley should be kept is on the trolley
4. To ensure that the log book has been signed for the last night shift

Results showed
Aim 1: Excellent compliance across all wards
Aim 2: Excellent compliance across all wards
Aim 3: Excellent compliance across all wards
Aim 4: Excellent compliance across all wards

Medicine Fridge Audit
Due to the importance of some medication being kept at the correct temperature within fridges a Medicines Refrigerator Temperature Monitoring Log was introduced to all wards. This log should be completed daily with action being taken if the recordings are outwith the +2 to +8 range.

The aims of the audit are to ensure:

1. a log is present within the treatment room
2. an entry has been made on each day detailing the minimum, maximum and current temperature
3. each entry has been signed
4. if the reading has been outwith +2 to +8 that action has been taken.

Aim 1: Excellent compliance across all wards
Aim 2: 4 of 10 wards had missing entries
Aim 3: Excellent compliance across all wards
Aim 4: 1 ward had a recording outwith normal parameters with no action taken. This will be highlighted to ward to ensure they contact estates in future.

RMO Record Keeping Audit
The State Hospital has a standard that RMOs must attempt to see their patient at least once a month. The latest audit in August showed that evidence could be found that RMOs attempted to see or saw 111 out of 113 patients. The 2 patients where no evidence could be found are patients of 2 different RMOs. These results are sent to the Associate Medical Director for assurance purposes.

PMVA Observation Policy Audit
Within The State Hospital we have a PMVA policy to ensure that when a patient has their observation levels increased we have processes in place to ensure we know how many patients are on increased levels and that the procedures are being followed to ensure patients are being reviewed as per the evidence base.

Areas showing improvement
Level 2 Observations

- Observation Plans were available for all 74 (100.0%) occasions where observation level changes took place.
- There were 71 (95.9%) occasions where Observation Plans were accompanied by a corresponding Nursing progress note.

Level 3 Observations

- Observation Plans were available for all 17 (100.0%) occasions where observation level changes took place.
- There were 15 (88.2%) occasions where Observation Plans were accompanied by corresponding Nursing progress note entries.

Areas for improvement
Level 2 Observations

- From a possible 48 occasions, there was no evidence (0%) available to support that any discussion had taken place with the patient to seek their permission to update their relative/named person of the increase in observation levels.
- There were 2 (4.2%) occasions from a possible 48 when the relative/Named Person had been contacted and advised of the increase in observation levels
- Evidence was found of review discussions around observation levels within the note types in RiO on 24 (40.7%) occasions.
- The RMO interviewed the patient prior to observation levels being reduced on 6 (9.2%) occasions

Level 3 Observations

- From a possible 12 occasions, there was no evidence (0%) available to support that any discussion had taken place with the patient to seek their permission to update their relative/named person of the increase in observation levels.
- There was 1 (1%) occasion from a possible 12 when the relative/Named Person had been contacted and advised of the increase in observation levels.
- Evidence was found of review discussions around observation levels taking place every day for the first 7 days within the note types in RiO on 1 (9.1%) occasion.
- The RMO had conducted at least 2 in person reviews with the patient on 5 (45.5%) occasions.
- Observations were discussed twice weekly on 6 (75.0%) occasions.
- The RMO interviewed the patient prior to observation levels being reduced on 12 (70.6%) occasions

These results were presented at the Patient Safety Meeting with an Improvement Plan being agreed. For the patients on level 3 observations, from a medical perspective, the Associate Medical Director and Clinical Quality Facilitator are reviewing adherence to the policy on a monthly basis using a QI approach. Any issues are being addressed with the relevant RMO's in a more timely manner.

PMVA Post Physical Intervention Policy
Within The State Hospital, placing secure holds on a patient is a last resort intervention. We have a policy to ensure that when this happens we follow evidence based practice with regards to the patient being reviewed for injuries and physical observations.

An excerpt from the most recent poster can be seen below:

DID YOU KNOW ?

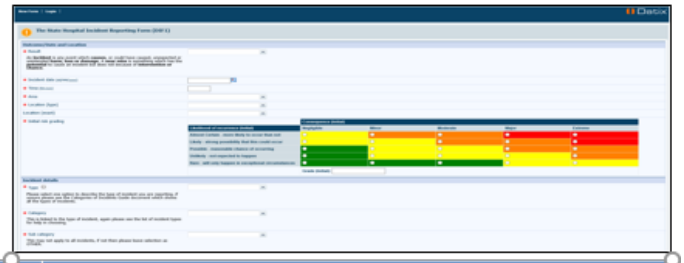
- For every secure hold, a Post Physical Intervention Form (PPIA) and a DATIX should be completed
- For every occasion a patient is taken to the floor a NEWS should be completed
- The NEWS should detail a patients level of consciousness as a minimum

	No. of occasions physical interventions were used	No. of completed PPIA forms	% of PPIA forms completed
Iona 1	4	4	100%
Iona 2	1	1	100%
Lewis 1	2	2	100%
Lewis 2	6	6	100%
Mull 2	1	1	100%

Congratulations to all 5 wards for achieving best practice

On the 3 occasions injuries were reported in DATIX following the use of secure holds, a PPIA form was available for 100%

On the 3 occasions injuries were reported in DATIX, injury details across progress notes and the PPIA form matched on 100%



	No. of times Observations Required (whenever a patient is taken to the floor)	No. of Observations Recorded within NEWS (Level of consciousness as a minimum)	
Iona 1	4	0	0%
Iona 2	1	0	0%
Lewis 1	1	0	0%
Lewis 2	6	2	33%
Mull 2	1	0	0%

Area for Improvement

Variance Analysis Tool – Quarterly Report

Areas of good practice

- Medical completion of the VAT increased from 71% in Apr-Jun 22 to 91% in Jul-Sept 22 – this was due to work being carried out by the Speciality Doctor educating Trainee Psychiatrists on the process. This has resulted in an improvement for all interventions.
- Once again, all Pharmacy reports were provided and Pharmacy attendance increased from 69% to 86% - well above their 60% attendance target.
- Security attendance at the patient's Case Review increased from 37% to 52%
- Social Work completion of the VAT form continues to be excellent with attendance consistently on or above their 80% target. Provision of the Child Protection Summary and the Social Work Report are also consistent.
- Provision of the Dietetics report remained consistent at 95%.

Area for improvement

- All Occupational Therapy variances were negatively impacted by vacancies and sick leave across the department. Historically there is a direct correlation between results and staffing levels.
- There has been a slight decrease in Nursing VAT completion from 98% in Apr-Jun 22 to 92% in Jul-Sep 22. All hubs, with the exception of Lewis were still above 90% with Lewis at 84%.
- All Psychology interventions were again affected by vacancies across the service – particularly on Arran and Lewis.

Chart 1: Patient attends Case Review

Patient attendance increased from 63% to 69%.

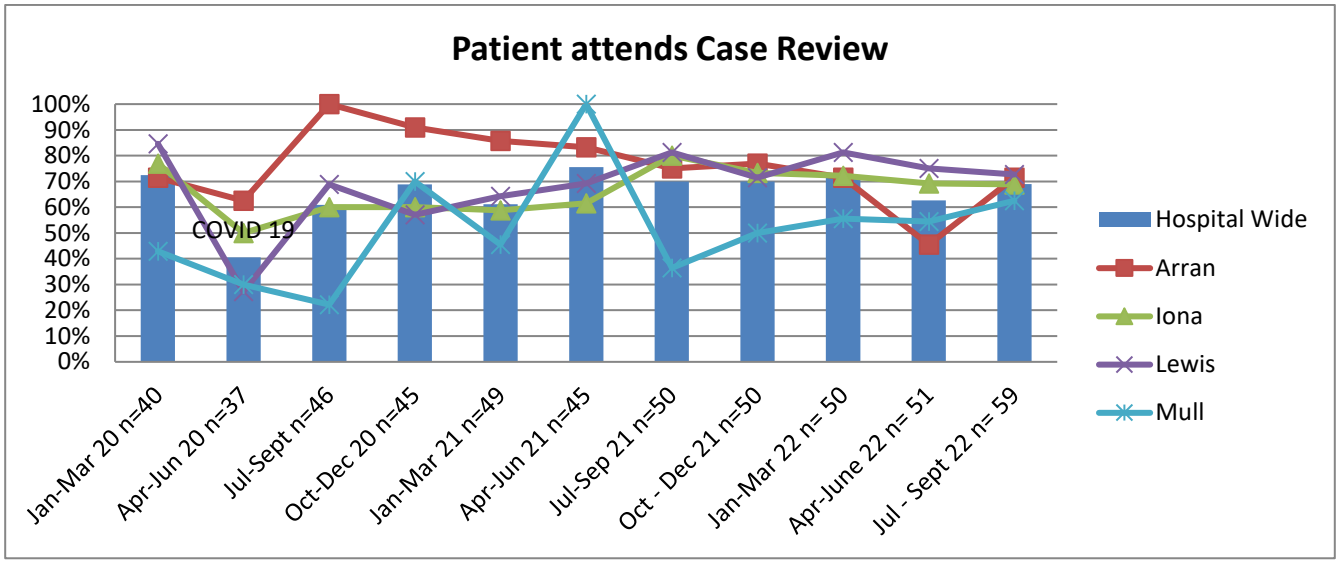
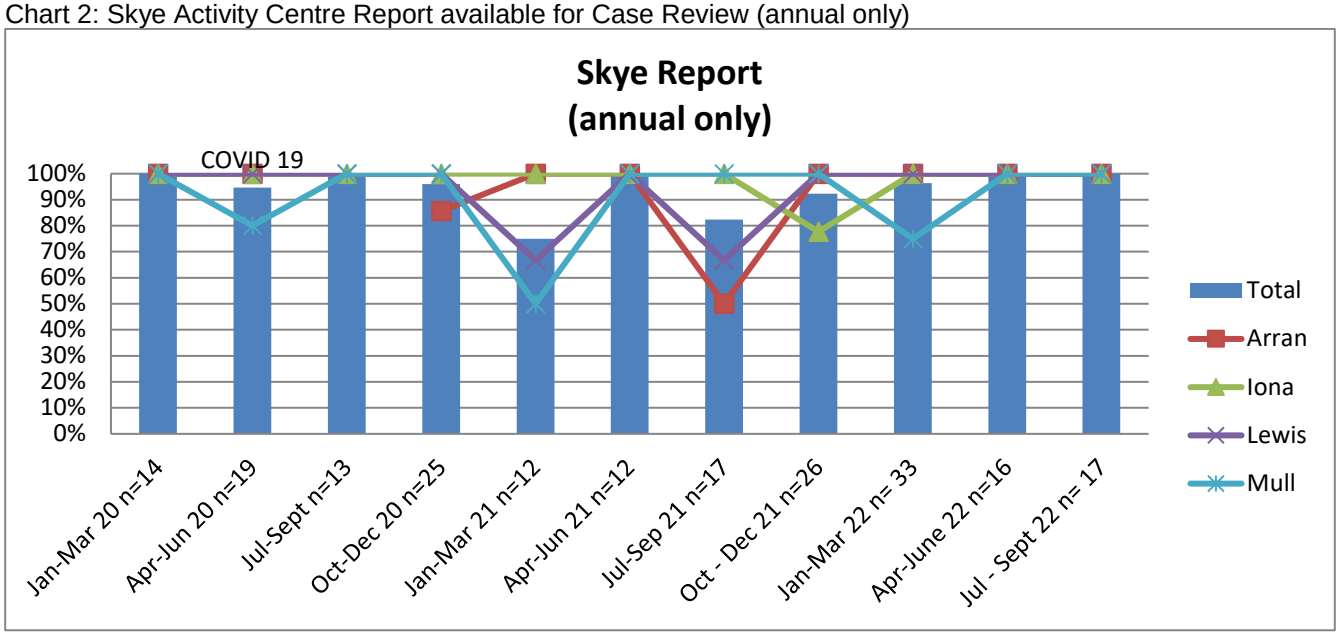


Chart 2: Skye Activity Centre Report available for Case Review (annual only)



Clinical Quality Flash Reports to Activity Oversight Group

Since the last Board Report, the Operational Model Monitoring Group (OMMG) has been disbanded and replaced with the Activity Oversight Group. Clinical Quality still oversee all the previous indicators and submit a flash report to each meeting with any areas of concerns and updates on any system developments. The most recent flash report is below for information:

Data showing improvement from last report

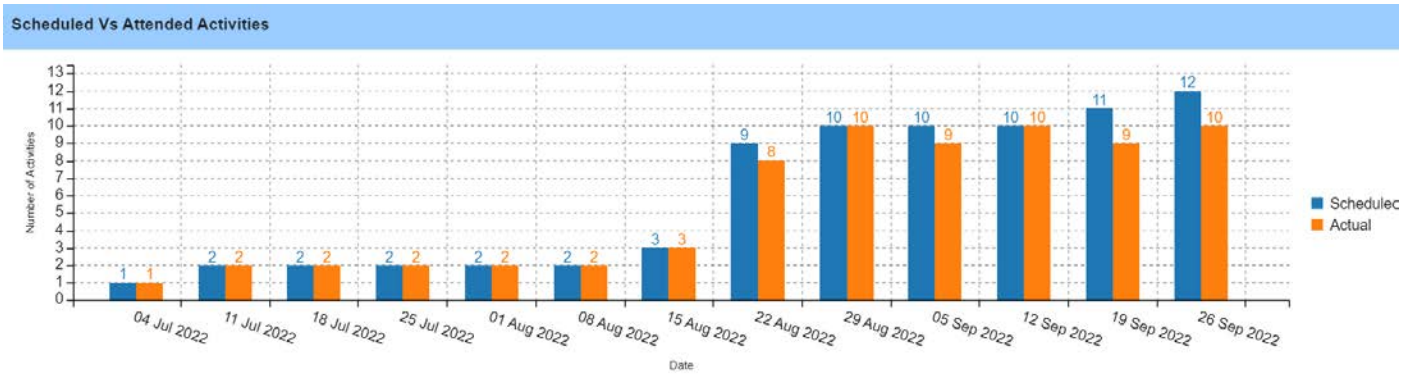
None of the indicators are showing improvements

Data showing concern from last report

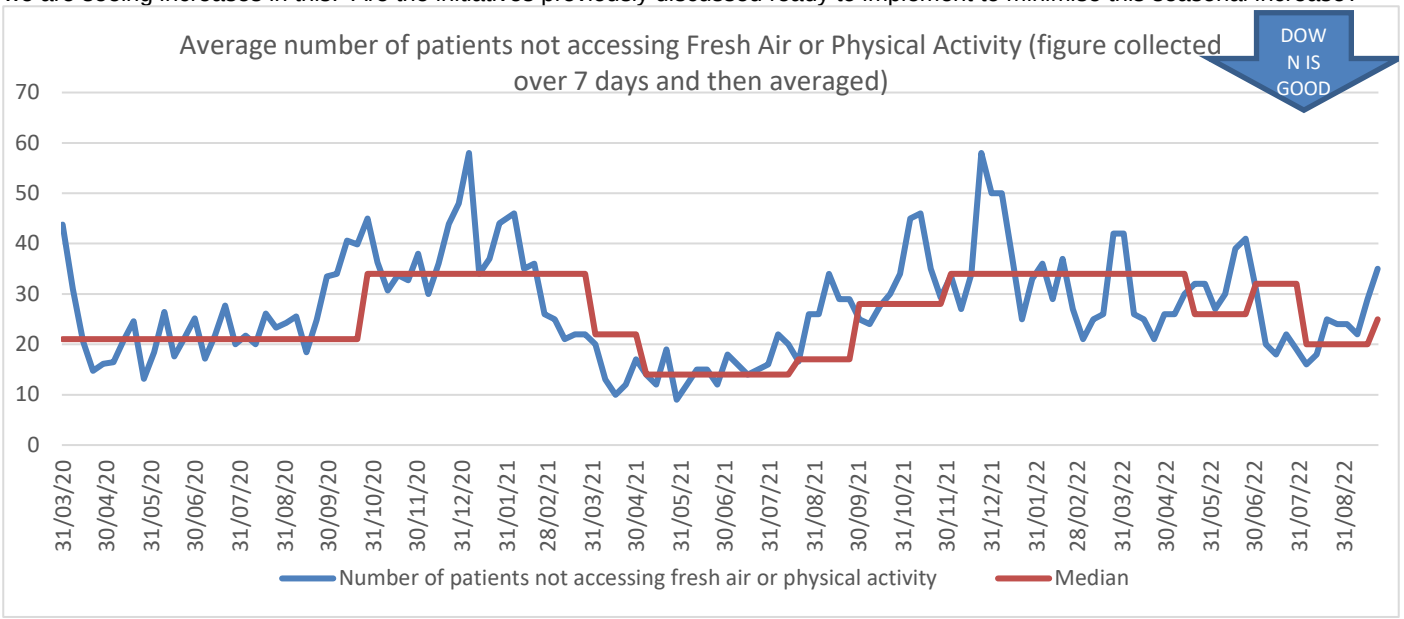
From the start of April we have seen the median increase from 7 to 14.

We are still seeing a very high number of ward modifications and closures that will affect the staff available to provide activities. Staffing required for level 3 patients increased to 19. There was also a significant resource required for 2 patients at UHW with 3 staff allocated to each patient on each shift. This may have affected the ward modifications and closures, along with the timetable activity.

As can be seen below the RiO dashboard looks as though this patient had 2 scheduled activities that did not go ahead, but it was due to the public holiday and there is a question as to whether these should have been scheduled:



As can be seen below we are coming into the season where the median starts moving up again for fresh air and physical activity – we are seeing increases in this. Are the initiatives previously discussed ready to implement to minimise this seasonal increase?



Areas with sustained levels

n/a

What areas have been worked on in relation to systems in the last month

Testing continues with the HLT dashboard and the RiO dashboard. Clinical Quality will attend the SCN meeting on 10th October to demonstrate the RiO dashboard with a view of these going live in October. We will also provide screenshots in a staff bulletin when they go live.

Discussions around changes that will be required to the timetables to take the physical activity forms away. At the moment we cannot differentiate between patients using grounds access to sit on the bench and using their grounds access for physical activity. Pacing has also been highlighted as this is a contributor to the patients 150 minutes (2.5 hrs) of physical activity on the current physical activity forms. The number of hours patients spent pacing:

Description	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Pacing (Ward) hours	185	193	213	247	176	215	225	217	185	147	138	195	167
Pacing (Patio) hours	201	61	17	11	13	14	232	174	162	271	298	323	112

Any challenges with the systems that are being addressed

It has come to light that staff are still inputting to the timetable AND physical activity form – we need to look at this duplication to free up nursing resources and streamline the process

Please highlight any support required

Need a discussion and agreement at AOG whether we add Walking Grounds Access, Pacing Patio and Pacing Ward to the timetable activities or consider pulling the timetables back to planned activities only. This would result in no drop-in data being available (but would free up nurse resources on the wards). I think this is part of the data of value versus data for interest conversation.

Need a discussion as to how we deal with public holidays in the planned timetable. Activities are put in as blocks so if there is a public holiday in the middle we are getting inaccurate data out onto the dashboard (see above). Omitting the public holidays on the timetable will be very resource intensive. Need advice and agreement from AOG how we deal with this.

QUALITY IMPROVEMENT

QI Forum

The QI Forum's purpose is to champion, support and lead quality improvement initiatives across the hospital and raise awareness and understanding of QI approaches. The QI Forum met recently and has a focus to raise awareness of outcomes for Mental health and build capacity to support and embed QI.

QI Capacity Building

Planning is underway for QI essential training. TSH has also been allocated 3 places in the future cohort 43 of ScIL commencing in early 2023. This is open to applicants and the QI Forum will encourage staff to engage with this national training. Early planning is underway to offer another round of TSH3030. Aim of this would be to support new teams in QI activity following the implementation of the Clinical Model.

The recently formed Activity Oversight Group are taking a quality improvement approach to progressing their work streams and prioritization of themes. This has increased awareness of QI approaches and techniques with member so the QI Forum activity supporting and leading on various aspects of this work.

Realistic Medicine

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

The six key themes of RM are:

1) Building a personalised approach to care
2) Changing our style to shared decision making

3) Reducing harm and waste
4) Becoming improvers and innovators
5) Reducing unwarranted variation in practice and outcomes
6) Managing risk better

An interim report is required by Scottish Government every six months to highlight the progress made against our local action plan. A copy of the interim report submitted in September 22 can be found in Appendix 1.

Quality and Safety
Four Quality and Safety (Q&S) Visits was held within Mull 1, Lewis 3, Iona 3 and the Skye Centre over this period. Patients and staff have engaged well in these visits and themes have emerged around time for staff to access staff support resources. Areas for improvement were noted and these will be discussed at our local Patient Safety Group for further comments and action if required.

Evidence for Quality
National and local evidence based guidelines and standards
TSH 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 Clinical Quality Facilitator. During the period 1 August to 30 September 2022, 23 guidance documents have been reviewed. There were 22 documents which were considered to be either not relevant to TSH or were overridden by Scottish guidance. The remaining document was recorded for information and awareness purposes.

Table 2: Evidence of Reviews

Body	Total No of documents reviewed	Documents for information	Evaluation Matrix required
Mental Welfare Commission (MWC)	1	1	0
National Institute for Health & Care Excellence (NICE)	22	0	0

As at the date of this report, there are currently an additional 4 Evaluation matrices nearing the end of the review process. It should be highlighted that the completion of the review process was paused due to the implementation of operational restrictions as a result of staffing issues. Please see the table below for further information.

Table 3: Evaluation Matrix Current Situation

Body	Title	Allocated Steering Group	Current Situation	Publication Date
HIS	Infection prevention and control standards for health and adult social care settings	ICC	Evaluation matrix no longer required as SNIC completing self-assessment	May 2022
MWC	Social Circumstances Reports (SCR) – Good practice guidance on the preparation of SCRs for MHOs and managers	CGG	Following discussion at CGG on 25/05/2022, it was agreed that the Evaluation Matrix would be reviewed by Social Work. The review is ongoing by Social Work Team Lead.	April 2022
NICE	Stroke & transient ischaemic attack in over 16s: diagnosis & initial management	PHSG	Draft gap analysis has been created and is pending completion. This will need to be prioritised against other reviews taking place	April 2022

Body	Title	Allocated Steering Group	Current Situation	Publication Date
NICE	Gout: Diagnosis & management	PHSG	Gap analysis has been completed and will be table in October PHSG meeting for agreement and sign off.	June 2022

There are currently 6 additional evaluation matrices which have been outstanding for a prolonged period of time and await review by their allocated Steering Group. The progress of the first 2 evaluations from HIS and the MWC was temporarily paused due to TSH adapting to the COVID-19 pandemic however as per Gold Command, action on matrix completion began again at the start of July 2020. The responsibility to review these matrices changed ownership from the PMVA Review Group to the Patient Safety Group which recommenced meetings in September 2020. Work is progressing with both with an anticipated completion date of early 2023. The review of the Public Health England guideline was unable to be completed within the tight deadline set by the Supporting Healthy Choices group due to poor attendance at the review meeting and delay in members submitting feedback responses. At the date of this report, a date for the next SHC meeting to review the document is still awaited. Although the Clinical Quality Department were approached to in order to complete an evaluation matrix for the Kings Fund document entitled Courage of Compassion, this was placed on hold due to the retirement of the lead for this. Having been revisited now that the post has been filled completion of an Evaluation Matrix was deemed no longer required. There are 2 remaining documents from NICE which are currently undergoing the review process regarding Chronic Kidney Disease and Rehabilitation after Traumatic Injury – it should be noted that these are fairly comprehensive documents and as such, a reviewed review process is being followed in order to reduce the time required by all involved MDT members. The CKD Evaluation Matrix has been completed and will be tabled at the next PHSG for final review.

Table 4: Evaluation Matrix Summary

Body	Title	Allocated Steering Group	Current Situation	Publication Date
HIS	From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care	MHPSG (via Patient Safety)	Evaluation matrix completed with 28 outstanding recommendations Patient Safety meeting took place mid-September. Evaluation matrix to be revisited upon creation of updated draft Clinical Engagement Policy.	January 2019
MWC	The use of seclusion	MHPSG (via Patient Safety)	Work ongoing. Release of updated Seclusion Policy currently on hold due to ongoing work with Clinical Engagement Policy currently being drafted with seclusion tier 1 and 2 being incorporated. Both to be launched together.	October 2019
The Kings Fund	Courage of compassion – Supporting nurses and midwives to deliver high quality care	HR and Wellbeing Group	CQ were asked to assist in review of document in October 2021. Placed on hold due to change in lead role (Dec 2021). It was agreed by the new post holder that review of this document is no longer required	September 2020
PH England	Managing a healthy weight in adult secure services - Practice guidance	SHC	Unable to be completed within the tight deadline set by the Supporting Healthy Choices group due to poor attendance at the review meeting and delay in members submitting feedback responses. Awaiting next SHC meeting in order to take document forward.	February 2021
NICE	Chronic Kidney Disease: Assessment	PHSG	Initial review delayed due to Practice Nurse vacancy and extended leave by the GP. Review decision made and	August 2021

Body	Title	Allocated Steering Group	Current Situation	Publication Date
	& management UPDATED		Evaluation Matrix to be completed. Resulting delays on prioritising of Practice Nurse duties. Due to large number of recommendations, review process will be split into 2 parts: Part 1 will be reviewed by GP/Practice Nurse and Part 2 will be wider multi-disciplinary review. Evaluation Matrix now completed and will be tabled at October PHSG for final agreement.	
NICE	Rehabilitation from Traumatic Injury	PHSG	After initially being thought of as not relevant to TSH setting, decision was changed and gap analysis is to be completed. Due to large number of recommendations, review process will be split into 2 parts: Part 1 will be reviewed by AHP/Manual Handling Advisor and Part 2 will be wider multi-disciplinary review. Part 1 Evaluation Matrix review commenced June 2022, next meeting mid-October 2022.	January 2022

Paper No: 22/89

Appendix 1: Realistic Medicine Interim Update

REALISTIC MEDICINE INTERIM UPDATE 2022/23: THE STATE HOSPITAL'S BOARD FOR SCOTLAND

Report Date:	30 September 2022
Owner:	The State Hospital
RAG Status:	

What we have done well

- We have continued to promote the online SDM module. 60 staff have now completed it.
- We have reviewed and relaunched our Learning into Practice system.
- We have continued to build our QI infrastructure by supporting staff through national programs such as ScLIP, ScIL and the Fellowship and offering local QI mentoring.
- We have progressed / completed many of the projects on our RM work plan.

What we would like to share

- We're happy to share that TSH has embraced RM and is working hard to implement the principles into our clinical interactions, systems and processes.
- We continue to share our work in a range of fora.
- As we progress we hope to be able to share some of our work via the RM Team.

Key Risks against our action plan

- COVID-19 pandemic: potential for rapid change to TSH situation which may affect services and work streams.
- Staff capacity and engagement at operational level.

What we learned

- Complex problems require complex solutions.
- You can never do enough communication/engagement work when trying to implement change.
- Capacity issues still remain a challenge however our staff are very committed and motivated to contribute to RM.
- Smaller tests of change have proven to produce successful results – "Think Big, Test Small, Act Fast".

What our next steps are

- The Clinical Model redesign work has recommenced. We will aim to build RM principles into the new model.
- Several key pieces of RM related work will progress in tandem with the Clinical Model redesign.
- Continue to engage and promote RM via our communication plan.
- Try to progress RM work with the wider forensic network.

Areas for further support

- It's great to link in via RM networking events and PM meetings but sometimes it can feel we're a bit remote from the RM Team and the territorial Boards.
- Maybe we should link in with the other Special Boards?
- Feedback on our Action Plan would be helpful.

Alignment with national tools & support

- Our Learning and Development department has converted the Turas module for Shared Decision Making onto our Learnpro platform. Regular communications for promoting staff to complete are a feature of our communication plan for 22/23.
- There are not currently any Atlas of Variation maps relevant to our area of work.
- We are not using the BRAN questions in TSH yet. We need to think about how they fit with our work and the existing mechanisms in place to support decisions around treatment.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 13
Sponsoring Director:	Medical Director
Author(s):	PA to Medical & Associate Medical Directors
Title of Report:	Medical Appraisal and Revalidation 1 April 2021 – 31 March 2022
Purpose of Report:	For Noting

1 SITUATION

It is a requirement of NHS Education for Scotland that an annual report on Medical Appraisal and Revalidation is placed before the Board.

2 BACKGROUND

Revalidation is the process by which doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise, and comply with the relevant professional standards. The information doctors provide for revalidation is drawn by doctors from their actual practice, from feedback from patients and colleagues, and from participation in continued professional development (CPD). This information feeds into doctors' annual appraisals. The outputs of appraisal lead to a single recommendation to the GMC from the Responsible Officer in their healthcare organisation, normally every five years, about the doctor's suitability for revalidation.

Within the State Hospital, an agreed data set for annual appraisals is collated centrally by the Appraisal and Revalidation Administrator (this is the PA to the Medical & Associate Medical Director). This includes Clinical Effectiveness Data, Pharmacy Audits, CPA / Restricted Patient and Medical Record Keeping Audits.

3 ASSESSMENT

- The Revalidation and Appraisal Committee met once in 2021-22: 2 May 2022. The next meeting will take place on 7 November 2022.

- Revalidation Policy
  The Revalidation and Appraisal Policy was approved by the Senior Management Team on 3 August 2016 and is available on the Intranet. The Policy was reviewed in August 2019.

- Responsible Officer
  Professor Thomson has undertaken Responsible Officer training and attends Responsible Officer Network meetings.

- Revalidation System
  Revalidation system has been used for 11 Consultants and 2 speciality doctors in 2021-22. This includes one doctor on secondment to Scottish Government. One Consultant is appraised and revalidated through the Chief Medical Officer system.

  Revalidation system for former / retired colleagues with honorary contracts was in place (n=1). This colleague has now retired fully and therefore no further appraisals will be conducted.

- Appraisals
  From 1 April 2021 to 31 March 2022, of the 12 medical staff within The State Hospital revalidation system, 12 were appraised during this period.

- Revalidation
  All revalidations are up to date.

- Multi-source feedback
  Multi-source feedback using the SOAR system is now being submitted by medical staff at appraisal meetings. This is required once per 5 year cycle.

- CARE Questionnaire
  The CARE questionnaire will be issued to patients in November 2022 for all Consultants. Questionnaires for Specialty Doctors and Consultant Psychotherapist will be issued in July 2023.

- SOAR Appointment System
  SOAR appointment system has been introduced to avoid delays in annual appraisals. A doctor will be invited to an appraisal appointment at mutually agreed times on three occasions. Standard letter to doctors not engaging in the process in terms of attending an appointment or submitting paperwork has been prepared. This has never been used to date.

- Case based discussions are included in the appraisal process. There is a monthly allocated slot open to Trainees, Specialty Doctors or Consultants where cases can be discussed by the medical staff group. Three discussions have taken place since April 2021: 3 November, 5 January and 29 July. We are hoping that more regular presentations will be possible in the coming months.

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Consultants	Last Date for Recommending Revalidation	Date of Revalidation	CARE Questionnaire Return	Form 4 Completed	Appraisal 01/04/19-31/03/20	Appraisal 01/04/20-31/03/21	Appraisal 01/04/21-31/03/22	Appraisal 01/04/22 – 31/03/23	AMP Training	
									Forensic	Core & Capacity
	20/11/2023	31/10/2018	Dec 2020	Yes	28/08/2020	20/07/2021	10/03/2022		01/02/19	29/05/21
	15/10/2026	16/10/2021	Dec 2020	Yes	24/09/2019	01/10/2020	26/10/2021	31/10/22	01/02/19	21/06/18
	01/09/2026	02/09/2021	Dec 2020	Yes	04/02/2020	31/08/2020	01/06/2021	25/10/22	01/02/19	29/05/21
	12/02/2025	04/04/20	Dec 2020	Yes	28/01/2020	01/06/2021	16/03/2022	17/01/23	25/11/19	21/06/18
	01/08/2026	31/05/2021	Dec 2020	Yes	15/03/2019	30/03/2021	26/01/2022		01/02/19	31/10/19
	26/12/2027	02/05/2022	Dec 2020	Yes	05/11/2019	27/11/2020	04/10/2021	03/10/22	20/09/21	29/05/21
	28/03/2024	11/03/2019	Dec 2020	Yes	28/02/2019	02/02/2021	08/03/2022		01/02/19	29/05/21
	20/12/2026	24/05/2021	Dec 2020	Yes	12/12/2019	23/11/2020	25/10/2021	29/09/22	01/02/19	29/05/21
	28/07/2026	31/05/2021	July 2021	Yes	20/01/2020	16/02/21	11/02/22			29/05/21
	20/03/2025	11/12/2019	Dec 2020	Yes		05/10/2020	12/11/2021	10/02/23	24/01/18	09/12/19
Specialty Doctors										
	02/02/2027	24/01/2022					05/10/2021 19/10/2021	18/10/22	6-8/7/21	
	03/08/2024						04/02/2022		16-18/2/21	
								06/09/22		
Appraised by Other Organisations										
	15/12/2023	15/12/2018	Dec 2020	Yes	30/04/2019	15/10/2020	12/10/2021			29/05/21
Retired Consultants										

4 RECOMMENDATION

The Board is invited to note the content of the Medical Director's Report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	N/A
Workforce Implications	Revalidation and appraisal are requirements to work as a doctor and essential to ensuring our continued medical workforce.
Financial Implications	Nil
Route To Board Which groups were involved in contributing to the paper and recommendations.	HIS requirement. Report will be shared with MAC.
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	Captures feedback on stakeholder experience and provides opportunity to improve this
Equality Impact Assessment	EQIA Screened – no identified implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	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.

Paper No: 22/91

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Board Meeting:	27 October 2022
Agenda Reference:	Item No: 14
Authors:	Dr Callum A MacCall, Dr Natasha Billcliff Consultant Psychiatrists
Sponsoring Director:	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 1st August 2021 to 31st July 2022.

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 medical undergraduates. The Educational Supervisor reports within the State Hospital to Professor Lindsay Thomson, Medical Director. He reports externally to the recently appointed new Training Programme Director for Forensic Psychiatry Higher Training in Scotland, Dr Partha Gangopadhyay, and to local Training Programme Directors for Core Training.

3 ASSESSMENT

3.1 UNDERGRADUATE TRAINING

Teaching Programme for Undergraduate Medical Students 2021/22

Day Visit and Clinical Attachments

The day visit will hopefully be restarted this academic year. Prior to the Covid-19 pandemic, students from Edinburgh University had the opportunity to visit TSH in a group of 40 to 50 students on six occasions throughout the year. They had small group teaching on the wards in the morning, with the opportunity to interview patients. In the afternoon, lectures were delivered on forensic psychiatry, with a clinical emphasis.

Elective attachments have been re-started after a period when we were not accepting students due to Covid restrictions. From Edinburgh University we have had seven students for one day visits and one student for a two-week placement. From Glasgow University we have had one student attend for a day visit. We have had two students attend for elective placements of 4 weeks from Dundee University. We had one student from Nottingham University for a three-week placement.

During the elective placements the students engage with both patients and the Multidisciplinary Team. They have the opportunity to visit prison and other forensic services (e.g. medium secure units) to ensure they have a broad experience of Forensic Psychiatry. Feedback received included the following: “I just wanted to say a massive thank you for organising my Elective. I learnt so much from my time at the State Hospital. I really appreciate it. I had an absolutely amazing time. I am definitely going to be considering a career in Forensic Psychiatry, its top of my list right now.”

We continue to offer Edinburgh University students the opportunity of a two-week placement which can be arranged via their clinical tutors on an ad hoc basis. There have been no requests for these placements during the last academic year, however Dr T. Idris has recently taken over the role of organising the psychiatry timetable and will advertise this opportunity for students for the forth coming year.

Over the past year new links have also been established with the NHS Lanarkshire Clinical Teaching Fellow in Psychiatry, opening up the possibility of undergraduate placements at TSH of medical students from Glasgow University occurring on a regular basis.

Teaching with Covid Restrictions

To substitute for the afternoon lectures on forensic psychiatry which previously took place during the afternoon of the day visit, a one hour online live tutorial was organized. It takes place with forty students in four break-out rooms, with a TSH consultant psychiatrist allocated to each group. The teaching took place on six occasions during this academic year. The students have been somewhat reluctant to engage, with numbers attending being low and many opting out of using their camera, thus making small group teaching difficult. This has been the experience of online teaching across the board and is not limited to TSH teaching sessions. Once the day visit restarts, these lectures will be in person at TSH, as noted above.

The Tutors and Clinical Teachers meeting for undergraduate students at Edinburgh University meets on an annual basis and Dr Billcliff attends as the State Hospital representative. Additionally, Dr Howitt presented on “Deprivation in Forensic Settings” at the National Student Psychiatric Conference on 6th February 2022.

3.2 POST GRADUATE TRAINING

Core Training

Over the past year we have had six Core Trainees (CTs) on placement at TSH, four from the West of Scotland and two from the East. In common with the growing tendency in recent years two of these Doctors were less than full time (LTFT), 60% and 80% respectively. The continuing effects of the Covid-19 pandemic have loomed large and have undoubtedly placed additional pressures on these Doctors over the past year. Trainee doctors have had fewer opportunities to meet in-person with multi-disciplinary colleagues and their peers over the last year due to ongoing pandemic restrictions, and the reliance on virtual methods of communication and MS Teams/video-conferencing for meetings has remained high. The management of physical health problems in our patient population has featured more heavily than usual and has been variously affected by challenges in the provision of our General Practitioner Service at points over the past year. This has probably been compounded by additional pressures on NHS 24 resulting from the pandemic. Despite these challenges there does not however appear to have been any significant detriment to the quality of their training and available feedback from Core Trainees remains generally positive.

First On-Call Rota

For the first six months of the past year, August 2021 to February 2022, our one in six first on-call rota had six Doctors undertaking on-call shifts, however there were some gaps arising from the fact that one of the Core Trainees worked 60% LTFT. These were filled on a locum basis, with the other Doctors sharing the available locum slots between them.

For the second six-month period, February 2022 to August 2022, a similar picture existed, although there were fewer available locum slots as one of our Core Trainees worked 80% LTFT.

The first on-call rota will remain fragile, as from August 2022 we will have one Specialty Doctor (non-training grade) vacancy which has remained unfilled despite a recent round of recruitment.

Higher Specialty Trainees

Over the past year we have been fortunate in having seven Specialty Trainees (STs) placed with us, generally for six month periods (with the exception of one ST who was with us for only three months). Two of these ST's worked 60% LTFT.

Our Specialty Trainees work under the supervision of Consultant Trainers. We are well positioned with regard to our availability of experienced trainers across a variety of specialties – see Appendix 1.

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

Senior Speciality Trainees in their final year of training (ST6) can act up as a Consultant for a maximum period of 12 weeks. This has occurred once over the past year (for the period May-July 2022). This was to enable State Hospital Consultants to provide interim cover for the Scottish Government Principle Medical Officer (Forensic Psychiatry) role.

The Royal College of Psychiatrists (RCPsych) have introduced a new higher specialty curriculum for Specialty Trainees (ST4 to ST6) which is being introduced from August 2022. The new curriculum has been shared with Consultant Psychiatrists at the State Hospital, along with details of the curriculum implementation hub on the RCPsych website and an e-learning course about the new curriculum.

Each year (with the exception of 2020) Trainee Doctors are asked to provide feedback on their experience of training via the GMC National Training Survey and the Scottish Training Survey. In 2022 the results of the GMC National Training Survey were less favourable than the last year we have results from, namely 2019. Feedback was provided by only three trainees over the relevant period, and comparisons with other training venues in Forensic Psychiatry across Scotland is not possible because of the numbers of trainees providing feedback in these other settings was too small. There was a trend for an overall reduced level of satisfaction from trainees in Forensic Psychiatry across the West region (8 percentage points below the UK mean, ranking 8th out of 10) and in Forensic Psychiatry - NHS Education for Scotland (1.6 percentage point below the UK mean, 7th out of 13).

I have been working with the new Training Programme Director in Forensic Psychiatry, Dr Partha Gangopadhyay, to understand the trend for reduced training satisfaction over the past couple of years. While undoubtedly the Covid-19 pandemic has been hugely impactful on training, this has been the case equally across the country and hence does not necessarily wholly explain the expressed reduced training satisfaction from, admittedly, a small number of Scottish Specialty Trainees. The issue of the validity of the Training Surveys in Scotland has been raised with Dr Gangopadhyay, who in turn has indicated he will raise this with the Deanery.

One area of dissatisfaction I am aware of over the past training year is that certain trainees from the North of Scotland have felt somewhat disadvantaged by their placement at the State Hospital, as compared to Specialty Trainees from the West and East of Scotland. Specifically, the issue has centred around the availability of on-call work at the State Hospital for STs from the North of Scotland. No funding is available for Specialty Trainees from the North of Scotland to undertake on-call at the State Hospital during their time with us, and the geographical distance from their home Board presents challenges in undertaking on-call shifts there while working during the day time at the State Hospital. While the State Hospital has sought to be as flexible and accommodating as possible in this regard, the issue has not entirely been solved. I have discussed this extensively with members of the Specialty Training Committee and State Hospital Managers. The resolution has been to seek to plan ahead as far as possible for visiting Specialty Trainees from the North of Scotland and to seek to tailor their training on an individual basis. Trainees visiting us from the North of Scotland are relatively few in number and infrequent.

Work has recently begun to improve on-call handovers by employing the functionality of MS Teams for this purpose. This was one of the areas in the Training Surveys where room for improvement was identified. I fully anticipate further discussion around this during upcoming Specialty Training Committees, with continuing efforts to improve ST satisfaction as their views are more fully understood.

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. A system allowing Trainees to deliver feedback on the quality of the lectures delivered has been developed. Trainees are asked to rate the teaching according their agreement with statements on how engaging the lecture was, how well the content met expectations, the helpfulness of the knowledge & skills taught, the relevance of the presentation materials and the overall quality of the presentation. Over the past year nine evaluation forms were returned. 100% of received feedback for the lectures was positive, being in either the 'agree' or 'strongly agree' categories.

Monthly Educational Programme

A monthly Educational Forum delivered using a webinar format has continued over the past year, organised by Dr Jana De Villiers. This gives trainee psychiatrists the opportunity to present cases, papers and audit/research, as well as to be educated by other internal and external speakers. This is important for their training and portfolio development and is well received.

New to Forensic Programme

A joint venture between NHS Education for Scotland (NES) and the School of Forensic Mental Health (SoFMH) the 'New to Forensic (N2F)' education programme is designed to meet the needs of clinical and non-clinical staff, both new and already working within forensic mental health services. The programme is designed to promote self-directed learning and is multi-disciplinary and multi-agency in approach. The mentee is supported throughout their period of study (recommended six months to one year depending on previous experience) by a mentor who is an experienced mental health worker. The programme has 15 chapters, each- of which (excluding chapter one) includes case scenarios of patients in various settings, from high secure to community psychiatric care.

Over the past year all trainee Psychiatrists arriving on placement at TSH who have not previously done the programme (in some cases doctors have already previously completed the programme elsewhere or on previous placements at TSH and/or are already very experienced in working within forensic settings) have been registered with N2F and provided with the materials to allow them to complete the programme with their Consultant clinical supervisors. TSH Medical Secretary Claire McCrae, who provides administrative support to Dr MacCall, helpfully liaises with staff at the Forensic Network at the point of commencement and it is then the responsibility of the mentee and mentor to ensure the programme is completed. Three trainees have so far been formally signed off as having completed the programme with the Forensic Network over the past year, while others are currently in the process of concluding same.

State Hospital Visits

Occasional requests for "taster visits" by Foundation Grade Doctors / Core Trainees / non-forensic Specialty Trainees are received on an intermittent 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 we have had four such visits. In September 2021 we had a visiting Specialty Trainee for one

week and in January/February 2022 we had one Accident & Emergency Doctor visiting for a day and two Foundation trainees visiting for one week.

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 they have continued despite the challenges of the pandemic.

Flexible/off-Site Working in common with other professional staff

Over the past year Trainee Psychiatrists have been provided with a mobile phone and laptop, and in most cases the laptop has been provided with a token to allow remote access to TSH systems, thus enabling them to undertake some of their duties off-site, as agreed with their supervising Consultant, or when self-isolation is mandated. This approach is flexible, efficient and maximises productivity while reducing the risk of the introduction of viral & other transmissible infections to the TSH site.

Recruitment & Trends in Working Patterns

Generally speaking, recruitment to training grade posts at Core and Specialty Trainee level has been strong recently. Whether or not this remains the case as the world opens up more to international travel post pandemic, remains to be seen. It is possible recruitment levels will drop as higher numbers of UK Doctors return to work in other countries, commonly Australia and New Zealand for example. The Board are also asked to note the growing tendency recently for Trainee Psychiatrists to work on a less than full time (LTFT) basis. If this trend continues and is aligned to vacancies arising from a return to overseas work placements, the State Hospital could again become exposed to reduced placements of Trainee Psychiatrists.

The recruitment climate for non-training grade Specialty Doctors remains challenging and is relevant because the absence of non-training grade Doctors has an impact on the overall workload of all State Hospital medical staff, including Trainee Psychiatrists on placement with us. For example, for the next six-month period we will have three fewer non-consultant grade Doctors than we had for the period February to August 2022.

Representation at External Committees Relevant to Medical Education

Dr MacCall represents The State Hospital at the following:

- West of Scotland Specialty Training Committee (STC)
- National Forensic Psychiatry Specialty Training Committee (STC)
- Bi-annual 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 that the State Hospital continues to provide extensive undergraduate and postgraduate medical training via a well trained and experienced Consultant workforce. Strengths have included our high quality in-house lecture & educational programmes and the positive experiences of Core Trainees & multiple visiting Doctors on educational placements. The past couple of years have however been extremely challenging due to the inevitable impact of the pandemic on in-person training opportunities. Whilst feedback from Core Trainees has remained positive, a small cohort of Specialty Trainees have reported reduced training satisfaction since our last comparative data in 2019, though the validity of the results are questionable and based on a low response rate, an issue which is being raised with NES. Efforts will continue to understand whether this arises from dissatisfaction of Trainees from the North of Scotland with regard to the availability of on-call funding at the State Hospital, whether some Trainees feel geographically disadvantaged by the distance of the State Hospital from their home boards, or whether other factors are responsible for these findings (such as the greater than ideal reliance on virtual methods of communication for infection control reasons). These issues will continue to be closely monitored, particularly whether they are part of a continuing trend or are instead a temporary phenomenon.

Dr Callum A MacCall

Dr Callum A MacCall
Consultant Forensic Psychiatrist & Educational Supervisor
Honorary Senior Clinical Lecturer, University of Glasgow

4rd August 2022

Date of next annual report – August 2023

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	This is an annual report to the Board on issues relevant to medical education at The State Hospital.
Workforce Implications	Nil
Financial Implications	Nil
Route to Board Which groups were involved in contributing to the paper and recommendations.	Prepared by individuals and informed by their involvement in various medical education committees.
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	Nil
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)	There are no identified impacts.
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 1 – Recognition of Trainers

Consultant Psychiatrist	**NES Clinical Supervisor Course or equivalent**	**NES Educational Supervisor Course or equivalent**	**Named Medical Trainer Role**	**Forensic, Intellectual Disabilities+ or Psychotherapy++ Higher Specialty Trainer**	**Recognised Trainer via Recognition of Trainers (RoT) section of Scottish Online Appraisal Resource (SOAR)**
Consultant Forensic Psychiatrist	Yes				Yes
Consultant Forensic Psychiatrist	Yes				Yes
Consultant Forensic Psychiatrist	Yes		Undergraduate Supervisor	Yes	Yes
Consultant ID Psychiatrist	CEP* Level 2			Yes+	Yes
Consultant Forensic Psychiatrist	CEP* Level 2		Undergraduate Supervisor		Yes
Consultant Forensic Psychiatrist	Yes	Yes		Yes	Yes
Educational Supervisor	Yes	Yes	Postgraduate Supervisor	Yes	Yes
Consultant Forensic Psychiatrist	CEP* Level 2			Yes++	Yes
Consultant Psychiatrist in Psychotherapy	CEP* Level 3		Psychotherapy Tutor (Lothian)	Yes++	Yes
Consultant Forensic Psychiatrist	Yes			Yes	Yes
Medical Director	Fellow HEA**	Yes		Yes	Yes

*CEP = Clinical Educator Programme **HEA = Higher Educational Academy

THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL FORUM

Approved Minutes of the Clinical Forum held at 10.00am on Tuesday 17 May 2022 via Microsoft Teams

Chair:

Dr Sheila Howitt	*Consultant Forensic Psychiatrist*

Present:

Dr Aileen Burnett	*Consultant Clinical Psychologist*
Dr Jana De Villiers	*Consultant Psychiatrist*

Apologies:

Josie Clark	*Lead Professional Nurse Advisor*
Joanne Hogg	*Occupational Therapist*
Sheila Smith	*Head of Clinical Quality*

In Attendance:

Sandie Dickson	*Person Centred Improvement Lead*
Ben Green	*Clinical Liaison Security Manager*
David Hamilton	*Social Work Team Leader*
David McCafferty	*PA to Chair / CEO, Corporate Services (Minutes)*
Julie McGee	*Clinical Quality Facilitator*
Monica Merson	*Head of Planning & Business (Item 12)*
Margaret Smith	*Board Secretary (Items 10 & 13)*
Fiona Warrington	*Clinical Pharmacist*

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

The Clinical Forum Chair, Dr Sheila Howitt, welcomed everyone to the meeting. Apologies were noted as detailed above.

NOTED.

2 CONFLICT(S) OF INTEREST

There were no conflicts of interest declared.

NOTED.

3 ELECTION OF NEW VICE CHAIR

Members discussed item and Chair noted that NAHPAC would meet this afternoon and that Josie Clark would be approached at that meeting around the possibility of picking up on Vice Chair duties supporting this group until the end of the current Chair's term in January 2023. Ms Burnett noted that she would explore a wider psychology representation and that a staff member of the current cohort would be preferable as there would be expected delay to new staffing cohort starting in post.

Action: Sheila Howitt/Aileen Burnett

AGREED.

4 APPROVAL OF PREVIOUS MINUTES

The minutes of the previous meeting held on 22 March 2022 **were approved** as an accurate record bar the date of next meeting on Page 5 which should have read today's date of 17th May 2022 - the meeting date was rescheduled after completion of the minute.

APPROVED.

5 URGENT MATTERS ARISING

There were no urgent matters which have arisen over the preceding seven days.

NOTED.

6 REVIEW OF ROLLING ACTIONS LIST

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

NOTED.

7 GROUNDS ACCESS POLICY UPDATE

Members were provided with an update of the Grounds Access Policy from Mr Green. Responsibility for the Policy Review was noted to have been transferred to Mr Green. A meeting took place with Director of Security, Resilience and Estates to discuss the Policy in more detail and a rough draft would be produced for discussion and to note key themes and required changes before implementation, and Person Centred Improvement engagement would be included. Plan for policy to be included on RiO. Timescales for completion advised from PAG were around June and it was hoped there would be consultation at this point. Renewal would be three yearly going forwards. Rampton were contacted around ID patients however nil were identified, therefore equitable approach would be undertaken around this area. Members noted this update and progress would be provided at the next meeting if available.

NOTED

8 UPDATE FROM AREA CLINICAL FORUM CHAIR'S GROUP FOR SCOTLAND

The Clinical Forum Chair advised members that last meeting was in March. Discussions at that group were noted to be around national challenges. Morale and staff wellbeing was key area for discussion and how staffing shortages would affect the recommencement of work streams which had been paused due to the pandemic. Emphasis on wellbeing and resilience noted to have made good progression and how to continue with planned funding reviews would be explored. Deputy National Clinical Director was at attendance and provided recognition of difficulties and how to balance delivery of service with staffing issues. Updates from the State Hospital was given to that group including updates on the Clinical Model and wellbeing. Next meeting of that group would convene in June and any update around patient engagement was agreed would be beneficial to feedback to this group.

NOTED.

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

(a) Nursing and Allied Health Professions Advisory Committee

Members were advised and noted that a development session was planned for this afternoon. The Chair noted that she would be in attendance at that session and the importance of regular nursing representation at the Clinical Forum would be highlighted.

NOTED.

(b) Medical Advisory Committee

Members were presented with the minute from the Medical Advisory Committee which took place on 14 February 2022. A further MAC meeting convened in May and minute from that meeting was expected in due course. Consultant away day took place and key themes of discussion included medical representation across the site and Clinical Model. Sheila Smith had requested sight of the Director's Report and the Chair agreed to forward this on to Forum members for information.

NOTED.

Action: Sheila Howitt (complete)

(c) Psychology Professional Practice Meeting 07/03/22

Members were provided with minute of last meeting to note. Key themes discussed included feedback from Clinical Governance Group around the service provisional last year. Recruitment into Health Psychologist post was currently underway. Leanne Banks was now in post to replace Kerry Jo Smith. Natalie Bordon post would be advertised following her promotion. Neurodevelopmental pathway continued to be developed. Specialist Nurse Practitioner post would be provided for advert in due course.

NOTED.

(d) Update Report from Dentist, GP and Optometric

An update report from Dentist, GP and Optometric had been received from the Practice Nurse dated 17 May 2022 and content was noted. Of particular note, the GP service had successfully switched to a new provider, with sessions being delivered solely by experienced General Practitioners. GP clinics running twice weekly. This was noted to have made a considerable difference and improvement to the service overall.

NOTED.

10 TERMS OF REFERENCE REVIEW / TSH PROFESSIONAL ADVISORY COMMITTEES

Ms Margaret Smith, Board Secretary provided members with update review of terms of reference and advisory structure within the hospital. There was a further development session planned to convene later today and it was understood that due to several staff members recently being assigned to post, this had held up progression of this work stream and a further development session would be set up with the psychology group for further discussion. It was agreed that the outcome of these development sessions would allow for a fuller report to be presented at the next meeting of the Clinical Forum and members noted this.

NOTED

Action: Margaret Smith/Include on agenda

11 CHIEF EXECUTIVE UPDATE

Mr Gary Jenkins, Chief Executive, joined the meeting to provide members with an update on key areas for discussion and development across the hospital at the current time for noting. This included an update on the women's service and Barron review noting that twice weekly meetings were currently in place to discuss this and four options were now on the table with legal checks underway around these options and recommendations expected to be presented towards the end of autumn. In relation to the women's service, a report would be presented in June and would set out in more detail the intricacies around staffing, capital and infrastructure requirements. Northern Ireland patients was discussed and a meeting would convene next Tuesday to look at this in more

detail. Money noted to be challenging and a CEO 2-day session was planned to include discussion on how to achieve financial breakeven in June. CMT Development Session had taken place and discussed workplan for the year ahead. Clinical Model planning was noted to be ongoing with agreement of options and implementation deadline of August. Patient activities noted to be a priority and return to pre-pandemic model would be reinstated. Patient vaccinations schedules were discussed and work was underway to identify patients with and without capacity in relation to receiving vaccinations. Joint Staff Side approved a development day and a write up for this was being developed. Risk and Resilience work underway included security project update.

NOTED.

12 UPDATE ON CLINICAL MODEL

Members were provided with a verbal update on progression of the Clinical Model by Ms Monica Merson, Head of Corporate Planning and Business Support. Project initiation document was currently being produced outlining the implementation process including steps to bring together a project plan, project group, project oversight & governance and project reporting including engagement. Areas of focus was discussed including clinical delivery, security and workforce. It was highlighted that communication and engagement was key to success and project would be managed in stages while monitoring the risks and continued focus on benefits and quality would be made. Ms Merson agreed to provide members with another update at the next Clinical Forum on 19th July 2022.

NOTED.

Action: Monica Merson / Include on Agenda

13 UPDATE ON ANNUAL REVIEW 2020/21

Ms Margaret Smith, Board Secretary provided members with and update from Annual Review 2020/21 paper and accompanying Board Paper and letter from the Ministers Office and an overview of their content to note. It was understood that the review was delayed as a consequence to the pausing of work streams due to the Covid pandemic. The review was conducted virtually and briefing documents were provided to the Minister prior to the meeting including a Clinical Forum update and focus on a look back to the pandemic and past year 2021/22 and how the hospital was functioning. It was considered a positive review with no major concerns raised. Points to note included a requirement for the hospital website to be updated and funding for Northern Ireland patients. Action plan was being worked through as a response to each of the points raised. Confirmation was awaited as to whether the next review will take place in person. Clinical Forum agreed that a report would be produced if felt required by the Board to feed into the next Annual Review.

NOTED.

14 AOCB

Members noted Morag Wright would finish up today in her capacity as Lead Pharmacist and that Nicola Watkins would take up this role from 6th July 2022.

NOTED.

15 DATE AND TIME OF NEXT MEETING

The next meeting of the Clinical Forum would take place at 10am on Tuesday 19 July 2022 via Microsoft Teams. **Aileen Burnett will Chair the meeting in Sheila Howitt's absence.**

Meeting concluded at 1223 hours

Paper No: 22/92

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 16
Sponsoring Director:	Director of Workforce
Author(s):	Head of HR
Title of Report:	Workforce Planning Strategy 2022-25
Purpose of Report:	For Decision

1 SITUATION

This paper provides an update on the National Workforce Planning expectations for The State Hospital described in DL (2022)09. The Workforce plan reflects the highlighted guidance.

Following written feedback from Scottish Government, the Workforce Plan is presented to the Board for final approval prior to publication on TSH Website by 31st October 2022.

2 BACKGROUND

On 1st April 2022, Health Boards and HSCPs were issued with guidance from Scottish Government relating to the development of Three-Year Workforce Plans which reflect the National Health and Social Care Workforce Strategy. The guidance constitutes the first iteration of new medium term workforce planning guidance for health and social care, with the express intention of improving the strategic alignment between workforce, financial and service planning.

3 ASSESSMENT

A copy of the draft NHS The State Hospitals Board for Scotland's Workforce Plan 2022 - 2025 and Action Plan was submitted to the Scottish Government for comment on 29th July 2022. Board Members received a copy of this draft guidance on 29th July 2022 via email for noting.

Analysis was undertaken by Scottish Government and a feedback letter was sent to the Board on 7th October 2022 (Appendix 1). These comments noted and updates have been made to the Workforce Plan 2022-25 (Appendix 2) prior to final approvals processes.

The comments received for amendment are as follows:

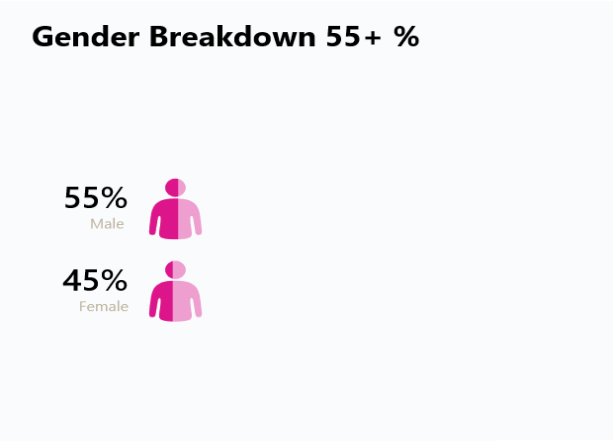
- *The plan identifies a staffing gap of circa 22 wte posts against funded establishment (page 7); we are assuming most of this gap falls within the nursing job family, but a further breakdown of where these gaps are would be appreciated;*

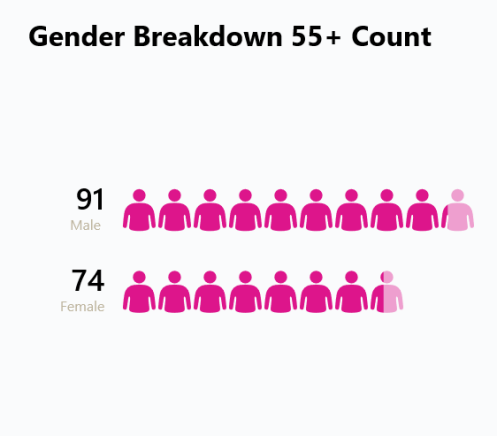
  Section 5 includes the following paragraph:

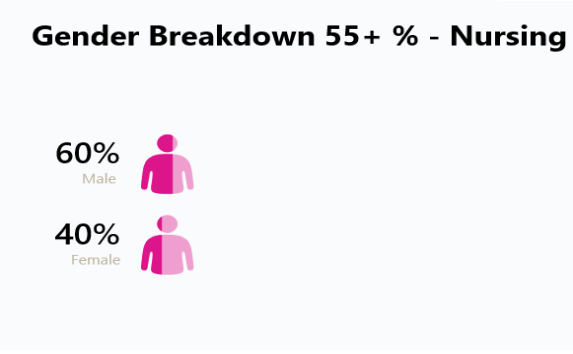
  "As at 31st March 2022, TSH employed 684 staff, (586.1 WTE). It was funded for 608.13 WTE. Of the vacant posts, 5.26 WTE were in the Nursing Directorate. Other vacant posts and hours and spread across the Board, with higher levels of vacancy largely in Psychology and Housekeeping"

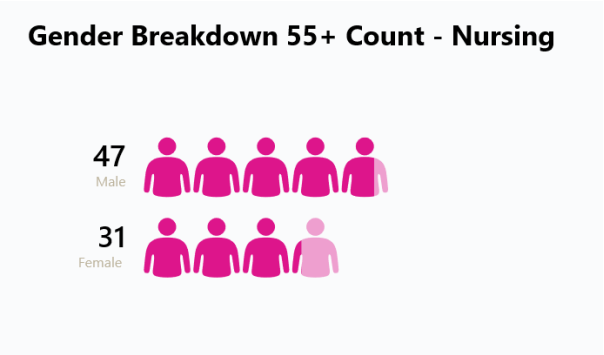
- *The details provided on potential retirals of male nurses, and the requirement to replace them with similar, is helpful, though we would appreciate if the plan could provide detail of actual numbers involved.*

  Section 5.3 contains the following update for both the Board overall and specifically nursing:









"Our Recruitment Strategy details the ongoing commitment from the Board to look at how we support career development. The Board also have planned sessions with the Schools and HAI to encourage more students to consider a career within Forensic Nursing."

- *Information provided on short term recruitment activity (expansion of the communications team) is useful along with the outline recruitment strategy. However, we would welcome further detail on medium term workforce requirements (associated with age profiles, turnover and service development); and if possible, some commentary on likely recruitment success and on the extent to which alternative options such as new role design, if applicable, might help address future staffing requirements.*

  Section 7.2 details the Action Plan as follows:

- Develop a modern and progressive recruitment approach, including improving our Social Media presence highlighting vacancies and the good news stories from across the TSH
- Ensure clear progression pathways
- Through inclusive recruitment, fill workforce gaps, create a sustainable pipeline of talented staff and better retain its people.
- Make full use of the technologies available to us to ensure that we maximise efficiencies in the recruitment process and can report fully on
- Remobilise TSH attendance at recruitment events.
- Develop stronger links and build key relationships with colleagues from local Schools and Higher Education Institutions (HEIs) to raise the profile of Forensic Mental Health Nursing and career opportunities within TSH.

- *The plan notes aspirations to use Modern Apprenticeships across all staff groups: it would also be useful to see further quantification of additional capacity this could bring to the SH workforce, and any associated timescales.*

  This is detailed within Section 7.4 and currently work is continuing on analysing and developing our Modern Apprenticeship Plan across the Board and therefore we will be able to respond more fully to this in a future iteration of the Workforce Plan.

- *We were interested in the section on Digital Inclusion and would welcome any further detail around the additional workforce required should project funding be secured.*

  Section 6.1.4 details the following paragraph:

  "The demands on eHealth will continue to be reviewed to ensure there is full evaluation of all essential project work, developing and monitoring a 5-year plan including all identified patient priorities. The resourcing and affordability of these projects is managed through existing budget and, where applicable, consideration of application for additional project funding."

- *We noted reference in the plan to £2.05m staffing costs associated with the development of a Female High Secure Unit, with a potential need for Mental Health and Learning Disability staff capacity. However, this does not specify anticipated numbers of staff. It would be useful if an estimation could be included within the plan, even if the final staffing model is not yet confirmed: perhaps with a "tbc" caveat.*

  Section 6.2.4 details the following paragraph:

  "A workforce plan will be developed following a scoping exercise to identify the staffing requirements. This will be taken forward through the Workforce Governance Group."

The State Hospital's Board for Scotland is expected to publish the agreed Workforce Plan on our website by 31October 2022. There will be continued stakeholder engagement going forward, to support achievement of the key drivers. Monitoring and assurance reporting will continue through the Staff Governance Committee at its quarterly meeting, as well as returning to the Board annually.

4 RECOMMENDATION

The Board are invited to note the information and updates. The Board are asked to approve the publication of the 3-year Workforce Plan from 31 October 2022.

Paper No: 22/92

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Workforce Plan links into Financial and Clinical Governance Plans and processes.
Workforce Implications	The Workforce Plan includes implications for workforce in relation to • Demographics - age profiling and potential impact of pension changes on workforce • Recruitment and retention of appropriately skilled workforce and sustainable workforce • Staff support, health and wellbeing
Financial Implications	The Workforce Plan financial impact is consistent with the level of funding contained within the TSH's Financial Plan.
Route to Board Which groups were involved in contributing to the paper and recommendations.	Staff Governance Committee Partnership Forum
Risk Assessment (Outline any significant risks and associated mitigation)	Workforce Planning is included within the Corporate Risk Register and reported on through the Staff Governance Committee and NHS Board on a regular basis.
Assessment of Impact on Stakeholder Experience	Failure to adopt would undermine the principles of Partnership Model and Employee Engagement.
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	**X There are no privacy implications.** □ There are privacy implications, but full DPIA not needed □ There are privacy implications, full DPIA included.

Scottish Government
Health Workforce Directorate
Workforce Planning Data, Analytics and Insight Unit

Gary Jenkins
Chief Executive Officer
The State Hospitals Board for Scotland

7th October 2022

Dear Gary,

State Hospitals Board for Scotland: Draft 3 Year Workforce Plan

Thank you for forwarding a copy of your draft Three Year Workforce Plan to the Scottish Government Workforce Planning Data, Analytics and Insight Unit.

We recognise the considerable work that you and your partners in the various stakeholder groups have undertaken in developing the draft during what remains a challenging operating environment, as we begin the recovery of service capacity.

As outlined in the guidance published under DL (2022) 09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans we have undertaken a review of the content of the draft document and are providing the undernoted feedback to you for consideration as you finalise the content of your plan in advance of publication at the end of October.

Members of the Workforce Planning Data, Analytics and Insight Unit have used the indicative content checklist in Appendix 1 of DL (2022) 09 as a baseline to frame the following comments.

- The draft workforce plan is well developed, with a series of useful and useable workforce metrics. We note the inclusion of internal stakeholders as part of the development process.
- The establishment of a Workforce Governance Group tasked with considering workforce needs/changes/risks is noted, and we would welcome an indication of any ongoing professional capability requirements to support the State Hospital in this. The governance routes set out appear to approach the need to maintain momentum around workforce planning sensibly;
- The document follows a logical structure, setting out specific job family/service area analysis, with action points at the end of each section; this helps to ensure the document can be easily interpreted;
- The plan identifies a staffing gap of circa 22 wte posts against funded establishment (page 7); we are assuming most of this gap falls within the nursing job family, but a further breakdown of where these gaps are would be appreciated;
- Details providing breakdown of age profile by job family are comprehensive: we note c60 SH staff are over 60 years old (along with the additional detail provided specifically for the nursing cohort on page 9);

- The details provided on potential retirals of male nurses, and the requirement to replace them with similar, is helpful, though we would appreciate if the plan could provide detail of actual numbers involved.
- Information provided on short term recruitment activity (expansion of the communications team) is useful along with the outline recruitment strategy. However we would welcome further detail on medium term workforce requirements (associated with age profiles, turnover and service development); and if possible, some commentary on likely recruitment success and on the extent to which alternative options such as new role design, if applicable, might help address future staffing requirements.
- We assumed that domestic recruitment will be the primary method of delivering short to medium term workforce requirements – we did not see direct reference to recruiting staff internationally.
- The plan notes aspirations to use Modern Apprenticeships across all staff groups: it would also be useful to see further quantification of additional capacity this could bring to the SH workforce, and any associated timescales.
- The staff wellbeing section appears to be sufficiently detailed, and the appointment of the Wellbeing Advisor and Staff Care Specialists is welcomed.
- We were interested in the section on Digital Inclusion and would welcome any further detail around the additional workforce required should project funding be secured.
- We noted reference in the plan to £2.05m staffing costs associated with the development of a Female High Secure Unit, with a potential need for Mental Health and Learning Disability staff capacity. However this does not specify anticipated numbers of staff. It would be useful if an estimation could be included within the plan, even if the final staffing model is not yet confirmed: perhaps with a “tbc” caveat.
- Alignment between the Action Plan and the 5 Pillars of the National Health and Social Care Workforce Strategy is noted and appreciated: we understand that the actions described are high level at present, but would welcome further quantitative detail in future iterations of the plan.

As noted we appreciate that your workforce plan is part of a local suite of strategic planning work that is already underway and hope that you will consider this feedback as constructive and of value to you and your partners in finalising plans.

Reviewing the plans developed by NHS Boards and Integration Joint Boards (via HSCPs) will enable us to provide Scottish Ministers with further insight, and help them to determine approaches that will:

- Support the health and wellbeing of our workforce during these challenging times;
- In the short term, and in preparation for winter, inform their understanding of the workforce implications of sustained, increased service demand;
- In the medium term, better understand the national implications arising from the local analysis of workforce plans – particularly around population and workforce demography, service redesign and the introduction of new roles.

We recognise that the timescale for publication and associated governance arrangements may limit your ability to make changes to this version. However we would welcome the opportunity for further discussions across the next year to inform subsequent annual revisions to your workforce plan.

Should your governance processes necessitate a delay in publication beyond the indicative date of 31st October 2022, we would appreciate that you advise us of this along with a likely publication date by contacting WFPPMO@gov.scot

Yours sincerely,

Grant Hughes

Grant Hughes
Head of Workforce Planning Data, Analytics and Insight Unit
Directorate of Health Workforce

cc.
Linda McGovern
Alexander Malpass

Workforce Plan 2022-25

The State Hospitals Board for Scotland

Contents

Foreword

Welcome to the Workforce Plan for The State Hospitals Board for Scotland (the Board) for 2022-2025 which sets out the aims and direction of travel for our workforce for the next three years. The plan decribes how we will meet anticipated risks and challenges, in the context of potential change during this period.

The Board agreed our strategic aims in our Corporate Objectives in February 2022, and these will be supported by our Annual Operational Plan for 2022-23. The Workforce Plan describes how we will implement change in our workforce to support development of these aims over the next three years.

Our workforce is our greatest asset, and change will only be possible with their support and commitment. The Board is focused on enabling a culture which engages all staff, encoraging feedback and providing ways through which they can help to further improve the quality of care delivery for our patients. It is essential to listen to the views of our staff, and to place their wellbeing at the centre of this plan through our Staff and Volunteer Wellbeing Strategy. This will enable our ambition to grow the workforce, supporting staff to develop their career pathway and educational opportunities in their chosen professional field. We will provide opportunities for staff who wish to continue their career for longer, and this will supplement staffing resources.

The Board will continue the transformation of its services through the implementation of the new Clinical Model during 2022-23, and is continuing to prepare for the implementation of the Health and Care (Staffing) (Scotland) Act 2019 for implementation in 2024-25. The plan recognises the potential impacts of longer term change through external drivers, once decision-making is finalised for the future of forensic mental health care and the provision of a female high secure service.

Gary Jenkins
Chief Executive Officer

1. Introduction

The requirement to produce Workforce Plans has been established in legislation through CEL32(2011), with additional guidance provided as per DL 2022(09) National Health and Social Care Workforce Strategy: Three Year Workforce Plan, which provides guidance on using 6 steps to workforce planning methodology as the agreed collective approach.

This guidance followed the publication of the National Workforce Strategy for Health and Care which detailed the vision for Health and Social Care Workforce as:

"A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do"

The guidance details the first iteration of the new medium term workforce planning guidance for health and social care with the express intention of improving the strategic alignment between organisation's workforce, financial and service planning.

This Three Year Workforce Plan will detail the Five Pillars of Workforce Planning outlined within the National Workforce Strategy, which are:

- Plan
- Attract
- Train
- Employ
- Nurture

This Workforce Plan covers the period 2022-2025 and will set out the current issues, ongoing service changes and possible future developments.

It should be noted that while The State Hospital (TSH) can and will take steps to support, address and develop services staff and services, there are a number of external factors impacting on workforce supply that are outwith the control of the Board. These include decisions relating to the future provision of Forensic Mental Health Services in Scotland; changes in pension legislation; implications from Brexit; historical low levels of unemployment; and an ageing population as well as an ageing workforce.

TSH will work with Scottish Government colleagues on various national initiatives and workstreams to mitigate the impact of the factors cited above.

In addition to these external factors, the rural location of TSH can be a barrier due to the lack of local sustainable transport. TSH will continue to work with the local authority on sustainable transport methods and routes appropriate to the location. Funding has also been secured for internal and external electric car charging points, which will be in place by the end of the financial year.

2. The State Hospitals Board for Scotland

The State Hospitals Board for Scotland is a National NHS Board serving the population of Scotland and Northern Ireland. The organisation provides specialist individualised assessment, treatment and care in conditions of high security for male patients with major mental disorders and intellectual disabilities. The patients, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting.

TSH has a reputation for delivering world class forensic mental health care. Visitors and stakeholders from both home and overseas continue to be extremely positive about the person centred care approach focused on recovery. Working with partners in the Forensic Network for Scotland, the organisation is recognised for high standards of care and treatment, innovative research and education.

The vision of TSH is to:

- Excel in the provision of high secure forensic mental health care
- Achieve positive patient outcomes
- Ensure the safety of our valued staff, patients, visitors and the general public
- Promote collaboration across health, social care and justice services
- Strive to be an exemplar employer

The values of TSH are aligned to NHS Scotland:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and Team Work

The Twin Aims of TSH are:

- The provision of a safe and secure environment that protects staff, patients and the general public

- The delivery of high quality, person centred safe and effective care and treatment

3. Three Year Workforce Plan Overview

This Three Year Workforce Plan sets out what TSH plans to deliver across 2022-2025.

The Covid-19 pandemic presented significant challenge to the delivery of Health and Care across NHS Scotland. As tentative steps are taken to emerge from the crisis of the pandemic, and learning to live with Covid 19, the plan (which is linked to the Annual Operating Plan and Financial Planning) sets out, in both the short and medium term, how care and services will be delivered against the new normal Covid 19 has presented. TSH will continue to build in changes to operational planning and delivery in the longer term in response to periods of cyclical infection pressures. The focus for TSH will be to deliver the Workforce and Annual Operating Plan, however, there is likely to be pressure in the system that may force re-phasing depending on the extent and duration of challenges as they present.

In managing subsequent outbreaks of Covid-19, oversight of these has been taken through the Problem Assessment Group and Incident Management Team structure. It is likely that this approach will continue throughout 2022-23 unless there is a need to re-establish Incident Command arrangements.

Adaptability and flexibility will continue across the organisation with a key focus on learning from the pandemic and managing any ongoing infection risks coupled with recovery and development of the service in line with NHSScotland priorities.

Unlike other patient facing NHS Boards, TSH does not have outpatient services, elective waiting lists or day-case services. The Workforce Plan is therefore written to reflect the individual and unique nature of a high security forensic mental healthcare provider.

Currently, all known workforce changes are within TSH's existing funding allocation, subject to confirmation that all pay uplifts will be fully funded as has been indicated for 2022/23 (for which the actual percentages to be applied remain to be agreed and implemented), including any future potential changes which will be fully costed once known. It should also be noted that, of the TSH budget, 85% is pay-related – while by comparison many territorial boards' equivalent is around 35% and other national boards range from 20% to 60% - therefore placing increased pressure on TSH's ability to make any additional revenue savings annually from the remaining balance of spending priorities.

Working within the restrictions required to ensure infection prevention and control, short term priorities for TSH over 2022/23 to enable recovery and remobilisation are:

- Address physical health care needs of patients, as set out in 6.1.1
- Promote and support staff wellbeing, as set out in 7.5
- Develop a culture of continuous quality improvement, as set out in 6.2.1 and 6.2.2
- Implement changes to the clinical model, as set out in 6.2.1
- Work with key partners to support the implementation of recommendations from the Review of Forensic Mental Health System, as set out in 6.2.3

As detailed in our Interim Workforce Plan 2021/22, in order to proactively manage this risk a number of positive steps were enacted, these remain relevant to our 3 Year Workforce Plan for 2022/25 and include:

- The development of a workforce and recruitment strategy to describe key milestones, risks and mitigating actions
- Engagement with our Health Care Support staff to provide a model of further education specifically leading to Registered Nurse training
- A positive and pro-active Practice Development team leading innovative approaches to professional development
- Active and ongoing participation in range of QI and management training opportunities
- Support in the delivery of the NHS Professional Careers programme in partnership with Scottish Government and the Glasgow Centre for Inclusive Living.
- A commitment to extend the adoption of Modern Apprenticeships at every opportunity and across all disciplines
- A review of middle management structure to enhance leadership capacity and resilience
- Planned increase in capacity and resilience in staffing to support infection prevention and control

- A comprehensive organisational training plan which includes statutory and mandatory components as well as a broad range of multi-level leadership development programmes
- Participation in the national work stream Project Lift

4. Stakeholder Engagement

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

This comprehensive approach to engagement ensures that our Workforce Plan presents a cohesive description of need across the forensic mental health landscape. We have engaged directly with key stakeholders as part of the development of planned activity around the key workforce drivers presented in the plan including Clinical Model and the Health and Care (Staffing) (Scotland) Act 2019. This has ensured stakeholder engagement in the planning process, supporting inclusion of relevant contributions.

Stakeholders and Forums included:

- Partnership Forum
- Clinical Forum
- Staff
- Patient Representatives
- Staff Representatives
- Mental Welfare Commission

This plan will take this forward during 2022-25, collating these engagements into a comprehensive framework for development.

The plan describes how we will monitor the implementation of the plan through our existing governance structures, with the development of a Workforce Governance Group to support oversight and assurance mechanisms (section 8).

5. Current Workforce Profile

The information within this section provides the data for The State Hospital as at 31st March 2022.

As at 31st March 2022, TSH employed 684 staff, (586.1 WTE). It was funded for 608.13 WTE. Of the vacant posts, 5.26 WTE were in the Nursing Directorate. Other vacant posts and hours and spread across the Board, with higher levels of vacancy largely in Psychology and Housekeeping.

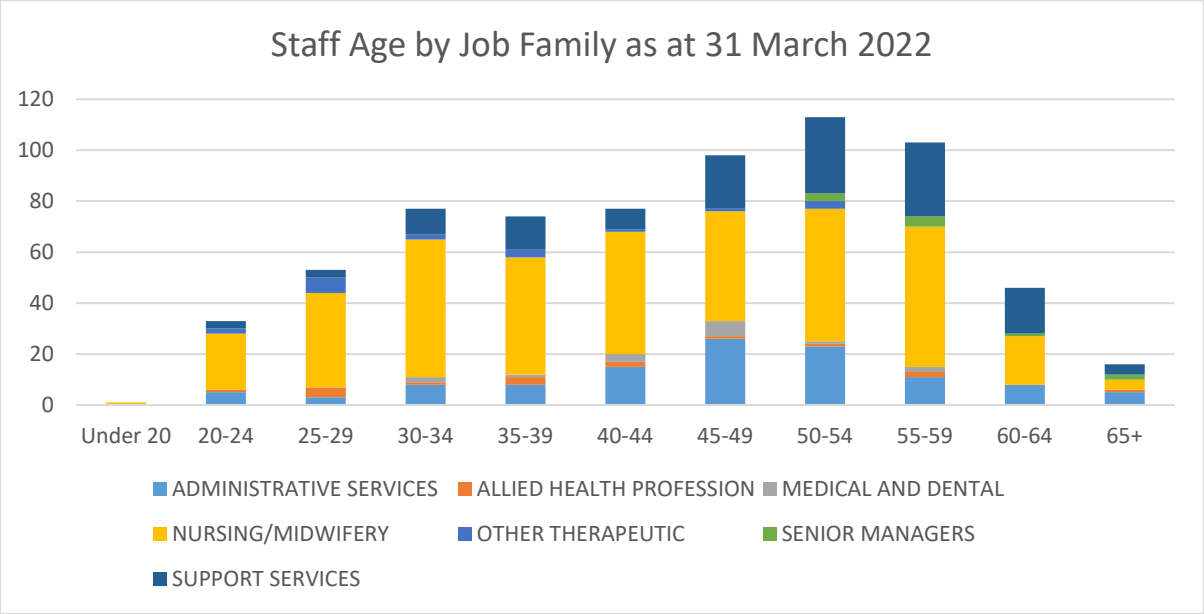
Regular reporting is provided on key aspects of the workforce, with overall oversight through the Staff Governance Committee and The Board.

There are no validated workforce or workload assessment tools that are currently assessed as fit for purpose in a high secure forensic environment. TSH therefore use, a blend of retrospective analysis of workforce data, national benchmarking, and professional judgement to project workforce need.

Action:
Further develop Workforce Reporting through Tableau dashboards to identify and enhance monitoring of key workforce trends including WTE, employee turnover / retention rates, sickness absence as well as providing information on mandatory / statutory training, completion of PDPR and learning and development updates.

5.1 Age Profile

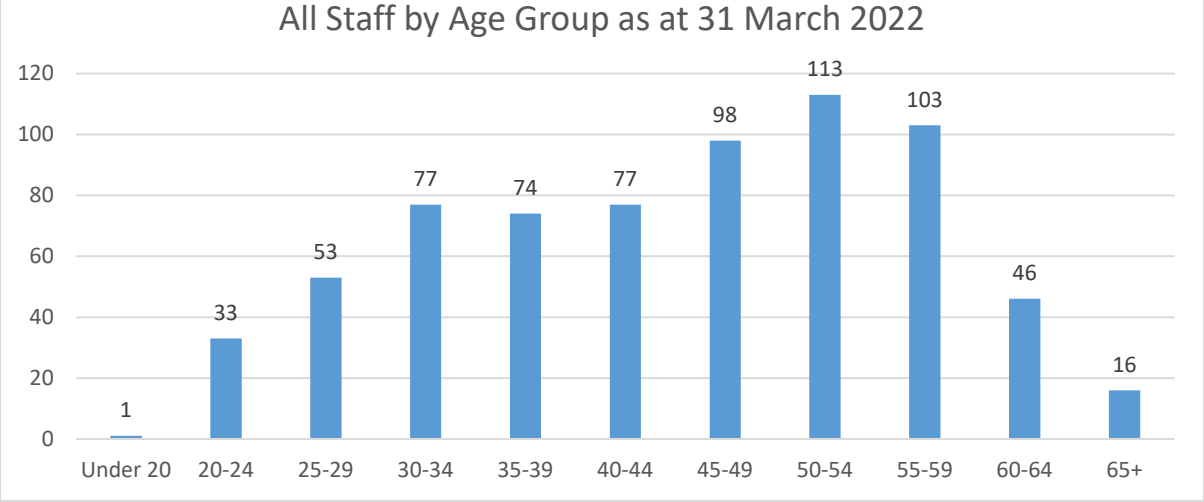
Numbers of Staff within each age category



WTE and percentage of Staff within age categories

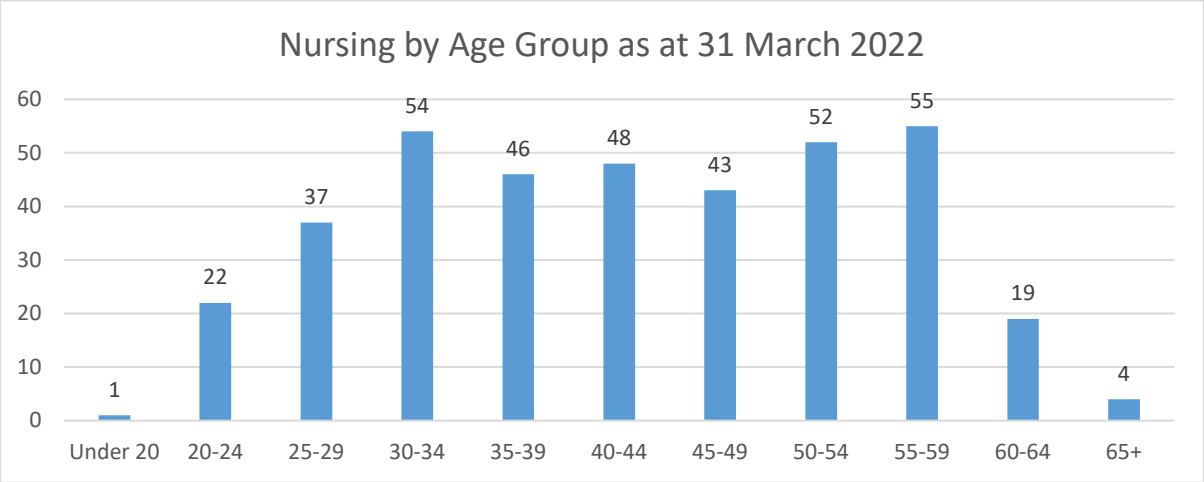
All Staff

All Staff											
	Under 20	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 - 49**	**50 - 54**	**55 - 59**	**60 - 64**	**65 +**
Count	1	33	53	77	74	77	98	113	103	46	16
WTE	0.2	27.43	50.93	68.38	65.32	69.91	88.07	101.07	82.58	36.76	9.13
Percentage	0.14%	4.78%	7.67%	11.14%	10.71%	11.14%	14.18%	16.35%	14.91%	6.66%	2.32%



Nursing Staff

	Nursing										
	Under 20	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 - 49**	**50 - 54**	**55 - 59**	**60 - 64**	**65 +**
Count	1	22	37	54	46	48	43	52	55	19	4
WTE	0.20	18.40	36.40	49.30	42.49	46.80	41.40	49.76	42.72	14.60	2.50
Percentage	0.26%	5.77%	9.71%	14.17%	12.07%	12.60%	11.29%	13.65%	14.44%	4.99%	1.05%



Within the nursing staff group, a number of individuals returned to work after retiring on a fixed term, part time basis. These staff account for 24 of the staff aged over 55 and make up 3.64WTE. Further detail is contained in section 5.6, supplementary staffing, around systems and developments in place to support TSH as these staff retire fully.

Action:
Projecting ahead, regular recruitment will be required to maintain the nursing staffing levels each year. Further detail is contained in the Recruitment Strategy

In addition to supporting recruitment of additional staff, consideration will be given to how TSH can support staff who wish to work longer and more flexibly, particularly those who wish to consider partial retirement and through 'Flying Finish' to support succession planning particularly in specialist areas

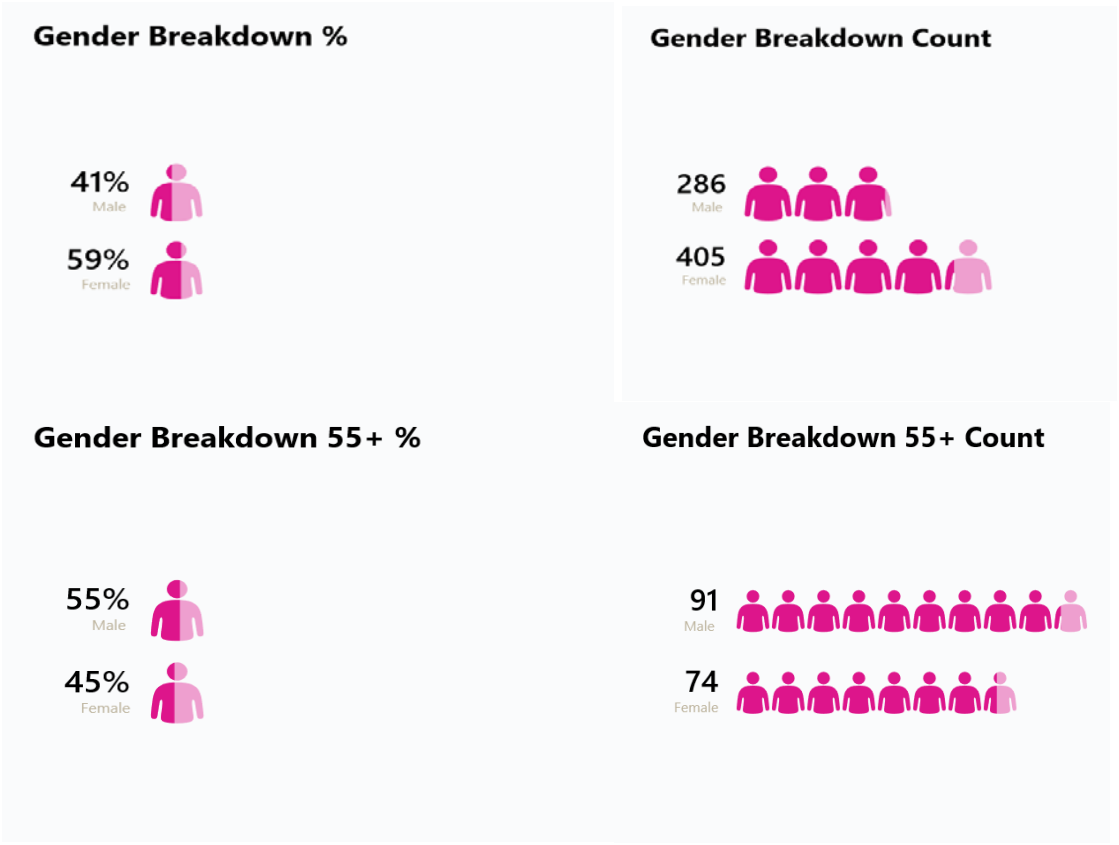
5.2 Staffing Numbers by Job Family

The breakdown of staff within each job family is as follows:

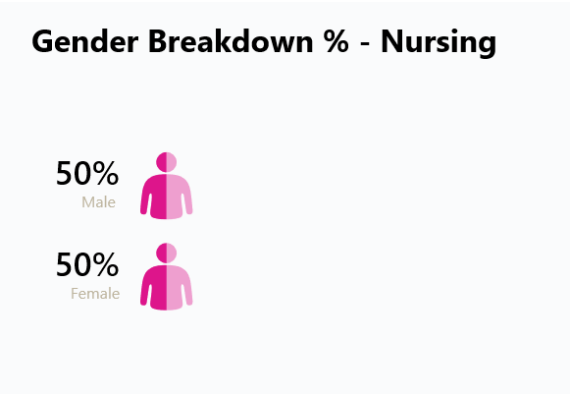
Job Family	Total
ADMINISTRATIVE SERVICES	**112**
ALLIED HEALTH PROFESSION	**16**
MEDICAL AND DENTAL	**15**
NURSING/MIDWIFERY	**381**
OTHER THERAPEUTIC	**18**
SENIOR MANAGERS	**10**
SUPPORT SERVICES	**139**
Total	**691**

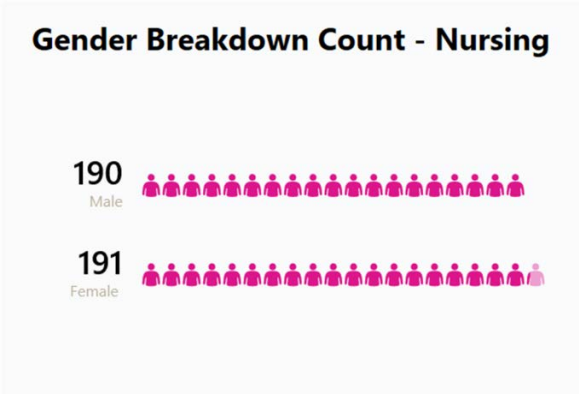
5.3 Gender Mix

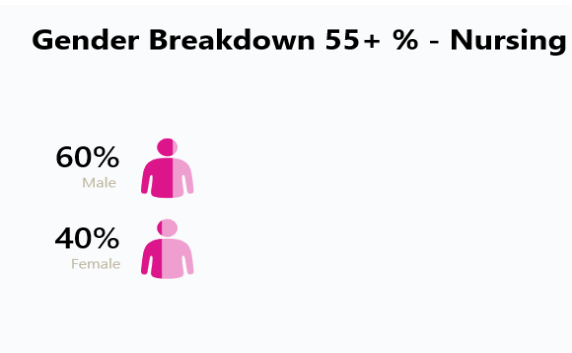
Board:

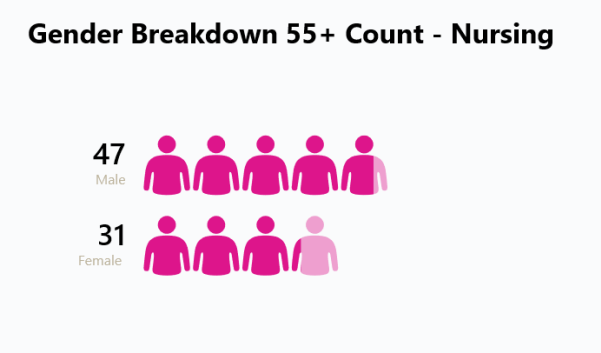


Nursing Staff









Exploring staff gender mix in relation to nursing staffing levels within TSH has generated considerable debate. The matter arose as a consequence of the notable shift in the ratio of male to female nursing staff employed across the hospital.

Many of the factors outwith the direct influence of the organisation has contributed to this shift, which will be further compounded by the likelihood of low numbers of male registered nurses completing their training over the next few years and the significant number of male staff due to retire from the hospital in the next 5 years.

Key issues that emerged from the ongoing debate included agreement that the current arbitrary gender ratio decisions are unlikely to be sustainable.

TSH provides care and treatment for some of the country's most complex and acutely unwell patients. For some patients it has been recognised that, due to identified risks as well as issues of privacy and dignity, it would be desirable for certain tasks to be carried out by male nursing staff. Gender mix of staff therefore remains factor considered when rostering staff. Recognising the reduction in male staff completing their training, it is anticipated that this will continue to adversely impact our gender mix and this will continue to be monitored and risk assessed. A whole system approach is taken when deploying staff to ensure that, identified needs are met, risk is minimised, and safe person-centred care is delivered across TSH.

Our Recruitment Strategy details the ongoing commitment from the Board to look at how we support career development. The Board also have planned sessions with the Schools and HAI to encourage more students to consider a career within Forensic Nursing.

This will remain under review with a risk management process in place. This will consider any increased observations and levels of risk for each patient to ensure that patient centred care is provided.

Action:
Work will be undertaken to independently establish the formulation of a professional tool that reflects current best practice for patients and nursing staff.

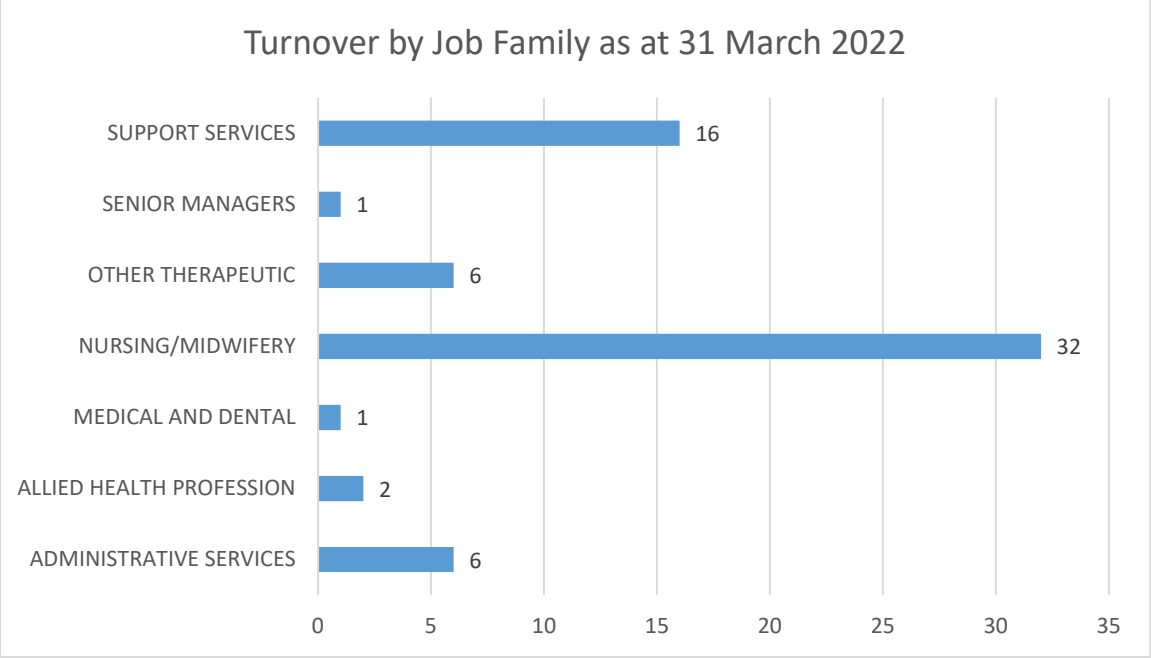
As set out in 6.3, through stronger links with local Schools and Higher Education Institutions, the profile of Forensic Mental Health Nursing and career opportunities within TSH, including a career pathway for male nurses.

5.4 Turnover

Turnover in 2021/22 was 64 staff, 54.90 WTE. This is a turnover of 9.26% for all staff. For nursing, there were 32 leavers, 28.65 WTE. This is a turnover of 8.40%.

Within the 64 staff, there were 14 on contracts of less than 0.3 WTE including 11 on zero hours contracts

Work continues through the development of the workforce dashboards to provide data on this, and regular collation and review of exit interview data will be done through the Workforce Governance Group, as set out in 6.2.2.

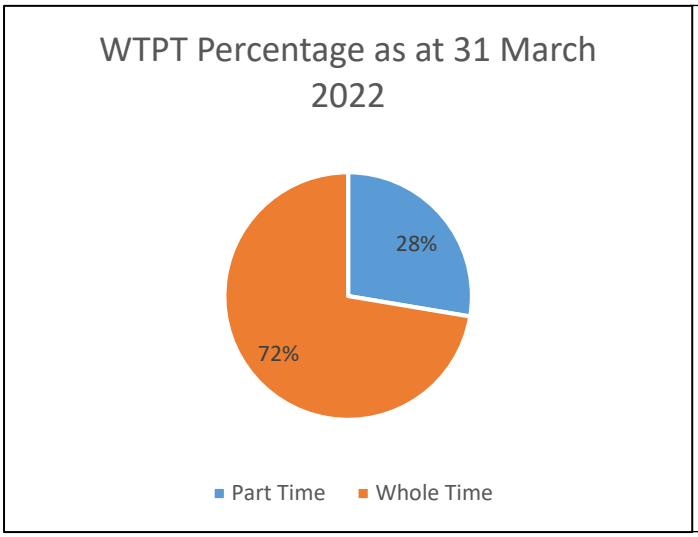


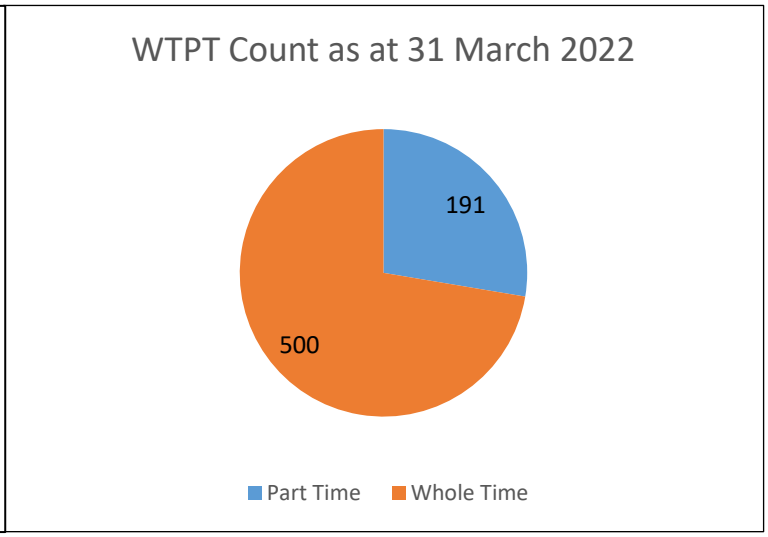
The highest levels of turnover are within Nursing and Support Services.

Historically Housekeeping and Catering vacancies have been relatively easy to fill, as there has always been a healthy number of applicants.

Estates have found it more challenging to recruit Band 5 Electrical and Mechanical Technicians in the last five years. The department do not expect the need to fill any of these posts in the short term (next 3 years), however will possibly be required after this period. The Estates department would benefit from the creation of an apprenticeship post(s) to allow a degree of succession planning to be implemented within the department and this will be taken forward as set out in 7.4.

Within our largest staffing group, Nursing, regular recruitment activity will take place to fill vacant posts and all aspects of the Recruitment Strategy, detailed in 7.2, will be used to attract, recruit and retain staff.





5.5 Contract Type

Contract Type	Total
Permanent	610
Honorary	1
Fixed Term	71
Bank	9
Total	**691**

5.6 Supplementary Staffing

The Supplementary Staff Resource Group has undertaken a reviewed the current Nursing Pool and are in a process of transferring this group of staff to a supplementary staff register, commonly referred to as a Nursing Bank.

There have also been processes agreed to support our current nursing workforce to join and offer as an option for those choosing to retire. This supports TSH to address any shortfalls in workforce and retains staff with considerable skills and expertise in the field of high secure mental health.

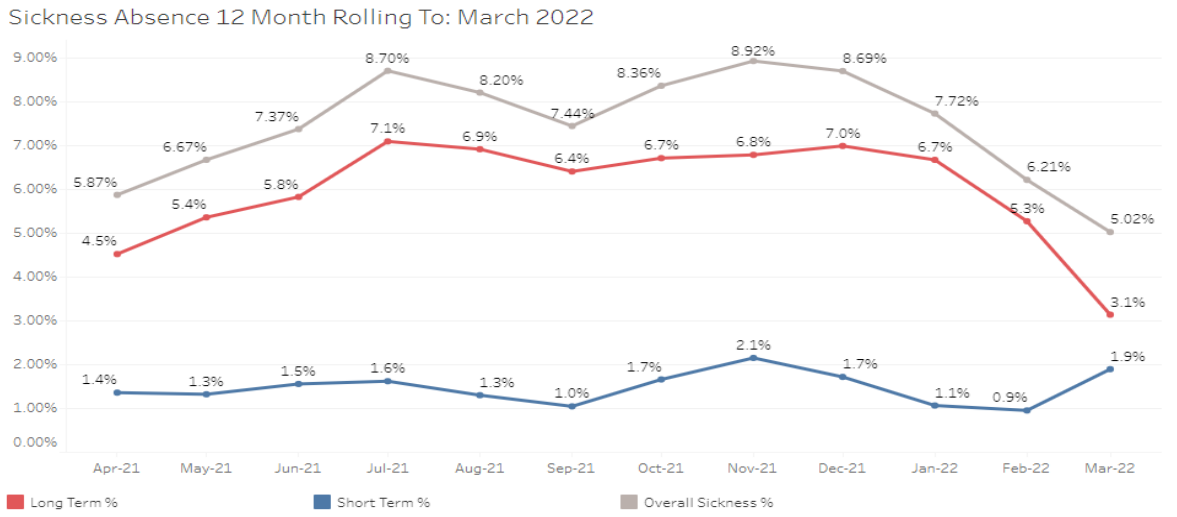
The purpose of developing this register is to provide the ability to supplement temporary staffing needs through an additional staffing complement, meaning that there will be a reduced requirement on existing staff to work additional hours.

Through development of the register, rather than relying on temporary short term contracts, it is intended that vacancies created through retirement or other turnover can be filled on a long term basis with permanent staff.

The next stage is looking at supporting our substantive staff currently working in non-clinical roles, who wish to join the register as clinical support workers.

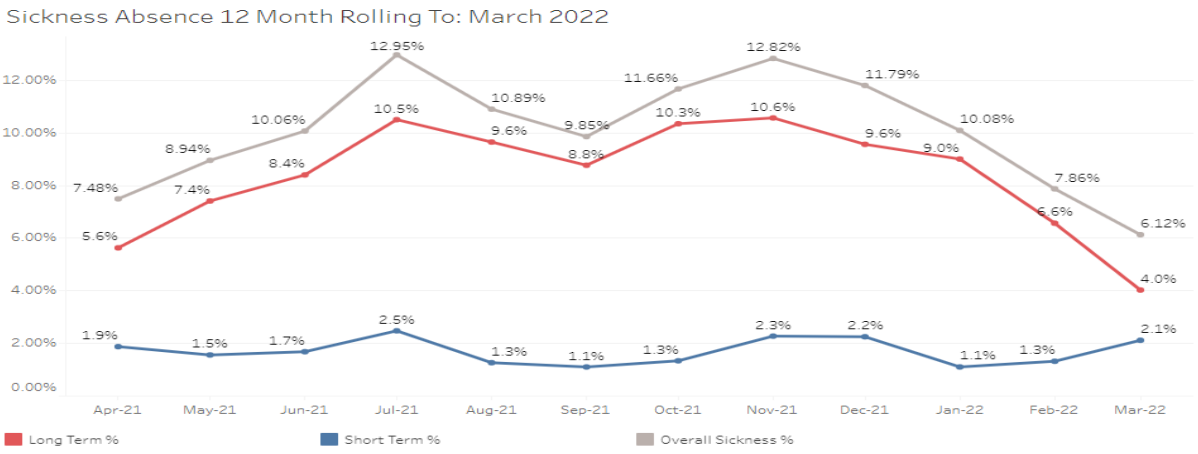
Action:
Continue with the development of a Supplementary Staffing Resource, which will be responsive to short term and temporary staffing shortfalls or additional staffing needs

All Staff



The rolling absence rate for all staff in 2021/22 was 6.76%, with this made up of 5.43% long term absence and 1.33% short term absence. 43.88 WTE were lost to sickness absence.

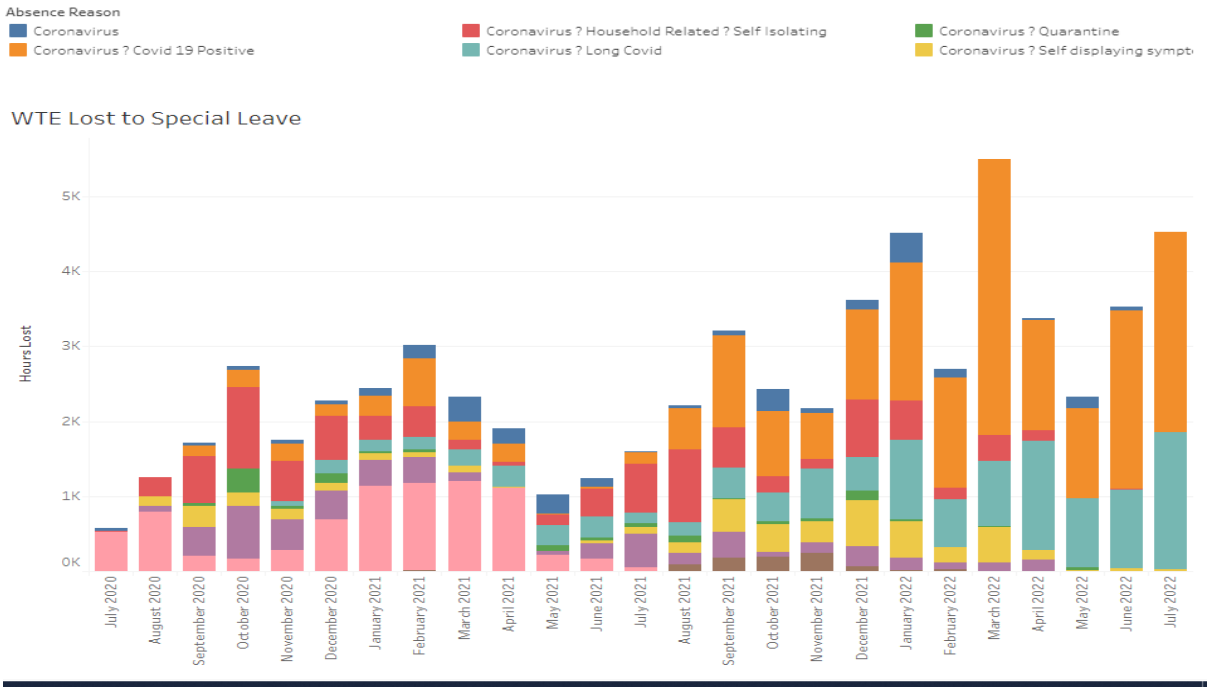
Nursing Staff



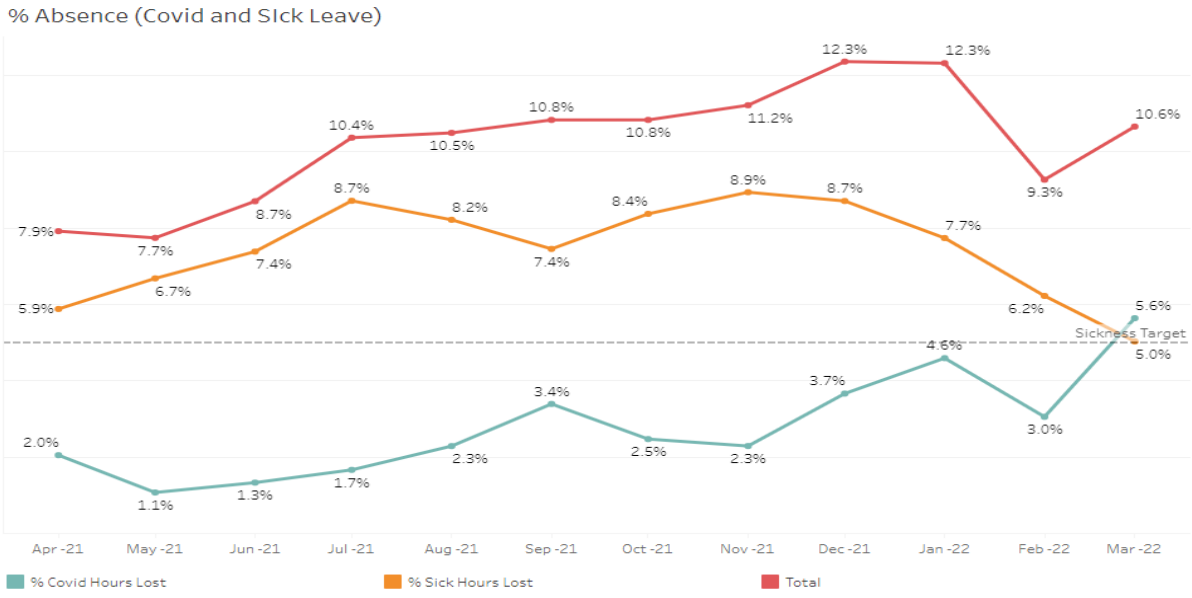
The rolling absence rate for nursing staff in 2021/22 was 8.62%, with this made up of 7.17% long term absence and 1.45% short term absence. 25.94 WTE were lost to sickness absence.

Covid Related Absence

This graphic demonstrates all absence recorded as being related to Covid by reason code.



Covid Absence and Sickness Absence



Action:
Continue to manage attendance related absence in line with NHS Scotland Attendance Policy, while ensuring that appropriate wellbeing supports are available to assist staff in remaining at work, during their absence and once they return.

6. Workforce Drivers

The following section outlines the drivers identified at TSH that are required to enable service development and deliver within the timeframe of the 3-year Workforce Plan 2022-25.

6.1 Short Term Recovery

It has been identified that the following areas of development are required within the next twelve months to assist and support with recovery and remobilisation

6.1.1 Patient's Physical Health Needs

Health inequalities for the population of patients within the TSH are extensive.

Obesity rates are significantly higher for patients cared for within a high security environment (52.5%), as opposed to being cared for within either medium (44.8%) or low (41.6%) secure care (Forensic Network Census, 2013).

A 2013 audit showed that on average, patients will gain 15% of their body weight within the first year of admission to TSH; this figure rises to a 25% gain within three years of admission.

A 20 year follow up study (Thomson and Rees, 2021), on a cohort of more than 200 former State Hospital patients, has discovered that 30% of the cohort are dead. The average age of death within these cohort members was 54 years, with the major cause of death being either cardiovascular or respiratory disease.

TSH has a major emphasis placed on healthy eating and exercise. There are two specific work streams in place to address these. To provide a focus on exercise, there is a programme of work led through the Activity Oversight Group (AOG) from August 2022. To help address obesity, the programme of work on 'Supporting Healthy Choices' provides the focus. This has had a new Action Plan approved by the Board in 2021.

Actions:
To support the future focus on addressing the physical health needs of our patients, a Project Manager will be recruited supported by health psychology and dietetics. This will build resilience around patients' physical wellbeing as well as their mental health.

The Communications Team will be expanded to assist with the developments moving forward into improving our on-line profile and portfolio.

6.1.2 Communications

TSH recognises the importance of communicating the Board's aims and objectives, within the developing arenas of media and digital communications. The Board has already identified the need for a change in its approach. The Board but recognises the challenge of having only one employee designated to this essential function.

Following the Annual Review, the Minister noted his desire to see improvement to the hospital website.

The preferred option agreed by the Board is an in-house Delivery Model with Service Transformation. It increases the remit and scale of the communication function with the responsibility and accountability for electronic communications returning to the Communications function from eHealth.

The Communications function will then take responsibility for all electronic communications, i.e. Website, Intranet, ONELAN screens, audio visual production including video and voice recordings.

The Head of Communications has developed two job descriptions to enable the model to progress. The job descriptions have been written in a way that ensures these posts complement and provide resilience for each other (where possible) and for the wider Communications function. This service development resolves the longstanding challenges of having a single handed communications specialist.

The cost for both posts at mid-point, including employer costs is circa £80k per annum:

→ Communications Officer (Digital) Band 6 (under evaluation)

In addition to mainstream communications, this post will be the lead specialist for digital communications, making the best use of digital technologies in the design and delivery of services. This involves developing, managing and evaluating the Hospital's existing range of digital channels and platforms including the staff intranet, external website, ONELAN screens, social media channels, and other marketing platforms. In particular, this post will lead on the redesign of our website, and support the transformation / redevelopment of the existing staff intranet in line with the new Office 365 / SharePoint platform.

In summary – main focus on content management systems, and the creation of visually appealing content (graphic design).

→ Communications Officer (PR and Media) Band 5 (under evaluation)

This post also covers mainstream communications, and the development of audio / visual materials such as videos and blogs. However, there is a particular emphasis placed on public relations, media relations, and social media engagement.

In summary – main focus is on raising the profile of TSH by engaging and educating stakeholders through the day to day management of social our media channels and creation of content.

Additional work is currently being scoped to assess if an early rapid redesign of the website can be undertaken as a one off project.

Action:
The Communications Team will be expanded to ensure the organisation has a resilient digitally enabled communications function both internally and externally.

6.1.3 Infection Prevention Resilience

TSH has adapted its clinical model to deal with challenges posed by Covid 19. There was one single handed Lead Nurse for Infection Prevention and Control prior to the pandemic. Public Health and Infection Control Medical support is provided from NHS Lanarkshire; this will continue going forward.

A key challenge is the administrative aspect of undertaking audit, updating guidelines, supporting Incident Management and Problem Assessments Groups whilst providing timely data and intelligence. There is a necessity to ensure that all other 'non-covid' aspects of infection management and prevention are maintained.

Action: An Infection Control Facilitator role was resourced on a one-year contract. This resource will be embedded permanently into organisation's resilience approach and living with cyclical peaks in Covid presentation on site

6.1.4 Digital Inclusion

TSH has made noted improvements in improving stakeholder engagement through increased digital inclusion, and has continuing plans for ongoing development in the coming years. This includes, during the pandemic, undertaking an extensive rollout of laptops to enable a significant increase in the ability of a broad range of staff effectively to work from home with full functionality of their roles and responsibilities, and for patient engagement to be enhanced through initiatives including "Near Me" providing the facility for digital visits and consultations, and court and tribunal appearances.

There is a focus now on further developments in engagement though new initiatives such as a current evaluation of options for new software to provide additional benefits through enhanced virtual visiting and improving further our patients' digital experience. It should be noted, however, that these enhancements do not reduce our base costs for patient care (and indeed may require additional project funding once fully evaluated and costed) – but would provide enhancement to the current service model.

The demands on eHealth will continue to be reviewed to ensure there is full evaluation of all essential project work, developing and monitoring a 5 year plan including all identified patient priorities. The resourcing and affordability of these projects is managed through existing budget and, where applicable, consideration of application for additional project funding.

6.2 Medium term growth and transformation

It has been identified that the following key areas will be developed and implemented (6.2.1 and 6.2.2) and once the outcomes are known, consideration will be given to needs arising (6.2.3 and 6.2.4).

6.2.1 Clinical Model Implementation

The Clinical Model describes how clinical care is to be structured and delivered at TSH. This will provide patient centred care, enabling individuals to feel a sense of progress through the clinical stages of their treatment journey. The model takes cognisance of their needs, risk, physical and mental health factors.

The Clinical Model comprises of four clinical sub-specialty areas:

- Admission and Assessment Wards
- Treatment and Recovery Wards
- Transitions Wards
- Intellectual Disabilities Wards

Planning for implementation of the Clinical Model was at an advanced stage prior to the Covid-19 pandemic, however, this was paused in March 2020.

A Project Initiation Document presented to the Board at its June 2022 meeting. This outlined the current context and additional consideration that the pandemic has presented in relation to planning and implementation of the Clinical Model. The document included information on the current difficulties in achieving safe staffing levels and how these will be addressed.

The paper provided an outline plan for implementation over the financial year 2022/23.

The Clinical Model will be implemented within the current budget, as it is intended that the care group adjustment will provide tailored staffing in line with the four care subgroups.

Actions:

- Ensure that a staff needs assessment is undertaken for working in the sub specialty clinical areas
- Establish an agreed partnership process which will focus on minimising disruption
- Ensure that any staff moves are clearly articulated and communicated
- Identify requirement for any structural changes, or new roles, with the development of modified job descriptions where appropriate
- Legislative requirements associated with the Health and Care (Staffing (Scotland) Act 2019 (*aka safe staffing*) is deliverable and continuously monitored with reporting to the CMT, Staff Governance Committee and the Board

6.2.2 Health and Care (Staffing)(Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Bill was passed by Parliament on 2nd May 2019 and received Royal Assent on 6th June 2019. The aim of the legislation is to provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high quality services and to ensure the best health care or care outcomes for service users.

The implementation of the Act was put on hold at the start of the COVID-19 pandemic in 2020 to allow Scottish Government and Health Boards to focus on the immediate priorities faced by the pandemic.

The revised timeline for implementation of the Act was announced in parliament on 21st June 2022 and full implementation of the Act will take place on the 1st April 2024 providing time for the necessary preparations to take place.

The commencement of monitoring and governance will take place from the 1st April 2024 with the first reports due by the 31st March 2025.

Actions:

- Further work is will be done on the 'Safe to Start' safe staffing tool, which will be refined over the coming 12 to 18 months to review the effectiveness of the overall staffing model and ensure that correct resources are deployed across the organisation.
- Continue to work in collaboration with Healthcare Improvement Scotland and the Chief Nursing Officer for Scotland's team in reporting the outcome and opportunities associated with this legislation.
- The Board will be briefed on any challenges or actions required to meet the requirements of the safe legislation going forward.
- A group will be established to oversee all change within the organisation: The Workforce Governance Group. A terms of reference will be developed with membership from key individuals across TSH along with partnership colleagues. It will ensure a system wide consideration of any workforce needs or changes and enable TSH in the identification of current or potential workforce risks and supporting these to be mitigated and monitored. This will ensure that we consider the current staffing profiles, future plans, future roles, recruitment practices and ongoing developments. This will ensure we have the right staff, in the right place at the right time, with a quality improvement methodology embedded in the group.

6.2.3 Future of Forensic Mental Health Services in Scotland

Following the publication of the 'Independent Review into the Delivery of Forensic Mental Health Service' in 2021, the Scottish Government established a Planning and Collaboration Short Life Working Group (SLWG) in November 2021.

The SLWG was tasked with engaging widely and developing an options appraisals process to establish the most appropriate delivery mechanism for implementing the review outcomes.

The group have met over 2022 and are now at the stage of finalising the report. The report will be send to the Minister for consideration and approval. It is anticipated that a final decision will be made in the autumn of 2022.

Action:
TSH will assess any workforce implications following ministerial approval and clarification of the preferred way forward.

6.2.4 Female High Secure Provision

The 'Independent Review into the Delivery of Forensic Mental Health Services' as recommendation 3 states:

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

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

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

TSH commissioned the Forensic Network for Scotland to undertake a Clinical Infrastructure Assessment for the needs of female patients who require high secure care. The report was completed in June 2022 and outlines the suggested admission criteria, physical and clinical infrastructure requirements.

The service will require a separate ward and clinical infrastructure. An initial assessment of new staff costs associated with the introduction of a female service has been undertaken. The analysis indicates that new staffing costs will be in the region of £2.05million per annum.

A report will be presented to the August 2022 meeting of The State Hospital Board.

A workforce plan will be developed following a scoping exercise to identify the staffing requirements. This will be taken forward through the Workforce Governance Group.

Action:
Pending Board approval, TSH will assess with medium secure colleagues and the female service lead at the Forensic Network, the best approach for staffing a female high secure service for Scotland.

7. Five Pillars of Workforce Planning

The National Workforce Strategy for Health and Social Care in Scotland outlines the Five Pillars of Workforce Planning, which are:

- Plan
- Attract
- Train
- Employ
- Nurture

The National Strategy details that these should be the basis for action to secure sufficient workforce to meet both short term recovery and medium term growth and transformation in our services and workforce. Therefore, detailed below is the ongoing and proposed work within each of the areas.

7.1 Plan

The Workforce Plan has been developed using the Six Steps Methodology to Integrated Workforce Planning, developed by Skills for Health and endorsed by NHS Scotland.

This approach sets out a practical framework to workforce planning which is evidence based and incorporates the key elements for consideration when developing a workforce plan. This was supplemented by additional guidance in the form of DL(2022)09 published on 1st April 22.

The Six Steps are:

- Defining the plan
- Mapping the service change
- Defining the required workforce
- Understanding Workforce Availability
- Developing an action plan
- Implement, monitor and refresh

7.2 Attract

A Recruitment Strategy and Action Plan was developed and approved by CMT in June 2022 to meet the organisational objectives of recruiting and retaining an effective and modern workforce. This strategy is not only aimed at all attracting new / returning staff but also those who are under schemes developed to provide routes to employment. The purpose is to ensure that we recruit the right people, in the right place at the right time.

Actions:

- Develop a modern and progressive recruitment approach, including improving our Social Media presence highlighting vacancies and the good news stories from across the TSH
- Ensure clear progression pathways
- Through inclusive recruitment, fill workforce gaps, create a sustainable pipeline of talented staff and better retain its people.
- Make full use of the technologies available to us to ensure that we maximise efficiencies in the recruitment process and can report fully on
- Remobilise TSH attendance at recruitment events.
- Develop stronger links and build key relationships with colleagues from local Schools and Higher Education Institutions (HEIs) to raise the profile of Forensic Mental Health Nursing and career opportunities within TSH.

7.3 Train

There is a strong focus on staff wellbeing, career development, and adhering to staff governance standards to maintain a skilled and motivated workforce that feels valued and is equipped to deliver high quality services and care. TSH is committed to supporting the training and ongoing development of all staff, and a key component of this plan is the provision of education and learning to help train and develop staff at all stages of their employment.

The following specific training and development opportunities are currently available and form part of the annual Corporate Training Plan, which is aligned to the Board's strategic direction:

- Staff bursary scheme, provides access to funding and study leave support to enable staff to engage in further or higher education aligned to CPD and professional or career progression
- The Health & Social Care vocational qualifications, a part of a structured career pathway for nursing assistants seeking to become registered nurse practitioners while retaining security of employment
- Access to Project Lift, noting that as at 31st March 2022, 42 staff had registered on the App and 25 staff had completed the self-assessment
- Leadership development interventions and support for existing and aspiring leaders across TSH including Introduction to Management, Leadership & Management Essentials, Core HR for Managers, Affina Team Development, Career Conversations and 360^0 Feedback.

In addition, access to coaching conversations for all staff continues to be promoted through a variety of routes through a WoS regional approach. Training is also provided through an in Introduction to Coaching Skills and Coaching Skills for Manager to ensure that managers are equipped with the skills required to adopt a supportive and coaching approach in their interactions with staff and colleagues.

Action:
Over the coming year members of Nursing Practice Development and Learning & Development service will collaborate on a joint-piece of work to support the development of Senior Charge Nurses within the hospital. This will provide leadership support and development following the pandemic and enable SCNs to develop their own teams

7.4 Employ

It is essential that we look to supporting staff through the employment process to make this a robust process but also ensure that staff feel fully supported into the Service and made to feel welcomed.

To assist with this, TSH's induction and onboarding process is being revised to ensure effective and robust induction for all new staff, and well-embedded processes are in place to ensure that individual Personal Development Plans (PDPs) are discussed and agreed on an annual basis.

As part of this review, we will also consider ways to extend the secondary induction period where staff will be supported to undertake further training opportunities that support them in their clinical roles (e.g. care plan training, clinical supervision training).

Scottish vocational qualifications are delivered for all new nursing assistants and security operators within the Hospital. These vocational programmes ensure alignment of induction training and early career development to the Knowledge and Skills Framework (KSF), and to national occupational standards for these specific job roles. They also support achievement of the Healthcare Support Worker Induction Standards, and provide opportunities for new staff members to gain nationally recognised qualifications that can assist with future career development and progression.

TSH is committed to developing apprenticeship programmes to assist in balancing our ageing workforce and help attract more staff into a career within the NHS. Apprenticeship programmes will expand access routes to employment as well as providing opportunities to support young people into work .

Modern apprentices are currently in post within several areas of the organisation. There is commitment to providing two modern apprenticeship placements within nursing per year, and opportunities for future expansion of apprenticeship programmes within the organisation will be actively explored.

Actions:

- Review current induction/on boarding process to ensure that staff are fully supported in joining TSH
- Develop apprenticeship placement opportunities within Nursing to both upskill staff and provide a seamless upskilling of staff
- Explore apprenticeship opportunities within all areas of TSH, in particular Estates

7.5 Nurture

TSH is committed to provide a healthy working environment which promotes and protects the physical and mental wellbeing of its employees. A tiered support model has been adopted based on the principles of Psychological First Aid (i.e. Care, Protect, Comfort, Support, Provide, Connect, Educate).

Our workforce is the most valuable asset and therefore we will continue to ensure that they are fully supported the pivotal roles of maintaining the safety and security whilst delivering front line care to patients in sometimes challenging and complex circumstances. Health and care systems are constantly changing. Within the context of TSH there are local changes that are planned in relation to the Clinical Model and national decisions from the review of Forensic Services are likely impact TSH. We recognise that change can be challenging for staff and will work with staff and stakeholders to mitigate impacts of change and engage staff in change processes.

A permanent Wellbeing Centre was opened in October 2020. This provides a space for both Staff and Volunteers 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 on a daily basis.

The Wellbeing Centre is currently resourced and staffed on a fixed term / part time basis by:

- Wellbeing Advisor
- Staff Care Specialist

Quarterly reviews are carried out to ensure staff benefit and satisfaction from this service, in order to ensure that resources are appropriately targeted.

The key areas of enhanced directly supported activity at present include:

- Continuity of existing level of access to the Centre;
- Programmed targeted information sessions aligned to Healthy Working Lives Agenda. (Credit Union, SPPA, health specific sessions);
- Support for all Staff and Volunteers to access the Centre for specific wellbeing events;
- Direct peer support, whether through informal drop-in visits to the centre, pastoral support via Staff Care Specialist, information events, signposting, listening spaces or coaching;
- Provision of targeted interventions linked to existing priority work streams (e.g. trauma informed care and psychological safety) specifically aimed at enhancing line manager capability in relation to Staff wellbeing and support;
- Investment in a pastoral support service / staff care specialist as described in the recently agreed equality outcome ambition.

In addition to the local initiatives and interventions, the Team are also members of the nationally established Wellbeing Champions Network and National Wellbeing Hub.

A three-year Staff & Volunteer Wellbeing Strategy and Action Plan has also been developed and approved at the Board in April 2022. This Strategy is for all Staff, Volunteers and any colleagues who work for TSH but are not directly employed under NHS Terms and Conditions e.g. our Chaplaincy Team.

The Strategy focuses its efforts in eight areas: mental health, environmental, financial, personal growth & development, physical health, social, spiritual and occupational. It encompasses the work of Healthy Working Lives as well as any wellbeing work across the organisation.

The Strategy and Action Plan will undergo scrutiny through evaluation using local data, set KPI's and feedback from stakeholders.

Over the course of the next three years, implementation will involve ensuring support at the following levels:

- Self-help, providing resources and signposting staff;
- Peer, offering advice and opportunities for staff to access one-to-one or group support;
- Line management, ensuring appropriate training opportunities are available for our managers;
- Organisational, making the links with the relevant organisational and national groups to ensure our approach is inclusive, comprehensive and encompassing.

TSH will continue to encourage feedback through iMatter questionnaires and the completion of Action Plans by each Team. "What Matters to you" will continue to be asked on an annual basis to ascertain what additional supports can be put in place for all staff and volunteers.

In addition to this work, over the next 12 months, members of the Nurse Professional Development team will work with colleagues the Staff Care Specialist to review the Peer Support system. This piece of work aligns with other segments of work that are currently underway to review the hospitals model for access to and the recording of clinical supervision and reflective activities.

All new qualified nurses and allied health professional recruited to TSH are supported to undertake the Flying Start NHS programme during their first year of practice.
The programme is designed to support the transition from pre-registered student to qualified, confident and capable health professional and forms an important component in the provision of nurturing and support for newly qualified staff. The Lead Nurses will to provide additional support to our cohorts of newly qualified nurses, recognising this as a key transitional point. This is to ensure they know they are welcome, valued and supported.

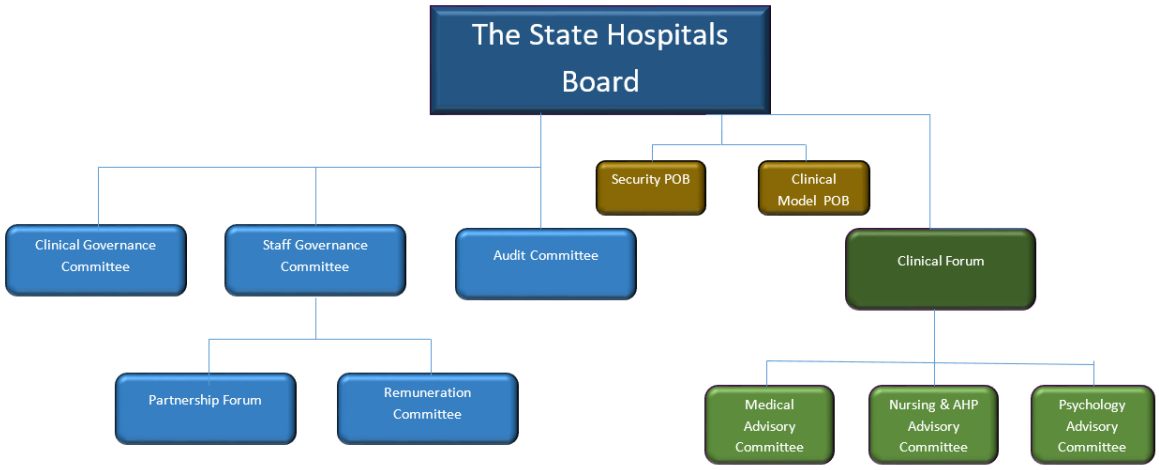
Action:
Review of the peer support system including regular reviews of new recruits to the organisation and their developmental and support experience

8. Implementation, Monitoring and Review

In line with the Five Pillars within the National Workforce Strategy for Health and Social Care. TSH will focus on short term workforce drivers for recovery and remobilisation of local health and care services, and medium-term workforce drivers relating to sustaining growth and supporting longer term transformation.

The Director of Workforce will lead the implementation of the plan, supported through the formation of a Workforce Governance Group which will report directly to the Corporate Management Team. This will take oversight of progress made by individual Executive Leads for the actions identified within their remit and directorate. This will ensure that the progress of the short, medium and long term actions set out in the workforce plan are driven forward and will provide a route for evaluation of effectiveness as well as the impact of change for staff.

The Board and its committees will receive regular assurance reporting throughout, and the structure for reporting routes is represented below:



This will embed assurance reporting for the Board through both the Staff Governance Committee and the Partnership Forum; as well as through the Clinical Governance Committee to take oversight of any potential impact of the implementation of this plan on the continued delivery of high quality patient care. The Board has a clearly defined clinical advisory structure led by its Clinical Forum, and engagement will continue throughout implementation of this plan.

TSH will work closely with our sponsor team within the Mental Health Directorate on the development and implementation of this plan.

It should be acknowledged that the scope of this workforce plan sets out local intentions and actions over the course of the next three years as they are known at present. There will however be further developments and changes, noting in particular that the outcomes of the future of forensic mental health services in Scotland review and female forensic health provision review will impact on TSH.

These changes will be reflected in the annual updates that will be submitted to Scottish Government throughout the three-year time period this workforce plan covers.

Appendix 1 – Action Plan

Workforce Plan - Action Plan.xlsx

Paper No: 22/93

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 17
Sponsoring Director:	Director of Workforce
Author(s):	Head of HR
Title of Report:	Workforce Report
Purpose of Report:	For Noting

1 SITUATION

This report provides an update on overall workforce performance to 30th September 2022.

Information and analysis is provided quarterly to the Staff Governance Committee and Bi-monthly to the Board. Monthly reviews also take place at Hospital Management Team, the Operational Management Team and Corporate Management Team. Information is also provided on a monthly basis to the Partnership Forum and HR & Wellbeing Group.

2 BACKGROUND

The State Hospital use a dashboard system called Tableau which is very much in the developmental stage. Unfortunately, at the moment a link to the Dashboard is not available and updates are provided via email to Senior Charge Nurses daily at 12.30pm. eHealth continues to work and develop the system so that all Managers can easily access the data for their own area via a link similar to SSTS / eESS etc.

The Tableau dashboards are updated on a daily basis with attendance information using information from the SSTS system, meaning that the information available is live and as accurate and up to date as the information input by managers. A monthly upload from EESS enables turnover information to be available, and it is intended that there will also be a monthly upload from JobTrain with recruitment information. The final development at this stage will be to provide centrally available establishment and vacancy level figures.

All information is provided to the end of September 2022.

3 ASSESSMENT

- Absence and Attendance Management

    - The information available shows that the absence rate for September 2022 is 10.09%. The rolling year average is 6.52%.
    - 25 staff were being managed through the formal stages of the Attendance Policy and 34 staff were off on long term absence.
    - Key reasons for short term absence were anxiety/stress/depression, back problems and gastrointestinal. For long term absence, the main reasons were anxiety/stress/depression, other musculoskeletal and other known. It should be noted that there has been a significant improvement in reason codes for absence being utilised on SSTS.
    - Covid related absence accounted for 0.94% of all absence.
    - Detailed work is being undertaken in targeted departments looking at trends in absence reasons and patterns of absence, using this information to identify what supports can be put in place to support individuals in remaining at work as well as supported back to work from absence.
    - The HR team regularly attend the SCN forum providing an opportunity for this group to ask questions on the Attendance Policy and explore common questions such as timeframes for meetings, monitoring periods and follow up meetings.
    - Attendance management training has also been developed for delivery as part of the Charge Nurse Development Programme. This focuses on key aspects of attendance management that Charge Nurses support including communication during periods of absence and how to complete return to work interviews.

- Recruitment

    - Five posts were advertised in September. This includes an advert for clinical support worker vacancies which ran over August/September. There are 2 individuals with confirmed start dates.
    - Work is ongoing to consider the KPI for recruitment to ascertain how the timelines can be reduced. The manager guidance document on recruitment processes will be further developed to give details of the target timescale and how managers can support achieving this.
    - Effective from 5th October 2022, all vacancy approvals are now raised through the Jobtrain system. This means that there is greater visibility of posts within the early stages of the recruitment process.

- Supplementary Staffing

    - 62.56 WTE supplementary staffing was required through overtime or excess hours for the whole organisation. 43.76 WTE supplementary staffing was required for Nursing.

- The costs of absence are calculated by Finance for Nursing staff only. These are based on average nursing employee costs. Approximately £218,000 was spent on overtime and approximately £47,500 was spent on excess hours.
- Work will be overseen by the Workforce Governance Group on analysing the use of overtime / excess hours and supplementary staff.

- Employee Relations

  - One new employee relations cases was identified. There were five ongoing cases: one case was delayed due to absence, however, is now proceeding to conclusion; two cases have been paused to enable further work to be done to support the process; two cases are on track to complete within the initial timescales. The commissioning managers have been kept up to date where there have been delays in the process.
  - Work is ongoing to develop improved timescales for progressing cases.

- Turnover

  - Five staff ended their employment at The State Hospital in September 2022. This brings the total number of staff who have left within financial year 2022/23 to 40 to date.
  - Exit interviews are offered to all staff on leaving the organisation. These can be done either by the line manager, or the staff member can complete a paper copy issued by and returned to HR. The outcomes of all exit interviews are shared with the Head of HR and the appropriate Director, with contents reviewed and actions taken as required. Work has now commenced to further develop this process, including looking at alternative methods for completion to assist with an honest opinion and also how data can be captured and used.

- PDPR Compliance

As at 30 September 2022:

- The total number of current (i.e. live) reviews was 513 (84.8%).
- A total of 66 staff (10.9%) had an out-of-date PDPR (i.e. the annual review meeting is overdue).
- A further 26 staff (4.3%) had not had a PDPR meeting. Staff in this group are predominantly new staff with an initial set-up review meeting overdue.
- Compliance has increased by 1.5% since the previous report in August 2022.

4 RECOMMENDATION

The Board are invited to note this report.

Paper No: 22/93

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Links to the Attendance Management Policy and aids monitoring of 5% attendance target locally. The national target is currently 4%.
Workforce Implications	Failure to achieve 5% target will impact ability to efficiently resource organisation.
Financial Implications	Failure to achieve 5% target results in additional spend to ensure continued safe staffing levels
Route to Board Which groups were involved in contributing to the paper and recommendations.	Corporate Management Team Staff Governance Committee Partnership Forum, HR and Wellbeing Group
Risk Assessment (Outline any significant risks and associated mitigation)	Fully outlined and considered in the report
Assessment of Impact on Stakeholder Experience	Failure to achieve the 5% target will impact on stakeholder experience
Equality Impact Assessment	Not required for this report as monitoring summary report.
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).	There are no identified impacts.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Workforce Report – October 2022

The information contained in this report comes from the following data sources:
SSTS
SWISS
EESS
Cohort Occupational Health System
NHS Scotland annual workforce report. The full report is available here: NHSScotland workforce | Turas Data Intelligence

SSTS is a live and dynamic system which means that information can be updated on it at any point. Managers are asked to update systems in real time, however, depending on when this is done, there can be variations to reports depending on when they are run.

The attendance, recruitment and turnover information contained on this report will be available on Tableau. Managers will be able to filter the reports to look at information for individual departments.

SSTS absence rates are calculated based on the hours lost within the month divided by the available working hours in the particular month.
SWISS absence rates are calculated based on the hours lost within the month divided by 1/12th of the annual available hours.

Absence and Sickness Absence - All Staff

Month
September, 2022

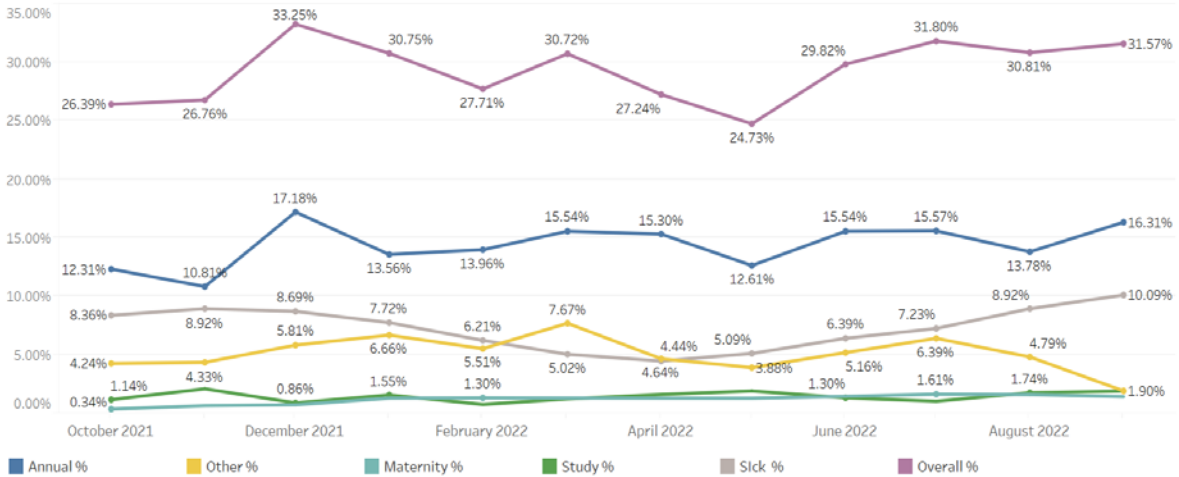
Rosters
All

Absence and Sickness Absence

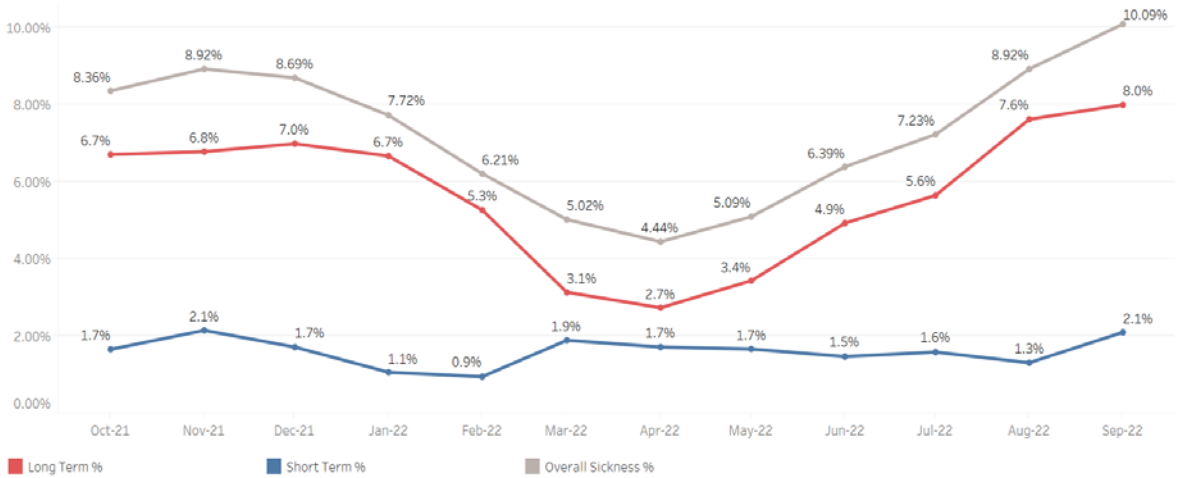
September 2022

Overall Absence	Overall WTE Lost	Overall Hours Lost	Sickness Absence	Sickness WTE Lost	Sickness Hours Lost	Long Term Sick	Short Term Sick
31.57%	181.9	29,239	10.09%	58.14	9,343	7.99%	2.09%
Rolling 12 Month	Rolling 12 Month	Rolling 12 Month	Rolling 12 Month	Rolling 12 Month	Rolling 12 month	Rolling 12 Month	Rolling 12 Month
26.30%	172.1	336,538	6.52%	42.67	83,430	5.08%	1.44%

Overall Absence 12 Month Rolling To: September 2022



Sickness Absence 12 Month Rolling To: September 2022



Absence and Sickness Absence - Hub Nursing Staff

Month
September, 2022

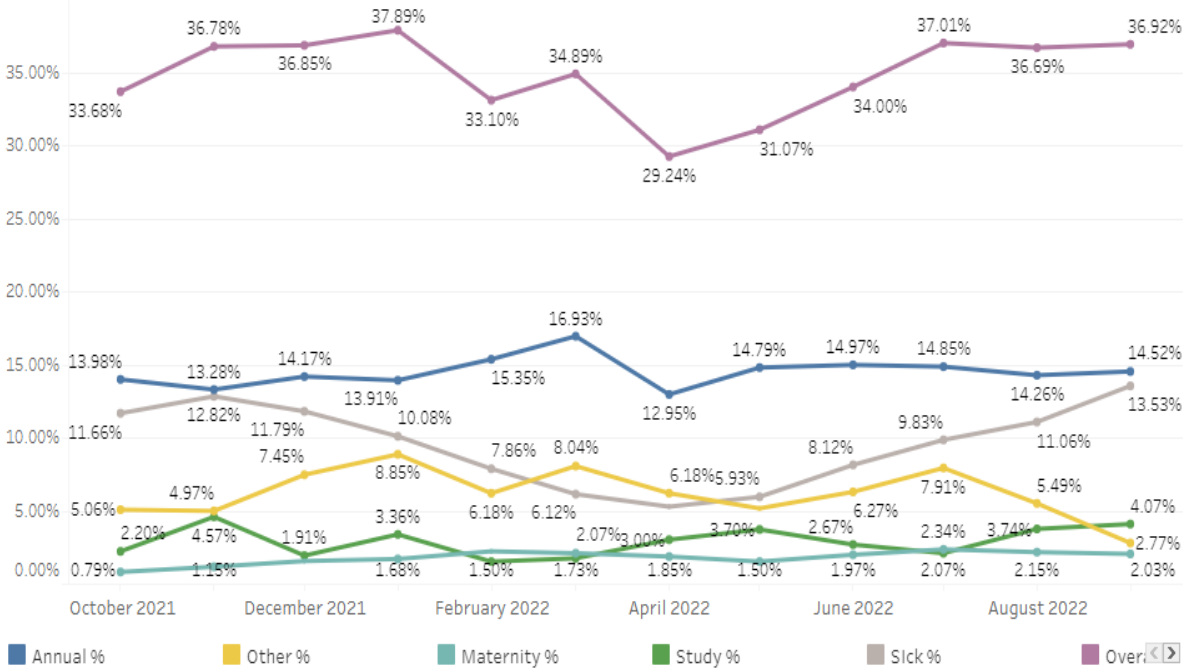
Rosters
(Multiple values)

Absence and Sickness Absence

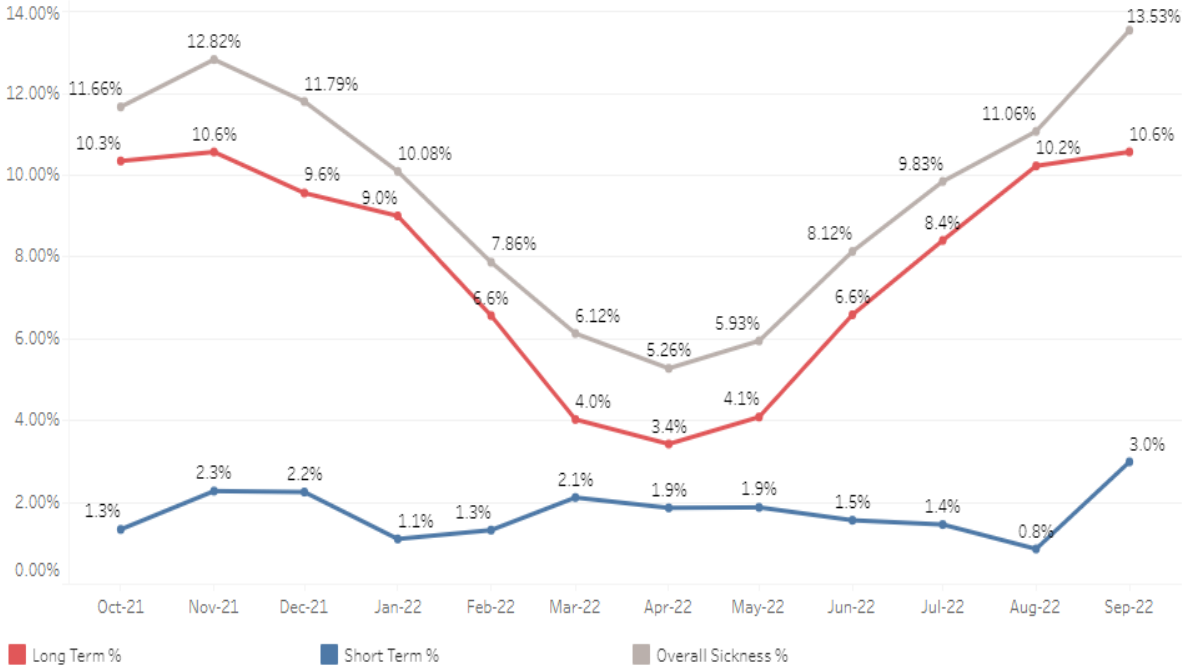
September 2022

Overall Absence	Overall WTE Lost	Overall Hours Lost	Sickness Absence	Sickness WTE Lost	Sickness Hours Lost	Long Term Sick	Short Term Sick
36.92%	95.27	15,311	13.53%	34.92	5,612	10.56%	2.98%
Rolling 12 Month	Rolling 12 Month	Rolling 12 Month	Rolling 12 Month	Rolling 12 Month	Rolling 12 month	Rolling 12 Month	Rolling 12 Month
30.63%	90.33	176,635	8.36%	24.64	48,190	6.83%	1.53%

Overall Absence 12 Month Rolling To: September 2022



Sickness Absence 12 Month Rolling To: September 2022



Reasons for Absence, Trigger points and Compliance

Month
September, 2022

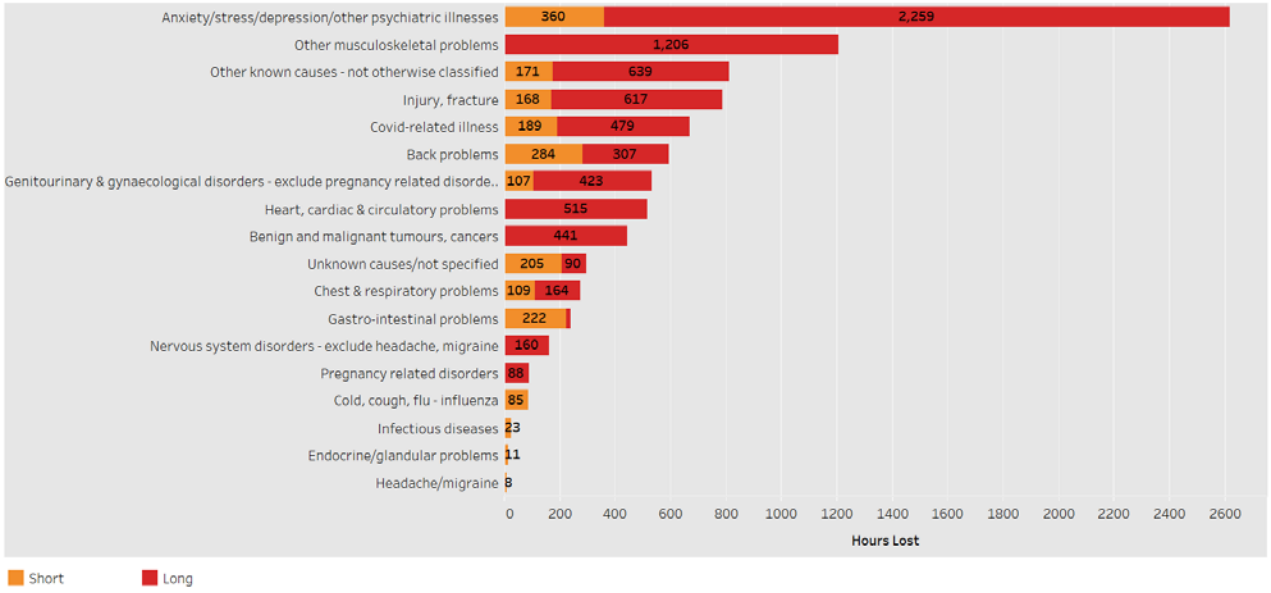
Rosters
All

Reasons for Absence, Trigger points and Compliance

September 2022

Staff Off Sick	Returning Staff	OH Referral Made	RTW < 2 Days	RTW > 2 Days	No RTW Held
115	79	2	7	34	33

Absence Reasons - September, 2022



Highest Absence % - September 2022

SH - Hub Iona - Iona Ward 3	27.44%
SH - Forensic Network	22.90%
SH - Hub Lewis - Lewis Ward 2	22.84%
SH - Allied Health Professional Service	20.77%
SH - Hub Lewis - Lewis Ward 3	19.11%

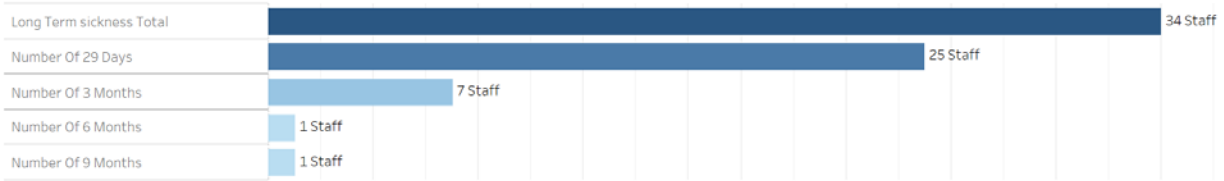
Lowest Absence % - September 2022

SH - Person Centred Improvement Services	3.89%
SH - Infrastructure	3.33%
SH - Learning Centre	1.84%
SH - Hub Senior Charge Nurses	1.74%
SH - Skye Centre - Administration	1.10%

Staff Reaching Trigger Points in September 2022

4+ Episodes	8+ Working Days	29+ Consecutive Days
4	19	28

Long Term Sick Leave as at 2022-09-30



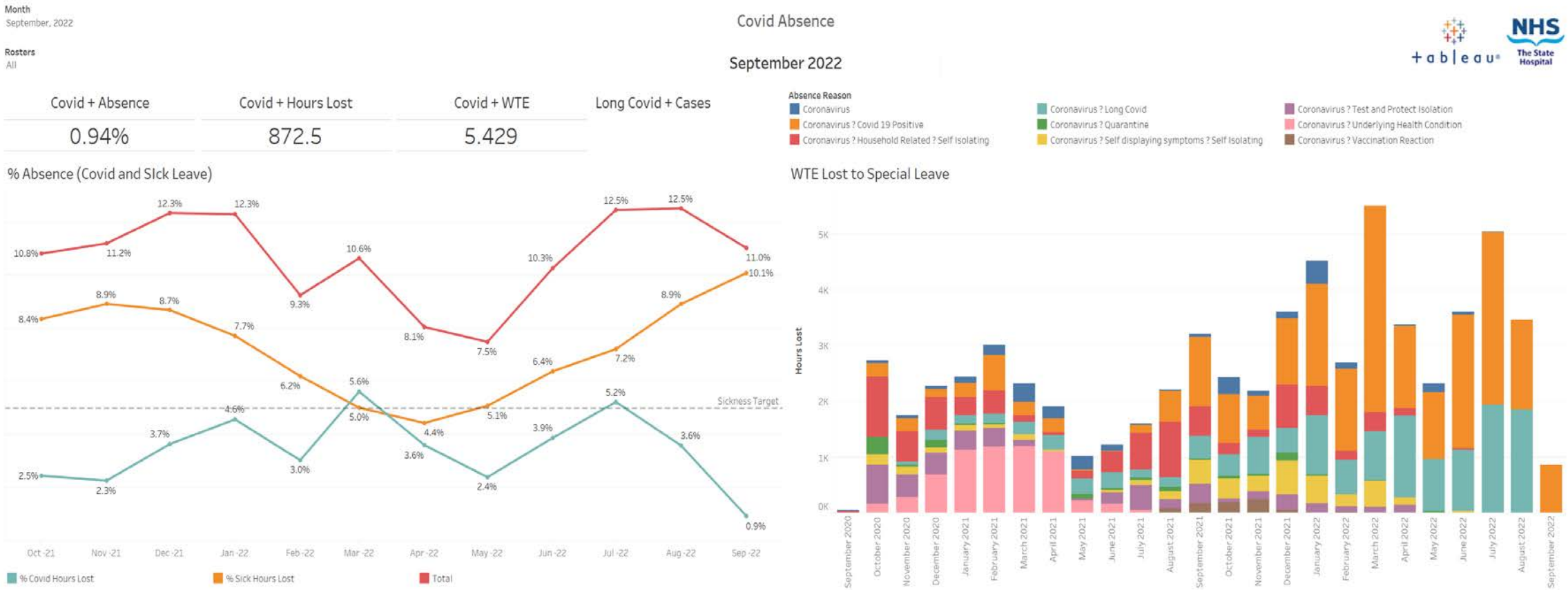
Sickness Absence Comparison – Nationally Reported Figures (In Month)

1st July 2022 - 31st July 2022	Total Hours Lost [3]	Total Contracted Hours [4]	Rate [5]	June 22 Rate [6]	Rate Difference [7]	WTE Hours Available as % Hours Worked [8]	Cash Equivalent as % Paybill [9]
Scotland	1,377,953.39	25,385,183.34	5.43	5.55	-0.13	195.3	535,387.90
NHS Ayrshire & Arran	75,818.73	1,502,101.05	5.05	5.03	0.01	-1.4	-3,883.06
NHS Borders	19,934.89	441,436.08	4.52	5.02	-0.51	13.8	42,601.68
NHS National Services Scotland [10]	22,442.02	531,818.72	4.22	4.56	-0.34	11.0	33,781.53
NHS 24	14,488.03	224,122.15	6.46	7.25	-0.78	10.8	25,453.55
NHS Education For Scotland	3,652.25	303,880.84	1.20	1.47	-0.26	4.9	5,037.27
Healthcare Improvement Scotland	1,833.20	87,607.32	2.09	2.38	-0.29	1.6	2,195.67
Public Health Scotland [10]	4,011.55	182,115.19	2.20	2.22	-0.02	0.2	x
Scottish Ambulance Service	85,511.40	1,013,689.91	8.44	8.16	0.27	-16.9	-33,603.11
The State Hospital	**6,500.00**	**95,435.30**	**6.81**	**6.28**	**0.53**	**-3.1**	**-12,265.79**
National Waiting Times Centre	15,917.46	315,814.88	5.04	4.83	0.21	-4.1	-8,569.72
NHS Fife	69,490.64	1,287,259.06	5.40	5.58	-0.18	14.5	40,517.45
NHS Greater Glasgow & Clyde	351,800.97	6,045,045.25	5.82	5.92	-0.10	35.6	106,350.25
NHS Highland	72,915.09	1,414,450.20	5.16	5.19	-0.04	3.4	8,738.20
NHS Lanarkshire	125,618.93	1,949,606.72	6.44	6.46	-0.02	2.1	5,660.47
NHS Grampian	100,645.61	2,310,479.99	4.36	4.60	-0.25	35.3	96,779.34
NHS Orkney	4,845.25	98,550.52	4.92	4.78	0.13	-0.8	-2,183.48
NHS Lothian	197,945.48	3,800,568.17	5.21	5.31	-0.10	24.2	62,097.34
NHS Tayside	102,964.09	1,947,203.27	5.29	5.51	-0.23	26.9	81,268.51
NHS Forth Valley	58,049.48	956,866.94	6.07	6.23	-0.17	9.8	29,072.81
NHS Western Isles	7,996.50	141,714.21	5.64	6.29	-0.65	5.6	17,163.65
NHS Dumfries & Galloway	31,205.24	623,603.36	5.00	5.47	-0.46	17.7	52,012.49
NHS Shetland	4,366.56	111,814.21	3.91	4.50	-0.60	4.1	9,886.15

Sickness Absence Comparison – Nationally Reported Figures (Rolling Year)

1st August 2021 - 31st July 2022	Total Hours Lost [3]	Total Contracted Hours [4]	Rate [5]	Previous Year Rate [6]	Rate Difference (2022 v 2021) [7]	WTE Hours Available as % Hours Worked [8]	Cash Equivalent as % Paybill [9]
Scotland	17,817,444.45	304,622,200.03	5.85	4.95	0.90	-1,408.7	-46,265,961.16
NHS Ayrshire & Arran	966,668.52	18,025,212.59	5.36	4.54	0.82	-75.8	-2,584,796.42
NHS Borders	285,145.42	5,297,232.95	5.38	4.71	0.68	-18.4	-680,859.27
NHS National Services Scotland [10]	307,530.45	6,381,824.60	4.82	3.28	1.54	-50.5	-1,856,837.69
NHS 24	228,962.39	2,689,465.85	8.51	7.29	1.23	-16.9	-479,457.42
NHS Education For Scotland	63,992.39	3,646,570.11	1.75	1.54	0.22	-4.0	-49,358.36
Healthcare Improvement Scotland	35,661.81	1,051,287.88	3.39	2.22	1.17	-6.3	-107,019.31
Public Health Scotland [10, 12]	59,219.58	2,185,382.27	2.71	2.18	0.53	-5.9	-
Scottish Ambulance Service	1,035,149.19	12,164,278.95	8.51	6.32	2.19	-136.9	-3,265,136.11
The State Hospital	**72,248.80**	**1,145,223.65**	**6.31**	**5.85**	**0.46**	**-2.7**	**-127,375.39**
National Waiting Times Centre	225,470.83	3,789,778.51	5.95	4.75	1.20	-23.4	-587,748.04
NHS Fife	897,443.18	15,447,108.73	5.81	5.07	0.74	-58.3	-1,955,515.53
NHS Greater Glasgow & Clyde	4,624,009.50	72,540,542.97	6.37	5.40	0.97	-361.8	-12,963,116.38
NHS Highland	913,458.12	16,973,402.40	5.38	4.86	0.52	-45.1	-1,378,197.32
NHS Lanarkshire	1,607,254.53	23,395,280.64	6.87	5.74	1.13	-136.0	-4,395,848.45
NHS Grampian	1,324,918.53	27,725,759.87	4.78	3.83	0.95	-134.9	-4,436,425.97
NHS Orkney	62,930.33	1,182,606.25	5.32	4.72	0.60	-3.7	-119,054.31
NHS Lothian	2,470,705.12	45,606,818.06	5.42	4.54	0.87	-204.6	-6,284,209.47
NHS Tayside	1,353,790.69	23,366,439.22	5.79	5.07	0.72	-86.7	-3,131,025.71
NHS Forth Valley	724,646.64	11,482,403.25	6.31	5.93	0.38	-22.7	-808,328.95
NHS Western Isles	95,530.65	1,700,570.49	5.62	5.49	0.12	-1.1	-39,129.23
NHS Dumfries & Galloway	400,162.27	7,483,240.33	5.35	5.13	0.22	-8.3	-294,097.06
NHS Shetland	62,545.53	1,341,770.46	4.66	2.86	1.80	-12.4	-357,271.99

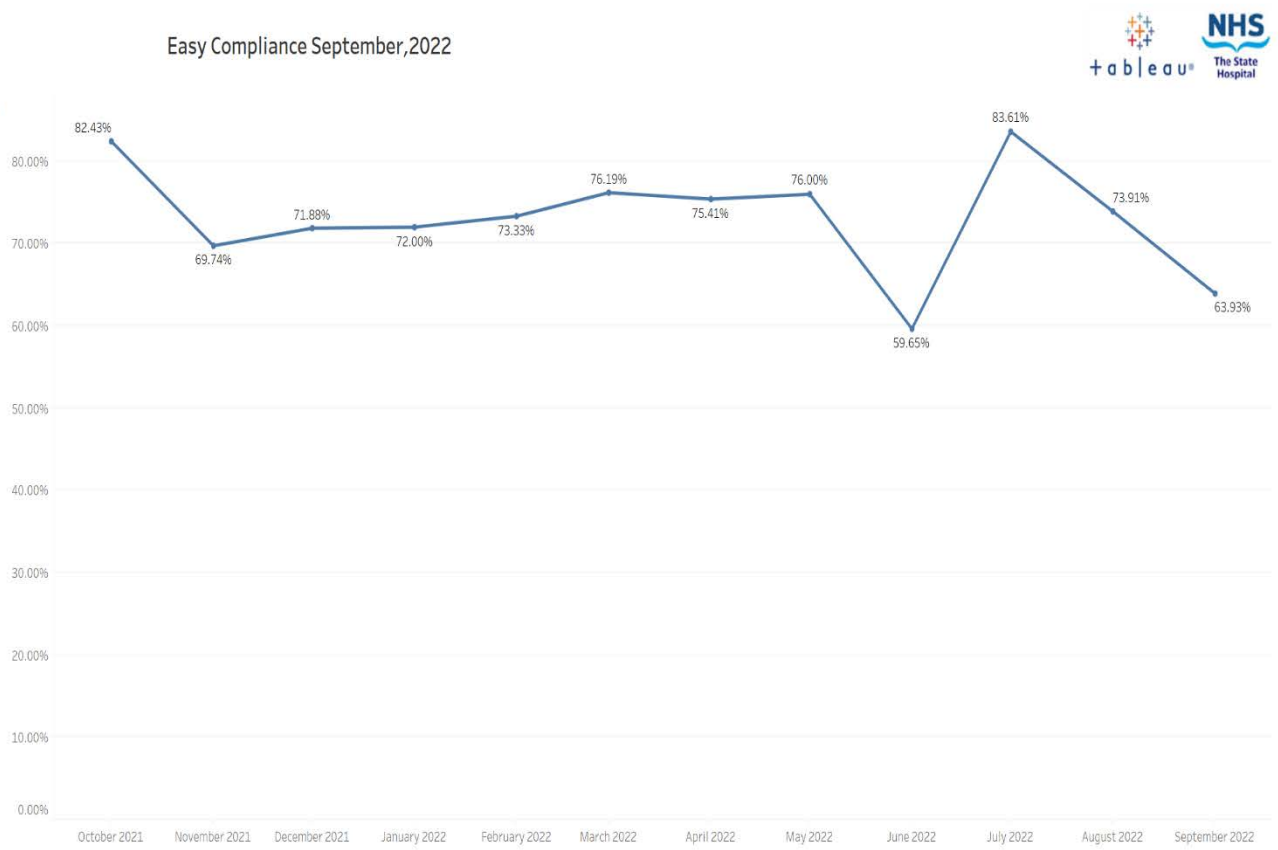
Covid Absence



Occupational Health - EASY Compliance

Month
September, 2022

		Total Staff	Sickness Total	Referred To Easy	% Referred
2021	October	684.0	74.0	61.0	82.43%
	November	684.0	76.0	53.0	69.74%
	December	683.0	64.0	46.0	71.88%
2022	January	682.0	50.0	36.0	72.00%
	February	682.0	30.0	22.0	73.33%
	March	684.0	63.0	48.0	76.19%
	April	675.0	61.0	46.0	75.41%
	May	676.0	75.0	57.0	76.00%
	June	669.0	57.0	34.0	59.65%
	July	678.0	61.0	51.0	83.61%
	August	669.0	69.0	51.0	73.91%
	September	666.0	61.0	39.0	63.93%



Recruitment – September 2022

Posts in Recruitment Process

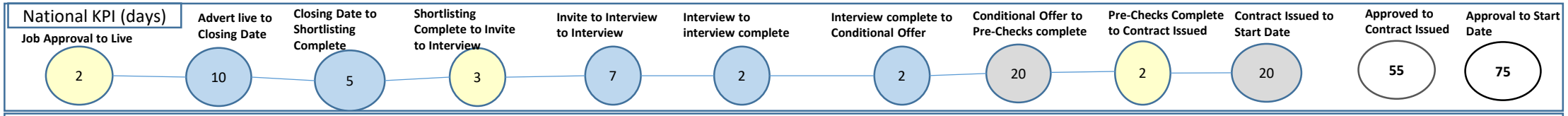
Job Family	Calendar YTD		Current Month	
	No of Adverts	No of Positions	No of Adverts	No of Positions
Administrative Services	11	11	0	0
Allied Health Professions	6	7	1	2
Executive Level	1	1	0	0
Medical and Dental	2	2	0	0
Nursing and Midwifery	25	76	2	6
Other Therapeutic	9	10	2	3
Support Services	14	20	0	0
Total	68	127	5	11

Unconditional Offers Issued with Start Date

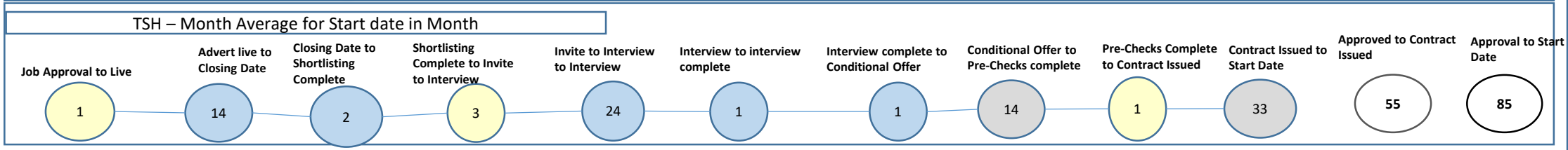
Job Title	Start Date
Practitioner (Health) Psychologist	10/10/2022
Housekeeper	18/10/2022

Provisional Offers Issued with Start Date

National KPI (days)



TSH – Month Average for Start date in Month



Responsibility Key:

- HR
- Recruiting Manager
- Outwith TSH

Annual Leave, Overtime and Excess

Month
September, 2022

Rosters
All

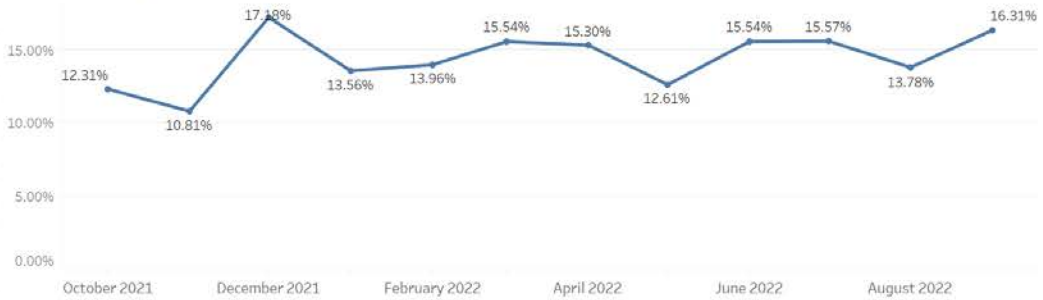
Annual Leave, Overtime and Excess

September 2022

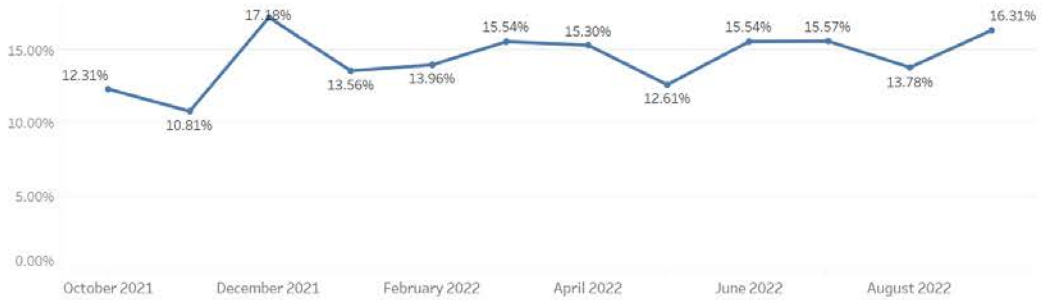
Hours Used - 12 Month Rolling To September, 2022

To Meet Clinical Demand	45,559
Linked to Absence - Bank Allocated	14,726
Linked To Absence	14,054
No Reason Selected	13,530
To Meet Workload Demand	9,665
Coronavirus	3,452
Escort Duties	2,236
Special A patient	1,251
Routine Additional Hours	870
Other	722
Mandatory Training	656
To Meet Managerial Requirements	641
Hospital cover	514
Unknown - due to absence deletion	485
Rota Gap	314
Constant Observations	252
To Adjust Skill Mix	145
Mand training ? Induction	107
Coronavirus Test and Protect	72
Mand training ? Manag of Aggression	53
Coronavirus Vaccination	38
On Call	33
Late cancellation	22
Mand Training - Nursing Skills	8
Immunisation Programme	7
SAS Rechargeable Event	7
Mand training ? Moving & Handling	3
Mand Training - BreastfeedingUpdate	1
Grand Total	109,421

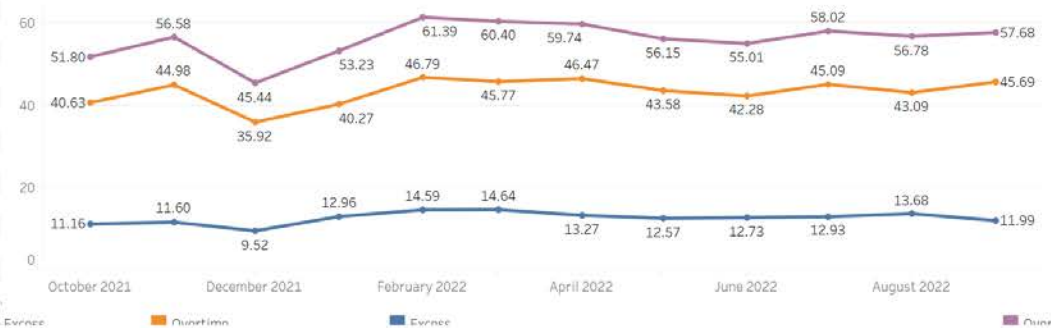
Annual Leave - Hospital



Annual Leave - Wards Only



Supplementary Hours As WTE - Hospital



Supplementary Hours As WTE - Wards Only

ER Case Management – September 2022

ER Casework

New ER Cases 2022/23												
	April	May	June	July	August	September	October	November	December	January	February	March
Capability- informal	0	0	1	0	0	0						
Capability - formal	0	0	0	0	0	0						
Conduct - informal	0	0	2	0	0	0						
Conduct - formal	1	0	0	1	0	1						
Bullying & Harassment - informal	0	0	0	0	0	0						
Bullying & Harassment - formal	0	1	1	0	0	0						
Grievance- informal	0	0	1	0	0	0						
Grievance - formal	0	0	0	0	1	0						
Whistleblowing	0	0	0	0	0	0						
Total	1	1	5	1	1	1	0	0	0	0	0	0

ER Casework – timescales

Ongoing ER Case Work					
	<1 month	1-3 months	3-6 months	6+ months	Total
Capability - formal	0	0	0	0	0
Conduct - formal	0	2	0	0	2
Bullying & Harassment - formal	0	0	2	1	3
Grievance - formal	0	0	0	0	0
Whistleblowing	0	0	0	0	0

Attendance Management

Active Monitoring	Apr	May	June	July	Aug	Sep	Grand Total
2022							
Stage One	2	2		6	9	5	24
Stage Two		1					1
Grand Total	**2**	**3**	**0**	**6**	**9**	**5**	**25**

Staff actively being monitored from effective date of monitoring

Workforce Establishment Figures – August 2022

NURSING DIRECTORATE (Wards)

Band	Establishment	Actual	Variance
Band 7	12.00	13.00	-1.00
Band 6	30.00	26.00	4.00
Band 5	133.40	110.00	23.40
Band 4	14.00	14.00	0.00
Band 3	103.60	102.60	1.00
Supplementary staff	0.00	11.20	-11.20
Total	293.00	276.80	16.20

FINANCE DIRECTORATE

Band	Establishment	Actual	Variance
Band 8C	1.00	1.00	0.00
Band 8B	2.00	2.00	0.00
Band 8A	1.60	1.60	0.00
Band 7	4.60	4.60	0.00
Band 6	7.00	6.85	0.15
Band 5	4.00	4.00	0.00
Band 4	4.00	3.00	1.00
Band 3	8.56	9.36	-0.80
Total	32.76	32.41	0.35

CHIEF EXECUTIVE

Band	Establishment	Actual	Variance
SM 6	1.00	1.00	**0.00**
EM D	0.75	0.75	**0.00**
EM C	2.00	2.00	**0.00**
E 4	1.00	1.00	**0.00**
BAND 8C	1.00	1.00	**0.00**
BAND 8A	1.00	1.00	**0.00**
BAND 7	1.00	1.00	**0.00**
BAND 5	3.00	3.00	**0.00**
BAND 4	0.40	0.40	**0.00**
A & C	6.00	5.00	**1.00**
Total	17.15	16.15	1.00

NURSING DIRECTORATE (Other)

Band	Establishment	Actual	Variance
Band 8D	1.00	1.00	0.00
Band 8C	4.00	3.70	0.30
Band 8B	3.93	3.93	0.00
Band 8A	10.01	9.51	0.50
Band 7	12.57	12.37	0.20
Band 6	18.00	13.80	4.20
Band 5	23.20	23.13	0.07
Band 4	27.18	23.25	3.93
Band 3	16.81	14.79	2.02
Total	116.70	105.48	11.22

HR Directorate

Band	Establishment	Actual	Variance
Band 8A	2.90	2.50	0.40
Band 7	1.00	1.00	0.00
Band 6	4.50	3.50	1.00
Band 5	2.30	2.75	-0.45
Band 4	3.00	3.00	0.00
Band 3	1.49	0.80	0.69
Total	15.19	13.55	1.64

SECURITY DIRECTORATE

Band	Establishment	Actual	Variance
EM C	0.40	0.40	0.00
Band 8C	1.00	1.00	0.00
Band 8B	2.00	2.00	0.00
Band 7	6.00	5.50	0.50
Band 6	4.72	6.00	-1.28
Band 5	7.00	7.00	0.00
Band 4	7.60	7.41	0.19
Band 3	43.27	44.17	-0.90
Band 2	49.90	44.94	4.96
Total	121.89	118.42	3.47

MEDICAL DIRECTORATE

Band	Establishment	Actual	Variance
Band 8C	0.50	0.00	0.50
Band 8B	1.00	1.00	0.00
Band 8A	2.50	2.50	0.00
Band 6	2.00	2.00	0.00
Band 5	0.50	0.50	0.00
Band 4	3.37	3.37	0.00
Med Consult	8.70	8.25	0.45
Med Spec Dr	3.00	2.10	0.90
Total	21.57	19.72	1.85

TOTAL COMBINED VACANCIES BY GRADE

Band	Establishment	Actual	Variance
Band 8D	1.00	1.00	0.00
Band 8C	7.50	6.70	0.80
Band 8B	8.93	8.93	0.00
Band 8A	18.01	17.11	0.90
Band 7	37.17	37.47	-0.30
Band 6	66.22	58.55	7.67
Band 5	173.40	150.38	23.02
Band 4	59.15	54.03	5.12
Band 3	173.73	171.72	2.01
Band 2	49.90	44.94	4.96
SM 6	1.00	1.00	0.00
EM D	0.75	0.75	0.00
EM C	2.40	2.40	0.00
E 4	1.00	1.00	0.00
Med Consult	8.70	8.25	0.45
Med Spec Dr	3.00	2.10	0.90
Total	611.86	566.33	45.53

Workforce Turnover

Month
September, 2022

Workforce Turnover September,2022

Month Turnover %	Month WTE	Month Number of Staff	Financial Year Turnover %	Financial Year WTE	Financial Year Number of Staff
0.80%	4.6	5	5.09%	29.59	40

Reason for Leaving - September,2022

End of FTC	1
New Employment with NHS Scotland	1
Retirement - Age	1
Vol. Resignation - Other	1
Vol. Resignation - Promotion	1
Grand Total	5

Leavers Length of Service - September,2022

Null	2
0-1 Year	1
1-3 Years	3
10 + Years	1
Grand Total	7

Leavers Division - September,2022

Finance & Performance Management (Div)	1
Nursing & AHP (Div)	4
Grand Total	5

Reason for Leaving - Financial Year

End of FTC	5
New Employment with NHS Scotland	12
Other	11
Retirement - Age	6
Retirement Other	1
Vol. Resignation - Other	3
Vol. Resignation - Promotion	2
Grand Total	40

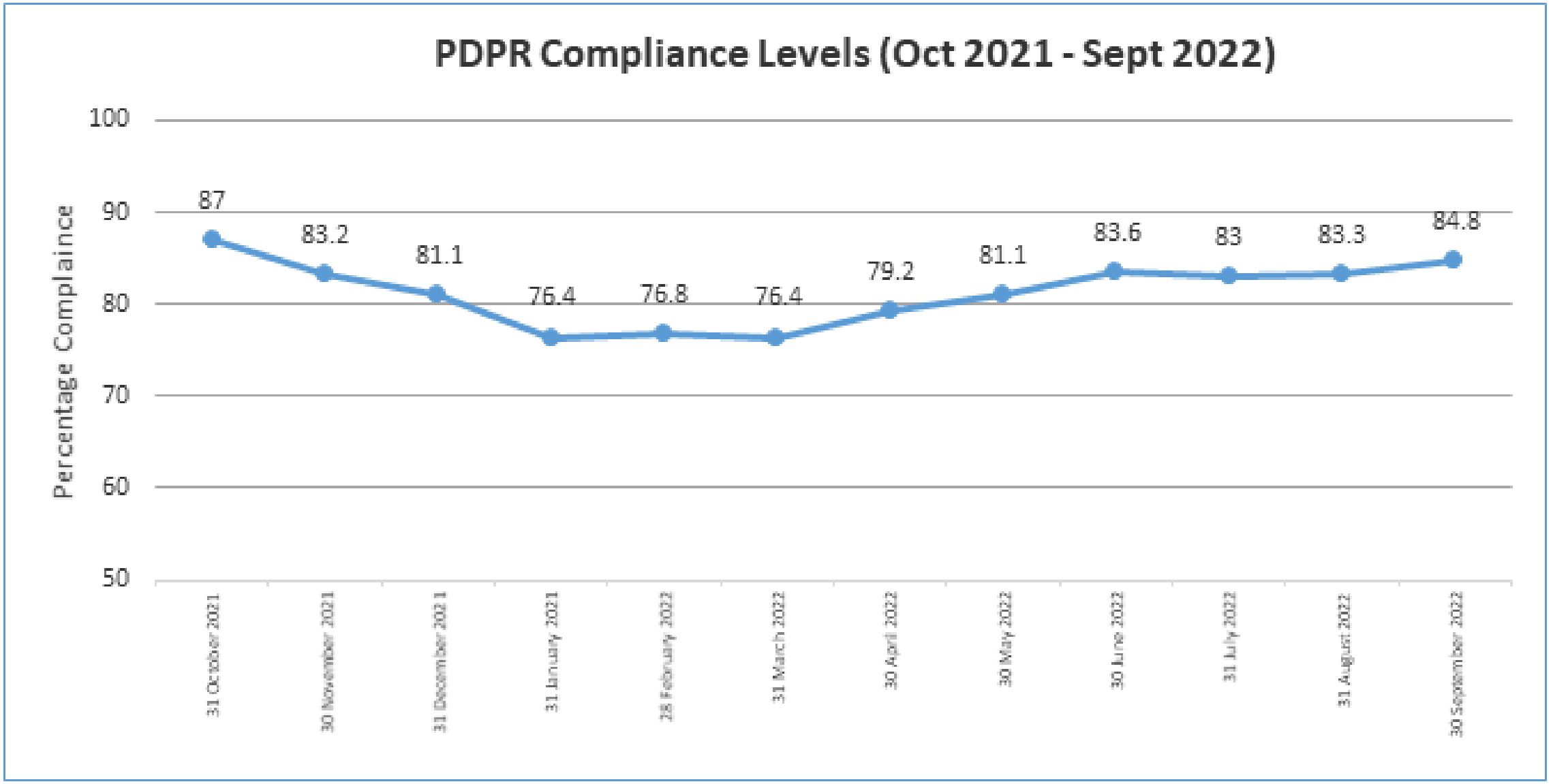
Leavers Length of Service - Financial Year

0-1 Year	13
1-3 Years	12
3-5 Years	3
5-10 Years	2
10 + Years	10
Grand Total	40

Leavers Division - Financial Year

Chief Executive (Div)	1
Finance & Performance Management (Div)	1
Human Resources (Div)	2
Medical (Div)	2
Nursing & AHP (Div)	27
Security (Div)	7
Grand Total	40

PDPR Compliance – September 2022



Paper No: 22/94

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 18
Sponsoring Director:	Director of Workforce
Author(s):	Learning & Wellbeing Advisor Staff Care Specialist
Title of Report:	Staff and Volunteer Wellbeing Report
Purpose of Report:	For Noting

1 SITUATION

The Staff and Volunteer Wellbeing Strategy 2022-24 was approved by the Board in April 2022. This strategy has been developed in consultation with various groups – Healthy Working Lives Group (HWL), the HR & Wellbeing Group, staff and volunteers.

This paper provides an update on the progress of the implementation of the strategy and associated action plan as well as work around the key performance indicators.

2 BACKGROUND

The Wellbeing Strategy applies to all staff, volunteers and any colleagues who work for us but are not employed under NHS Terms and Conditions e.g. our Chaplaincy Team. It seeks to be inclusive and welcoming to all.

The Strategy is supported by an annual Action Plan. KPI's (Appendix) have now also been developed and were approved at the HR and Wellbeing Group at the meeting in September. This is due to go to Staff Governance at their November meeting.

The HR & Wellbeing Group will also receive regular updates on the Action Plan and KPI's with contributions from key stakeholders at the monthly meetings.

3 ASSESSMENT

Whilst the KPI's were in the development stages, work continued within the Team and updates are as follows:

Key Performance Indicator 1

The Wellbeing Centre continues to be available for all staff and is utilised now as part of Staff Induction. Attendance of Nursing has continued to be an issue however with face to face training returning to Harris, more are now able to access the Centre during their breaks.

Both the Wellbeing Advisor and the Staff Care Specialist regularly visit the Hubs to meet up with the Teams and offer additional Support. The Staff Care Specialist provides a confidential support service to staff and currently is meeting 15 members of staff to provide them with additional help and advice. Analysis will be undertaken by them in relation to the issues they are assisting with to consider what other supports need to be considered.

Monitoring of the footfall within the Centre was discussed with some concerns being expressed by the HR & Wellbeing Group that this could end up being an issue in terms of some kind of checking up on staff and feeding this back to their Managers. It was agreed to trial this in May with the footfall being recorded (Monday to Friday 9-5). As the Centre is not staff evenings and weekends, it is difficult to know the usage but it was felt that the data may be able to assist. This gave the Group assurances about the data and it was agreed that this would be undertaken on a quarterly basis moving forward.

Key Performance Indicator 2

A 24-hour helpline is provided by NHS Lanarkshire and we are waiting for our first report on the update of this service.

The Staff Care Specialist is providing an update on the work and support they are providing at the next HR & Wellbeing meeting and also Staff Governance in November.

The second Wellbeing Vision communication was circulated in August and printed copies were made available in all part of the Board for Staff to access. This contained key information of services and support available to staff. These will continue to be produced on a quarterly basis moving forward.

A wellbeing leaflet is currently being created to provide signposting on areas of support for staff and volunteers and is in the final stages of production.

Key Performance Indicator 3

iMatter Survey ran from 23 May until 13 June 2022. The response from staff in TSH this year was 72% (69% in 2021) with an Employee Engagement Index Score of 75% (74% in 2021). Each individual team received their own reports and were asked to complete their own action plans for their areas. The Team distributed guidance to all staff and managers on the next steps and how to use the outcomes to develop their team further. Further analysis will be undertaken on the overall Board Report once we receive the information from a NHSScotland perspective.

HR and Learning & Development are currently working on the development and updating of the Staff Induction Programme to ensure that it is providing the right information to all new starts.

Work is underway on consideration of the Exit Interview process, how these are conducted, where the data goes, what the data is telling us to assist with, not only future recruitment, but retention of staff too. Guidance will be produced to support this process further.

Key Performance Indicator 4

Training of Peer Supporters to form a network of supporters will commence in November. This programme of training peer supporters is supported by Nurse Practice Development and Staff Care Specialist as well as colleagues from the Staff Care Specialist team in NHS Lanarkshire. The first cohort of peer supporters will be from the Nursing staff group.

Further work will take place thereafter on other cohorts of staff to put this network in place across all specialties.

Key Performance Indicator 5

Training of Wellbeing Advisors in Mental Health First Aid has taken place to enable them to provide session to Staff and Managers. A course which was provided by SAMH was attended on 12 and 13 October and will help to provide our Wellbeing Advisors with support and confidence in providing wellbeing advice and signposting.

The Healthy Working Lives Group members have been invited to attend the NEBOSH Wellbeing in the Workplace course provided by New College Lanarkshire. This will take place in November and will support the work of the HWL Group as well as providing the members of the group with support and confidence in their own wellbeing and those of their colleagues.

Mental Health Awareness Training for managers and staff - 6 sessions for managers and 6 sessions for staff commenced in October 2022. First session took place on 7 October with 5 leaders attending.

4 Recommendations

Board members are invited to endorse the contents of this report.

Paper No: 22/94

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Links to the Wellbeing Agenda and iMatter.
Workforce Implications	Considered in this report
Financial Implications	Funding is provided on a non-recurring basis and will be discussed annually
Route To Board Which groups were involved in contributing to the paper and recommendations.	HR & Wellbeing Group
Risk Assessment (Outline any significant risks and associated mitigation)	Risk of reduction of funding to provide staff with the relevant supports. Risk of termination of 0.8 WTE resource currently in place on a fixed term basis.
Assessment of Impact on Stakeholder Experience	It is well evidenced that good workforce morale is directly linked to a more positive patient and staff experience
Equality Impact Assessment	Screened and no implications identified for reporting.
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).	There are no identified impacts.
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

Staff Care and Wellbeing - Key Performance Indicators (KPI's)

The KPI's surrounding staff care and wellbeing link in to the Staff Governance Standards and in particular number five:

1. **Well Informed**
2. **Appropriately trained and developed**
3. **Involved in decisions**
4. **Treated fairly and consistently**
5. **Provided with a continuously improving and safe working environment**

Key Performance Indicators (KPI) 1

Staff and volunteers will have access to a wellbeing centre that will be resourced with;

- a provision of hospitality (hot/cold drinks and biscuits)
- wellbeing staff to provide peer support and signposting
- access to physical, mental health and social activities and initiatives supported by the HWL Group

How will this be achieved and measured:

- An allocated budget to provide refreshments and support activities and initiatives (HWL £3000)
- Support 0.8 WTE wellbeing posts
- Deliver a Healthy Working Lives Action Plan each year providing activities and intitiatives
- Provide a sample of wellbeing centre usage once per quarter

Key Performance Indicators (KPI) 2

Staff not able to access the wellbeing centre will have access to a wellbeing outreach service that will provide;

- 24hr helpline – 01698 752000
- Access to one to one support from a Staff Care Specialist
- making wellbeing resources accessible to all staff in different formats i.e. digital, in-person and in leaflets

How will this be achieved and measured:

- Usage of 24hr helpline monitored and recorded via NHSL
- Provide monthly updates of Staff Care Specialist referral numbers to HR&W Group
- Provide quarterly Wellbeing Vision communications to staff and volunteers on what's available locally and nationally
- Offer quarterly wellbeing in person check ins with teams across the hospital

Key Performance Indicators (KPI) 3

Staff and volunteers will be offered a number of opportunities to engage and provide feedback on their wellbeing throughout the year;

- iMatter – once per year
- Wellbeing Pulse Survey – once per year

- ‘What matters to you’ – once per year
- Corporate Induction – wellbeing induction
- PDP
- Exit Interviews

How will this be achieved and measured:

- Report the findings of each data set to the workforce and relevant groups/committees

Key Performance Indicators (KPI) 4

Establish a peer support model, training peer supporters by March 2023;

How will this be achieved and measured:

- We will have trained 1 cohort of peer supporters by March 2023

Key Performance Indicators (KPI) 5

Provide training for staff and managers to support a Mentally Healthy Workforce;

- Dedicated training sessions for Managers to support themselves and their teams
- Mental Health First Aid Training for wellbeing advisors
- NEBOSH Working with Wellbeing training

How will this be achieved and measured:

- The wellbeing team will provide 4 training sessions for Managers by March 2023
- Wellbeing Advisors will attend Mental Health First Aid Training by October 2022
- Support the HWL Group members to attend the NEBOSH Working with Wellbeing Training by December 2022

Paper No: 22/95

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 19
Sponsoring Director:	Chief Executive Officer
Author(s):	Head of Planning and Performance
Title of Report:	TSH Annual Operating Plan and Delivery Plan 2022/23
Purpose of Report:	For Decision

1 SITUATION

Scottish Government requested all NHS Boards to prepare an Annual Operating Plan and Delivery Plan to outline TSH priorities and describe the plan to deliver services over 2022-23. This was submitted to Scottish Government in July 2022. Feedback has now been received, appendix 1. Scottish Government have asked that the Board now review and approve the plan.

2 BACKGROUND

The focus of delivery of Health and Care services during the pandemic was to ensure that services were not overwhelmed. Remobilisation Plans were developed in place of the usual Annual Operating Plans. As NHS Scotland seeks to recover from the pandemic, the focus of service planning is to recover services to a sustainable and affordable system.

3. ASSESSMENT

The Annual Operating Plan and Delivery Plan set out what The State Hospital will deliver across the year 2022/23. It details the operating environment, corporate objectives and key areas of focus for delivery. Scottish Government, in commissioning the plan, invited NHS Boards to identify their current and future delivery priorities and detail how these will be delivered against the background of renewal and recovery from the pandemic. The plan forms a part of governance and sponsorship, and has been reviewed on that basis. Quarterly reports will continue to be submitted to Scottish Government throughout the year to update and discuss delivery and emerging priorities.

3 RECOMMENDATION

Paper No: 22/95

Board members are asked to:

- Review and approve the Annual Operating Plan and Delivery Plan

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	The Annual Operating Plan and Delivery Plan sets out the key delivery priorities for TSH over 2022/23. It details the corporate objectives and priorities for TSH
Workforce Implications	Not assessed formally – the plan outlies the key strategic responsibilities for TSH in terms of workforce
Financial Implications	Not assessed formally – the plan outlies the key financial responsibilities for TSH
Route To The Board Which groups were involved in contributing to the paper and recommendations	Direct to Board
Risk Assessment (Outline any significant risks and associated mitigation)	No formally assessed
Assessment of Impact on Stakeholder Experience	The plan sets out the key deliverables for TSH and will be monitored by SG
Equality Impact Assessment	An EQIA is not required
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

2022

2022/23 Annual Operating Plan

THE STATE HOSPITALS BOARD FOR SCOTLAND

The State Hospital Annual Operating Plan 2022/23

The State Hospitals Board for Scotland is a National NHS Board serving the population of Scotland and Northern Ireland.

The organisation provides specialist individualised assessment, treatment and care in conditions of high security for male patients with major mental disorders and intellectual disabilities. The patients, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting.

The State Hospital has a reputation for delivering world-class forensic mental health care. Visitors and stakeholders from both home and overseas continue to be extremely positive about the person-centred care approach focused on recovery. Working with partners in the Forensic Network for Scotland, the organisation is recognised for high standards of care and treatment, innovative research and education.

The vision of The State Hospital is to:

- Excel in the provision of high secure forensic mental health care
- Achieve positive patient outcomes
- Ensure the safety of our valued staff, patients, visitors and the general public
- Promote collaboration across health, social care and justice services
- Strive to be an exemplar employer

The values of The State Hospital are aligned to NHS Scotland:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and Team Work

The twin aims of The State Hospital are:

- The provision of a safe and secure environment that protects staff, patients and the general public
- The delivery of high quality, person centred safe and effective care and treatment

Contents

1. Introduction

1.1. This Annual Operating Plan (AOP) sets out what The State Hospital (TSH) will deliver across the year 2022/23. The Coronavirus pandemic presented significant challenge to the delivery of Health and Care across NHS Scotland. As we emerge from the crisis of the pandemic and learn to live with Covid-19, the plan sets out how we will deliver care and services against this new normal of Covid-19 has presented us with. TSH will continue to build in changes to operational planning and delivery in the short term in response to periods of systemic pressure. The focus for TSH will be to deliver the AOP however, there is likely to be pressure in the system that may force re-phasing depending on the extent and duration of challenges as they present.

1.2. Throughout the pandemic, TSH continued to provide specialised care and treatment, tailoring the care model to align with Public Health advice and infection prevention and control approaches. Any patient who required admission for high security mental health care and treatment has been accepted and admitted. We have continued to collaborate across the wider forensic network to address the challenges the system has faced because of the impact of the pandemic. Referral routes from the justiciary, prisons and other NHS providers have been maintained.

1.3. The easing of Covid-19 restrictions is now enabling a return to greater normality for services. The risk of Covid19 infection will remain over the coming year; however, the successful roll out of the vaccine programme has mitigated the risk of severe illness against the major Covid variants. TSH will continue to prioritise vaccination to protect health. In managing subsequent outbreaks of Covid-19, oversight of these has been taken through the Problem Assessment Group/Incident Management Team structure. We anticipate this approach to continue throughout 2022/23 unless there is a need to re-establish Incident Command arrangements.

1.4. Unlike other patient facing NHS Boards, TSH does not have outpatient services, elective waiting lists or day-case services. The AOP is therefore written to reflect the individual and unique nature of a high security mental healthcare provider. Adaptability and flexibility will continue across the organisation with a key focus on learning from the pandemic and managing any ongoing infection risks coupled with recovery and development of the service in line with NHS Scotland priorities. The planning assumption in this paper is that TSH will continue to be in a position to provide core services over the course of 2022/23.

1.5. Areas of service development embedded within the AOP will be underpinned and informed by equality impact assessments to ensure that a focus on equality is embedded, and consideration given to ensuring any equality barriers are mitigated. This will align with TSH Equality Outcomes described for the period 2021-2025.

1.6. Working within the restrictions required to ensure infection prevention and control, priorities for TSH over 2022/23 are:

- Address physical health care needs of patients
- Promote and support staff wellbeing
- Develop a culture of continuous quality improvement
- Implement changes to the clinical model
- Work with key partners to support the implementation of recommendations from the Review of Forensic Mental Health System

These local priorities will also be aligned with Scottish Government Priorities for 2022/23, which are:

- Staff wellbeing
- Recruitment and retention of our health and social care workforce
- Recovery and protection of planned care
- Urgent and unscheduled care
- Supporting and improving social care

- Sustainability and value

1.7. The above priorities are reflected within the plan. The recovery and protection of planned care will be addressed through more detailed description of our local priorities of Clinical Model, Physical Health and Digital Health and Care. Urgent and unscheduled care and supporting and improving social care will be discussed in the future of Forensic Mental Health Services in Scotland. Sustainability and value will be addressed in the relevant section.

1.8. The Scottish Government's Health and Social Care portfolio is responsible for improving the health and wellbeing of the population, ensuring that care and support is delivered when, how and where people need it. TSH aligns with the ambition of reducing health inequalities, of which our patient population is disproportionally impacted. The section on Health Inequality (p16) within this paper outlines further why this is significant in TSH.

1.9. An accompanying planning document associated to the AOP is the Delivery Plan. TSH Delivery Plan provides further detail on the key projects and their expected milestones, planned for delivery throughout 2022/23. Some of these projects were commenced in 2021 or earlier, whilst others are new projects for this year. These projects will be reported quarterly to Scottish Government. Each project has a unique reference number and identified throughout the text of the AOP.

Whole system working

1.10. TSH operates in a wider Forensic System and connects with a range of partners in health, criminal justice, policy and resilience. It is recognised that this is a dynamic landscape, and that the emerging strategic direction of wider forensic mental health services will become clearer following reporting from the Scottish Government Short Life Working Group, and this will be reflected in the narrative of the longer-term plan. Additionally, the Women's High Secure Services will be presented to the Board in August 2022; this will be aligned to the recommendations of the Female Pathway Group.

1.11. TSH is linked in collaborative work and contingency planning with medium and low security care providers including admission to, and transfer between, secure mental health services, suspension of detention and preparation for moving into the community. This is focussed on the transfer of those patients assessed as ready to move to another setting as soon as possible with focus on the number of patients considered ready to move to medium secure facilities, as well as those for whom a prison setting would be appropriate. There continues to be clear clinical governance arrangements in place for patient admissions.

1.12. In relation to wider national processes, TSH remains aligned to:

- The Scottish Mental Health Law Review has published interim reports in May and December 2020. Mr John Scott QC leads this review. TSH has representation on the review process. TSH will continue to engage and participate accordingly with the various phases of the review process, with the final report expected in 2022
- Scotland's Mental Health Transition and Recovery Plan, published in October 2020, outlines the Scottish Government's response to the mental health effects of the Covid-19 pandemic. The plan is comprehensive and contains over 100 actions. It commits to a renewed focus on delivery of effective and safe treatment and care within the forensic mental health system
- TSH will continue to collaborate with partners in the Scottish Prison Service in relation therapeutic models of care
- Participation in court processes utilising digital technology on site at TSH to ease access to justiciary services
- The Forensic Mental Health Network (hosted by TSH) assess transfer issues from prison in the forensic estates. TSH continues to work alongside the Network to ensure there are no excessive waits for prison transfer

- Female pathways for Forensic Mental Services in Scotland will be reviewed based on the recommendations made in an Independent Review
- National Secure Adolescent inpatient pathway – TSH are engaged in ongoing stakeholder meetings to develop the business case, contingency plans and governance processes

2. Future of Forensic Mental Health Services in Scotland

2.1. The Scottish Government established the Independent Review into the Delivery of Forensic Mental Health Services: Planning and Collaboration Short Life Working Group (SLWG) in November 2021. This group is tasked with engaging widely and recommending a way forward on the planning, collaboration and governance of Forensic Mental Health Services. The group have met in 2022 and have used an options appraisal process to provide Scottish Government with recommendations. A shortlist of options has been identified. Senior leaders in TSH have contributed to the SLWG. It is expected that the SLWG will report to the Scottish Government for consideration regarding future shape and governance for Forensic Mental Health services in Scotland by Autumn 2022. The Board will progress work associated to the outcome when this is shared.

3. The State Hospital Governance and Accountability Framework

3.1. The Board is responsible for ensuring that adequate resources are committed to deliver the strategic goals of the organisation, and for transparent aligned governance. The National Outcomes Framework and the National Clinical Strategy, The Mental Health Strategy and the NHS Recovery Plan provide the wider context for planning and delivery of care within TSH.

3.2. There are three statutory governance strands for NHS Boards in Scotland. TSH structure is aligned through the:

1) Clinical Governance Committee
2) Staff Governance Committee and Remuneration Committee
3) Audit Committee

3.3. Each of these standing committees of the Board is chaired by a Non- Executive Director, a report in respect of each committees' activities is submitted at each public Board Meeting including approved committee minutes. The Board receives annual reporting from each standing committee to demonstrate that it has met its remit.

3.4. Executive Directors have lead responsibility for specific elements relating to each of the committee requirements. These include the development of organisationally aligned strategy, policy, delivery and implementation plans. Each Executive Director reports to the Board for their assigned areas of responsibility. Progress reports and risks that may impact on Board's objectives are reported. This performance is managed through Directors' objectives by the Chief Executive, who is the Accountable Officer.

- In relation to clinical governance, the Clinical Governance Group (CGG), chaired by the Medical Director, has a standing agenda section devoted to action planning and progress of clinical governance aims and ambitions. The CGG provides reporting to the Clinical Governance Committee to ensure issues arising from clinical quality activities are implemented and actioned in an appropriate and timely manner. The Committee has a comprehensive work plan which ensures that all aspects of clinical governance are scrutinised.

- Staff Governance is defined as 'a system of corporate accountability for the fair and effective management of all staff'. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve the fair and effective management of

staff. Implicit in the Standard is that all legal obligations are met, and that all policies and guidance are implemented. In addition, the Standard specifies that all staff are entitled to be:

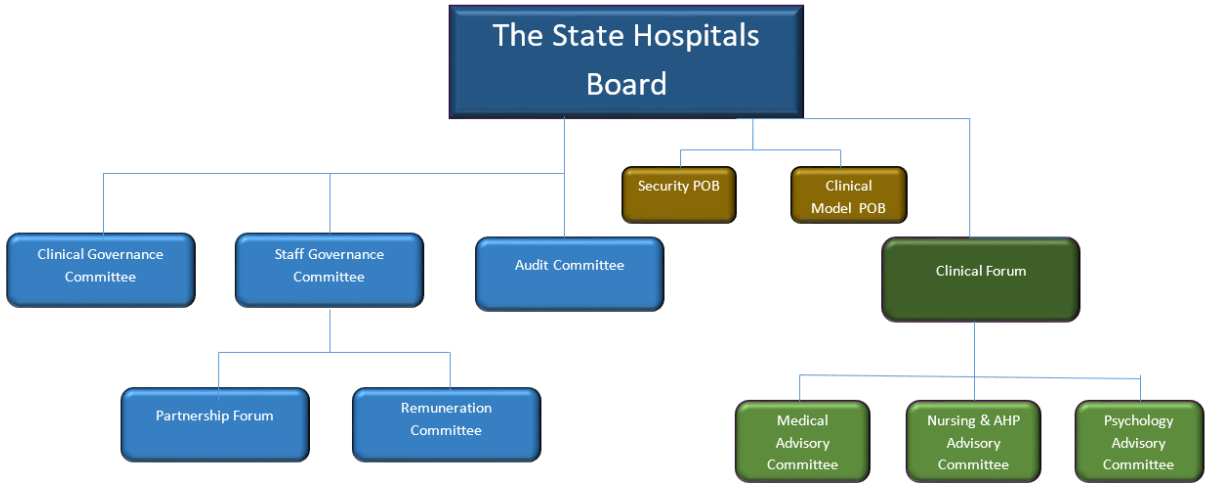
- Well Informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

The Staff Governance Committee receives reporting from the Partnership Forum, at each quarterly meeting.

The Remuneration Committee meets regularly to take oversight of the performance of the Executive and Senior Manager cohort, as well as the allocation of Consultants Discretionary Points.

The Audit Committee provides the Board with assurances that organisation acts within the law, regulations and code of conduct applicable to it, and those effective systems of internal control are maintained. Internal and external audits are represented on this Committee, as well as a full range of assurance risk reporting. We will continue to work alongside internal and external audit to progress audit actions and areas for improvement.

Diagram 1 demonstrates the reporting routes to the Board:



3.5. The Board works actively to review its corporate governance arrangements, taking direction from the Blueprint for Good Governance in NHS Scotland, and developing its approach to delivering this governance model. It is recognised that the developing work in this respect during 2022/23, will assist TSH to construct an assurance framework and implement an integrated governance system, that is interconnected to the AOP, and operational guidance.

3.6. The Board will take forward regular development sessions covering a wide range of activities throughout the year. The programme is regularly reviewed by the Board, as a dynamic means through with to explore key issues for the Board as they arise. The programme for 2022/23 includes consideration of national developments in the delivery of forensic mental health services, including the

female pathway, as well as the implementation of the new clinical model within TSH. There will be sessions on risk appetite and assurance reporting as well as the continued digital transformation of the organisation. This year's programme also includes a dedicated session with the Independent National Whistleblowing Officer, to help support this work stream.

4. Corporate Objectives

The Corporate Objectives set out to:

4.1. Improve the quality of care for people by targeting investment and focus at improving services with the high security environment and for providing the most effective support for all. **(Better Care):**

- Safe delivery of care within this context with sustained organisational resilience, and the ability to identify and respond to risk
- Learn locally and nationally from adverse events to make service improvements that enhance the safety of our care system
- Ensure organisational resilience and ability to respond to any increase in risk to care delivery due to the continuing Covid-19 pandemic
- Deliver the Operational Plan (Year 1) within the overall three-year planning framework for 2022/25
- Implement the Clinical Model, enabling TSH to provide a progressive care approach for patient treatment and recovery
- Ensure the principles of rehabilitative care maximizing opportunity for patient activity and ensure delivery across all service areas
- Deliver care and treatment within the framework of least restrictive practice
- Monitor the use and recording of seclusion practice in accordance with the definitions published by the Mental Welfare Commission
- Collaborate with the Forensic Network in the delivery of quality care guidance and standards applicable to the Forensic Mental Health Environment
- Be accessible to patients, their family and visitors whilst accessing care and treatment
- Work with stakeholders and Scottish Government representatives to enhance the reputation and develop the healthcare profile of TSH
- Take forward national collaboration with the Health in Custody Network
- Deliver a programme of Infection Control related activity in line with all national policy objectives
- Engage with development of national work stream and respond to nationally led change in the framework for the delivery of forensic mental health services across NHS Scotland through the Independent Review of Forensic Mental Health Services

4.2. Improve health and wellbeing by promoting and supporting healthier lives and choices, addressing inequality and adopting an approach based on recovery, care and treatment. **(Better Health):**

- Tackle and address the challenge of obesity, through delivery of the Supporting Healthy Choices programme
- Improve the physical health opportunities for patients
- Ensure the delivery of tailored mental health and treatment plans individualised to the specific needs of each patient
- Address the overall social wellbeing issues for patients undergoing treatment
- Utilise connections with other health care systems to ensure patients receive a full range of healthcare support
- Align with the aims and ambitions of medium secure provision and other treatment pathways to provide cohesive care and treatment for patients transferring to other services

- Ensure the organisation is aligned to the values and objectives of the wider mental health strategy and framework for NHS Scotland

4.3. Increase the value from, and financial sustainability of, care by making the most effective use of available resources through efficient and effective service delivery **(Best Value):**

- Meet the key finance targets set for the organisation and in line with Standard Financial Instructions
- Develop a sustainable finance model which supports the sustainability of the organisation
- Enhance and strengthen digital innovation and inclusion programme
- Deliver the security upgrade for the safety of staff, patients and the general public
- Work collaboratively across public sector bodies to ensure that best value is achieved in service planning, design and delivery as well as procurement for services
- Strengthen corporate governance to ensure transparency and clear direction, within and external to, the organisation
- Support quality improvement approaches, embedding a cohesive approach
- Ensure delivery of the performance management framework, linked to the principles of 'Active Governance'
- Ensure delivery of a cohesive approach to information governance standards
- Engagement with the climate change agenda through evidence of sustainability programmes and focus in service delivery

4.4. Improve the engagement of staff and opportunity for development through effective values based leadership resulting in a culture of quality and accountability **(Better Workplace):**

- Agree 3-Year Workforce Plan and deliver Year 1 Plan within the context of the planning framework and guidance from Scottish Government
- Agree an assurance model to support the implementation of the Health and Care (Staffing) (Scotland) Bill (2019) across TSH, following national rollout
- Deliver a program of supplementary staffing, ensuring this is implemented in partnership
- Promote and deliver a framework of culture change within the framework of a Staff Wellbeing Strategy
- Continue with the Healthy Working Lives (HWL) programme and activities for the benefit of staff, aligning this with the Staff Wellbeing Strategy.
- Building on i-matter and staff governance principles to deliver an inclusive staff engagement programme in partnership to support the wellbeing of all employees
- Sustain a safe working environment for staff with a focus on risk management across all aspects of the organisation
- Implement the 'Once for Scotland' suite of Human Resources policy, aligning with the national rollout
- Ensure accessibility to support to internal and external services for staff who require them, including a cohesive Occupational Health Service.
- Review and action absence related issues and staff wellbeing to provide staff and line managers with the support required to help staff return to work where possible.
- Continue to support training and development for all staff across the organisation
- Ensure partnership working is embedded across the organisation
- Support the Independent National Whistleblowing Policy and support this work stream locally including promoting awareness for staff.

5. The State Hospital Covid Response

5.1. Throughout the Covid pandemic the Board has been able to maintain all aspects of board governance, including its regular schedule of Board and Committee meetings, except for a short

postponement of the Audit Committee originally scheduled in January 2022 to March 2022, due to systems pressures.

5.2. The organisation has demonstrated experience of managing the impacts of Covid-19 on service delivery. It has embedded expertise in standing up Incident Command in response to fast moving global and local developments. The focus has been on a return to extant governance arrangements as quickly as is safely possible within this risk framework, led through the Corporate Management Team (CMT) and its wider reporting groups. The organisation will continue to recognise the potential to respond quickly to specific risks within 2022/23.

5.3. The Board is kept advised on decision-making for the delivery of care within TSH through adjustment of the Interim Clinical and Support Services Operational Policy. This has included scrutiny and review of the data gathered by the Clinical Quality team, focused on impacts on patients. This is kept under review by the CMT to ensure continued focused consideration of how best to ensure that patient activity is delivered most effectively, and there was a return to the pre-pandemic model of patient activity on 9 May 2022.

5.4. TSH will likely continue to experience outbreaks of Covid-19 over 2022/23. Outbreaks are managed through the standing up of an Incident Management Team (IMT) with colleagues from NHS Lanarkshire and representatives from Scottish Government. TSH recognises that there will be cyclical peaks in infection possibly on a 3-month period. There are various models of care that will be implemented during these periods of infection. The actions taken included patient testing and isolation of wards, reinforcement of the message regarding PPE compliance, as well as continuation of the enhanced cleaning measure in place by both housekeeping and ward staff. Ward closures are managed throughout the course of the period in line with well-established practice for infection prevention and control.

5.5. Covid-19 Vaccination Programme
All newly admitted patients continue to be offered vaccination, depending on their individual stage within the vaccination cycle. Uptake is monitored and patients are supported and advised on the importance of vaccination.

5.6. Test and Protect
TSH follows national guidance in line with the Test and Protect Transition Plan, including voluntary self-testing by Lateral Flow Device (LFD) and registration of test results.

5.7. Patient Flow
TSH links regularly with medium and low security care providers for contingency planning for transfer of patients between secure mental health services as part of the Forensic Network Capacity Plan. There have been continued pressures due to capacity challenges within the medium secure setting.

Table 1 outlines the high-level position from 1 April 2022 to 31 May 2022.

	MMI	**LD**	**Total**
Bed Complement	128	12	140
Staffed Beds	108	12	120
Admissions	7	0	7
Discharges/Transfers	3	0	3
Average Bed Occupancy Available beds/All beds			97.5% **/** 83.6%

Prior to the pandemic, the Board received dedicated reporting on patient flow across the forensic estate and it is proposed to return to this reporting at each meeting.

Improving visiting experience

5.8. Patient visiting will remain a key area of focus due to the changes made to the model throughout the pandemic. The current model of in-person visiting allows most visits to take place in the Family Centre, with a limited number taking place in the ward environment due to the identified need of individual patients. Volunteers continue to support those patients who do not have designated visitors. TSH follows national guidance on hospital visiting, to ensure compliance with infection control guidelines. Visitors are encouraged to undertake LFD Testing, on a voluntary basis to help support infection control within the hospital. There are two development work streams underway presently, for in-person and for virtual visiting.

5.9. A SLWG has been commissioned by the CMT to consider the re-purposing of the Family Centre as the main visiting area (2021-TSH23). This re-purposing will provide a person centred approach to visiting and involves a number of security enhancements to create a safe and secure environment for patient visits. The SLWG is progressing this through consideration of the scope of recommended works and an agreed reporting timetable. This will produce a report recommending design and technical specification by mid-July so that an 'Outline Business Case' can be developed. Once detailed costings have been obtained, the TSH Capital Group will review the cost and advise on timescale aligned with budget availability.

5.10. Virtual visits continuing to take place through video-conferencing and this is a valued means of keeping in contact for many patients and carers. At the same time, the eHealth Team is progressing an evaluation of virtual visiting packages to help establish the most optimal digital platform. This includes scoping functionality and viability, and the team visited another high secure area during June 2022 to see this working at first hand.

Covid Reporting to the Board

5.11. The Board has received a specific report on Covid-19 management throughout the pandemic. This has provided a detailed summary of governance and the operational response led by TSH in response to the emergency footing of NHS Scotland throughout the pandemic. Although this position has substantially changed as of 1 May 2022, it is recognised that learning can be taken from this streamlined form of reporting. Further, that there has been benefit from raising the profile of risk reporting to the Board within its agenda.

5.12. In light of this, the "Risk and Resilience" section of the Board agenda will be retained and will include the following reports:

- Corporate Risk Register
- Infection Prevention and Control (including Covid Incidence/Outbreaks, Vaccination and PPE updates as presented here)
- Patent Flow/ Forensic Network Contingency Planning

5.13. In addition, there should be high level reporting within "Staff Governance" section of the Board agenda for workforce reporting including: Attendance Management, Recruitment and On-boarding and PDPR compliance. There is a framework in place for specific update reporting on the Staff and Volunteer Wellbeing Strategy.

Recovery and service redesign

5.14. Service transformation of the communications function has been agreed at the Board meeting in June 2022. The transformation will increase the remit and scale of the communication function with the responsibility and accountability for electronic communications returning to the Communications function

from eHealth. This will include the redesign and development of TSH website with a focus on content management and creation of visually appealing content (2021-TSH16). The focus of communications expertise on social media channels and creation of content will also be an area of growth and development. The Board will be updated on progress towards this and the development of the communications function throughout the year 2022/23.

Creating the conditions for leadership and management following the pandemic response

5.15. The experience of the pandemic has had an impact on many aspects of organisational functioning. As TSH emerges and recovers from the crisis response and the command model of operating, there is an opportunity to review and sense check on culture, organisational structure and functioning, and staff and patient experience. This will aim to support progressive and innovative ways of working and rebase how we deliver services. All directors have engaged teams in a 'check in' exercise to understand how the experience of the pandemic experience has been for staff and the impact on culture. The feedback from these sessions has fed into the plans for prioritisation of management training for new and emerging leaders.

5.16. The senior leadership and management structure was reviewed during Covid and a management meeting structure was established of Corporate Management Team (CMT), Organisational Management Team (OMT) and Hospital Management Team (HMT). Following a governance review in 2021, feedback suggested this this structure should be revised in 2022.

5.17. At a CMT development session in May 2022, it was identified that there is a need to improve the "Floor to Board" connectivity. A review on the role and function of the Hub Leadership Teams was requested as there is considerable variation regarding how these function. It was agreed that Hub Leadership Teams (HLTs) will be reviewed to ensure a standardized approach across the four Hubs and Skye Centre, localized decision making where this is appropriate and to formalise their operational responsibility. Clear reporting and escalation processes will be detailed, with identified work/action plans delivering the key priorities they have identified within their Hubs as well as those delegated to them by AOG (OMMG), CGG or OMT. There is often a need for frontline representation for various groups or key pieces of work, the HLTs will be responsible to ensure that their staff are engaged.

5.18. TSH is committed to working in partnership. Partnership development continues as part of the ongoing progression of the partnership agenda. A Joint Staff Side Development Day was held in March 2022 and this will continue to be built on throughout the 2022/23 period.

6. Staff Wellbeing

6.1. TSH has continued with its strong focus on staff health and wellbeing throughout the pandemic. The Wellbeing Centre continues to be developed with new resources available for all staff and volunteers (2021-TSH18, 19, 20, 21). This is currently facilitated and supported by part time 2 Wellbeing Coordinators and a Staff Care Specialist.

6.2. A Staff and Volunteer Strategy 2022/24 was approved at the April 2022 Board meeting along with the Action Plan. This will link into the HR & Wellbeing Group, which was established during Covid-19 to consider the future wellbeing developments within TSH and also approvals of any future wellbeing funding.

6.3. The Strategy focuses its efforts in eight areas: mental health, environmental, financial, personal growth & development, physical health, social, spiritual and occupational. It encompasses the work of HWL as well as any wellbeing work across the organisation.

6.4. Over the course of the next three years, implementation will involve ensuring support at the following levels:

- Self-help, providing resources and signposting staff
- Peer, offering advice and opportunities for staff to access one-to-one or group support
- Line management, ensuring appropriate training opportunities are available for our managers
- Organisational, making the links with the relevant organisational and national groups to ensure our approach is inclusive, comprehensive and encompassing

6.5. The strategy is supported by an annual action plan. It is important to highlight that the eight dimensions of the strategy are supported by existing pieces of work across the organisation e.g., HWL action plan, corporate training plan and occupational health services. The HWL action plan itself already incorporates many elements of the dimensions and is being updated for 2022/23.

6.6. The Strategy and Action Plan will undergo ongoing scrutiny through evaluation using local data, set KPIs and feedback from stakeholders.

7. Recruitment and Retention of our Workforce

7.1. TSH is committed to delivering high quality services and recognises that a robust and efficient recruitment process can significantly contribute to the delivery of these services. Failure to ensure a robust recruitment process can lead to an increase in labour turnover, increased costs for the organisation and lowering of morale in the existing workforce.

7.2. This strategy is for all potential staff and staff who work for TSH who are directly employed under NHS Terms and Conditions, or under schemes developed to provide routes to employment. The purpose is to ensure that we recruit the right people, in the right place at the right time.

7.3. Therefore, a Recruitment Strategy has been developed to meet our Organisational objective of recruiting and retaining an effective and modern workforce.

7.4. In particular, the aims of the Strategy include:

- Support the provision of high quality, effective and safe care
- Improve our Social Media presence highlighting vacancies and the good news stories from across the TSH
- Ensure clear progression pathways
- Improve retention levels and reduction in staff turnover
- Through inclusive recruitment, fill workforce gaps, create a sustainable pipeline of talented staff and better retain its people
- Make full use of the technologies available to us to ensure that we maximise efficiencies in the recruitment process and can report fully on

Diagram 2: Recruitment Strategy

7.5. A Workforce Governance Group (2022-TSH04) will be established to consider the ongoing workforce issues and to ensure that TSH continues to develop its services and staffing, consideration of the current workforce challenges, gap analysis (as per the 3-year Workforce Plan).

8. The Clinical Model

8.1. The Clinical Model (2021-TSH15) describes how clinical care is structured and delivered at TSH. Planning for implementation of the Clinical Model was at an advanced stage prior to the Coronavirus pandemic. Work was paused in March 2020. Planning was restarted in June 2021 to consider: the current context, the work undertaken in 2020, the ongoing validity on the model, and any new issues worthy of consideration prior to any relaunch of the project.

8.2. A Project Initiation Document (PID) was prepared and presented to TSH Board at its June 2022 meeting. This outlined the current context and additional consideration that the pandemic has presented in relation to planning and implementation of the Clinical Model. The paper provided an outline plan for implementation over the financial year 2022/23. The PID is available on request from TSH.

8.3. The new model of care is patient centred, it enables individuals to feel a sense of progress through the clinical stages of their treatment journey. The model takes cognisance of their needs, risk, physical and mental health factors.

8.4. The Clinical Model comprises of four clinical sub-specialty areas. These definitions were developed and agreed by The Clinical Forum:

1) Admission and Assessment Wards
2) Treatment and Recovery Wards
3) Transitions Wards
4) Intellectual Disabilities Wards

The Board approved the Clinical Model and its definitions in October 2019.

The current context and considerations for the new clinical model implementation

8.5. When restarting planning for implementation of the Clinical Model, new factors have arisen that require consideration on how they may impact on delivery.

There are current and residual considerations to address:

8.6. During the Covid-19 pandemic, TSH implemented a model of care which supported the public health advice and infection prevention and control measures throughout the pandemic. The number of contacts within wards and hubs, and between patients, were kept to a minimum.

→ *Those measures, and any new measures, can be applied within the new model should there be any resurgence of the pandemic.*

8.7. The approach taken to implement the Clinical Model will now specifically consider infection prevention and control mechanisms to limit risk from Covid-19.

→ *A phased approach to implementation is being considered; regular infection prevention and control guidance will be followed and audited.*

8.8. From the time of Board approval in October 2019, the number of patients has increased by just under one fifth. The planning assumptions are based on pre-pandemic bed occupancy, averaged over a five-year period.

→ *It is anticipated that a greater flow of patients will be achieved as the forensic system recovers overall from the impacts of the pandemic.*

8.9. If patient numbers remain above 107 when the model is fully enacted, some MMI patients will be cared for in the ID wards. Careful consideration should be given by clinical teams on how care and treatment will be provided.

→ *The current number of patients should not be considered a barrier to progressing with the new model.*

8.10. There is a need to review the risk of potential multiple moves for patients and the impact this could have on their mental health.

→ *The phasing and method of ward moves is currently under clinical consideration.*

8.11. The profile of patients in TSH recognises more patients experiencing frailty and other issues associated with ageing. This factor was considered previously by the Clinical Forum as part its work on the definitional types of wards that would most benefit patients.

→ *Clinical teams are aware of the specific complexities of each patient and will consider how clinical care is best achieved to support both physical and mental health needs. All wards have single room en-suite accommodation.*

8.12. The provision of high secure care for female patients in Scotland has been under review. Currently a small number of female patients requiring high secure forensic mental health care have this provided in Rampton in England.

→ *The Board will receive a specific update on female patients in August 2022.*

8.13. There are recruitment challenges across the system at this point in time.

→ *TSH will continue to focus all efforts in attracting and retaining its workforce. The HR team are connected to workforce planning nationally and organisational specific recruitment initiatives remain a key priority.*

8.14. There is a major upgrade to the security systems underway.

→ *The security upgrade will be completed by September 2022.*

8.15. The above issues will remain under review and be considered at each stage of the transition process to the new model.

Clinical Model aims and desired outcomes

8.16. The overall aim of the Clinical Model Project is to safely transition from the current service model to the new Clinical Model by the end of financial year 2022/23.

The delivery aims are:

- More tailored security based on risk and clinical presentation, aligned with the least restrictive practice principles
- A sense of progression for patients through their clinical care journey in high security
- Streamlined integration between sub specialty wards and the Skye Centre, enabling best use of resources to support physical health, therapeutic activity and treatment goals
- Meeting the ID specific patient need through a more tailored and specialised environment. This involves distribution of patients across 2 wards rather than 1 to improve the therapeutic milieu

- Improved clinical case mix, with admissions accommodated in specified wards
- The ability for staff to specialise in sub specialty areas of care and practice

Outcomes to be achieved are:

- An enhanced treatment environment with a more tailored and individualised approach
- Effective use and deployment of available resources
- Increased patient activity for the betterment of their physical health
- Feeling of progression for patients
- Management of patients with similar risks together with adequate staffing levels
- Staff feeling of improved safety within the workplace
- More positive recognition of staff and the support available to them

Scope, exclusion, constraints and assumptions:

The principles and assumptions for the Clinical Model are as follows:

- Clinical assessment determines patient placement within the sub specialty wards
- The physical structure of the wards does not require major modification
- All patients will be admitted to the admission wards, but can be discharged from any ward
- All ID patients should be admitted and cared for in ID wards
- If the MMI patient population exceeds bed numbers, MMI patients can be 'boarded' in the ID wards *(this may be required initially whilst the overall forensic estate re-balances post pandemic)*

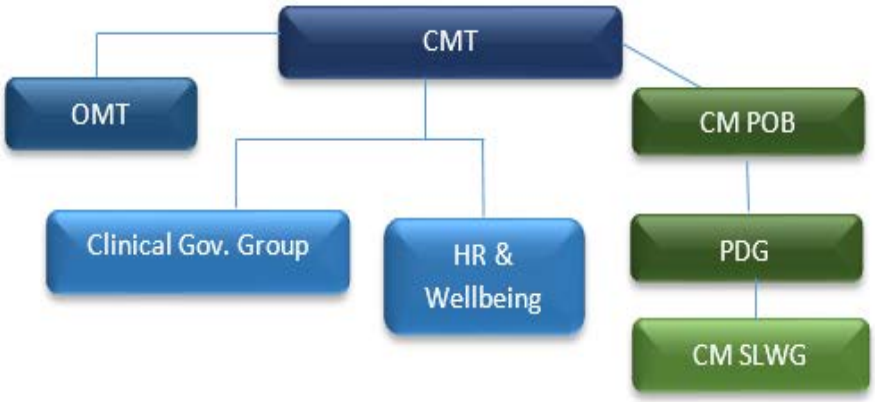
8.17. The multidisciplinary Mental Health Practice Steering Group (MHPSG) have a commitment to review and propose changes to the Care Programme Approach (CPA) (2021- TSH 22). This will align with changes to the Clinical Model to ensure that CPA's co-align with the Clinical and Security Guidance for each ward.

Clinical Model: Project approach and structure

8.18. The move to the clinical model is complex and involves multiple internal stakeholders. It will result in changes for staff and patients in the newly configured service environment. Staff engagement in the planning cycle, working processes, care delivery, and organisational effectiveness, are all integral to ensure the benefits of the new model are realised.

8.19. The project structure for the Clinical Model delivery is as follows:

Diagram 3: Project Structure for the Clinical Model



- **Clinical Model Project Oversight Board (CM POB)** - The CM POB has responsibility for ensuring that there is continued business justification of the project. The Chief Executive, in conjunction with Executive Directors, will provide strategic oversight and direction on the CM POB. They will connect with the project team on a regular basis across the implementation period
- **Project Delivery Group (PDG)** - A PDG will oversee and deliver the project at operational level
- **Clinical Model Implementation 'Short Life Working Group' (CMI SLWG)** - CMI SLWG will advise and develop the necessary change approaches for the Clinical Model

Governance and oversight

8.20. The Board will be updated on progress at regular reporting intervals. It will be expected the governance committees will also have oversight especially in relation to clinical and staff governance. The Partnership Forum and Clinical Forum will receive regular update reports. There will be continued transparency and full partnership engagement throughout the duration of the project.

8.21. The CMT will ensure strategic and organisational alignment across all areas of business as usual whist the project is underway.

Clinical Model: Essential Planning Elements

8.22. There are essential planning elements to be developed through the project structure to enable the effective transition to the new clinical model. These elements are categorised and described as follows:

- Clinical and Security Guidance
- Workforce Guidance
- Guidance for the physical movement of patients
- Patient Mapping
- Activity pathway

Project Closure

8.23. The Clinical Model Implementation Project will be completed when all patient and staff moves have taken place. The CM POB will determine this, based on a recommendation from the PDG, including a project closure report. This will be reported to the Board for agreement that the project can be considered complete.

8.24. Post implementation, there will be a phase of evaluation of the impacts. A detailed proposal will be presented to the Board encompassing the key performance indicators and monitoring mechanisms to support assurance reporting going forward under the new model.

9. Health Inequalities

9.1. Health inequalities for the population of patients within the TSH are extensive. The research evidence and rationale below provide the context for the continued focus for TSH on physical activity, weight and food choices for patients.

9.2. National rates of obesity have been rising with the Scottish male average currently around 65% (Scottish Health Survey 2015). Projections forecast UK figures rising to 60% of men and 50% of women being clinically obese (BMI>30kg/m2) by 2050, which will cost the NHS almost £50b per year (Foresight report 2007). In Scotland, adult obesity levels are predicted to surpass 40% by 2030 (Scottish Government 2010).

9.3. Obesity rates are significantly higher for patients cared for within a high security environment (52.5%), as opposed to being cared for within either medium (44.8%) or low (41.6%) secure care (Forensic Network Census, 2013).

9.4. Nutritional interventions improve anthropometric measures by reducing weight, BMI and waist circumference (Teasdale et al, The British Journal of Psychiatry 2017). A 2013 audit showed that on average, patients will gain 15% of their body weight within the first year of admission to TSH; this figure rises to a 25% gain within three years of admission.

9.5. TSH became 'smoke free' in 2011. As a result, with patients having a greater disposable income to spend on additional food items, a further audit highlighted a 2-3kg weight gain (per patient – including non-smokers) within the first year of being a smoke free environment.

9.6. A 20 year follow up study (Thomson and Rees, 2021), on a cohort of more than 200 former TSH patients, has discovered that 30% of the cohort are dead. The average age of death within these cohort members was 54 years, with the major cause of death being either cardiovascular or respiratory disease.

9.7. Diabetes is the most common metabolic disorder and its increasing prevalence is a major health issue for Scotland and within TSH. At the end of 2015 there were 284,122 people with known diabetes in Scotland, which represents a crude prevalence of 5.3% of the population, (Diabetes Survey 2015). Within TSH, the current prevalence rate is 20%, (31st April 2017) which is significantly higher than all other Health Boards within Scotland.

9.8. Evidence reflects a significant percentage of patients are diagnosed with Diabetes at a younger age than NHS Lanarkshire. Also results reflect higher levels of obesity in our Diabetic population, especially in those with a BMI over 40 in comparison with NHS Lanarkshire. 'World Mental Health Surveys' have shown several reasons for patient weight gain including:

- one's own health and 'make up' (genetics)
- more sedentary lifestyles
- 'modern' working/types of employment
- changing economics of food and global food opportunities
- societal and peer pressures
- rising energy intake

9.9. In patients with mental health conditions, striking a fine balance between treating mental health needs and physical needs can lead to patient weight gain via various factors including medication, disordered eating, lack of food knowledge, and factors affecting overall physical activity engagement. Research supports that good physical health improves mental health and well-being, in turn reducing depression, anxiety, negative symptoms, improving self-esteem and cognitive functioning.

9.10. A significant contributing factor to TSH's high levels of obesity is the manner in which the hospital provides patients with increased opportunities to access excess food and fluids. In addition to the hospital meals, which adhere to the 'Food in Hospital's National Catering and Nutritional Specification (2008), patients are able to increase their calorie intake by undertaking a weekly visit to the Hospital shop and receiving gifts of food during visits and via the post.

9.11. There is a major programme of work in place to address the physical health needs of TSH patients and a further plan to tackle the issue of obesity.

10. Physical Health

10.1. The physical health of our patients is a major priority within TSH. We know that patients die from natural causes approximately 16 years early (Rees and Thomson, 2021). TSH therefore has in place primary care services to provide physical health care and prevention programmes. All patients are

extensively monitored on at least an annual basis. All relevant SIGN guidelines are implemented. Appropriate clinics are held within TSH or patients travel to NHS Lanarkshire to access these.

10.2. As a result of the impact of inequalities on the patient population, TSH has a major emphasis placed on healthy eating and exercise. There are two specific programmes of work in place to address these. To provide a focus on exercise, there is a programme of work led through the Activity Oversight Group (AOG) from August 2022. To help address obesity, the programme of work on 'Supporting Healthy Choices' provides the focus. This has had a new Action Plan approved at TSH Board in 2021.

Activity Oversight Group

10.3. Throughout the Covid-19 pandemic, the impact of the Interim Clinical Operational Policy on patient wellbeing and access to activity and fresh air was monitored through daily and weekly reporting on a set of key performance indicators. This was reported and reviewed at the Operating Model Monitoring Group (OMMG).

10.4. The range of indicators are below, some of which are unique to forensic mental health:

- Assaults / Attempted Assaults / Aggression / Self Harm
- Complaints and Feedback
- Staffing shortages
- Enhanced observations
- Increases in DASA (Dynamic Assessment of Situation Awareness)
- Number of seclusions
- Incidents
- Patients unable to tolerate isolation
- Use of mechanical restraints
- Access to physical activity, Fresh Air and Walks
- Activity drop-in interventions

10.5. As we transition to business as usual, this data set will be reviewed and the OMMG will be transitioned into an AOG from August 2022 (2022-TSH05). The priority to focus on physical health in TSH will be taken forward through the AOG with the aim to maintain close oversight of patient activity and how performance in this area can be measured and reported through existing governance structures. The group will provide focus to explore opportunities to maximize the availability and uptake of activities A terms of reference for the group is in development and a Driver Diagram to provide overview of the work streams and focus on activities for improvement will guide the implementation of activity.

Supporting Healthy Choices

10.6. This is a complex issue with high rates of being overweight and obesity persisting in patients despite numerous changes to operational practices within TSH.

10.7. A new action plan has been produced and this was submitted to the Board in August 2021, with agreement on the need for a consultation process given the requirement to consider personal choice within the legal framework of Article 8 of the Human Rights Act. The action plan focuses on changes in supporting activity, aspects of daily living, education and training, and food choices; and focuses on the need to monitor data closely. The Board fully supported the need to recruit a project manager to ensure that this work stream is strongly supported. Governance of the plan will be through the Clinical Governance Committee as well as oversight directly from the Board in view of the importance of this work stream.

10.8. This work stream was necessarily paused during the period of incident command in January 2022, but was re-started in February 2022 and the Board received an update to this effect at its meeting on 24

February (2021-TSH14). The Project Manager post has been approved, and is now being advertised for recruitment.

11. Digital Health and Care

11.1. Digital transformation continues to be a key priority and focus for the Hospital, being monitored through the eHealth Group and the Digital Inclusion Group, through which existing and new initiatives are raised, prioritised and monitored to bring benefits to both patients and staff. Key aspects for 2022/23 include:

- Office 365 Project (fronted by NSS), including implementation of SharePoint (2021-TSH02). The Hospital has had a significant uptake on Teams use, but SharePoint and OneDrive capabilities have yet to be fully delivered and will be monitored through the national-led programme. Further discussion regarding the benefit realisations of the program and the suitability of licensing are being arranged through the national eHealth Digital Leads Group, and the next implementation stages and timings will be scheduled accordingly
- Electronic Prescribing – the new HEPMA electronic prescribing system has gone live in April 2022, in partnership with NHS Lothian. Training plans were progress in parallel
- The eRoster implementation programme (2021-TSH06) is projected in line with the national timetable, being led locally by the hospital's HR and Nursing Directorates as a hospital-wide project
- The hospital's patient electronic catalogue access (2021-TSH05) is in place and will be further assessed as part of a wider-scope review of the patient experience and available systems for enhancement, including digital media options (2022- TSH06)

Legislative requirements

11.2. As a public body the Board has several legislative responsibilities. Significant among these are GDPR (General Data Protection Rules), NISD (National Information & Security Directive) and the National Records Management Plan. TSH are actively working toward meeting these requirements.

11.3. TSH will be audited annually for compliance with the Network Information Security Directive and associated audit (NIS audit) confirm that digital security processes are considered as well as the procedures and policies for and storing digital information (2022 -TSH06). TSH plan in 2022/ 23 to create an appropriate approach for next year's assessment and will require further input from all departments within the hospital providing critical services.

11.4. TSH Records Management team will develop a new submission of TSH Records Management Plan by end 2022. The plan will ensure all records are legally held by the Board and only used for the original intention when they were created. It will also provide a retention date for different document types, and information on when this date has expired – plus disposal procedures and guidelines to ensure we meet our legislative requirements.

12. Realistic Medicine

12.1. TSH has continued to enhance its Realistic Medicine (RM) profile by striving to implement the six RM principles into our clinical interactions, systems and processes. Our commitment to the national RM movement has remained a clear focus since our appointment of an RM Clinical Lead in 2018 and a Project Manager from August 2021 with both positions remaining funded for another fiscal year. To provide further insight on this work stream, there is now a dedicated intranet-landing page solely focused on RM and we have continued to upload resources and consistently engage staff through targeted bulletins and meetings.

12.2. Since the first action plan was drafted in 2020, TSH has made good progress on each of the projects and have strived to align these to as many of the RM principles within their context. An updated version of the action plan was submitted and approved by Scottish Government for 22/23 alongside a dedicated communications plan; with the sole aim of highlighting our present and future involvement towards achieving the national vision of “By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine”.

12.3. One of the RM Team’s main priorities is to encourage all staff to complete the Shared Decision Making module that has been adapted to be accessible via the Learnpro platform. To date 57 members of staff have successfully completed this module from a wide range of professions across both clinical and non-clinical settings. Our intention is to remind staff at quarterly intervals of this module as stated in our communication plan. Within our action plan, there are three main projects, which will have a primary focus of the RM team in the coming year; these are the Clinical Model; Improving Observation Practice and Learning into Practice system. All three projects will require TSH to undergo organisational change in terms of the way we provide care and treatment and will need significant engagement surrounding the cultural change that will occur as we progress and complete these projects in the coming year.

12.4. There are a few challenges that remain with this work stream surrounding Shared Decision Making and the use of BRAN (Benefits, Risks, Alternatives and do Nothing) questions within our service. Due to the nature of our forensic setting and the services we provide, it remains unclear the extent of utilizing these tools in practice, taking into consideration our existing mechanisms that support decisions around treatment.

13. Resilience and Security

13.1. TSH continues to develop plans to support a resilient Incident Command Structure. The interim Covid Model has now been formalised and agreed to remain as part of the Incident Command. The model will support Incident Commanders through dedicated Loggists, Negotiators and Scene Commanders during the initial stages of an incident. The hospital continues to deliver Incident Command Training across the site at all levels.

13.2. Working alongside our partner agencies, Police Scotland have agreed to assist in the production and delivery of a negotiator package tailored specifically for our environment. Joint working has commenced and a timetable for delivery is currently being constructed.

13.3. The Prevention and Management of Violence and Aggression (PMVA) remains a priority for the hospital and following adverse event review a recommendation was to provide staff with the appropriate training and personal protective equipment (PPE) to manage violence and aggression. In June 2022, PPE equipment was received on site and staff from Rampton Hospital in England attended to deliver a nationally agreed standard of training (PMVA Level 3) to support staff to use the PPE, as well as, intervention techniques and tactics. The Hospital are currently developing the PMVA policy to reflect the use and authorisation of the PPE equipment.

13.4. Partnership development continues with external agencies. There is now an agreement with Police Scotland that a single point of contact is in place for general policing matters at the hospital. Tactical plans and primacy agreements have been developed with other strategic and tactical departments within Police Scotland. Additionally, TSH and PSOS are currently finalising a new Memorandum of Understanding to help develop our relationship and understanding of our interoperability with each other

MSR Redesign project

13.5. The redesign of the seclusion rooms (2022-TSH02) is now complete. The planned start date for the project is w/c the 25th of July 2022, with a programmed duration of 26 weeks (about 6 months) and all

completed for the end of January 2023. The work will commence in Iona 2 and then move across the wards.

Key Vend Upgrade Project

13.6. The tender process for this project (2022-TSH01) is now complete and Deister Electronic (UK) Ltd have been appointed as the successful bidder. An initial implementation meeting is scheduled for July 2022. This meeting will outline a timeframe for implementation and installation of a new key vend management system across the hospital.

Security Upgrade Project

13.7. The Security Upgrade Project (2021-TSH24) continues. The current programme (version 39) has a planned completion date of 12 September 2022. Upcoming impacts for the hospital will be the introduction of the new radios and work within the grounds to install 3 new camera columns.

13.8. Weekly look ahead reviews provide communications across site in regard to organisational impacts including potential grounds access changes. The Project Oversight Board provides monthly governance with a dedicated report provided at each of the Hospital's Board meetings.

13.9. Following completion of the security upgrade project an assurance framework will be developed to detail systems and processes for ongoing audit of security infrastructure.

14. Climate Change

14.1. A further area of key development is the TSH response to policy for NHS Scotland on the climate emergency and sustainable development - DL (2021) 38. This is led by the Executive Team through the Director of Security, Estates and Resilience. The TSH Sustainability Development Group has been established (2022-TSH03). Its purpose is to ensure that appropriate measures are taken in order to implement the Scottish Government's Sustainable Development Policy for TSH. The group report into the Audit Committee on a quarterly basis.

14.2. TSH is currently developing its climate change risk assessment and adaptation plan and these will be reflected in the Corporate Risk Register.

14.3. TSH is already progressing a range of sustainable initiatives including:

- Introduction of electric vehicles and charging points
- Biomass heating system.
- Use of surplus land for green energy initiatives.

14.4. The TSH Board has appointed a Non-Executive Director as Champion, which will ensure that the Board will be able to link with the framework of assurance reporting being established.

15. Sustainability and Value

15.1. All directorates are now actively reviewing and challenging remaining and ongoing projected Covid-19 costs and ensuring that any remaining spend aligns to essential planning assumptions. This includes assessing areas where outstanding Covid-19 activity can cease, be reduced or form part of reformed business as usual. There are a number of processes now being put in place with individual budget-holders so that the pressures of Covid related costs which will continue to be incurred will to be met within the specific Directorates as we return to "business as normal" in 2022/23.

15.2. The Hospital has established local saving initiatives to meet the financial challenge set out in our 2022/23 financial plans and while an improved level of recurring saving remains a national and audit

focus, it should be noted that of the hospital's budget only 15% of costs are non-pay related while 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% to 30/40%. Savings reviews across all directorate budgets have currently set out plans for approximately 80% of our savings for 2022/23, with the remainder to be addressed within ongoing reviews.

15.3. The hospital's finance team continues to engage with the Financial Improvement Network, which continues to provide support to NHS Boards through sharing best practice and identifying areas where efficiencies can be delivered.

16. Financial Planning

16.1. The draft base budgets have been established (pending notification of the AFC Pay Circular for 2022/23) and these forecast a breakeven year end position, set on achieving a current target of £0.811m efficiency savings. This could be subject to change once there is notification of 2022/23 pay circulars from Scottish Government.

16.2. The capital resource budget, which was fully utilised for 2021/22, has now been set for 2022/23 including some items for which additional funding was agreed last year and has carried forward due to the project timings – specifically regarding security work required on the MSRs and the hospital's main Key Safes. The budget is expected to be fully utilised, and we are now looking at capital demands for 2023/24 and beyond.

16.3. There are a number of pressures facing the hospital over the coming year, highlighted as follows:

- Workforce Plan Numbers and Skill mix - due in part to the fall in staff turnover, it has not yet been fully possible to achieve the planned workforce. The full workforce plan aligned to the clinical service delivery model and safe staffing legislation is linked to the Clinical Model and approved by the Board in June 2022
- Pressure from any unfunded element of increased payroll costs that are not met centrally
- Payroll impact continuing from the 2019 outcome of the legal case "Locke vs British Gas" and the potential liability for additional shift payments required
- Unfunded costs relating to ongoing Covid related activity
- Potential increases in rates
- Utility costs continuing to rise, giving an expected significant price and usage pressure in 2022/23
- A number of costs associated with the hospital estate upkeep, all monitored closely and outturns adjusted accordingly. Ongoing evaluation of this impact over the coming years is assessed for budgetary pressures to be controlled
- The requirement for the National Boards to provide additional savings of £15m on a recurring basis in 2022/23
- Savings plans – a savings plan around the workforce, capital charges and supplies may need to be extended if the on-going costs of the new Clinical Model are more than forecast. Also year on year it gets harder to identify workforce savings without impacting on patient care or security. The staffing costs for TSH are 84% of the total revenue budget. If plans fall behind the financial balance could be at risk unless other non-pay savings can be found, and currently a proportion of the savings for 2022/23 is still to be identified
- The lack of any increase in capital funding potentially leaves equipment replacement at risk, as the formulae allocation will require close control and review to be able to cover any major equipment replacement programmes

17. Performance Management and Review

17.1. The AOP and Delivery Plan Template will be reviewed quarterly with Scottish Government. These review meetings will include key leaders from TSH and Mental Health Directorate and will provide the opportunity to review quarterly performance and discuss future and emerging issues. TSH, along with all NHS Scotland Board will participate in an Annual Review process with Scottish Government

17.2. TSH has an established programme of Strategic Planning and Performance Meetings. These take place quarterly and provide the opportunity to review in detail performance and planning issues. In addition, TSH will introduce quarterly Directorate performance meetings to enable Directors and Heads of Departments protected time to review KPIs and performance metrics to review performance and identify areas for improvement and good practice.

Mental Health Directorate
Hugh McAloon, Director of Mental Health

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Gary Jenkins
The State Hospital

By Email

12 October 2022

Dear Gary,

Firstly, I am writing to express my thanks to you, your team and partner organisations for the significant work in developing your 2022/23 Annual Delivery Plan (ADP), and for the opportunity to review it. For 2022-23, we took the decision that Scottish Government would not set out a new range of priorities for National Boards but instead, work with Boards to understand the range of current and potential future priorities. The ADP that you have submitted forms a key part of good governance and good sponsorship, and we have carried out a review on this basis, and as such we will continue to ask for quarterly updates as we did last year.

After reviewing your plan, as Director with responsibility for sponsorship of The State Hospital (TSH), I am content to recommend that the plan be taken to your Board for their final approval. In addition I have provided some feedback below which should be taken into consideration when preparing your Quarter 2 updates.

Specific Feedback on Annual Delivery Plan

The plan, whilst encouraging as a whole, still has a number of deliverables that are sitting at amber. I am aware that a number of these deliverables are determined nationally and thus cannot be taken forward unless advised. However, the deliverables that govern safety and security and improving the physical health of patients sit within the remit of TSH and are of special interest to the Minister. Therefore, I would expect that any such risks and mitigating actions in these projects be communicated fully within future plans in order to effectively determine the reasons for the drift in delivery.

Those deliverables that have been superseded should now be dropped from future plans in order to facilitate easier review of the delivery planning template. Despite this, their risks and mitigating actions should still be taken into account and fully explored as part of their overarching projects in future iterations of the plan.

It has been noted from the Chief Nursing Officer Directorate (CNOD), that TSH has demonstrated a good example of improving the visiting experience. This is through encouraging visitors to undertake LFD testing on a voluntary basis to help support infection control within the hospital and the collaboration with Infection Control and PCIT to encourage and facilitate safe visiting. Further feedback from CNOD has also stated that in future plans it would helpful to see what plans are in place for HAI/IPC education for staff at TSH.

I would encourage TSH to continue to meet regularly with the sponsors in the Forensic Inpatient Services Team, both in the informal fortnightly meetings and the more formal quarterly meetings to ensure that suitable visibility is given to not only the deliverables, but also other issues and challenges that TSH faces as the year progresses.

Quarter 2 Review and Progress Updates
The next quarterly update to your ADP is due for submission to Scottish Government on 28 October 2022.

There will be no separate commission for these updates, however, these should be prepared on the basis of the feedback in this letter, along with a review carried out by the Board. The updated delivery planning template should include updated or new deliverables as required and progress updates for each deliverable. In addition, updates should be made to ensure that all deliverables have clearly defined milestones and a clear understanding of the risks and mitigations in place. Where milestones and timescales change over the year, this should be recorded in the progress update column.

In order to provide context for your ADP templates, Boards should also include a brief summary setting out:

- Key achievements in Q2
- Key challenges
- How barriers to progress are being addressed
- Where there are a significant number of deliverables assessed as amber, red or suspended/cancelled then the narrative should include a high level commentary on the reasons for this and the proposed actions to address this.

If you have any questions please do not hesitate to get in touch with your sponsors in the Forensic Inpatient Services Team.

Yours Sincerely,

Hugh McAloon
Director of Mental Health

Region	Board	Priority Area *Areas listed in guidance:* *Staff Wellbeing* *Recruitment and Retention*	Service Area	Reference	Jun'22 status	Sep'22 Status *NOT FOR COMPLETION*	Dec'22 status *NOT FOR COMPLETION*	Mar'23 status *NOT FOR COMPLETION*	Key Deliverable - Name and Description	Key milestones	Progress against deliverables end June 22	Progress against deliverables end Sep'22 *NOT FOR COMPLETION*	Progress against deliverables end Dec'22 *NOT FOR COMPLETION*	Progress against deliverables end Mar'23 *NOT FOR COMPLETION*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	Major strategies/ programmes the deliverable relates to	Impact of deliverable on health inequalities
	The State Hospital's Board for Scotland		Digital transformation - National Project	2021-TSH02	Amber				Office 365 implementation of SharePoint	Nationally determined milestones and targets	No national notifications regarding progress. The national team have been dealing with an Information Governance concern which has been raised and we anticipate this would need to be resolved before any further progress can be achieved				TSH	Training Resource Information Governance National Delays	Being compliant with national standards and take forward national guidance when this emerges.	TSH will meet national standard for our digital platform and allow collaboration between NHS Scotland and wider partners.	Digital Inclusion Strategy	
	The State Hospital's Board for Scotland	TSH Local priority	Digital transformation	2021-TSH04	Superseded				NIS Implementation of Audit Recommendations	Oct-21	Project now part of 2022 TSH 06				TSH	Resource Cyber Security Financial	Protect staff time to deliver project. Through delivering of this project, cyber security is assured.	Compliance with regulation – Network and Information Systems.	Digital Inclusion Strategy	
	The State Hospital's Board for Scotland	TSH Local priority	Digital transformation	2021-TSH05	Green				Patient Electronic Catalogue	30/09/2022 Expect closure of project end Q2 and this to become BAU.	Installed kit in most wards, remaining wards will have this by the end of Q2 (subject to supplier chain).				TSH	Security requirements	Identifying all potential security breaches. Controlling access to inappropriate content. Sophos firewall updated regularly.	Patients' ability to view digital catalogues.	Digital Inclusion Strategy	
	The State Hospital's Board for Scotland	TSH Local priority	Digital transformation - National Project	2021-TSH06	Amber				Rollout of e-roster	Nationally determined however indicative timescale of late 2022 Identification of Project Management resources and support.	Initial discussions with NSS re project manager support however further clarification and resources are required.				NSS	Project Planning Resource National delays IT infrastructure	Establishing hospital wide project team and ownership. Develop project charter.	Electronic staff rostering system.	Digital Inclusion Strategy	
	The State Hospital's Board for Scotland	TSH Local priority	Digital transformation	2021-TSH08	Complete				Cyber security	Ongoing project.	Embedded as business as usual. This will no longer be reported as a specific project. Now a standing item at the Audit Committee to ensure regular reporting, governance and oversight				TSH	Training and awareness Resourcing Financial Infrastructure Updates External Factors	Awareness campaigns through bulletins. Ongoing monitoring of any cyber security risks and reporting / escalation as required,	Increased awareness of cyber security at TSH with accurate reporting. Now a standing item at the Audit Committee to ensure regular reporting, governance and oversight.	Digital Inclusion Strategy	
	The State Hospital's Board for Scotland	TSH Local priority	Digital transformation	2021-TSH09	Green				Linkages with Parole Board and Tribunals Tribunal suite expected to return as a fixed location in 2022.	Movement of equipment expected in Q2. Expect closure of project end Q2 and this to become BAU.	Interim solution in place currently with hearings taking place in PTS rooms in Skye Centre. Court appearances and Tribunals taking place regularly. Movement of video linkage for court appearances and teleconference equipment to return to the Tribunal Suite expected in Q2. Expect closure of project end Q2 and this to become BAU.				TSH	Security	Ongoing monitoring of security risks and reporting and escalating any identified risks.	TSH has an efficient linkage to criminal justice hearings.	Digital Inclusion Strategy	
	The State Hospital's Board for Scotland	TSH Local priority	Digital transformation	2021-TSH10	Complete				Business Tableau	Work ongoing with dashboard development	Embedded as business as usual. This will no longer be reported as a specific project.				TSH	Resource EPR Upgrade External Factors Competition Security Technology	Significant process of change enacted via HMT to renew outdate job descriptions. Additional Data Specialist post advertised in August 2021. Continued monitoring of the eHealth systems underway.	Increased use of Tableau across the Board to provide evidenced based decision making.	Digital Inclusion Strategy Digital Participation Charter	
	The State Hospital's Board for Scotland	TSH Local priority	Digital Transformation	2021-TSH11	Superseded				Digital media for Patients	Project included in Digital Transformation strategic development (2022 TSH 06)	Project now part of 2022 TSH 06				TSH	Significant financial implications Security Technology	Scope risks and resources involved.	Supporting digital access to patients.	Digital Inclusion Strategy Digital Participation Charter	
	The State Hospital's Board for Scotland	TSH Local priority	Increase in Physical Activity and Improve the Physical Health of Patients	2021-TSH12	Complete				Seven-day model of physical activity	TSH KPI of 90 minutes of physical activity per week.	Project complete: 7-day model is in place. Activity Coordinators are all recruited to. New project to provide oversight commenced for Q2.				TSH	Resourcing Environmental Limitations	Managerial focus and weekly monitoring of activity on ensuring continued access. Action Plan produced.	TSH will have a healthier patient population.	Forensic Network Continuous Quality Improvement Framework Mental Health Strategy 2017 - 2027	
	The State Hospital's Board for Scotland	TSH Local priority	Improve the Physical Health of Patients	2021-TSH13	Superseded				Review of the model of activity delivery	Project plan to be developed to identify milestones	This project has been superseded by the development of the Activity Oversight Group (2022 TSH 05)				TSH	Resourcing Project Planning to ensure connection across projects that seek a similar outcome	Monitoring of resourcing. Ensure refreshed approaches to activity to support interest and engagement. Seasonal plan.	Engaged, active and upskilled TSH population.	Forensic Network Continuous Quality Improvement Framework Mental Health Strategy 2017 - 2027	
	The State Hospital's Board for Scotland	TSH Local priority	Improve the Physical Health of Patients	2021-TSH14	Amber				Supporting Healthy Choices - involves exercise, healthy diet and healthy BMI measurement.	Recruitment of Project Manager Consultation on key deliverables Identification of priorities Implementation of key areas progressed	Recruitment process for Project Manager commenced.				TSH	Resourcing Patient Participation	Data monitoring through programme manager to identify effects of SHC Action Plan.	Healthier patient population.	Forensic Network Continuous Quality Improvement Framework Mental Health Strategy 2017-2027	

	The State Hospital's Board for Scotland	TSH Local priority	Clinical Care Development	2021-TSH15	Green				New Clinical Model - Delivery and Implementation	Development of project initiation document and plan Q1 Project implementation team to be identified Q2 Project implementation Q2 4, Formation of CM - SLWG Q2. Project mapping to be completed Q2/3 Clinical Guidance development Q3, Workforce Plan Q3, Staff and Patient moves Q3/4	Project Initiation Plan developed and financial plan revised. Presented to TSH Board June .				TSH	Resourcing Hospital capacity and wider patient flow across the forensic estate	Engagement ongoing with SG to address wider system issues.	Recovery pathway for patients flow through the hospital. proving the environment for patients with intellectual disabilities. Improving safety.	Mental Health Strategy 2017 - 2027	
	The State Hospital's Board for Scotland	TSH Local priority	Organisational Effectiveness	2021-TSH16	Green				Supporting a positive profile for Forensic Mental Health and TSH	Ongoing work stream. Website redevelopment - project plan, timescale and provider TBC External facing communications channels development underway	YouTube channel videos developed and available for wider viewing Paper presented to June Board re communications resourcing and development to take forward Website development				TSH	Reputation Negative impact on staff and patient morale Re-exposure of patients to their historical press releases	Reiteration of positive messages through media outlets. Engagement with Seemed programme.	Improved public understanding of the role of forensic mental health services and recovery pathways. Reduced stigmatisation of mentally disordered offending.	Mental Health Strategy 2017 - 2027	
	The State Hospital's Board for Scotland	Staff wellbeing	Staff Health and Wellbeing	2021-TSH18	Green				Staff Engagement and Feedback	Deliver a What Matter's to You engagement sessions for all staff based on supporting staff with change. I-Matter questionnaire completion and development of action plans. Deliver Excellence Awards for 2022. Full consultation and engagement exercise for the New Clinical Model.	I-Matter questionnaire has commenced for submissions. What Matter's to You day has been delivered on 9 June 2022.				TSH	Poor participation rates by staff in the consultation and surveys Not following up on actions.	Frequent communication through range of media to encourage staff participation Support of managers to encourage staff participation Ensuring timely feedback following engagement activities so staff are aware of what outcomes are expected, Using workforce data to inform decision making.	Objective feedback form staff on their experience of working in TSH and views on future strategy	Staff Wellbeing and Support: Employers' Duty of Care During covid-19 Pandemic, https://www.sehd.scot.nhs.uk/dl/DL(2020)08.pdf)	
	The State Hospital's Board for Scotland	Staff wellbeing	Staff Health and Wellbeing	2021-TSH19	Complete				Coaching available for TSH staff through national online coaching hub and collaboration with NHS Lanarkshire and TSH staff	Coaching offers ongoing	Coaching is now an integral part of staff support; collaboration with NHS Lanarkshire is ongoing. Reporting through Staff Governance Committee. Data reviewed through our workforce report.				TSH NES NHS Lanarkshire	Attendance Resources	Support for staff to prioritise coaching opportunities	Data from National Wellbeing Hub currently being sought on TSH staff uptake to date.	Staff Wellbeing and Support: Employers' Duty of Care During covid-19 Pandemic, https://www.sehd.scot.nhs.uk/dl/DL(2020)08.pdf)	
	The State Hospital's Board for Scotland	Staff wellbeing	Staff Health and Wellbeing	2021-TSH20	Complete				Provision of psychological first aid training and coaching for managers	Learn pro module has good uptake in staff groups across TSH Project will be incorporated into BAU	NES Protecting the Psychological Wellbeing of Staff & Teams. 19 managers have completed module. NES Psychological First Aid - A total of 6 managers and 27 staff have completed this module. In addition to the above, a further 7 staff have completed the NES COVID-19 Psychological First Aid online module Project will move into Business as Usual and form part of training offer				TSH NES	Time to complete Resources	Support for staff to prioritise training	Staff and managers have increased awareness of strategies to protect psychological wellbeing	Staff Wellbeing and Support: Employers' Duty of Care During covid-19 Pandemic, https://www.sehd.scot.nhs.uk/dl/DL(2020)08.pdf)	
	The State Hospital's Board for Scotland	Staff wellbeing	Staff Health and Wellbeing	2021-TSH21	Green				Support projects for staff wellbeing	Information sessions and Campaigns delivered Excellence awards 30th November Engagement of ward based staff	Outreach work has commenced within wards and hubs to identify how to provide a service that is accessible to the staff group. A range of staff health opportunities have commenced over Quarter 1 including men's and women health weeks.				TSH	Time Resources - short term contract of staff Financial	Regular meetings held to support the range of staff health initiatives Financial resource available	Staff groups are supported and recognised for their contribution Staff health and wellbeing supported and enhanced Staff awareness raised of how to prevent health deterioration	Staff Wellbeing and Support: Employers' Duty of Care During covid-19 Pandemic, https://www.sehd.scot.nhs.uk/dl/DL(2020)08.pdf)	
	The State Hospital's Board for Scotland	TSH Local priority	Building a personalised approach to care	2021-TSH22	Amber				Revision of the process for delivery of the Care Programme Approach	These milestones will be set by the SLWG and align with the Clinical Model timeframe.	The MHPSG is now pulling together the work that has been done previously on the CPA process. Our intention is to create a SLWG to implement tests of change in relation to this.				TSH	Conflicting requirements of individual needs.	A detailed examination of each aspect of the CPA process.	Effective and efficient CPA Approach that engages patients and carers which meets legal requirements.	Mental Health Act requirement.	
	The State Hospital's Board for Scotland	TSH Local priority	Building a personalised approach to care	2021-TSH23	Green				Enhance and improve visitor experience	Refresh of visitor experiences on site and developing visitor facilities to enhance experience.	Staff resource appointed and engagement with families and patients through reps sitting on the Person Cantered Improvement Steering Group. Collaboration with Infection Control and PCIT to encourage and facilitate safe visiting.				TSH	Resourcing Financial Visitor Experience	Reviewing current arrangements and ensuring appropriate control are in place for the safe delivery prior to implementation.	Safe delivery of visiting.	Person Centred Visiting Guidance	
	The State Hospital's Board for Scotland	TSH Local priority	Safety and Security	2021-TSH24	Amber				Perimeter Security and Enhanced Internal Security Systems Project	Project is in final phase. Estimated completion is Sept 2022 delays attributed delays due to contractual factors and some COVID related impact.	All quality targets and milestones have been met, Project Oversight Board continues to meet monthly. Updates provided to TSH Board as standing item.				TSH Stanley Construction	Finance Security Resources	Monitoring of risks through the project risk register and monthly Project Board Meetings.	Upgraded security systems across TSH hubs, grounds and perimeter.		
	The State Hospital's Board for Scotland	TSH Local priority	Safety and Security	2022-TSH01	Green				Key Safe Delivery Project	Agree Project Plan with supplier. Confirmation of start and end dates . Aim to complete with in 2022/23	Funding has been secured. Procurement process completed. TSH awaiting detailed plan from supplier prior to commencement of works.				Diester	External supplies. Covid Delays impacting access to site. Supply chain	Oversight group to manage and monitor progress - escalation of issues at early stage.	New Key Safe system installed on time, within budget and delivered within quality targets.		

	The State Hospital's Board for Scotland	TSH Local priority	Safety and Security	2022-TSH02	Green				MSR Redesign	Due to start end July, completed within 26 weeks	Agreed design and secure funding. Supplier collating component parts for installation to progress.					External supplies. Covid Delays impacting access to site.	Oversight group to manage and monitor progress - escalation of issues at early stage.	Successful completion of redesigned MSR's within timescale and budget agreed.		
	The State Hospital's Board for Scotland	Sustainability	Safety and Security	2022-TSH03	Green				Climate Change and Sustainability Work Stream	Establish Group. Appoint Executive and Board Leads. Complete the National Sustainability Assessment Tool. Completion actions from DL 38.	Group forming and agreeing priorities form DL 38. Establishment of climate change risk assessment for inclusion in Corporate Risk Register. Awaiting confirmation from Scottish Government re next steps.				TSH	Resource Finance	Climate Change and Sustainability Group report to Board on progress.	Established a Climate and Sustainability work stream in TSH to support delivery of national targets.	DL 38	
	The State Hospital's Board for Scotland	Recruitment and retention	Recruitment	2022-TSH04	Green				Recruitment stratecy and Action Plan Developed	Planning and development of strategy and action Plan Q1 Implement actions Q2-4 Engagement with potential employees and outreach work	Engagement through CMT and Partnership Forum. Approved by CMT in June 2022				TSH	TSH are unable to attract and retain appropriate workforce.	Regular monitoring of data to understand current position. Proactive and flexible in recruitment processes.	Workforce strategy that attracts and retains a sustainable workforce.	National Health and Social Care Workforce Strategy.	
	The State Hospital's Board for Scotland	TSH Local priority	Building a personalised approach to care	2022-TSH05	Green				Activity Oversight Group (transition from the Operational Model Monitoring Group) Provide monitoring and oversight on patient activity and factors impacting on access to activity. Deliverables focus on: KPI development, time in rooms, planned and actual activities provided, patients not accessing activity, indoor / outdoor activities	Establishment of AOG Q2 Identification of priorities Q2 Development of Driver Diagram Q2 Identification of change ideas Q2/3 Development of new systems to gather and report activity Q2/3 Implementation of improvement projects to ensure tailored activity Q2-4 Annually reviewed Q4	Terms of Reference complete Plan for the launch of this group complete				TSH	Time Resources Infrastructure Clinical outcomes if group not successful	Robust data collection providing oversight. Focussed approach on key priorities to achieve sustainable change Focussed approach will enable QI capacity	TSH will have improved monitoring and oversight of patient activity and factors that may impact on access to activities.		
	The State Hospital's Board for Scotland	TSH Local priority	Digital Transformation - TSH Local	2022-TSH06	Green				Digital/ e-health strategic development NIS - Infrastructure Audit Digital media for Patients	Digital / e-health strategic priorities for 2022/23 identified, Planning for next audit and implementation of audit recommendations, Scoping and evaluation of options for digital media by the end of Q2.	Digital / e health priorities identified. NIS audit programme review underway and next audit expected end 2022. Scoping has commenced with review of products. Visit to similar establishment carried out to support scoping and benchmark				TSH	Significant financial implications Security Technology	Scope risks and resources involved.	Supporting digital access to patients.	Digital Inclusion Strategy Digital Participation Charter	

Paper No: 22/96

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 20
Sponsoring Director:	Director of Security, Estates and Resilience
Author(s):	Director of Security, Estates and Resilience
Title of Report:	Sustainability and Climate Change Report
Purpose of Report:	For Noting

1 SITUATION

Responding to the global climate emergency is one of the Scottish Government's highest priorities. The UK Committee for Climate Change recommended that Scotland reduce to 'net-zero carbon emissions' by 2045. Scottish Government has accepted the Committee's recommendations in full and has set NHS Boards a target of achieving 'net zero carbon emissions' by 2040 or earlier.

2 BACKGROUND

In support of the NHS Climate Emergency & Sustainability Strategy 2022-2026, DL (2021) 38 ('A Policy for NHS Scotland on the Climate Emergency and Sustainable development') was issued in November 2021 and sets out aims and associated targets for NHS boards to work towards. The policy aims are as follows:

- Ensure that NHS Scotland bodies, as an integral part of their commitment to the health and wellbeing of the community, contribute to the achievement of the United Nation's Sustainable Development Goals.
- Ensure that NHS Scotland becomes a net-zero greenhouse gas emissions health service by 2040 or earlier where possible.
- Ensure that NHS Scotland's assets and activities are resilient to the impacts of a changing climate, particularly extreme weather events.
- Establish a culture of stewardship within NHS Scotland, where natural resources are safeguarded and responsibly used to provide environmentally sustainable healthcare.
- Establish NHS Scotland as part of the circular economy through designing out waste and pollution, keeping products and materials in use and contributing to the regeneration of natural systems.
- Increase NHS Scotland's contribution to tackling the ecological emergency and restoring biodiversity.

This reports provides an overview of the work undertaken to date and the plans to take forward the aims and associated targets for The State Hospital.

3 ASSESSMENT

3.1 Sustainability Management Group

The Sustainability Management Group (SMG) is chaired by Head of Estates and held its initial meeting on 14 December 2021 where the Terms of Reference and work plan were agreed (attached in Appendix 'A' and 'B'). Governance arrangements set out in the policy require the appointment of Non - Executive and Executive leads for The State Hospital. These roles being undertaken by Board Member Cathy Fallon and the Director of Security, Estates and Resilience. In support of these roles, national meetings have taken place to determine work streams, reporting arrangements and role requirements to support Boards progress towards the 2024 target.

The SMG has now met on a number of occasions and continue to progress the sixty-eight actions outlined in DL (2021)38.

3.2 Risk Assessment

The Climate Change Risk Assessment (SD54) was presented to the Security, Resilience, Health and Safety Oversight Group on 6 October 2022. Following discussion, the initial, current and target risk ratings were agreed as follows:

- Initial Rating – High (Major/Likely)
- Current Rating – High (Major/Likely)
- Target Rating – Medium (Minor/Possible)

Further details are provided within the Corporate Risk Register paper.

3.3 Climate Emergency & Sustainability Strategy and DL (2021) 38 Progress Update

The Climate and Emergency & Sustainability Strategy 2022-2026 was issued in August 2022 and outlines five priority areas for Boards to address, these being:

- Sustainable Buildings and Lands
- Sustainable Travel
- Sustainable Goods and Service
- Sustainable Care
- Sustainable Communities.

The SMG are currently assessing the strategy to identify relevant areas for TSH to progress.

As stated, DL 38 contains sixty-eight separate actions for boards to address. These actions are separated into a number of areas and includes:

- Governance
- Net-Zero
- Climate Change Adaptation
- Sustainable Care
- Procurement
- Circular Economy
- Waste Management
- Travel and Transport
- Facilities
- Resourcing
- Reporting

The group has identified leads for each of these areas and will monitor progress against targets. The policy and implementation will be reviewed annually by the NHS Scotland Climate Emergency and Sustainability Board.

3.4 Planned Work

On 28 September 2022, 'Jacobs Carbon and Energy Consulting' carried out a site energy survey/audit of the Hospital on behalf of NHS Scotland. The survey assessed the site energy consumption of energy centres, boiler rooms, cooling, lighting, electrical switch rooms. The report, due in December 2022, will outline the route map to Net Zero Carbon Emissions for TSH. On receipt of the report the SMG will reconvene and undertake an assessment of the work streams highlighted. A further update on progress will be provided at the December Board meeting.

Funding has already been sought and approved for the installation of an additional eight electric vehicle charging points within the external car park. This work will be overseen by the Capital Group.

A funding application for external LED lighting has unfortunately been rejected due to not meeting the requirements set out in the funding request. A further bid is currently being drafted and will focus on the replacement of internal lighting to LED.

3.5 Reporting Schedules

There are a number of reports requiring submission in the current and forthcoming financial year as follows:

Public Bodies Climate Change Duties Report: Requirement under the terms of the Climate Change (Scotland) Act to report on the contribution to the delivery of the statutory emissions reductions target. Report is submitted to Sustainable Scotland Network:

Due 30 November 2022 (for year 2021-22). Status: on track to submit by deadline.

Annual Climate Emergency and Sustainable Development Report – Each Board is required by DL (2021) 38 to publish a report on its public website by November each year summarising its progress against the aims of this policy using a template.

Due 30 November 2022 however template has not been issued and a delay is expected for all boards.

National Sustainability Assessment Tool- requirement under DL (2021) 38 and is due February 2023. Currently on track (previous scoring at 44% and SMG will monitor improvements).

Energy Report –required quarterly to National Support Services regarding energy usage and is submitted by Estates Management team.

Fleet Management – six monthly report uploaded from the National Fleet Management system.

4 RECOMMENDATION

The Board are invited to note progress of the Sustainability Management Group and consider inclusion of a separate Board Development Session on Climate Change and Sustainability.

Paper No: 22/96

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	The report provides The Board with an update of the Sustainability Management Group.
Workforce Implications	There are no workforce implications related to the publication of this report at present.
Financial Implications	There are no financial implications related to the publication of this report at present.
Route To Board Which groups were involved in contributing to the paper and recommendations	Security, Resilience, Health and Safety Oversight Group. Sustainability Management Group.
Risk Assessment (Outline any significant risks and associated mitigation)	There are no significant risks related to the publication of the report.
Assessment of Impact on Stakeholder Experience	There is no impact on stakeholder experience with the publication of this report.
Equality Impact Assessment	The EQIA is not applicable to the publication of this report.
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)	The Fair Scotland Duty is not applicable to the publication of this report.
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

THE STATE HOSPITALS BOARD FOR SCOTLAND

CLIMATE CHANGE AND SUSTAINABILITY GROUP

TERMS OF REFERENCE

1. PURPOSE

The Climate Change and Sustainability Group is accountable to the Security, Resilience, Health and Safety Oversight Group through the Director of Security, Estates and Resilience. Its purpose is to ensure that the principles of sustainability are embedded in The State Hospital's strategic programme. The Group will ensure an integrated approach to sustainable development, harmonising environmental, social and economic issues.

Sustainability best practice is at the core of NHS Boards' day-to-day operations. In addition, the Scottish Government has mandatory requirements for climate change reporting, biodiversity reporting, and other sustainability actions to which all public bodies (including NHS Boards) must adhere.

The Group provides assurance to the Security, Resilience, Health and Safety Oversight Group that robust arrangements are in place for monitoring and review of the effectiveness of management arrangements within the Board.

Corporate and Operational Management Teams are responsible for operational delivery of services. The Climate Change and Sustainability Group will focus on issues of strategic or corporate significance, with reports by exception from CMT as required.

2. COMPOSITION

2.1 Membership

Members are appointed by the Head of Estates and the Head of Risk and Resilience who shall act as Co Chairs. The Director of Security, Estates and Resilience will chair the meeting in the absence of the Head of Estates and the Head of Resilience. Membership will be reviewed annually and reported as part of normal monitoring mechanisms.

Members comprise:
Director of Security, Estates and Resilience
Head of Estates (Co Chair)
Head of Resilience (Co Chair)
Head of Security
Clinical Operations Manager
Risk Management Facilitator
Head of Procurement
HR Representative
Housekeeping and Linen Services Manager
Head of Communications
Senior Nurse for Infection Control
Deputy Director of Finance
Physical Security Manager
Staff Side Representatives

In Attendance:
Non Executive Director / Sustainability Champion

2.2 Attendance

All members detailed above shall normally attend meetings and receive all relevant papers.

In order to fulfil its remit, the group may obtain whatever professional advice it requires and invite, if necessary, external experts and relevant members of hospital staff and/or relevant professional groups like NHS Scotland Global Citizenship Group, Royal College of General Practitioners, Resource Efficient Scotland, SEPA, etc to attend meetings.

Generally it is expected that attendance will be restricted to the members detailed above, however Directors may nominate a deputy to attend regularly if this is more suitable. Others may be invited to present specific items and will be in attendance for that item only. Observers will be permitted on approval from the Chair of the Group.

3.0 MEETINGS

3.1 Frequency

Meetings will be quarterly and the Chair may convene additional meetings as necessary.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five working days in advance to allow time for members' due consideration of issues. A standard agenda will be developed and the Climate Change and Sustainability Group will agree an annual work plan - with additional items to be submitted to the Chair for consideration as any other competent business. All papers will clearly state the agenda reference, the author and the purpose of the paper, together with the action to be taken.

3.3 Quorum

Five members of the Group will constitute a quorum.

3.4 Minutes

Formal minutes and action notes will be kept.

Draft minutes and action notes will be approved by the Chair and circulated to members within one working week for action notes and one month for full minutes.

These documents will be submitted for approval at the next meeting.

3. REMIT

The Climate Change and Sustainability Group will operate within the principles of NHS Clinical Governance and Risk Management Standards, requirements to ensure good systems of internal control, and to demonstrate the Board is an exemplar employer under Staff Governance Standards.

The main objective is to ensure systems are in place to manage climate change and sustainability issues. Specifically, this will include:

- Policy and Governance
- Adaptation
- Active Travel
- Awareness
- Capital projects
- Communities
- Environmental Management
- Ethical Issues
- Greenhouse Gasses
- Greenspace
- Nature and Biodiversity

- Procurement and Supply Chain
- Sustainable Health Care models
- Transport
- Waste
- Welfare

The Group will develop and support the implementation of an annual work plan which incorporates the principles of good practice contained within the Scottish Government's Policy on Sustainable Development for NHS Scotland and the Climate Change (Scotland) Act 2019.

- Public Sector Climate Change Duties
    - Climate Mitigation Actions
    - Climate Change Adaptation
    - Sustainable Behaviour Change

- Energy
- Water
- Waste and resource efficiency
- Transport and Travel
- Biodiversity and management of the outdoor estate for wider health benefits
- Sustainable Procurement and circular economy
- Environmental Management
- Current Reporting Requirements:
    - National Sustainability Assessment Tool (NSAT)
    - Public Bodies Climate Change Duties Reporting
    - Biodiversity Reporting and action plan
    - Climate Change Risk Assessment and action plan
    - Environmental Management System Legal risk register

Members of the group will:

- Support and report activities into this Group
- Provide advice and information to support local Sustainability Policy development
- Provide a vehicle for discussion of topical issues and be a support network for colleagues to facilitate problem solving and sharing of best practice
- Take advice as required from professional membership bodies such as the:
    - Institute of Healthcare Engineering and Estate Management
    - Scottish Environmental Protection Agency
    - Institute of Environmental Management and Assessment
    - Chartered Institute of Building Services Engineers

- Identify and advise on Sustainable training needs for State Hospital staff
- Evaluate new Sustainable technologies and advise on risks, benefits and viability
- Promote new sustainable technologies and practices where appropriate and encourage innovation
- Provide governance to meeting Scottish Governments reporting Climate Change Reporting and Sustainable Performance Reporting requirements
- Identify initiatives (National and International) which may benefit the board in relation to sustainability
- Support links with other local public and private sector groups to peruse a common agenda on sustainable actions
- Develop and support an annual work plan for the group

4. AUTHORITY

The Group is authorised by the Security, Resilience, Health and Safety Oversight Group to investigate any activity within its terms of reference. It is authorised to seek any information it requires to meet its terms of reference from any employee and all employees are directed to co-operate with any request made by the Committee.

CEL2 (2012) - A policy on sustainable development for NHSScotland
2012 includes a list of mandatory requirements and under Governance states that
"*Each NHSScotland body must implement a strong management structure as a means of ensuring the effective delivery of its strategic Sustainability Development Policy Statement and Supporting Sustainable Development Action Plan."*

5. PERFORMANCE OF THE COMMITTEE

The Group shall annually review and report on:

- Its own performance, effectiveness, and the level of input of members to the Group relative to added value achieved.
- Proposed changes, if any to the terms of reference.

6. REPORTING FORMAT AND FREQUENCY

The Group will report to the Security, Resilience, Health and Safety Oversight Group who will monitor and advise on direction of activities of the Climate Change and Sustainability Group.

The Climate Change and Sustainability Group reports into the National Sustainability Group and will feedback updates on national agenda, policy and work programs. Updates to the national group will be provided by the Boards' nominated representative.

The Chair will provide regular updates to the Corporate Management Team on progress of the Climate Change and Sustainability Group and annual work plan, including the Sustainability Assessment action plan.

The Climate Change and Sustainability Group will oversee the following reporting requirements:

- Production of an annual work plan to EESG
- Review of Environmental Compliance
- Review and production of the annual Public Sector Bodies Climate Change Report
- Review and produce the Biodiversity Reporting requirements and action plans
- Review of the National Sustainability Assessment Tool, and its action plans

7. COMMUNICATION AND LINKS

The Chair should be available to the Security, Resilience, Health and Safety Oversight Group as required to answer questions about its work.

The Group will work closely with other organisations and NHS groups to establish best practice, including the promotion of new initiatives in the field of Sustainability. NHS regional sustainability working groups are to be set up to gain and share best practice ways of working.

In addition, the group will maintain close links and direct involvement with the relevant external sustainability organisations including:

- Zero Waste Scotland
- Sustainability Scotland Network (SSN)
- Sustainability Managed Sustainable Health Network (SMASH)
- NHS Scotland Global Citizenship Network
- Royal College of General Practitioners Sustainability Network

APPENDIX B

CLIMATE CHANGE AND SUSTAINABILITY GROUP WORKPLAN 2022

	10 MARCH 2022	9 JUNE 2022	8 SEPTEMBER 2022	8 DECEMBER 2022
CLIMATE CHANGE AND SUSTAINABILITY RISK REGISTER	• SD54 – Climate Change	• SD54 – Climate Change	• SD54 – Climate Change	• SD54 – Climate Change
STANDING AGENDA ITEMS	• Sustainability Workplan (2021/22) • Environmental Management System (EMS) • Carbon Emissions Report 2020/21 • DL(2021) 38 • Procurement Update	• Sustainability Workplan (2021/22) • Environmental Management System (EMS) • Carbon Emissions Report 2020/21 • DL(2021) 38 • Procurement Update	• Sustainability Workplan (2021/22) • Environmental Management System (EMS) • Carbon Emissions Report 2020/21 • DL(2021) 38 • Procurement Update	• Sustainability Workplan (2021/22) • Environmental Management System (EMS) • Carbon Emissions Report 2020/21 • DL(2021) 38 • Procurement Update
NSAT TOOL	• Active Travel Update	• Active Travel Update	• Active Travel Update	• Active Travel Update
PROJECTS	• Project Update	• Project Update	• Project Update	• Project Update
POLICIES	• Policy Update	• Policy Update	• Policy Update	• Policy Update
OTHER	• Draft Terms of Reference • Draft Workplan 2022 • NHS Scotland Climate Change Emergency and Sustainability – Funding to Reduce Greenhouse Gas Emissions			• Draft Workplan 2023

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 21
Sponsoring Director:	Finance and eHealth Director
Author(s):	Deputy Director of Finance
Title of Report:	Financial Position as at 30 September 2022
Purpose of Report:	For Noting

1 SITUATION

The Board is asked to consider the Revenue and Capital Resources spending plans, and monitor financial outturn. This report provides information on the financial performance, which is also issued quarterly to Scottish Government (SG) along with the statutory financial reporting template.

2 BACKGROUND

2.1 TSH

SG were ordinarily provided with an Annual Operating Plan (OP) and 3-year financial forecast template. The Operating Plans for 2020/21 and 2021/22 were paused due to Covid and replaced with the Board Remobilisation Plan (BRP), however we are now once again submitting an Annual Operating Plan for 2022/23 in 2022.

SG notified all Boards of there being no Covid-specific funding available ongoing into 2022/23 at the levels of the last two years and, while this position will remain under review, there are a number of processes now being put in place with individual budget-holders so that the pressures of Covid-related costs which will continue to be incurred will to be met within the specific Directorates as we return to “business as usual” in 2022/23.

There are delays (attributable to Covid) in the Perimeter Project which are being monitored by the Project Board and for which any delay costs will be reviewed and quantified for consideration (in 2022/23).

The draft base budgets (pending notification of the confirmed AFC Pay Circular for 2022/23) currently forecast a breakeven year end position, set on achieving £0.811m efficiency savings, as referred to in the table in section 4.

This is subject to change once we receive the pay circulars but to manage this prudently we are also maintaining an element of contingent reserve until the final pay award levels are known from SG.

2.2 SG Communication

On 14th July, the NHS Scotland Chief Operating Officer and Director of Finance wrote to all Chief Executives and Directors of Finance highlighting Service Priorities and the "considerable financial challenge" for 2022/23, 2023/24 and beyond. Priorities for 2022/23 were noted as:

- Planned care – reduction in waiting times
- Cancer care – enhanced diagnosis and treatment
- Unscheduled care – taking forward the new "Urgent and Unscheduled Care Collaborative" – funding to be confirmed
- Extended flu and Covid vaccinations
- Reduced drug deaths

The letter referred to the 2022/23 Agenda for Change pay offer, with Boards to assume that funding will be provided based on the additional costs associated, and allocations to be confirmed following conclusion of pay negotiations.

It was also noted that Boards are to focus on reducing remaining Covid costs, with the anticipation of no further COVID consequentially in 2022-23 or in future years and any recurring costs to be met through confirmed recurring allocations where now in place (e.g. sustainable vaccination workforce) or from existing baseline budgets. (Funding is expected towards the Test and Protect programme).

3 ASSESSMENT

3.1 Revenue Resource Limit Outturn

The annual budget of £40.705m is primarily the forecast Scottish Government Revenue Resource Limit core and non-core allocations, and anticipated additional allocations.

The Board is reporting an underspend of £0.201m to September 2022, with revenue forecast trajectory variance set at £0.141m. Benefit in month due to release of monies for staffing from local development digital reform NR allocation, offset with provision for risk of ECP sales ledger invoices not being settled.

PAIAW ("Payment as if at work") funding continues to be held as a reserve for the current year. This is a significant element for the Board because of our high levels of overtime and high Nursing vacancies. There is likely to be a pressure if levels stay the same since the reserve is light.

Some pressure potentially remains re prior years' PAIAW still outstanding – claimants being in the hand of CLO (some of whom have recently been paid.) This was accrued at March 2022.

Additional at March 2022, some costs of the project works started in 2021/22 re the eRostering project, M365 licences, and related pressures have been accrued to fund an element of anticipated costs in 2022/23.

3.2 Key financial pressures / potential benefits.

Revenue (RRL): -

Covid-19

As noted above, because of the late advice from SG that Covid would no longer be funded there are some remaining cost pressures which will be managed within Directorates, and which will be regularly monitored. Some new posts may be reviewed for permanency, and a schedule of such posts is being prepared for SG review, further to discussion with SG, Chief Executive and Finance and eHealth Director.

Clinical Model review update
There is risk noted that the updated Clinical Model review's financial position is expected to differ in structure from that which was originally considered and evaluated pre-Covid – current indications being that while this is not expected to give additional costs above current levels, originally anticipated savings will not be realised.

Energy and inflation increases
The rising costs of energy supplies and the knock-on effect on other supply chain deliverables will be closely monitored in 2022/23.

Extra PH for Platinum Jubilee
It is noted that there is the cost of one day's additional holiday in 2022/23.

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 6	Budget WTE	Actual WTE
Nursing And Ahp's	22,320	11,311	11,227	84	402.10	407.74
Security And Facilities	6,541	3,289	3,300	(11)	121.62	117.89
Medical	2,923	1,462	1,311	151	20.55	19.63
Chief Exec	2,019	1,010	973	37	21.96	20.41
Human Resources Directorate	962	481	459	22	14.65	14.35
Finance	2,701	1,351	1,370	(19)	29.43	31.97
Cap Charges	2,641	1,320	1,319	2	0.00	
Misc Income	(600)	(300)	(344)	44	0.00	0.00
Central Reserves	1,198	41	150	(109)	0.00	0.00
	40,705	**19,966**	**19,765**	**201**	**610.31**	**611.99**

Nursing – Includes Ward Nursing overtime pressure, and there will be benefit from leavers being replaced by new starts in year which will contribute to the underachieved savings, plus offset with vacancies in other departments which gives a net underspend position.

Security & Facilities – Biomass and electricity overspends noted, with a focus forward on monitoring energy costs in a pressured market. Remaining covid pressure have arisen for disposables being used for patient food delivery.

Medical – Benefits are noted from some additional income received (to be finalised when resetting budgets with recent pay award circular) and a small element of research underspend, together with Medical posts vacancies.

CE – Non-pay expenditure underspends noted.

HR – Vacancy benefits have to date countered staff cost pressures.

Finance – Pressure noted with eHealth costs, for which review undertaken of utilisation of additional strategic funding received on a non-recurring basis.

Capital Charges – Awaiting SG confirmation of the required change to the allocation (core to non-core adjustment). £2.620m being the estimate, with AME provision currently set at 21/22 value.

Miscellaneous Income (MI) – The budget recognises income billed for exceptional circumstance patients, with appropriate provision for boards with whom recoverable balances are being discussed.

Central reserves – Most significant reserves are inflation / estimate for pay awards held centrally awaiting circular; PAIAW costs reserve; and Apprenticeship Levy reserve.

Anticipated RRL confirmations are awaited.

4 ASSESSMENT – SAVINGS

The following table summarises the savings set by Directorate.

Cumulative Savings	Savings - Annual Target	Achieved to date / post base adj'ts	(Still to be achieved) / over achieved
Directorate	**£'k**	**£'k**	**£'k**
Chief Executive	(41)	0	(41)
Finance	(42)	8	(34)
Nursing & AHP's	(347)	205	(142)
Human Resources	(29)	0	(29)
Medical	(68)	0	(68)
Security & Facilities	(115)	75	(40)
Unidentified (phased ytd) - so all 'achieved'	(169)	0	(169)
Total	**(811)**	**288**	**(523)**

While an improved level of recurring saving remains a national / audit focus, it should be noted that of the Hospital's budget only 15% of costs are non-pay related while 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%.; while certain boards also treat vacancy savings, or a proportion thereof, as recurring savings.

Savings are phased evenly over the year (twelfths). Draft budgets have unidentified savings currently set at £0.169m.

National Boards Contribution

The eight National Boards (formerly Special Boards) continue to work towards joint efficiencies and collaborative working. The recurring level of contribution to the collective £15m savings challenge which the Board agreed and approved for 2021/22 remained at £0.220m, and this is also currently forecast for 2022/23.

5 CAPITAL RESOURCE LIMIT

The recurring capital allocation anticipated from Scottish Government for 2022/23 is £0.269m. Additionally, we have carry forward of unspent 2021/22 allocated project funding for Key Safes & MSRs – this £0.605m is included in our August Allocation schedule – for which work is underway and completion expected within 2022/23.

In addition, funding has been applied for and received in-year to support backlog maintenance work required on the Hospital site – a range of Estates and Security work was identified and these areas of work are all now included in the planned programme for the current year.

With regard to the Perimeter Security Project allocation, there are elements of unforeseen delays in the project – likely to be completing in early 2023 – requiring carry forward of unspent monies from 2021/22.
Payment to the contractor has been negated in recent months due to offset with penalties.

CAPITAL CRL 2022/2023 AS AT SEPTEMBER 2022	ANNUAL PLAN £'k	YTD PLAN £'k	YTD SPEND £'k	under/ (over) £'k
PERIMETER SECURITY				
STANLEY SECURITY SOLUTIONS LTD		157	157	0
THOMSON GRAY LTD		105	105	0
TSH STAFFING APR - SEP'22		96	96	0
DJ GOODE		0	0	0
PERIMETER SECURITY TOTAL (Yr 2 of 2)	905	358	358	0
CAPITAL				
IM&T	30	13	13	0
OTHER	152	53	53	0
MSR refurbishment	400	0	0	0
Family Centre gardens	87	0	0	0
Key-safes refurbishment	205	0	0	0
CAPITAL	874	66	66	0
Total CRL	1,779	424	424	0

6 RECOMMENDATION

Revenue

Year to date position is £0.201m underspend, with breakeven anticipated for the year-end.

Capital

CRL June 2022 received £0.874m. Anticipated that our capital allocation will be fully utilised in-year.

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

MONITORING FORM

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

Paper No: 22/98

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 22
Sponsoring Director:	Director of Security, Resilience and Estates
Author(s):	Programme Director / Head of Estates and Facilities
Title of Report:	Perimeter Security and Enhanced Internal Security Systems Project (Public Session)
Purpose of Report:	For Noting

1. SITUATION

This report to the Board summarises the current status of the Perimeter Security and Enhanced Internal Security Systems project. Board members are asked to note the overall project update, the financial assessment and current issues under consideration by the Project Oversight Board.

2. BACKGROUND

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

The Project Oversight Board meets monthly. The POB last met on 20th October 2022 and is scheduled to meet again on 24th November 2022.

The Programme Director provided an update on the current status on the project, the Project Risk Register and financial details.

3. ASSESSMENT

a) General Project Update:

Quality targets are being met, project costs are projected to overspend by a small amount (See Finance – Project Cost at point 3c below) and project timescales have been reviewed and adjusted (See "Project Timescale" at point 3b below). A strategic overview of progress during the period from February 2020 to date is below:

- Construction Phase – 45% completed (7 work faces in progress, 18 to be commenced)
- Testing and Commissioning – not yet commenced
- Detailed Design Packages – 96% completed
- Construction Health and Safety documentation – 65% completed (14 to be commenced)

Fence Works
A change in scope has been instructed regarding the Fence Washing and Painting works, following approval by the Project Oversight Board. This follows a reassessment of the works required, consideration of advice from an external expert and consideration of guidance published by the Home Office & the Centre for Protection of National Infrastructure. The majority of the fence washing and painting has been removed from the contract with the exception of the new works at the Contingency Gate. These works are unpainted & therefore still require attention. The remaining fence requires some minor works that can be addressed through the ongoing maintenance programme. This change results in a cost reduction.

b) Project Timescales & Quality Issues:

Programme revision 41 has been accepted with Caveats and a revision 42 has been requested due to the changes in scope related to the Fence works. This projects a completion date of 17th January 2023, exceeding the contract completion date by approximately 9 months.

Of the total delay, TSH has been responsible for approximately 12 weeks; around a third of this was due to the impact of COVID, with the remainder due to addition of the Running Track CCTV coverage, the Perimeter Redesign and changes related to the IP Network.

Stanley have been responsible for approximately 53 weeks of the delay. This is due to an over ambitious programme and consistently overambitious reviews of the programme coupled with difficulties in managing sub-contractors.

All quality targets are being met.

c) Finance – Project cost

The project is proceeding according to the current projected cost plan.

The key project outline is:

Project Start Date:	April 2020
Planned Completion Date:	Jan. 2023
Contract Completion Date:	April 2022
Main Contractor:	Stanley Security Solutions Limited
Lead Advisor:	ThomsonGray
Programme Director:	Doug Irwin
Total Project Cost Projection (inc. VAT):	£10,593,951
Total costs to date (Inc. VAT) at 14th August 2022:	£ 9,688,253

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

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

Actual spend to date at 13th October 2022 is below the amount forecast by Stanley that would be reflective of their planned schedule of works. As the current packages of works are significant and amounts are due on completion of each package there is a continuing mismatch between work on site and payments made. The last five months have been further complicated by penalties in excess of works completed and amounts due resulting in a nil valuation.

50% of the 5% retention is due to be paid at completion, with the remaining 50% to be paid at the end of the defects and liability period of 2 years.

A Rounded breakdown of actual spend to date at end of September 2022 is below.

Stanley	£ 6.836m (5% retention applied)
Thomson Gray	£ 0.781m
Doig & Smith	£ 0.008m
HVM Design	£ 0.017m
VAT	£ 1.524m
Staff Costs	£ 0.519m
	£ 9.690m

d) CCTV – Local Engagement

As previously discussed with the Board, local engagement has taken place and is approaching completion. Local properties that are clearly visible from the perimeter cameras have been written to and a visit from local MSP Mairi McAllan is being rearranged.

Board members will recall concerns expressed at the Board regarding whether the organisation had a responsibility to inform residents in neighbouring properties of any occasions of viewing and recording of their property. This requirement will be written into policy to ensure that, in the unlikely event of a neighbouring property being viewed and recorded, the views captured will be assessed to determine if notification should take place.

4 RECOMMENDATION

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

MONITORING FORM

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

Paper No: 22/99

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 23a
Sponsoring Director:	Chief Executive
Author(s):	Head of Communications
Title of Report:	Communications Annual Report 2021/22
Purpose of Report:	For Noting

1 SITUATION

The Head of Communications is required to produce a Communications Annual Report. This report covers performance from 1 April 2021 to 31 March 2022 in support of the Communications Strategy 2020/25.

2 BACKGROUND

All communications activity supports the Board in the delivery of its core objectives and legal obligations. The establishment of a Communications Annual Report is therefore an important assurance process in considering the effectiveness of State Hospital internal and external communications.

Given the nature and organisational arrangements of the Board, patients are uniquely viewed as internal communication stakeholders in addition to Non-Executive Directors, Volunteers, the Chaplaincy Team, Advocacy and staff. Carers, the public and the media are included within external communication arrangements.

The two services predominately delivering internal and external communications are the Communications Service and the Person Centred Improvement Service (PCIS). This was another extremely busy year for both functions to keep effective and quality communication flowing.

3 ASSESSMENT

The challenges of supporting the organisation through another year of Covid-19 at the same time as progressing paused tasks and meeting organisational objectives both strategically and operationally has been significant. Notably, the Communications Service and PCIS were integral all year, in amplifying and / or localising national public health messaging in respect of Covid-19 and the resuming of State Hospital normal service delivery.

Despite these challenges, the Communications Service and the PCIS performed to a high standard, delivering a wide ranging and comprehensive communications service to stakeholders

by working effectively and adopting a flexible approach. Additionally, others responsible for delivering effective communications continued to achieve agreed objectives.

Overall, core Communications tasks including key performance indicators, quality assurance objectives and quality improvement objectives were delivered. All legislative requirements were met, and all financial targets / savings were achieved.

4 RECOMMENDATION

The Board is invited to note the annual report.

Paper No: 22/99

MONITORING FORM

How does the proposal support corporate strategy, objectives and policy	The Annual Report supports the State Hospital's Communications Strategy. The strategy supports legal obligations, local and national strategic objectives, quality assurance and quality improvement objectives, NHS values and behaviours, openness and transparency, professional standards, and best practice in PR and Communications.
Workforce Implications	These will be determined from a review of Communication resources.
Financial Implications	Cost associated with potential investment in staffing / resources following above review.
Route To Meeting Sponsorship and governance route	Head of Communications Person Centred Improvement Lead CEO
Risk Assessment (Outline any significant risks and associated mitigation)	Capacity, resilience, skill mix, and succession planning challenges identified. A review of Communication resources will help determine effective mitigation measures.
Assessment of Impact on Stakeholder Experience	Promoting key messages and a positive image of the Hospital leads to improved public understanding of the Hospital and mental illness, and helps tackle associated stigma.
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).	The Head of Communications works closely with the Person Centred Improvement Lead to support an inclusive approach to ensuring patients who experience significant barriers to communication are enabled to contribute meaningfully to all aspects of care and treatment.
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.

COMMUNICATIONS ANNUAL REPORT 2021/22

(1 APRIL 2021 TO 31 MARCH 2022)

1. CORE PURPOSE

Communication is at the heart of everything we do. Within the State Hospital, the core purpose relates to all aspects of communications both internally and externally - from consultancy / advice and guidance, to the provision of electronic communications, dealing with the media, the production of corporate publications, and stakeholder engagement. Specifically, the Head of Communications acts as a communications link between the Hospital and stakeholders including staff, the local community, general public, professional bodies, and local and national government, and drives forward improvements in communication. This enables the influencing and shaping of communication planning and strategy at all levels, ensuring good communications practice is firmly embedded in everyday service development, delivery and change.

Given the nature and organisational arrangements of the Board, patients are uniquely viewed as internal communication stakeholders in addition to Non-Executive Directors, Volunteers, the Chaplaincy Team, Patients' Advocacy Service and staff. Carers, the public and the media are included within external communication arrangements, which differs from the Communications function of other Boards. The State Hospital's public (patients) are with us for an average of 6.5 years, and some very much longer and therefore are classed as internal stakeholders. The public as a whole are potential patients of territorial Boards and are viewed by them as external stakeholders. These Boards will therefore undertake direct engagement with their public in relation to health, wellbeing and services provided.

The two services predominately delivering internal and external communications within the State Hospital are the Communications Service and the Person Centred Improvement Service (PCIS). Key results areas include: Stakeholder Communications (Internal and External including staff, patients, carers and volunteers), Public Relations (Relationship Management), Crisis Management, Public Affairs (Media and Political) and Marketing Communications.

Trust and confidence of our stakeholders can only be achieved through maintaining the highest levels of transparency. The work of the Communications Service and Person Centred Improvement Service help drive our reputation locally, nationally and globally through different channels by communicating with all stakeholders in a timely, accurate and consistent fashion. This in turn generates confidence, which ultimately supports the Board's visions and strategic objectives.

2. LOCAL AND NATIONAL DRIVERS

Communications is delivered in line with the State Hospital's Communications Strategy 2020/25, which meets the legal obligations contained within:

- Remobilisation Plan 2021/22 (temporarily replacing the Annual Operating Plan).
- National Staff Governance Standard (4th edition), June 2012.
- NHS Scotland Healthcare Quality Strategy, May 2010.

- NHS Scotland 2020 Workforce Vision (*Everyone Matters*), June 2013.
- Healthcare Improvement Scotland (HIS) – 'What Matters To You?' August 2016.
- Human Rights Act 1998.
- Public Interest Disclosure Act 1999.
- Freedom of Information (Scotland) Act 2002.
- Equality Act 2010.
- Public Services Reform (Scotland) Act 2010.
- Patient Rights (Scotland) Act 2011.
- Mental Health (Care and Treatment) (Scotland) Act 2003 / 2015.
- Carers (Scotland) Act 2016.
- Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.
- General Data Protection Regulations (GDPR) 2018.
- Duty of Candour Procedure (Scotland) Regulations 2018.
- Fairer Scotland Duty 2018.

3. COLLABORATIVE WORKING

A key aspect of the Communications Service is the requirement for effective and regular collaborative working across all directorate structures and teams. Being independent from other functions, services or directorates, ensures effective broader organisational confidence, dialogue and connection is maintained. This is something that has been achieved over many years. Within the State Hospital environment, it is important for staff to be able to see a function that not only serves all staff and disciplines equally, but is positioned correctly to do this through a joined up internal network of strong lines and links in all directions with communications in the centre.

Collaborative working with the Scottish Government Mental Health Team and Communications colleagues was stepped up at the start of the Coronavirus pandemic, and maintained in 2021/22 with the Head of Communications representing the Hospital at twice-weekly Scottish Government communication meetings attended by NHS Scotland Health and Social Care Communication peers. These vital meetings ensured 'hot off the press' information from a credible source, the opportunity for collaborative working between organisations where appropriate, facilitated question and answer sessions, and enabled a unified voice to communicate national priorities, messaging, campaigns and links to further information / resources to NHS Scotland staff and the people of Scotland.

4. STAFFING / RESOURCES AND INVESTMENT FOR THE FUTURE

In 2021/22, the Board agreed to a resource review of the Communications Service in relation to its ability to meet the current and future aspirations of the Board, and the changing shape of communications. As a result, in March 2022, the Head of Communications was asked to produce an Options Appraisal for the April 2022 Board meeting that would ensure the most effective and efficient functioning and future proofing of the Communications Service – the outcome of this and any recommendations arising will be taken forward in 2022/23.

5. KEY PERFORMANCE INDICATORS (KPIs)

Established KPIs relate to the core Communications Service as detailed below:

No	KPI	Source	Timescale	Status / Outcome
01	To produce a Communications Annual Report for presenting to the Board.	Board	Annually	**Continues to be met**
02	To produce the Board's Annual Report.	Board	By 31 October each year	**Continues to be met**
03	To produce at least 44 weekly bulletins for staff.	CEO	By end March 2022	**Not met due to daily Covid-19 bulletins replacing the weekly bulletin in 2021/22** A total of 38 were produced.
04	To produce at least 40 special bulletins as a support to staff.	CEO	By end March 2022	**Complete** A total of 81 were produced.
05	To produce Staff Newsletter 'Vision' twice a year as a minimum.	CEO	Annually	**Complete** Three editions were produced.
06	To deliver on 100% of all appropriate requests for Talks to the Community.	General Public	By end March 2022	**Complete** One talk was delivered in February 2022.
07	To respond to 100% of urgent Media Enquiries within the timescale requested and within one working day.	Media	By end March 2022	**Complete** There were 14 media enquiries.
08	Meet the requirements of the 'Well Informed' Staff Governance Standard.	Staff Governance Standard	March / April 2022	**Complete** Achieved and evidenced by way of the 'Well Informed' section of the State Hospital's Staff Governance Standard Monitoring Return.
09	To ensure attendance at four of the six State Hospital Board Meetings.	Board	Annually	**Continues to be met**
10	Ensure Board business is published on the Website including Board Schedule of Meetings, Public Notices, Agendas, Minutes, and Papers.	Board	Ongoing	**Continues to be met** Additionally, after each Board Meeting a review of all Board papers takes place to identify information / communication for the staff bulletin, staff newsletter 'Vision', Intranet, Website, Media and Social Media as appropriate.

No	KPI	Source	Timescale	Status / Outcome
11	To attend 90% of NHS Scotland Strategic Communications Network Meetings.	NHS Scotland	By end March 2022	**Continues to be met** These meetings were held by Teams twice weekly during the year as part of Covid-19 management.
12	To ensure representation at the annual NHS Scotland Event.	NHS Scotland	Annually in June	**Continues to be met** The event in June 2021 was virtual.
13	Annual re-design of Weekly Staff Bulletin and Special Bulletin.	Chair	By end March annually	**Continues to be met**

The table below details activity in 2021/22 not covered by KPIs:

No	Workstream	Lead	Outcome	Key Result Area
01	Media Releases	Head of Comms	Three were issued.	Media Relations
02	Media Features	Head of Comms	No Media Features were produced.	Media Relations
03	Media Leaks	Head of Comms	Three were reported through Datix.	Media Relations
04	FOI Enquiries	FOI Lead	There were a total of 172 FOI requests responded to over the course of the year. Of these, there were eight separate FOI Media requests that asked 19 questions. Note - Every distinct question is recorded as a request rather than each applicant's request.	Public Relations
05	Academic Published Articles	Research & Development - anager	The Research Committee Annual Report 2021/22 notes 15 published journal articles and the delivery of 12 presentations.	Public Relations
06	Continue to invite visitors to the Hospital to learn about the Hospital's work. Visitors include MSPs, Health Board Chairs and senior officials as well as other stakeholders.	Executive Team	Ongoing annually as outlined in the Chief Executive's Report to each Board Meeting.	Public Relations
07	Patient Updates	Person Centred Improvement Lead (PCIL)	Regular patient updates are provided throughout the year, including tailored versions for patients who require adapted formats. A total of 47 updates were provided by end March 2022.	Patient Relations

No	Workstream	Lead	Outcome	Key Result Area
08	Carer Updates	Person Centred Improvement Advisor (PCIA)	Specific, targeted Carer Updates, e.g. service delivery, safety and security, infection control are produced as required. A total of 34 updates were provided by end March 2022.	Carer Relations
09	Carer Events	PCIA	Information about social events is shared with carers who have consented to receiving same. Due to Covid-19, there were no social events this year.	Carer Relations
10	Volunteer Updates	PCIA	Dedicated volunteer updates are produced as required, in addition to sharing the staff bulletin and other relevant information with volunteers who have consented to receive same. A total of 27 updates were provided by end March 2022.	Volunteer Relations
11	Networking: Presentations / Workshops / Seminars	Person Centred Improvement Lead (PCIL)	To share best practice, address stigma and respond to national drivers on a range of topics including 'What Matters To You?', Triangle of Care and Volunteering impact. Creative feedback methods are adopted to support those with communication barriers to engage in Person Centred Quality Improvement initiatives including person centred visiting and the equality agenda, e.g. Protected Characteristic Groups, Equality Outcomes and Equality Impact Assessments.	External Networking
12	Stakeholder Stories	PCIL	Regularly present feedback from patients, carers and volunteers directly to the Board. This is ongoing, bi-monthly.	Board Awareness
13	Quality and Safety Visits	Executive Team	Leadership Walkrounds were replaced by Quality and Safety Visits in 2021/22. Due to Covid-19 restrictions, the only visit during the year took place in February 2022.	Staff Relations and Patient Engagement

6. QUALITY ASSURANCE (QA) OBJECTIVES

The table below details progress against QA objectives set for 2021/22:

No	QA Objective	Source	Lead	Timescale	Status / New Timescale
		Internal Communications			
01	Annual review and update of all Person Centred Improvement Service text on the State Hospital Intranet.	Person Centred Improvement Steering Group (PCISG)	PCIL	Annually	**Continues to be met**
02	Review the operating effectiveness of the Intranet for staff with a focus on content and the current document management system (i.e. SharePoint).	Executive Team	Head of eHealth	Ongoing	SharePoint moved to the Cloud via M365, mitigating the risk associated with the previous SharePoint installation. This also removed the need for financial investment to upgrade SharePoint on site, as SharePoint is part of the M365 deployment that has been negotiated nationally with Microsoft and NHS National Services Scotland (NSS).
03	Review, update and create publications (as appropriate) in the Hospital's Publications Database.	Comms	Head of Comms	Ongoing	**Continues to be met**
		External Communications			
04	Annual review and update of all Person Centred Improvement Service publications.	PCISG	PCIL	Annually	**Continues to be met**
05	Undertake an annual review and update of the content on the Website.	Comms	Head of Comms	By August each year	**Continues to be met**
06	Annual review and update of all Person Centred Improvement Service text on the State Hospital Website.	PCISG	PCIL	Annually	**Continues to be met**

No	QA Objective	Source	Lead	Timescale	Status / New Timescale
External Communications					
07	Production of Employment Monitoring Reports for the Website.	Equality Act	Director of Workforce	Every two years – June 2021	**Ongoing** A Workforce Monitoring Report and Non-Executive Board Member Gender Profile were published in June 2021.
08	Undertake an annual review and update of the content on the ONELAN screens.	Comms	Head of Comms	By August each year	**Continues to be met**
09	Undertake annual reviews and updates of the State Hospital's Speakers' Directory and general presentation slides.	Comms	Head of Comms	By end April annually	**Complete** This update includes feedback from community talks.
10	Ensure Contingency Planning Comms contacts (Police, Fire and Ambulance) are updated.	Security Director	Head of Comms	Annually	**Continues to be met**
11	Bi-annual review of Media Training requirements for Directors and other identified staff.	Comms	Chief Executive / Head of Comms	March 2024	**Ongoing** No requirement in 2021/22.
12	Familiarisation with 'Dealing with the Media' Guidance for State Hospital Spokespeople.	Head of Comms	On-Call Directors / CEO	Ongoing	**Continues to be met** Note - This should be read in conjunction with the State Hospital's approved 'Media Lines for On-Call Directors' which have been prepared to assist Directors in responding to media enquiries.

No	QA Objective	Source	Lead	Timescale	Status / New Timescale
Strategy / Policy					
13	Carry out an interim review and update (if required) of Communications strategies, policies and procedures.	Comms	Head of Comms	Annually	**Continues to be met**
14	Undertake Equality Impact Assessments for Communications.	Equality Act	Head of Comms	As required	**Continues to be met** All communication strategies and policies are supported by an Equality Impact Assessment.
15	Undertake Data Protection Impact Assessments for Communications.	GDPR	Head of Comms	-	**New for 2021/22** Four DPIAs were completed in 2021/22 in support of Communications activity.
16	Develop Asset Registers for Communications.	GDPR	Head of Comms	-	**New for 2022/23** Training is scheduled to take place in July 2022 to commence the process.

7. QUALITY IMPROVEMENT (QI) OBJECTIVES

The following table shows performance against QI objectives set for 2021/22:

No	QI Objective	Source	Lead	Timescale	Status / New Timescale
Internal Communications					
01	Continue to undertake Staff Engagement Exercises to support corporate objectives.	CEO	Head of Corporate Planning & Business Support (HCPBS)	Ongoing	**Continues to be met**
02	Develop a Communications and Engagement Plan to support change relating to the clinical care delivery model.	Clinical Model Oversight Board	PCIL and Head of Comms	Ongoing	**Continues to be met**

No	QI Objective	Source	Lead	Timescale	Status / New Timescale
			Internal Communications		
03	Ensure effective communication with relevant stakeholders to share updates relating to strategic priorities including sickness absence and nursing resource utilisation.	Chief Executive / Service Strategy / Directors' Objectives	All Directors	Ongoing	**Continues to be met**
04	Promote the work of Healthy Working Lives (HWL).	Values & Behaviours Group (Sub Group of the Partnership Forum)	OD Manager / Head of Comms	Ongoing	**Continues to be met** Achieved through the staff bulletin and the production of resources.
05	Support / promote iMatter.	Board	OD Manager / OD & Learning Advisor / Head of Comms	Ongoing	**Continues to be met**
06	Support the Staff and Volunteer 'Excellence Awards' and staff 'Long Service Awards' through a communications campaign.	Values & Behaviours Group	OD Manager / OD & Learning Advisor / Head of Comms	Annually	**Continues to be met**
07	Enable patients to contribute to the voting process of the Staff and Volunteer 'Excellence Awards' through the use of tailored communications materials.	Staff Recognition Steering Group	PCIL	Annually	**Continues to be met**
			External Communications		
08	Explore proactive approaches to raise the Hospital's profile and address negative attitudes.	CEO / Board	Chief Executive / External Consultant / Head of Comms	December 2021	**Complete** Five videos were produced in June 2021 with a further three produced in March 2022. The State Hospital now has 11 videos and one audio recording.
09	Create a State Hospital presence on Social Media channels.	CEO / Board	Head of Comms	June 2021	**Complete** State Hospital Twitter, Facebook and YouTube channels were launched in June 2021.

No	QI Objective	Source	Lead	Timescale	Status / New Timescale
			External Communications		
10	Produce suitable content for the Hospital's Social Media Channels to maintain an effective presence.	CEO / Board	Head of Comms	Ongoing from June 2021	**Continues to be met** (Twitter, Facebook and YouTube).
11	Explore with Directors and senior staff the requirement to develop a visible presence on Social Media.	Head of Comms	Head of Comms	-	**New for 2022/23** To be considered in line with outcome of Barron Report. This will involve training, as some staff will need coaching and technological support to be visible in the virtual world.
12	Redesign and relaunch of State Hospital Website.	Board	Head of Comms	Ongoing	**In progress** Initial work took place with NHS24 prior to Covid-19. When State Hospital Communications capacity allowed in 2021/22, NHS24 were unable to undertake the project due to capacity issues at their end. This work will now be taken forward in 2022/23 with an external resource.
13	Ensure research is shared through the Website.	Board	Research & Dev Mgr / Medical Director	March 2023	**On target** Research will be a feature of the redesigned website.
			Collaborative Working		
14	Facilitate' What Matters To You?' initiative seeking the views of patients, carers, volunteers and staff.	HIS	PCIL / Director of Workforce	Annual	**Continues to be met** Every June.
15	Be actively involved in the National Board Review Groups and work supporting the National Collaborative.	National Boards Collaborative	Head of Comms for Comms strand	As required	**Continues to be met** The State Hospital hosts a web page for use by the National Collaborative. Due to the Covid-19 pandemic, this work was paused in 2021/22 and will recommence in 2022/23.

No	QI Objective	Source	Lead	Timescale	Status / New Timescale
			Collaborative Working		
16	Review Memorandum of Understanding (MoU) with another National Board as a means of strengthening resilience during any long-term absence.	National Boards Collaborative	Head of Comms / Chief Executive	By March 2022	**Complete** MoU with the NHS Golden Jubilee will remain in place until Communications Service adequately resourced.
17	With NHS Scotland Comms colleagues provide communications around EU Exit Preparedness.	Strategic Comms Group	Head of Comms	As required	**Ongoing** In parallel with local resilience planning.
18	Develop the leadership needs of NHS Scotland Communications professionals: Directors of Communications and Heads of Service.	Strategic Comms Group	Strategic Comms Leadership Sub Group	Ongoing	**N/A** Sub Group comprises the State Hospital, NHS Greater & Clyde, and NHS Golden Jubilee. This work has been paused since the beginning of the Covid-19 pandemic.
			Equality, Diversity and Rights		
19	Consult, publish and implement updated 2017/20 Equality Outcomes. Plus, consult and publish Equality Outcomes 2021/24.	PCISG	PCIL	April 2021	**Complete for both**
			Strategy / Policy		
20	Review Communications Risk Register.	Risk Management	Head of Comms	Every three months	**Continues to be met**
21	Establish a media monitoring service through another NHS Board as a means of collaborative working.	Chief Executive	Head of Comms	March 2021	**Complete** An initial pilot with National Services Scotland (NSS) took place in 2021/22.
22	Explore a media monitoring service with an external company.	Chief Executive	Head of Comms	March 2023	**New for 2022/23** On target.

8. EVALUATION OF EFFECTIVENESS

All core Communications objectives, corporate objectives, and legislative requirements were met in 2021/22 including the:

- Update of the Corporate Communications Strategy.
- Review and update of Pandemic Influenza Communications Strategy.
- Review and development of Communications Policies, Procedures, Protocols and Guidance. This involved the development of Equality Impact Assessments (EQIAs), Data Protection Impact Assessments (DPIAs), Communications Consent Form for Audio / Visual materials and associated Privacy Notice. As a consequence of enhanced promotion around data protection, information governance and confidentiality, staff and volunteers are more privacy-aware.
- Review of Communications Local Risk Register every three months.
- Review and delivery of Communications KPIs, QA Objectives and QI Objectives.
- Production of a Communications Annual Report.
- Publication of the State Hospital's Equalities Outcomes.

Through our collective efforts (outputs), the following are examples of positive outcomes evidencing effectiveness achieved during the year.

8.1 Patient / Carer / Volunteer Focus

- To ensure the Board had the opportunity to learn from the experience of patients, carers and volunteers, narratives regularly featured on the Board's agenda throughout the year. These were welcomed and very well received especially as the process of Non-Executive Board Members attending Patient Partnership Group meetings (on a rotational basis to hear directly from patients about their experience of care and treatment) was paused in 2020/21 due to Covid-19.

- Communications supporting the 'What Matters to You?' initiative were key to ensuring that all stakeholders were aware of and had the opportunity to share feedback through this initiative.

- Relevant and appropriate content extracted from the staff bulletins is used to provide regular updates to carers and volunteers.

- The Carers' Support Group and Volunteer Service Group are asked to offer feedback about the website, which is used to support the annual review of this form of communication.

8.2 Internal Communications

- This year's iMatter survey was issued on 6 September 2021 with reports available on 11 October 2021. The survey included demographic questions as well as questions on the types of change staff have experienced.

    - 69% of staff responded (lower than in previous years).
    - 94% of teams received a report (having a response rate of 50% or over) compared with 88% of all teams nationally. Four teams did not receive a report.
    - 68% of teams completed an action plan.
    - The Board's Employee Engagement Index (EEI) number was 74.

Of worthy note, we had the second highest rate among all of the Health Boards for reports received – four Boards achieved a response rate of 95% and one other Board achieved 94%. Our Board also had the highest response rate for the patient-facing national Boards. This is testimony to the encouragement of managers and the communications plan around iMatter.

- The staff bulletin and staff newsletter 'Vision' continue to evolve, keeping staff and volunteers updated on all the latest news internally and externally. Staff requests for dedicated staff bulletins continued to be high throughout this reporting period, as were staff contributions to weekly staff bulletins and Vision.

- The Intranet continued to play a vital role, specifically during the continuation of the Covid-19 pandemic, creating a virtual environment where staff could stay informed, connect, communicate, and share.

- Email system remained effective for issuing urgent communications or those that are not included in the staff bulletin, e.g. weather warnings, grounds access time changes, and items sought or no longer required (with numerous items being exchanged), works on site, programme downtimes, public holiday staffing, lost property etc.

- Feedback arising from the policy consultation process (housed on the Intranet and advertised through the staff bulletin and email system) evidenced that staff took the time to read formal communications and respond.

- Feedback from staff relating to the high volume of 'All User' emails being issued led to a review of staff authorised to issue these emails. The outcome was a reduction in the number of authorised staff, thus strengthening regulation among other factors.

- Assistance was provided to staff with the development and submission of quality poster abstracts for the 2021 NHS Scotland Event, resulting in three successful posters.

- Requests for printed materials continued, evidencing fit for purpose and in demand. For example, following feedback from HR, two Communications information sheets were developed to support HR policy, and in particular, the message of good conduct: (1) Communications Etiquette and (2) State Hospital Values and Behaviours. Additionally, patient and staff information sheets were developed to support the work of Social Work, Occupational Therapy, the Board, Covid-19 and the EASY sickness absence service. Promotional banner stands were produced for information governance and the Excellence Awards / Long Service Awards.

- Communications support was given to various projects and disciplines throughout the year. For example, Infection Control (Covid-19), M365 training, the Remobilisation Plan, Incident Command structure, Equalities Outcome 2021, Board, Organisational Management Team, Staff Governance Committee ('Well Informed' strand of the Annual Monitoring Return), Freedom of Information Committee, Sustainability Management Group, HR & Wellbeing Group, Staff Wellbeing Centre, Healthy Working Lives Group, Corporate Governance Group, the Seminar Series and the Hospital's Annual Review.

8.3 External Communications

- The Board historically adopted a cautious approach around interactions with the media (primarily taking a reactive approach) until this year, when a decision was made to introduce social media (i.e. YouTube, Twitter and Facebook) as formal channels of communication. At the time of writing this report, the State Hospital had nearly 300 followers on Twitter and over 350 on Facebook.

- To help raise the profile of the State Hospital, five State Hospital videos were produced to support the introduction of our social media channels, launched at the NHS Scotland Event in June 2021. Each video was supported by a media release:

    - The State Hospital (Carstairs) - A World Success Story Deserving to be told in Scotland – 5.1k views.
    - Treatment technique reaches patients with an intellectual disability never before reached – over 700 views.
    - The world looks to Scotland's State Hospital to learn – over 800 views.
    - The secret of success at Scotland's State Hospital: Realistic Medicine – 1.3k views.
    - Peace and safety landing zone: State Hospital, Carstairs. You can't argue with nature! – 1.1k views.

    A further three videos were produced in March 2022:

    - Safe and Secure Care, Treatment and Recovery – circa 600 views.
    - The role of Nursing and AHPs – over 900 views.
    - Psychological Therapies – nearly 1k views.
    - Visiting Process (for patient visitors) – 1.5k views.

- The Media Policy, Website Maintenance & Development Policy and other relevant documentation that supports the Communications Strategy 2020/25, including the discrete Pandemic Influenza Communications Strategy 2020/25, were reviewed, consulted upon, and updated in 2021/22. Strengthening information governance and data protection were key factors of the review. Unnecessary steps in policy processes and procedures were reduced or eradicated as a result of the outcomes.

- Hosting visits to the Hospital ensures a wider audience learns about our work and enables the opportunity of sharing best practice and networking. Details of these visits are included in the Chief Executive's Report to each Board meeting.

- At each Board Meeting, the Chair provides feedback from the NHS Scotland Chairs' Meeting. This ensures the Board is aware of what is happening nationally and includes updates on targets and priorities.

- Through the effective management of media enquiries, we were able to protect the Hospital's reputation by either (1) preventing what could have been a potential news story or (2) by lessening the impact of a negative story through rebutting inaccuracies and providing information to ensure fair and balanced coverage. Details of media enquiries / contacts are shared with Scottish Government colleagues, with whom we regularly work together to ensure a joined up response by sharing lines etc.

- General enquiries continue to be received through the general State Hospital mailbox (tsh.info@nhs.scot) evidencing that this is not only effective but is a popular resource. Enquiries are daily and can relate to vacancies and placements, requests for psychiatric reports, media enquiries, requests for information, and mental health support.

- In 2021/22, 95.6% of people visiting the State Hospital's website were new visitors. . In addition to UK visitors, we attracted visitors from the United States, Ireland, Netherlands, Germany, India, Morocco, Nigeria, and Portugal, providing assurance that our website remains a key electronic communications tool for the public near and far. The most popular pages both viewed and downloaded are those relating to the work of the PCIS.

- All media enquiries were shared with the Board and Scottish Government colleagues in support of knowledge exchange, collaborative working, and consistent messaging.

9. SUMMARY / CONCLUSION

The challenges of supporting the organisation through another year of Covid-19 at the same time as progressing paused tasks and meeting organisational objectives both strategically and operationally has been significant. Notably, the Communications Service and PCIS were integral all year, in amplifying and / or localising national public health messaging in respect of Covid-19 and the resuming of State Hospital normal service delivery.

Despite these challenges, the Communications Service and the PCIS performed to a high standard, delivering a wide ranging and comprehensive communications service to stakeholders by working effectively and adopting a flexible approach. Additionally, others responsible for delivering effective communications continued to achieve agreed objectives.

Overall, core Communications tasks including key performance indicators, quality assurance objectives and quality improvement objectives were delivered. All legislative requirements were met, and all financial targets / savings were achieved.

There is no doubt that the ongoing functioning and future proofing of the Communications Service requires adequate investment in staffing to complement the current single person resource. This will be explored in 2022/23.

10. LOOKING FORWARD - Areas of focus in 2022/23 relate to:

- Developing a patient Intranet as part of the Digital Inclusion Project.
- Redeveloping the external State Hospital website.
- Establishing an effective media monitoring service.
- Ensuring effective Communications resource. This is turn will help raise the profile of the State Hospital by strengthening and further developing media / social media activity, electronic communications, and the production of audio visual materials.
- Reviewing all Hospital-wide Publications, and updating the Publications Database, Media Database and Photo Library.
- Developing a Communications Information Asset Register.

Caroline McCarron Chart.PR MICPR
Head of Communications
July 2022

Paper No: 22/100

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 23b
Sponsoring Director:	Chief Executive Officer
Author(s):	Head of Communications
Title of Report:	Communications Service Update
Purpose of Report:	For Noting

1 SITUATION

The Board is seeking an update on Communications in respect of digital transformation. The update is provided as at 16 September 2022.

2 BACKGROUND

The Board acknowledged the excellent work of the Head of Communication, but recognised the challenge of having only one employee designated to this essential function. Following an Options Appraisal, the Board approved the appointment of two new Communications posts:

- **Digital Communications Officer -** Focus being on content management systems and the creation of visually appealing content (graphic design).
- **PR & Media Communications Officer -** Specific emphasis is placed on raising the profile of the State Hospital by engaging and educating stakeholders through the daily management of social media channels and the creation of content.

Additional work was scoped to assess if an early rapid redesign of the website could be undertaken as a one off project.

3 ASSESSMENT

Since the last update, job descriptions, job adverts, and job specifications were written for both posts. Additionally, job packs were produced and the posts were advertised for two weeks.

Interview assessment forms and values & competency based interview questions were developed. Interview panels were set up with representation from the Person Centred Improvement Team and eHealth in addition to Communications and HR. Interviews took place on 15/16 August 2022; one individual was interviewed for the Digital Communications Officer post and four for the PR & Media Communications Officer post. The interview process involved each candidate delivering a 10-minute presentation on "How they would go about meeting the objectives of the post" and undertaking a 10-minute accuracy test, prior to the panel interview (questions and answers).

Following interview, an offer was made for the PR & Media Communications Officer post which was verbally accepted. Subsequent to the completion of necessary checks, a formal written offer was made and accepted in September 2022 with a starting date of Monday, 3 October 2022. The Digital Communications Officer post was not recruited to. The job description and our requirements are being revisited. The post will go back out to advert at the end of September / early October 2022.

The plan was for the Digital Communications Officer to undertake the redevelopment of the State Hospital's website, however due to the requirement for a rapid redesign and no appointment to the post, the project is being undertaken by the Head of Communications. Excellent progress has been made. Work to commission a company to develop the website took place during June and July 2022. Four companies were approached to provide a quote. Three of these companies responded; each seeking a 30-minute meeting with the Head of Communications to go over the requirements of the project. All three companies submitted a quote and the successful company was commissioned in early August 2022.

A first in-person meeting 'discovery session' took place at the company's office in Edinburgh on 8 September 2022 and all actions for the State Hospital arising from that meeting were completed timeously. In terms of a timeline, it is envisaged that delivery will be between mid-November and early December. The project should take around six weeks comprising two to three weeks of website build, followed by two weeks of content run, and two weeks for the go-live process including testing.

4 RECOMMENDATION

The Board is asked to note the update.

Paper No: 22/100

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	In support of the Board's Communications Strategy.
Workforce Implications	N/A as project update.
Financial Implications	N/A as project update.
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)	N/A as project update.
Assessment of Impact on Stakeholder Experience	The two new posts will make a positive contribution to the meeting of stakeholder needs.
Equality Impact Assessment	Not required.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	No issues identified.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 24
Sponsoring Director:	Finance and eHealth Director
Author(s):	Information Governance and Data Security Officer
Title of Report:	Information Governance Annual Report
Purpose of Report:	For Noting

1 SITUATION

In order for the Board to have an overview of the work carried out by Information Governance, an annual report is provided for consideration. The Annual Report highlights the activities during 2021/22.

2 BACKGROUND

The Information Governance Group, chaired by the Senior Risk Information Owner (SIRO) is responsible for progression of attainment levels in relation to Information Governance Standards – reporting to the Finance, eHealth and Audit Group.

The Caldicott Guardian principles have now been integrated within the initiatives and standards required by NHS QIS for Information Governance and attainment levels are recorded via the Information Governance Toolkit.

The Committee has, over the course of the year continued to work to improve Information Governance standards and practices across the Hospital.

3 ASSESSMENT

The report highlights the main areas of activity and issues from 2021/22.

Key areas of work addressed include:

- Information Governance Standards;
- Information Governance.Risk Assessments;
- Information Governance Training, including national events;
- Category 1 / 2 investigations;
- Personal Data Breaches;
- Electronic Patient Records;
- Information Governance Walkrounds;
- FairWarning;
- Records Management;
- Freedom of Information;
- Subject Access Requests;
- MetaCompliance.

Actions for the next twelve months include addressing the forthcoming Information Commissioner's Office Audit (October / November 2022), the continuance of all of the above aspects under an increasing national scrutiny and focus, plus addition work in the following areas:

- Records Management and Health Records focus;
- Ongoing development of the Information Asset Register;
- Updated training module development.

4 RECOMMENDATION

The Board is asked to **note** the progress outlined in the attached report for the year 2021/22 and the key plans for the coming period.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	The Report follows good practice and also links in with national Information Governance developments and requirements
Workforce Implications	Not applicable
Financial Implications	No financial implications
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	Information Governance Group
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	None
Equality Impact Assessment	No identified implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	No identified implications
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ 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

INFORMATION GOVERNANCE ANNUAL REPORT

APRIL 2021 – MARCH 2022

(Including Health Records)

Lead Author	Director of Finance and eHealth / Senior Information Risk Owner
Contributing Authors	Health Records Manager
	Information Governance and Data Security Officer
	Associate Medical Director / Caldicott Guardian
	Head of Risk Management
Approval Group	The State Hospitals Board for Scotland
Effective Date	April 2022
Review Date	April 2023
Responsible Officer	Director of Finance and eHealth / Senior Information Risk Owner

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1 INTRODUCTION AND HIGHLIGHTS OF THE YEAR

The Information Governance Group, chaired by the Senior Risk Information Owner (SIRO) is responsible for progression of attainment levels in relation to Information Governance Standards.

The Caldicott Guardian principles have now been integrated within the initiatives and standards required by NHS QIS for Information Governance and attainment levels are recorded via the Information Governance Toolkit. Although there is no longer a requirement to send the attainment levels to QIS or ISD, we continue to internally monitor our attainment levels biannually on this basis.

This report (formerly the Caldicott Guardian Report) is submitted on an annual basis to the Board, having replaced the previous reporting to the Clinical Governance Committee.

The Committee has, over the course of the year continued to work to improve Information Governance standards and practices across the Hospital. We have encouraged staff to adopt good Information Governance standards through a number of measures undertaken by the group, and to complete mandatory online Information Governance learning modules. We have continued to adhere to recommendations included in the Scottish Government's "NHSScotland Information Assurance Strategy CEL 26 (2011)" document and as a result a regular schedule of Information Governance Walkarounds within the Hospital – while interrupted by the restrictions required as a result of the Covid crisis – are now scheduled to resume, including non-patient areas. In addition, the group has continued to focus on other key areas of priority such as the electronic patient record (EPR) system and the outcomes of the FairWarning system – together with ad hoc issues such as record retention and email scams.

2 INFORMATION GOVERNANCE GROUP

2.1 Information Governance Group membership

Director of Finance and eHealth (Chair)
Associate Medical Director/Caldicott Guardian
Head of e-Health
Clinical Secretary Co-ordinator
Information Governance and Data Security Officer & Data Protection Officer
Senior Infrastructure Analyst & Information Technology Security Officer
Lead Nurse
Health Records Manager
Psychology Representative
Security Information Analyst
Finance Representative
Social Work Representative
Human Resources Representative
Health Centre Representative
Lead Pharmacist
AHP Representative
Risk Management Representative

2.2 Role of the group

The group has a wide reaching remit, being responsible for all matters in respect of Information Governance within the Hospital as the title suggests. The membership of the group is purposely broad. This allows the group to be representative of staff groups and departments from across the hospital.

2.3 Aims and objectives

- Ensure compliance and development of Information Governance overall as monitored by the IG toolkit.
- Address issues arising in the hospital in relation to Data Protection.
- Address issues arising in the hospital in relation to Records Management including structure, filing, storage, and archiving.
- Address Caldicott issues including monitoring DATIX reports and ensuring relevant training for staff.
- Provide a forum for the various staff groups within the hospital to raise any Information Governance issues and to receive feedback from Information Governance on such matters.
- To monitor requests made in relation to Freedom of Information and Subject Access Requests.

2.4 Meeting frequency

The group has continued to meet on a quarterly basis to discuss any issues as outlined above, although some meetings were disrupted by the impact of the coronavirus. Following agreement from the wider group, a small subgroup – the Information Governance Risk Assessment Group – meets 6 monthly in order to concentrate on the assessment of the current attainment levels and supporting evidence required for the Information Governance toolkit self-assessment, which is undertaken regularly. In addition, this small subgroup also meets 6 monthly to review the Information Governance risk register (see para. 3.2).

2.5 Strategy and work plan

As noted in previous reports, the Caldicott principles have now been integrated within the initiatives and standards developed by NHS QIS for Information Governance. The Information Governance Toolkit and Data Protection Compliance Toolkit (DPCT) are completed twice yearly in order to monitor the performance of the hospital in relation to Information Governance.

The schedule of work for the subgroup is compiled in such a way as to allow the group to review progress with the Information Governance Standards. This monitoring allows the group to develop an action plan of work to be undertaken by the group members. In addition, meetings are used to address the issues that may arise such as filing, relevant training, confidentiality issues etc..

2.6 Management arrangements

The Information Governance Group now reports annually to the State Hospitals Board for Scotland through the IGG Report. The IGG also reports to the Corporate Management Team as relevant.

3 KEY PIECES OF WORK UNDERTAKEN BY THE GROUP DURING THE YEAR

3.1 Information Governance Standards

In response to feedback from the Information Governance Team at ISD, following the implementation of Information Governance standards and Electronic Toolkit in 2007, the attainment levels for each of the standards were revised and new attainment levels introduced with effect from 2008.

The Information Governance Framework Toolkit is no longer supported nationally, the revised attainment levels within the Information Governance Framework have been agreed in partnership with NHS QIS to ensure that the Framework remains fully compliant with NHS QIS Improvement Framework.

In line with Clinical Governance and Risk Management (CGRM) standards a four-point scale has been introduced that enables organisations better to demonstrate their compliance with the Information Governance Standards (IG). However, there are differences between the stages of activities required to meet each level of attainment set within the CGRM standards and IG standards, the detail of which is listed below:

Level	CGRM Activities	IG Activities
1	Development	Developing and Implementation
2	Implementation	Developed and Fully Implemented
3	Monitoring	Monitoring and Evaluation of Effectiveness
4	Reviewing	Change Implemented in light of Continuous Review Cycle

The assessment of these attainment levels is a significant part of the workload of the Information Governance Group with a focus on achieving progress against the high standard of activities set within each level. As of 2013, six additional toolkit targets were added in relation to Administrative Records, bringing the overall number to 52.

The following is a summary of the attainment levels in recent years: -

Attainment Level	2017/18 *Includes Admin Records)*	2018/19 *Includes Admin Records)*	2019/20 *Includes Admin Records)*	2020/21 *Includes Admin Records)*	2021/22 *Includes Admin Records)*
1	2	2	3	3	3
2	5	1	3	2	2
3	0	4	2	1	1
4	45	45	44	46	46
Attainment of level 3 or better	87%	94%	88%	90%	90%

We continue to maintain a high level of compliance with the standard, however the Information Governance Framework is due to be retired next year and to be replaced by an updated Data Protection Compliance Toolkit.

3.1.1The Data Protection Compliance Toolkit (DPCT)

The DPCT has been developed from ICO's accountability framework, which supports the foundations of an effective privacy management programme.

The toolkit is divided into 10 categories, within each category there are a set of statement and questions that are rated on a 1 – 4 scale

Level	DPCT Status
1	Expectations not met
2	Expectations partially met
3	Expectations met without review cycle
4	Expectations fully with review cycle

The first formal presentation of the DPCT is expected in July, the table below shows the work undertaken to date.

Category	Level 1	Level 2	Level 3	Level 4	Overall
1. Leadership and Oversight	0%	43%	53%	0%	**Level 2** (4% outstanding)
2. Policies and Procedures	12%	35%	47%	0%	**Level 2** (6% Outstanding)
3. Training and Awareness	14%	76%	10%	0%	**Level 2** (0% Outstanding)
4. Individuals' Rights	TBA	TBA	TBA	TBA	**TBA**
5. Transparency	TBA	TBA	TBA	TBA	**TBA**
6. Records of Processing and Lawful Basis	TBA	TBA	TBA	TBA	**TBA**
7. Contracts and Data Sharing	48%	52%	0%	0%	**Level 1** (0% Outstanding)
8. Risks and DPIAs	21%	55%	24%	0%	**Level 2** (0% Outstanding)
9. Records Management and Security	10%	17%	10%	0%	**Level 1** (63% Outstanding)
10. Breach Response and Reporting	3%	5%	0%	0%	**Level 1** (92% Outstanding)
Overall	**11%**	**28%**	**14%**	**0%**	**Level 1** (47% Outstanding)

3.2 Information Governance Risk Assessments

Information Governance risks assessments are undertaken by a subgroup of the IGG – the IG Risk Assessment Group – comprising the Caldicott Guardian, Health Records Manager and Information Governance and Data Security Officer. The group first met in November 2011 to update risk assessments following the move to the current hospital site. Following on from this the subgroup has met 6 monthly to review current Information Governance risk assessments and update accordingly. The Group meets in March and September each year.

There are currently twenty-one Information Governance risk assessments on the risk register covering a variety of risks (e.g. disclosure of loss of identifiable information through transportation of records, unauthorised access to health records areas). Fourteen risks are currently at or below their target risk rating of medium, with action plans in place to reduce or eliminate the remaining seven risks.

On each occasion that the Information Governance risk assessment has been updated steps have been taken to minimise the risks highlighted (e.g. procedures to ensure identifiable information is sent recorded delivery; procedures re mobile devices; risks associated with staff leaving the organisation).

The Risk Assessment Group is currently working through all current risks to update them to reflect new technologies and working practices such as Teams and remote working. Reports are now provided to the group on all relevant incidents recorded through Datix and the DPO register of personal data breaches.

3.3 Information Governance Training

The “Information Governance: Essentials” module that was introduced in February 2017 as an annual requirement for staff was replaced at the beginning of August 2021 with a national module “Safe Information Handling”,

The State Hospital contributed to the “Safe Information Handling” training module as part of a National DPOs short life working group looking at developing consistent information governance training across NHS Scotland.

For consistency of message the course will remain branded as “Information Governance: Essentials”

All modules remain mandatory for all staff. Monitoring of completion rates by staff is undertaken by the Training & Professional Development Manager, with oversight by the IGG. The completion of the modules can be seen in the table below.

Information Governance module completion					
Module	**Mar 2018**	**Mar 2019**	**Mar 2020**	**Mar 2021**	**Mar 2022**
IG: Essentials	54%	81%	70%	78%	76%
Confidentiality	97%	96%	98%	98%	98%
Data Protection	97%	96%	98%	98%	97%
Records Management	96%	95%	98%	98%	98%

There has been a slight dip in in attainment from last year’s position and the IGG are considering what additional measures can be put in place to encourage the completion of mandatory training.

Currently, when a department has not attained the target 80% for the Essentials module for an extended period they are contacted by the Data Protection Officer on behalf of the group to offer support.

Although work continues nationally on advanced information governance modules, The State Hospital will review and update the remaining three modules in the coming year.

3.3.1 National Training Events

In November 2021 The State Hospital hosted the first Data Protection Officers training day on behalf of NHS Scotland. The event was attended by 13 health boards and was well received by all delegates.

Courses that cover the specific tasks and skills for DPOs are not common and as most organisations only have 2 to 3 individuals needing trained the costs of using publically available courses starts around £140 per person.

By partnering with other boards not only were we were able to reduce the cost of training DPOs across NHS Scotland by almost half, but we were able to have the course tailored to

A second training day will take place in November 2022. This day has already exceeded last year’s demand with 18 health boards wishing to take part that means costs are further reduced by about 70% compared to public courses.

3.4 Category 1 & 2 Investigations

There were no Category 1 or Category 2 investigations related to Information Governance during the year.

3.5 Personal Data Breaches

Under the UK GDPR there is a requirement to record personal data breaches. In cases where there is a high risk to the individuals involved, these breaches must be reported to the Information Commissioner's Office no later than 72 hours from discovery. The State Hospital uses Datix to record potential breaches of personal data.

Reported Personal Data Breaches				
	2018/19	2019/20	2020/21	2021/22
Reported Breaches	18	16	19	56
Required ICO Notification	2	0	0	0

There were 56 recorded personal data breaches in 2021/22 that were attributable to The State Hospital, which is a significant rise over previous years. Some of the increase is due to a rise in recording incidents through Datix, however the upsurge will be closely monitored.

Cause	Percentage
Email Disclosures	46%
Information Unavailable When Needed	16%
Technical Fault	12%
Internal Mail System	9%
Information Disclosed Externally	7%
IT Account Settings	3%
Others	7%

The majority of breaches were due to disclosures of personal information via email that included an individual who should not have received the information. In most cases, disclosure was internal to the organisation.

No breaches required notification to the Information Commissioner's Office(ICO).

Staff are encouraged to improve their Information Governance practices through guidance notes that are regularly circulated in the Staff Bulletin and feedback from incidents. The restrictions due to coronavirus have meant that there have been less opportunities for informal contact with staff to give guidance on Information Governance matters.

3.6 Electronic Patient Records

Members of the IGG were actively involved in the ongoing development of the EPR (RiO) – and the project-specific EPR Group continues to meet regularly. This has included ongoing involvement in development of the business case for RiO21, providing advice on Information Governance matters and regular audits of the electronic Health Records. A business case was agreed to move to RiO21 and a project team was put in place to upgrade to RiO21. Through this team RiO 21 went live on 08 March. Following the successful introduction of RiO 21 we have moved quickly to introduce BAU process for ongoing development of RiO 21. A multidisciplinary project approval group has been established that reports to the eHealth Sub Group. Included within the approval process is appropriate information governance scrutiny.

The regular health records audits show that staff are applying high standards when making Health Record entries, and there is regular reporting on the results of these audits.

Of note the development electronic patient timetables has been well received by staff. Improving these timetables has continued during this year. This work has allowed for the close monitoring of patients' ability to exercise, which has been particularly valuable during the Covid -19 pandemic. It has also improved Information Governance around this process. There has also been development work on a system to integrate the grounds access process fully into RiO. It is hoped that this will speed up processes related to grounds access. This work is currently paused pending further review of the grounds access policy.

3.7 Information Governance Walkrounds

Having been introduced in 2015 as a recommendation following the publication of the NHS Scotland Information Assurance Strategy CEL 26 (2011) the Information Governance Walkrounds have built on the success of the previous years. The unannounced walkrounds now occur a random throughout the year and encompass all areas of the organisation were personal information is used.

Information Governance walkrounds were suspended due to coronavirus restrictions and will recommence next year.

3.8 FairWarning

The group receives exception reports on the levels of FairWarning alerts raised and a subgroup is tasked with maintaining appropriate alerts and thresholds to provide a proportionate audit of access to personal information.

FairWarning alerting rate remained consistent with last year and reflects changes in the patient population over the year. This is the sixth consecutive year in which no incidences of inappropriate access have been alerted via FairWarning.

The group continues to be satisfactory assured that there are no areas of concern regarding inappropriate access.

Whilst the focus of FairWarning is to detect potential inappropriate access to patient records, the sustained absence of such actions from any area of the organisation should be seen as a very positive statement about the professional conduct of staff.

During the coming year the system that provides FairWarning will upgraded and moved to NHS Scotland's cloud based FairWarning tenancy. This work is due to be completed by the end of August 2022 with no interruption to service expected.

3.9 Records Management

This year has been a busy but positive one for the Health Records Department. Two new staff were added to the Department on a 2-year contract basis and this has allowed work to progress in Records Management as well as being able to undertake the day to day workload.

The State Hospitals Board for Scotland submitted its Records Management Plan (RMP) to the Keeper of the Records in December 2016. The Plan was agreed and accepted by the Keeper with some elements graded as amber, and having work outstanding. A Plan Update Review (PUR) was carried out and submitted to National Records of Scotland (NRS) in October 2021. A positive response to this was received in December 2021, recognising the work that has now been carried out in areas such as the creation of a Corporate Records Policy and a formal Information Asset Register. As there have been noted improvements in Records Management within the organisation, a full RMP will be completed in late 2022/early 2023 for submission to NRS for assessment and agreement.

Job descriptions and associated documentation has been progressed and will be submitted to be dealt with under the Organisational Change process in April 2022. This reflects changes in the department, including taking on more of a role within the corporate records area, and also providing support to the Information Governance and Data Protection Officer in a much more formal way. The department will become the Records Services Department, with updated roles and responsibilities being recognised.

Due to the ongoing pandemic impacting on staff throughout the Hospital, the Records Management Group has not had a formal meeting. Plans are in place to resurrect the Group with a meeting scheduled for July 2022, alongside updated Terms of Reference. A sub-group of

the IGG is also being formed with responsibility for the oversight of clinical records – this is also set to meet for the first time in Summer 2022.

Records Management training sessions were held for the first time in the Hospital, with around 50 staff attending these via Teams. These were successful, with staff learning about how records management forms part of everyone's role, as well as learning about the upcoming changes due to M365. It is planned to offer more targeted sessions in Summer 2022 for departments/groups who may have shared records.

The Health Records Policy was updated, and a new Corporate Records Policy was introduced. It is planned to create an overarching Records Management Policy in early 2023 encompassing both of these Policies. Work is also underway to create formal retention and destruction policies, as well as version control and naming convention guidance. It is hoped that this work will be completed by Autumn 2022.

Appraisal of patient records for permanent preservation or destruction has continued, with more records having been destroyed. Work is ongoing to gather metadata on items for permanent preservation with the National Records of Scotland. It has also been agreed that referral files for patients can now be appraised and destroyed if appropriate.

Work is being undertaken in relation the to the Hospital's Information Asset Register. This includes staff recording data as well as assisting staff to complete the process of registering systems and data held, whilst offering advice and encouragement to incorporate records management methodology.

Work relating to M365 is still ongoing, in particular with the Health Records Manager being involved at a national level. Implementation of the national Business Classification Scheme (BCS) is underway with the Department putting this into practice in the current shared drive as a pilot before widening out. Ongoing records management work with shared drives is also continuing.

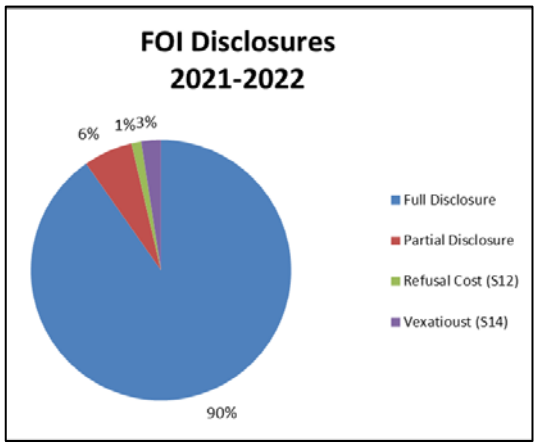
3.10 Freedom of Information

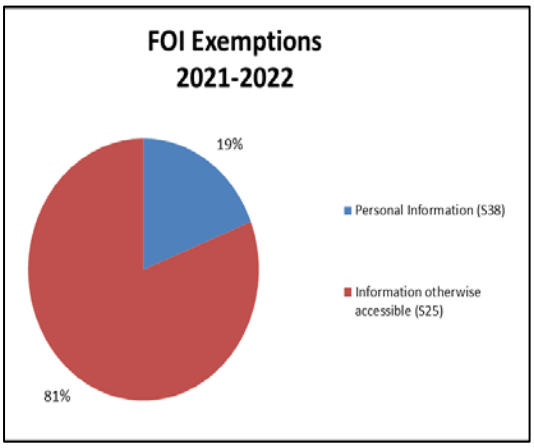
The group is kept informed of all Freedom of Information (FOI) requests and of the timescales achieved in responding to these. Requests have mainly come from the general public (63%), with the media and journalists (17%) the second largest requestors. The recorded numbers of requests were down 34%.

Number of Freedom of Information Requests					
	2017/18	2018/19	2019/20	2020/21	2021/22
Requests made	46	33	224	262	172
Completion rate within timescales	91%	94%	100%	89%	99%

This year has seen a further rise in request for reviews, however all the reviews found that The State Hospital's original response was an appropriate response, which required no modification.

Number of Freedom of Information Reviews					
	2017/18	2018/19	2019/20	2020/21	2021/22
Requests for review made	0	2	0	3	4
Upheld without modification	0	2	0	3	4
Upheld with modification	0	0	0	0	0
Substituted a different decision	0	0	0	0	0
Reached a decision where no decision had been reached	0	0	0	0	0





Where the organisation held information it provided a full response to applicants for the majority of requests (90%).

Two exemptions were used to withhold or decline to publish information. In most cases (81%) this was because The State Hospital had already published the information and the applicant was directed to the information.

When the high percentage of requests that are answered in full, the sparse use of exemptions and the outcomes of reviews are taken in to consideration it indicates that the Freedom of Information service is alined to the organisation's values of responsibility, openess and honesty.

3.10.1 Freedom of Information Self-Assessment

The FOI Committee drive a continuing improvement cycle based on the Scottish Information Commissioner's self-assessment toolkit.

The toolkit comprises of six modules which each review particular areas for our FOI obligations providing a four-point scale of performance (Unsatisfactory, adequate, good and excellent) and reviews the previous year's performance. Modules 5 & 6 were introduced by the Commissioner last year and have been completed for the first time.

Public authorities, such as The State Hospital are expected to provide a minimum of 'adequate' performance, taking in to account their local setting.

Standards and Criteria	2017/18	2018/19	2020/21	2021/22
1. Responding on time	Good	Good	Good	Good
2. Searching for, locating and retrieving information	Unsatisfactory	Adequate	Good	Good
3. Advice and assistance	Adequate	Adequate	Adequate	Adequate
4. Publishing information	Unsatisfactory	Adequate	Adequate	Adequate
5. Conduct of Reviews	N/A	N/A	N/A	Good
6. Monitoring and managing FOI performance Standards and Criteria	N/A	N/A	N/A	Good
Overall	**Unsatisfactory**	**Adequate**	**Adequate**	**Adequate**

The assessment shows that the management of FOI requests continues to meet the requirement of the Act. Further improvement in proactive publication and availability of information is reliant on The State Hospital's website being upgraded to enable searching.

3.11 Subject Access Requests

Subject access requests continue at expected volumes with patient requests accounting for about 76% of all requests.

This year saw the introduction of a dedicated central redaction system that can be used via our remote working arrangements. This has begun to improve access to the tools departments need to provide subject access responses.

Number of Subject Access Requests					
	2017/18	2018/19	2019/20	2020/21	2021/22
Requests made	13	22	49	33	29
Completion rate within timescales	92%	94%	53%	77%	91%

3.12 MetaCompliance

MetaCompliance is a policy management system which is designed to ensure that key policies are communicated to all members of staff in order to ensure they obtain, read and understand their content. It also provides evidence of communication to line management and can identify individual staff members as having read and understood key policies.

In November 2017 the operation of MetaCompliance transferred to Information Governance which coincided with a review of policies deployed via the system.

MetaCompliance is supported by the complimentary system MyCompliance which provides a way to acknowledge policies prior to MetaCompliance enforcing a response.

Over the last year the number of policies delivered by MetaCompliance has risen by 24%% to 72. Most "All Staff" policies achieve around 79% awareness and agreement within three months of release. Whereas "Clinical" policies achieve around 82% awareness and agreement within the same timeframe.

Over the course of the year it became apparent that the volume of policies required to be agreed by staff via MetaCompliance is impacting the first weeks of employment as staff are continually interrupted by the requirement to read and agree policies.

A review of the operation of MetaCompliance is underway and expected to make recommendations in the middle of next year.

4 INFORMATION COMMISONER'S OFFICE AUDIT

The Information Commissioner's Office (ICO) gave notice that it intends to audit NHS Scotland towards the end of next year for compliance with the UK GDPR and Data Protection Act 2018.

The exact terms of the audit are still being discussed nationally however information gathering by ICO is expected to start towards the end of June, with questionnaires to staff and face-to-face interviews expected in September / October.

In preparation for the audit, The State Hospital will conduct a gap analysis based on the first return from the Data Protection Compliance Toolkit.

5 IDENTIFIED ISSUES AND POTENTIAL SOLUTIONS

We have continued to try to improve attendance at the IGG meetings as full attendance at this group can sometimes be difficult to achieve – although having remote Teams meetings through the Covid crisis has encouraged a strong turnout – and we strive to encourage attendance by making the remit of the group relevant to staff members' roles, incorporating user feedback on eHealth matters into the agenda for the group. The attendance by deputies in the event of diary pressures is also now in place with a stronger emphasis for all members to encourage attendance.

The restrictions due to the coronavirus pandemic have impacted information governance and the organisation's ability to deliver Freedom of Information, Environmental Information Requests and Subject Access Requests within statutory timescales.

New technologies, such as Teams (part of Microsoft Office 365), were introduced at pace in 2020/21 to facilitate remote working and minimise the disruption the restrictions have brought, and this functionality has continued to support performance in 2021/22. However, while the timing is as yet unconfirmed, the anticipated introduction of Office 365 nationally will bring additional information governance challenges as NHS Scotland migrates to a cloud based hybrid working environment.

6 FUTURE AREAS OF WORK AND POTENTIAL SERVICE DEVELOPMENTS

Due to the ongoing impact of coronavirus continuing disruption is anticipated to the routine operation of the organisation over the course of the next year.

Work/ Service Development	**Timescale**
Records Management Plan to be resubmitted	March 2023
Records Management Group reinstated and introduction of Health Records Sub-Group	July 2022
Update Advanced IG online training courses	August 2022
ICO Audit	September - November 2022
Reach 80% completion for the IG: Essentials learning module.	Ongoing
Maintain 85% completion for all other IG learning module.	Ongoing

7 NEXT REVIEW DATE

April 2023

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 25a
Sponsoring Director:	Finance and eHealth Director
Author(s):	Head of eHealth
Title of Report:	eHealth Annual Report 2021/22
Purpose of Report:	For Noting

1 SITUATION

In order for the Board to have an overview of the work carried out by the eHealth Department, an annual report is provided for consideration.

The eHealth Annual Report highlights the activities of the department during 2021/22 while also detailing work required for 2022/23. This includes work streams emerging from –

- Information team
- Infrastructure team
- Health Records
- Information Governance
- Project Management
- NIS Review
- Cyber Security

2 BACKGROUND

The State Hospital's eHealth department builds on the national commitment to provide a suitable digital infrastructure for NHS Scotland, with a strong focus on delivering national initiatives and programmes. In addition, there continues to be significant Board-specific projects which require to be addressed in order to maintain the desired level of provision for both staff and patient needs.

This report relates to the period April 2021 to March 2022 and provides an update in respect of the above work streams, in relation to contributing to the delivery of high quality service and developments based on identified needs in the short, medium and longer-terms – plus a note of forward priorities.

3 ASSESSMENT

The report highlights the main areas of activity and issues from 2021-22.

Key achievements include:

- Increased use of remote access working;
- Implementation of RiO EPR upgrade;
- Implementation of HEPMA prescribing system
- Microsoft 365 deployment;
- Tableau development / business intelligence;
- Continuation of Digital inclusion development;
- Health Records registry and policy development;
- Patient Learning Centre infraastructure;
- NIS Audit review engagement and preparation

Actions for the next twelve months include:

- Development of next-stage RiO functionality;
- Disaster Recovery Test plans and testing:
- Records Management development;
- Office 365 additional functionality;
- Patient Digital inclusion ongoing development;
- Wireless Network replacement.

4 RECOMMENDATION

The Board is asked to **note** the progress outlined in the attached report for the year 2021/22 and the key plans for the coming period.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	The Report follows good practice and also links in with the eHealth Strategy
Workforce Implications	Not applicable
Financial Implications	No financial implications if approved
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	eHealth SubGroup
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	None
Equality Impact Assessment	No identified implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	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.

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THE STATE HOSPITALS BOARD FOR SCOTLAND

eHEALTH ANNUAL REPORT

APRIL 2021 – MARCH 2022

Responsible Director	Finance and eHealth Director
Lead Author	Head of eHealth
Approval Group	The State Hospitals Board for Scotland
Effective date	April 2022
Review date	April 2023

Contents

1. Overview

2021/2022 has again been a demanding year for the Health department. Limitations on the availability of equipment has still been an issue with lead time excessively long due to national supplier delays. This is unfortunately outwith our control and potentially is expected to continue until 2024. Also, the year has been impacted by the war in Ukraine, which has resulted in a heightened awareness of cyber threats to both national and NHS infrastructure due to the UK support for Ukraine. Work is continually ongoing both locally and nationally to reduce the possibility of a successful cyber attack on the NHS, however our suppliers are now being targeted with the national NHS system being the focus of recent fraudulent activities.

Demands on all eHealth departments has increased with a significant burden on the infrastructure teams. Staffing within this team has continued to be an issue with recruitment of temporary posts in the current market being particularly challenging. This is not just a local / TSH issue as other Boards have also been impacted when trying to recruit infrastructure staff. Obtaining additional permanent funding for staff is acknowledged as difficult with national revenue funding pressures, but we are working with the available funding streams in order to mitigate this.

There has been some organisational change put forward for implementation within eHealth – focused on the medical records department with a proposed changed to a broader corporate records department with the responsibilities to support all records within the hospital. Changes to the posts within the medical records department are at present going through the agenda for change process with an outcome expected later this year.

Home working is still continuing within the department with staff benefiting from this capability. Reduced office space due to the pandemic has also had an impact on some eHealth staff being onsite but a SWLG has been formed to look at resolving this.

Secure remote access has been critical to supporting home working and continues to be in high demand from all departments with 150 remote access tokens now in use. Mobile phone usage has also grown with 140 mobile phone now managed by the infrastructure team. This number has grown from 45 in use pre-pandemic and is a strong indicator of how the support needed from eHealth has changed over the last year.

There were two very significant projects delivered over the period covered by this report that were supported with major involvement by the eHealth teams.
The first is the successful delivery of the upgrade to our electronic patient record system (EPR) Rio, which involved a considerable amount of time and resourcing to take forward – having an impact on a large number of staff onsite for whom training and preparation was a key element of the work required. This upgrade overran slightly in timing due to configuration issues but they were quickly resolved by working closely with the supplier, and, with minimum disruption to their duties, staff are benefiting from the additional capabilities delivered by this upgrade. It is planned to enable additional functionalities of the system over the next year, for which an ongoing project team is in place to prioritise new functionality.

Secondly, the Hospital Electronic Prescribing and Medicines Administration system (HEPMA) implementation was also a key focus for the infrastructure team. Although it was not specifically an eHealth-managed project, there has been significant support needed from this team requiring provision of resource and input throughout.

One national-led project that has now been ongoing for some time and has provided some concern is the national deployment of the Microsoft Office 365 platform. Although this has been delivered in principle, national boards have been unable to take full advantage of what it provides due to various issues. Support for the platform nationally has been missing, with SharePoint being of particular concern to all boards. Other elements are still on hold due to governance concerns but a national group have been formed by NHS Digital Leads in an attempt to resolve this. No timescale has been provided as yet but it is expected that costs may now increase over the period of the contract whether it is fully utilised or not. The eHealth department is still attending national O365 meetings in order to ensure TSH is fully involved and aware of current status, and it is hoped a resolution to all the issues national identified will be resolved in the coming year.

2. Information and Business Intelligence Team

For team resourcing, there was one additional temporary post added to this team last year, which has been critical to the successful delivery of the Rio EPR upgrade and the continuing work developing Tableau dashboards – which has provided significant benefit for a number of Hospital departments.

The team was therefore pivotal in the upgrade to Rio while continuing to improve how TSH data is recorded and analysed by working with a wide range of stakeholders. The support to the upgrade to Rio EPR was then enhanced by the development of new dashboards that, while previously unavailable, can now be accessed from the upgraded version Rio. These include timetable data, BMI, physical activity, PRN and DASA charts. The benefits of this information being available are being promoted by the hospital's clinical quality team, working in conjunction with the information team to highlight the potential uses and benefits of these new features to clinicians ahead of their launch this year.

There is also a number of other new project priorities related to Rio that the team are now working on – while these are still in development they will cover seclusions and IOP, Nursing Specific Nutrition & Physical Health Care Plans, Internal Psychology Referrals, and SRK Recording forms. Work is also underway to introduce an automatically generated CPA document and move the VAT (Variance Analysis Tool) onto Rio.

Additionally, further Tableau dashboards will be developed over the next year to address charts including aggregated figures for PRN, Incidents, Seclusions, Observation levels, Complaints, physical activity, timetables data, Risk Register, Resourcing Issues, and a refresh of all Workforce dashboards.

3. Infrastructure Team

New ways of working have also had a significant impact on the Infrastructure team. Support for Microsoft Office 365 has continued to grow and the team have taken full advantage of the training available as part of the national contract. Recruitment to vacant posts has again been difficult, as experienced nationally, with one post still unfilled after twice going out to advert. We did however manage to appoint a replacement helpdesk officer for a fixed term although delivery of support remains challenging with the o/s post still advertised. The demand for qualified IT staff country wide has had an impact on NHS IT staff recruitment. Fixed term posts have usually provided fully qualified applicants but, with high demand in all sectors, it is not easy to compete with the offer of permanent posts offered elsewhere.

There are significant challenges around support required for Office 365, not made easier by national (NSS) current shortcomings with only one small team in place nationally to support the tenancy and high demand on this service. This impacts on some support calls for O365, but work is ongoing to look at how this can be resolved.

Several projects have been supported by this team over and above the regular and essential upgrades to IT systems used across the hospital. Projects supported by the team included –

Rio EPR upgrade;
Patient Learning Centre infrastructure replacement;
HEPMA;
Key safe replacement;
Multiple IT system upgrades

A support level agreement has also now been approved and implemented as the team continued to provide the regular day to day support needed across the hospital.

4. Health Records Department

The department continues to provide significant support for the Information Governance team with Freedom of Information (FOI) and Subject Access Requests (SARS) now provided by the Heath Records Department. The need for this support has grown over the year due to the volume of request received under FOIs and SARs. Further detail re the records department is contained in the IG Annual Report.

As noted above, there is planned change to the Health Records Department in the coming year, which will once approved and implemented result in a move from a medical records to a records department. The department will provide support to all staff In relation to the management of documentation throughout the hospital to ensure compliance with the hospitals Corporate Records Policy.

5. Information Governance

The workload of the IG team has continued to grow over the last year. This has been supported by medical records staff to ensure timescales for FOIs and SARs are met. SARS have caused significant load on the team with time extensions requested due to the large scale of some requests. National commitments have also increased while inter health board cooperation still continues to be a challenge. As in prior years, a separate Annual Report is presented from the IG team.

6 Project Management Team

The Team is made up of a Senior Project Manager (p/t – 3 days per week), a Project Manager (contract to March 2023) and a Project Support Officer (contract to August 2023).

During 2021/22 most of the resources of the Team were focussed on the upgrade to Rio 22, which successfully went live on 8 March 2022. The Project Board asked the Team to remain involved until the next release of a further version (22.07) in July 2022. However, this release was postponed due to the impact of the HEPMA/ADT project. Depending on the HEPMA project, Rio is currently scheduled to move now to v22.11 in November 2022. The Issue Log, Minor Change Requests and management of further new releases has now been handed over to the ongoing monitoring ROAD Group under "business as usual" (BAU). The Project will then be considered finally closed following the successful new release to "live" in November.

Phase 3 of Microsoft 365 is now complete, according to the National 365 Programme Team and Microsoft. This was divided into 5 Projects – Identity Management, Data Discovery, Security and Compliance, Modern Work in Health and Modern Service, with management and the M365 Project Team members engaging with this work. Locally, efforts have focussed on preparatory work in anticipation of the implementation of SharePoint and OneDrive but despite original expectations there is currently no national support available for this going forward.
Nationally, the focus has been on implementing the Identity Management and Security & Compliance project across all boards – with the national team very focussed on negotiating the licensing arrangements with Microsoft, and managing and controlling the number and type of licences across all Boards (for which there are significant national pressures), as well as junior doctor accounts.
The National 365 Programme Manager has issued a number of Programme Close / delivery summary documents authored with Microsoft and encourages Boards to implement these independently as there will now be no national rollout plan. However, the National Service Management Lead has advised that his Team is not currently resourced to support OneDrive and Sharepoint and the National Information Governance Group has expressed the view that boards should not rollout any more elements until Data Protection Impact Assessments (DPIAs) are in place. Board Project Managers have been meeting informally to discuss how to progress M365 in the absence of a national programme/implementation plan, and locally the project team has undertaken a gap analysis and held a meeting of key staff to consider our position and the best way forward for TSH.
In terms of next steps, further implementation is dependent on resources being in place in the National Service Management Team to support SharePoint and OneDrive, and IG requirements being met.

With regard to National Single Instance Finance Tableau Dashboards – these are now ready to rollout – with the specific timing to be confirmed by the Finance Team. All budget holders have been provided with guidance on registering for an LDAP account and how to request access to the dashboards.

The Project Team also support the Information & Business Intelligence Team with other Tableau work, including the rollout of the SCN Dashboards.

7 Additional eHealth Projects 2021/22

In addition to the projects detailed above, a significant focus for the eHealth team continues to be Digital Inclusion.

Significant consultation with a broad range of staff groups is delivering the requirements of digital solutions that could be used to deliver appropriate levels of inclusion for patients. Evaluation and planning of projects is across short-, medium- and long-term priorities – principally within financial and other resource constraints.

The main aspect of this work currently is a wide-ranging evaluation of systems providing "self-service kiosks" for patient use – for which considerable consultation is now underway towards a future business case to be established.

8 Network and Information Systems (NIS)

The Network and Information Systems (NIS) Regulations came into effect in May 2018 and NHSScotland compliance is a legal requirement. The Scottish Health Competent Authority (SHCA) has a regulatory responsibility for oversight and enforcement of these standards, including the requirement to conduct formal audits to obtain compliance assurance. The findings of the audit are reported against a 'scorecard' approach as detailed in the guidance.

The Board is given the opportunity to review the reports and recommendations to enable management responses to be provided against these prior to issuing of the final report, and these prioritised recommendations form the Board's NIS Action Plan to ensure key elements of the reviews are captured. (It is felt that the scores from reviews to date have been hindered by the external review teams working wholly remotely without site access.)

Our final NIS submission for 2022 was submitted in October and it is expected our score will increase from previous years. This has risen over the last 2 submissions but further support was implemented to ensure all departments were engaged with the process. This required the creation of a working group – meeting regularly to monitor and highlight what individual TSH teams were required to submit in evidence – which also allowed more focussed time to review these details prior to submission.

The NIS audit is not entirely IT focused – with input acknowledged as required from all areas of the hospital were resilience is necessary and is a business factor. While staff resourcing has been a factor in lower scoring from previous audits, additional support is now in place and there is also now broader departmental awareness of obligations.

An update of this year's audit will be reported in due course when available – the detailed timing of which is not yet known.

9 Priority eHealth Projects – 2022/23

Key projects for 2022/23, in addition to the recurring work of the department, include the following –

- *Office 365 additional functionality*
  This additional capability will be to some degree dependant on the implementation of national governance and support.

- *Patient Digital inclusion*
  The range of priorities and potential benefits from patient DI are considerable and, while not a single standalone project, these will continue to be managed through a scheduled program of works as individual priorities and business cases are evaluated.

- *Disaster Recovery Test Plan*
  This will be implemented to support our disaster recovery capabilities and also our NIS compliance.

- *Records Management Plan*
  This will be reviewed to align management of all records to updated national requirements.

- *Wireless Network replacement*
  Our existing wireless network which has been in place for nearly ten years will reach "end of life" in July 2023 and its replacement will be required in order to ensure full support is maintained.

10 Cyber Security

The eHealth infrastructure team manage systems that actively and constantly monitor our digital infrastructure. Additional monitoring systems available as part of the M365 procurement are now in place and supplement the local systems already in use.

Microsoft Active Threat Protection (ATP) is a key system that is available as part of the M365 agreement, and as this is a national system it is also monitored by the NHS National Services Cyber Security Operations Centre (CSOC) Team who will notify of any activities of concern. An example of where they have assisted is in blocking malicious websites and identified suspicious email links.

One identified manner in which cyber-criminals could leverage access to our infrastructure is via unpatched computers and software – and this variability is now controlled by the Microsoft InTune system. This is available as part of M365 and will automatically update computers and software with the latest patches from several manufacturers. This system also ensures compliance with NIS requirements and is being rolled out to all TSH devices provided by eHealth.

Staff cyber awareness training is also an effective way of reducing our exposure to a cyber compromise. This is actively and regularly promoted by our IT Security Officer, and there are yearly updates to our LearnPro Cyber security training module. Additional cyber training is being arranged for the eHealth infrastructure team and for executive members of the hospital.

11 eHealth Collaborative Working

Collaborative working provides the hospital representation at several national groups – and allows us to “have our say” with the development of NHS services. Representation has continued to grow with the eHealth department continuing to represent the hospital at several national eHealth groups, and work where possible with other National or Territorial Boards. We continue to have sight of national programs and projects within NHS Scotland, and benefit from national solutions wherever practical and applicable.

The groups on which State Hospital eHealth staff are represented include –

- eHealth Leads Group,
- National Infrastructure Group,
- National IT Security Group,
- National Board Digital Group,
- West of Scotland Infrastructure Group,
- West of Scotland IT Security Group
- National Office 365 Project Group
- National Tableau User Group
- National Excellence in Care Group
- National Office365 Change Advisory Board
- National Office365 Collaboration Hub
- Scottish Digital Health & Care Group
- National Records Management Group
- National Health Records Management Group
- National Information Governance Group

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 October 2022
Agenda Reference:	Item No: 25b
Sponsoring Director:	Finance and eHealth Director
Author(s):	Head of eHealth
Title of Report:	Digital Inclusion update
Purpose of Report:	For noting

1 SITUATION

In order for the Board to have an overview of the work carried out by the eHealth Department specifically on Digital inclusion, in conjunction with relevant sub-groups the in Hospital, the update highlights the recent activities in this area.

2 BACKGROUND

This work has been undertaken by the Digital Inclusion Group whose remit is to identify service improvements, systems and equipment that would enhance patient access to digital technologies. This is in line with the Scottish Government Digital Inclusion Strategy for all of its citizens, and this is underpinned by a Digital Participation Charter, through which the ambition is for everybody to be secure, included and confident in the digital society Scotland will become.

3 ASSESSMENT

The report highlights the main areas of activity and current issues.

Key achievements include:

- NearMe development;
- Patient internet catalogue browsing;
- Patient learning focus and improvements.

Key actions for the next twelve months include:

- Extensive evaluation and scoping of future patient digital platforms;
    - Specific focus on self-service “kiosk” potential
- Patient learning ongoing development;

4 RECOMMENDATION

The Board is asked to **note** the progress outlined in the attached update and the key plans for the coming period.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	The Report follows good practice and also links in with the eHealth Strategy
Workforce Implications	Not applicable
Financial Implications	No financial implications if approved
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	eHealth SubGroup
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	None
Equality Impact Assessment	No identified implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	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.

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eHEALTH DIGITAL INCLUSION UPDATE

OCTOBER 2022

Responsible Director	Finance and eHealth Director
Lead Author	Head of eHealth
Approval Group	The State Hospitals Board for Scotland
Effective date	October 2022
Review date	January 2023

This report provides an update on the progress of patient Digital Inclusion within the hospital.

This work has been undertaken by the Digital Inclusion Group whose remit is to identify service improvements, systems and equipment that would enhance patient access to digital technologies. This is in line with the Scottish Government Digital Inclusion Strategy for all of its citizens, and this is underpinned by a Digital Participation Charter, through which the ambition is for everybody to be secure, included and confident in the digital society Scotland will become.

There has been good progress at TSH over the last year. The expansion of the national Near Me platform now provides a virtual platform for the provision of patient groups. While, as Covid restrictions have eased, there is less of a requirement for this capability, it is now a vaible option that was unavailable previously. It is anticipated that the Psychology department will be the first to utilise this and plans are in development for this capability when required.

The patient internet catalogue browsing has faced security and availability challenges with the requirements and range of equipment. Each ward has now been provided with the necessary kits, and Standing Operating Procedures and Patient Information Leaflets have been created and distributed to all wards. Feedback on the use of these devices has been positive to date but the timescales of this work were excessive due to requirement changes and staff resources since it was first considered. Lessons have been learned from this project and a new approach has been implemented influencing how patient digital inclusion projects are progressed – with management of expectations between patient-facing teams and eHealth staff now a key focus.

The significant project currently the focus for the Digital Inclusion Group is the ongoing broad-ranging exploration and evaluation of the potential provision of self-service kiosks for patient use – which would include information on patient activities, meal options etc. Touch screen devices have been identified as a likely requirement for this capability but concerns have been raised as to their suitability for use in our high secure environment. Initial thoughts have been to locate devices in general ward areas with the possibility of locating some in patient rooms.

This has generated significant discussions within the digital inclusion group and an initial project proposal outlining the range of available possible solutions and systems will now be completed for consideration. It is expected that this will then also address the further work required to refine the proposal, from which point a preferred solution / provision can be identified, costed and any necessary business case then submitted for financial approval and availability.

In order it achieve this the Head of eHealth has tasked the Project Team in conjunction with the DIG to identify the requirements of the hospital and what available systems could support this. This work will deliver a requirements analysis and is underway with around 40 stakeholders consulted to date. A draft requirements document is available and is being fine-tuned in focussed sessions taking place throughout October and November. There will be sessions focussing on Patient Banking and Shopping, Visiting, Patient Comms and Messaging, Clinical Uses, Menu Ordering, Entertainment and Technical Requirements. This is in addition to having contact with possible suppliers, other High Secure Hospitals and Prison Services – and should deliver an option appraisal of potential solutions and costings.

A consultation paper outlining the priorities identified and the options available for consideration will be presented to the DIG and CMT, with the ultimate aim of agreeing a Blueprint for Patient Digital Inclusion and a time-framed Road Map for implementation. Ultimately this will deliver a business case for funding the agreed programme.

Paper No: 22/104

The State Hospitals Board For Scotland

ANNUAL SCHEDULE OF MEETINGS - 2023

BOARD AND SUB-BOARD

MEETING	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
BOARD*		**Thursday 23.02.23 10am**		**Thursday 27.04.23 10am**		**Thursday 22.06.23 12.30pm**		**Thursday 24.08.23 10am**		**Thursday 26.10.23 10am**		**Thursday 21.12.23 10am**
AUDIT COMMITTEE	**Thursday 26.01.23 9.45am**		**Thursday 30.03.23 9.45am**			**Thursday 22.06.23 9.45am**			**Thursday 28.09.23 9.45am**			
CLINICAL GOVERNANCE COMMITTEE		**Thursday 09.02.23 9.45am**			**Thursday 11.05.23 9.45am**			**Thursday 10.08.23 9.45am**			**Thursday 09.11.23 9.45am**	
STAFF GOVERNANCE COMMITTEE		**Thursday 16.02.23 9.45am**			**Thursday 18.05.23 9.45am**			**Thursday 17.08.23 9.45am**			**Thursday 16.11.23 9.45am**	
REMUNERATION COMMITTEE *	**Monday 23.01.23 11am**			**Thursday 06.04.23 10am**		**Thursday 08.06.23 10am**				**Thursday 05.10.22 10am**		

* The Board and Remuneration Committee may also meet as and when required

2023 PUBLIC HOLIDAYS:

New Year: Monday 2 January & Tuesday 3 January

Christmas: Monday 25 December & Tuesday 26 December

Easter: Friday 7 April & Monday 10 April

Autumn Holiday: Friday 22 September & Monday 25 September