

**THE STATE HOSPITALS BOARD FOR SCOTLAND**

**BOARD MEETING**

**THURSDAY 17 DECEMBER 2020**

**at 10am, held by MS Teams**

**A G E N D A**

- |     |  |              |                 |
|-----|--|--------------|-----------------|
| 1.  | <b>Apologies</b>   |              |                 |
| 2.  | <b>Conflict(s) of Interest(s)</b><br>To invite Board members to declare any interest(s) in relation to the Agenda Items to be discussed. |              |                 |
| 3.  | <b>Minutes</b><br>To submit for approval and signature the Minutes of the Board meetings held on 22 October 2020                         | For Approval | TSH(M)20/09     |
| 4.  | <b>Matters Arising:</b>  |              |                 |
|     | <b>Actions List: Updates</b>   | For Noting   | Paper No. 20/82 |
| 5.  | <b>Chair's Report</b>  | For Noting   | Verbal          |
| 6a. | <b>Chief Executive Officer's Report</b>  | For Noting   | Verbal          |
| b.  | <b>Update on EU Withdrawal</b><br>Report by the Director of Security, Estates and Resilience   | For Noting   | Presentation    |

**COVID-19 RESPONSE**

- |    |   |                |                 |
|----|---|----------------|-----------------|
| 7. | <b>Covid 19 Response:</b>   |                |                 |
| a. | <b>Resilience Update</b><br>Report by the Chief Executive               | For Discussion | Paper No. 20/83 |
| b. | <b>Financial Update</b><br>Report by the Director of Finance & E-Health | For Noting     | Paper No. 20/84 |

**CLINICAL GOVERNANCE**

- |    |   |            |                 |
|----|---|------------|-----------------|
| 8. | <b>Patient Advocacy Annual Report</b><br>Introduced by the Director of Nursing, AHPs and Operations       | For Noting | Paper No. 20/85 |
| 9. | <b>Quality Assurance and Improvement</b><br>Report by the Head of Corporate Planning and Business Support | For Noting | Paper No. 20/86 |

10.	<b>Clinical Governance Committee</b> Chair's Update - meeting held 12 November 2020 Approved Minutes – meeting held 13 August 2020	For Noting	Verbal CGC(M) 20/03
-----	--	------------	------------------------

### STAFF GOVERNANCE

11.	<b>Attendance Management Report</b> Report by the Interim Director of Human Resources and Staff Wellbeing	For Noting	Paper No. 20/87
12.	<b>Everyone Matters Pulse Survey 2020 – Update</b> Report by the Interim Director of Human Resources and Staff Wellbeing	For Noting	Verbal
13.	<b>Staff Governance Committee</b> Chair's update – meeting held 19 November Approved Minutes - meeting held 20 August 2020	For Noting	Verbal SGC(M) 20/03

### CORPORATE GOVERNANCE

14.	<b>Perimeter Security and Enhanced Internal Security Systems Project</b> Report by the Director of Security, Estates and Resilience	For Noting	Paper No. 20/88 <b>To Follow</b>
15.	<b>Finance Report to 31 October 2020</b> Report by the Director of Finance & E-Health	For Noting	Paper No. 20/89
16.	<b>Performance Report Quarter 2 – 2020/21</b> Report by the Head of Corporate Planning and Business Support	For Noting	Paper No. 20/90
17.	<b>Information Governance – Annual Report 2019/20</b> Report by the Director of Finance & E-Health	For Noting	Paper No. 20/91
18.	<b>E-Health - Annual Report 2019/20</b> Report by the Director of Finance & E-Health	For Noting	Paper No. 20/92
19.	<b>Annual Review 2019/20- update</b> Report by the Board Secretary	For Noting	Paper No 20/93
20.	<b>Corporate Governance Improvement Action Plan</b> Report by the Board Secretary	For Discussion	Paper No 20/94
21.	<b>Draft Board Workplan 2021</b> Report by the Board Secretary	For Decision	Paper No 20/95
22.	<b>Corporate Risk Register</b> Report by the Director of Security, Estates and Resilience	For Discussion	Paper No. 20/96
23.	<b>Any Other Business</b>		
24.	<b>Date of next meeting</b> 25 February 2021		

**End of meeting**



**THE STATE HOSPITALS BOARD FOR SCOTLAND**

TSH (M) 20/09

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 22 October 2020.

Meeting conducted virtually by way of MS Teams and commenced 9.45am.

**Chair:** Terry Currie [**Item 5 onward**]

**Present:**

Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
Chief Executive	Gary Jenkins
Non-Executive Director	Nicholas Johnston
Vice-Chair	David McConnell [in the Chair Items 1-5]
Director of Finance and Performance Management	Robin McNaught
Non-Executive Director	Brian Moore
Director of Nursing and AHPs	Mark Richards
Medical Director	Lindsay Thomson

**In attendance:**

Chair of Clinical Forum	Aileen Burnett
Person Centred Improvement Lead	Sandie Dickson [Item 8]
Project Director	Doug Irwin [Item 16]
Head of Communications	Caroline McCarron
Head of Corporate Planning and Business Support	Monica Merson
Board Secretary	Margaret Smith [Minutes]
Person Centred Improvement Officer	Leanne Tennant [Item 8]
Director of Security, Estates and Facilities	David Walker
HR Director	John White

**1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS**

Mr McConnell was in the chair welcomed everyone to the meeting. He advised that Mr Currie was in attendance at an NHS Chairs meeting with the Minister for Public Health and Sport, and would be joining the meeting very shortly. No apologies were noted.

**2 CONFLICTS OF INTEREST**

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

**3 MINUTES OF THE PREVIOUS MEETING**

The Minutes of the previous meeting held on 27 August 2020 were noted to be an accurate record of each meeting.

The Board:

1. Approved the minute of the meetings held on 27 August 2020: TSH(M)07

#### **4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING**

The Board received the action list (Paper No. 20/61) and noted progress on the action points from the last meeting, with actions being progressed satisfactorily within the context of the current response to COVID-19. It was noted that progress in respect to some actions had not been possible for this reason and these actions would be carried forward for update at the next Board meeting.

The Board:

1. Noted the updated action list.
2. Noted that outstanding actions relating to workstreams that were currently paused due to Covid-19, would be carried forward for update.

#### **5 CHAIR'S REPORT**

Mr Currie provided an update to the Board noting that there had not been a further meeting of NHS Chairs with the Cabinet Secretary for Health and Sport, since the date of the last Board meeting. The next meeting was scheduled to take place on 26 October 2020.

The Chair paid tribute to Mr George Brechin, the former interim Chief Executive at The State Hospital, who has sadly passed away recently. He noted that Mr Brechin had made a considerable impact during the short time he was CEO at The State Hospital from January 2014 to March 2015.

The Chair advised that he continued to meet virtually with Mr Joe Fitzpatrick, Minister for Public Health and Sport alongside fellow national Board Chairs every fortnight. Amongst the subjects the Chair had drawn the Minister's attention to over the last few months included: virtual visiting for patients, the Independent Review into Forensic Mental Health Services, the importance of the uptake of the seasonal flu vaccination at a local level, the visit by the Mental Welfare Commission to The State Hospital (TSH) on 18 August 2020 and the potential for virtual familiarisation visits for patients moving on from The State Hospital to lower levels of security.

Mr Currie provided an update on progress on Non-Executive Director recruitment. The Board was seeking to fill three vacancies. The closing date for applications was 13 October 2020. Good progress was being made in the recruitment process and interviews were scheduled to take place in the week commencing 23 November 2020.

Mr Currie noted that Mr Johnston would retire at the end of December 2020 and that Mr Brackenridge would retire at the end of January 2021. Mr Currie confirmed that he would be retiring as Chair at the end of this year, and was very pleased to announce that David McConnell, Vice Chair, had been appointed as Interim Chair from 1 January 2021. It was expected that the permanent post of Chair would be advertised in 2021.

The Board:

1. Noted this update from the Chair.

#### **6 CHIEF EXECUTIVE'S REPORT**

Mr Jenkins provided an update to the Board on key national issues, since the date of the last Board meeting. He confirmed that NHS Chief Executives continue to focus on remobilisation and recovery

of NHS Scotland, in a clinically prioritised way. Key elements of planning were underway in anticipation of the availability of a Covid-19 vaccination programme to ensure readiness within NHS Scotland. There would continue to be focus on leadership of care homes. There was also focus on the delivery of unscheduled care and preparedness for EU withdrawal. He noted that a further update would follow from Mr Walker in relation to this aspect.

Mr Jenkins asked the Board to note the publication of the '*A Scotland where everybody thrives*': Public Health Scotland's three-year strategy to improve and protect the health and wellbeing of people in Scotland, first published on 29 September 2020, as well as collaborative work with Healthcare Improvement Scotland (HIS) over a range of priority areas.

He noted the work continuing at national level on Test and Protect, and that further reporting would follow in this meeting in respect of the tailored approach taken to this within TSH. He also asked the Board to note the publication of the Mental Health – Scotland's Transition and Recovery, and they key aspects of that relating to TSH. Finally he advised that following the retirement of the Chief Executive of NHS Grampian, he would take on the role of key interface for mental health for the national Chief Executives' forum.

Mr Walker then led the Board through a presentation on preparedness for EU Withdrawal, noting the information circulated during October 2020, from the U.K Government in relation to reasonable worse case scenarios. He placed these within the contextual landscape including Covid-19 and concurrent events, economic instability and supply chain challenges. For TSH, there was a potential risk to food supplies, fuel and medicines which should be recognised although assurance could be provided that the organisation was in a position of resilience in this regard, albeit with the additional challenge of the Covid-19 pandemic.

The Board:

1. Noted the update from the Chief Executive
2. Noted the update on EU withdrawal and preparedness within TSH.

**7a BOARD GOVERNANCE – SIX MONTH REVIEW**

The Board received a paper (Paper No. 20/62) which noted the review of board governance conducted at the outbreak of the pandemic in March 2020, and submitted to Scottish Government on 1 April 2020. At that time, the Board had requested a review of this position within six months. Ms Smith led Members through the paper, noting the need to consider whether the arrangement in place were still appropriate especially in the long term nature of the pandemic or is adjustments should be considered. She noted the previous recommendations as set out in the report, and the move to holding meeting by way of MS Teams. This had helped to enable a high level of attendance at both board and committee meetings. It was noted that at each Board meeting, Members had expressed satisfaction with the consistent and detailed nature of reporting provided. Ms Smith noted that further national guidance was awaited on how to support public attendance at board meetings, as well as the seminar scheduled to take place on 4 November which would provide an opportunity to consider governance further within the developing national landscape.

Mr Jenkins added that he was assured by the continuation of existing board governance arrangements throughout, and Mr McConnell had echoed this point referencing reporting from the external auditors which had underlined strength of governance arrangements. Mr Currie added his hope that digital innovation may help to support public attendance at board meetings.

Mr Currie summarised the position for the Board noting the assurance taken from continued stability in the governance framework, and that The State Hospital would be keen to develop ideas to enhance public inclusion.

The Board:

1. Approved the continuation of existing governance arrangements over the next six month period.
2. Noted the national focus on public inclusion and that guidance would follow at a national level.

## **7b TSH REMOBILISATION PLAN**

A paper was received from the Chief Executive (Paper No. 20/63) to submit the TSH Remobilisation Plan for the period September 20, to 31 March 2021. Mr Jenkins confirmed that the plan had been submitted to Scottish Government on 7 August, with approval for the plan now being confirmed.

Mr McConnell noted the swift moving landscape and changing impacts of Covid19 throughout society, and raised the question of assurance that the Remobilisation Plan would continue to address the long term effects of the pandemic. Mr Jenkins underlined that the broad strategic framework provided within the plan would not change, and described the work which continued to align with the national framework led by Scottish Government, with TSH adapting and modifying planning at a local level to ensure alignment with the national framework.

Mr Moore asked a specific question on the patient access to the judiciary system, and it was confirmed that TSH continued to ensure patients had virtual access and were not placed at any disadvantage.

In response to a further query from the Board, Mr Jenkins confirmed that the new management structure and organisational governance would be reviewed at the Board Seminar taking place on 4 November 2020.

Mr Currie summarised the view of the Board with agreement that remobilisation planning as reported provided a robust framework for recovery for the period until March 2021.

### The Board:

1. Agreed the way forward for the Board as outlined in the TSH Remobilisation Plan for the period until March 2021.
2. Noted that agreement to publish the plan had been received from Scottish Government, and that the plan would be published on the TSH website.

## **7C RESILIENCE REPORTING – COVID 19 RESPONSE**

A paper was received from the Chief Executive (Paper No. 20/64) to provide the Board with the background and framework through which TSH was continuing to manage its response to Covid-19, and to provide key updates to the Board on actions taken since the date of the last Board meeting.

Mr Jenkins then led the Board through a detailed overview of the resilience report, outlining the work progressed as part of remobilisation planning to make a phased move away from the incident command structure to a new structure of senior leadership, including some adjustment to portfolios across directorates. A close watching brief would be kept on the risk presented by Covid-19, and Mr Jenkins stressed that the potential need to move back to incident command management was recognised.

He underlined the continuing focus of the TSH Scientific and Technical Advisory group (STAG) in providing rigorous review process for enhanced health surveillance, national guidance and literature. Further, he noted the continuation of the Interim Clinical Operational Policy which remained under continuous review and scrutiny. He noted the positive nature of the report from the Mental Welfare Commission following their visit on 18 August 2020.

Mr Jenkins led the Board through the TSH Route Map document in more detail describing the process of continual review which was in place to ensure that any modification or adaptation required was led through the TSH STAG, as well as Gold Command.

He outlined the pathway taken in respect of test and trace within TSH, and how this had been tested and had proven to work efficiently within TSH. He provided assurance to the Board about readiness within the hospital to provide clinical care on site for patients, should this be necessary. The general medical ward previously established had been moved to Arran hub to accommodate security upgrade works, and remained in a state of readiness to provide care for patients.

In respect to PPE, Mr Jenkins confirmed that TSH had not experienced any significant supply difficulty.

Mr Jenkins asked the Board to note that in-person visiting had been suspended due to the further Covid-19 restrictions put in place by Scottish Government and that therefore, video-visiting continued to be a very important means of supporting patient contact with families and carers.

He outlined a range of measures in place to continue to support staff development and wellbeing, across the organisation.

The report also outlined the continued progress made by the Recovery and Innovation Group, especially on values, behaviours and culture in the organisation underlining that this work would continue into the longer term incorporating learning from both the Strang report and the Sturrock report. The Board was also asked to note the continuing focus on digital innovation and leadership taken on this through the Finance and Performance Management Director; as well as the tremendous support offered to staff through the Head of Communications helping to ensure that staff were kept informed and engaged in developments.

Mr Currie summarised the discussion on behalf on the Board, with the emphasis on ensuring that the organisation was continuing to deliver care and support to staff during a continually changing landscape.

#### The Board:

1. Discussed and noted the position outlined in this report in respect to the operational management and governance of the organisation in response to the global Covid-19 outbreak.
2. Endorsed the position as an appropriate framework for continued operational management and governance during the Covid-19 pandemic.
3. Confirmed that there were no additional reporting requirements required at this stage.

#### **7d COVID -19 RESPONSE - FINANCIAL GOVERNANCE**

A paper was received from the Finance and Performance Management Director (Paper No. 20/64) to provide an update on financial governance during the Covid-19 pandemic.

Mr McNaught provided an overview for the Board, reminding Members that Covid-19 costs for Quarter 1 (April to June 2020) were submitted to Scottish Government in mid-August, and that the allocation for TSH was confirmed on 1 October 2020. The next stage was that Quarter 2 costs (to September 2020) would be submitted by the end of October for review, with the result of this expected to be allocated in January 2021. Members discussed the potential impact for the Board including partial allocation for continuing Covid-19 costs; though also reflecting that some costing aspects of service delivery had reduced during the pandemic providing some degree of offset.

Mr Currie confirmed the Board's position as content with this update on financial governance, and to await further reporting at the next meeting of the Board.

The Board:

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

## **8 PERSON CENTRED IMPROVEMENT SERVICE – 12 MONTH REPORT**

A paper was received from the Director of Nursing and AHPs (Paper No 20/66) providing a summary of activity for the Person Centred Improvement Team (PCIT) over the past 12 months.

Mr Richards introduced this paper, underlining the assurance it provided on the strong focus on the patient and carer voice in decision-making and in the delivery of care. He asked Members to recognise the positive contribution made by the PCIT often through creative solutions. Ms Dickson and Ms Tennant joined the meeting, and firstly asked Members to listen to a recording of a patient reading a poem he had written about his experience during Covid-19.

Ms Dickson described the key workstreams delivered as described in the paper, emphasising patient involvement. She also asked the Board to note progress made toward achievement of key performance indicators by the team during a challenging time.

The report was received very positively by the Board, reflecting the successes to date as well as some areas for improvement and possible challenge for the service going forward. Mr Richards asked colleagues to note that there was active focus and planning in place for future service delivery given the key importance of this service to the organisation.

Mr Currie summarised for the Board the assurance taken from this report and the continued focus on the voice of patients and carers throughout decision-making and giving thanks to the Person Centred Improvement Team for their work.

The Board:

1. Noted the update provided within reporting from the PCIT 12 Monthly Report.

## **9 MEDICAL APPRAISAL AND REVALIDATION ANNUAL REPORT**

A paper was received from the Medical Director (Paper No. 20/67) which provided the Board with an assessment of the medical appraisal and revalidation process within TSH. Professor Thomson asked Members to note the detail of the paper, including compliance with the relevant professional standards.

Board Members received this report positively, and Mr Currie noted the self-explanatory nature of reporting with no areas of concern raised.

The Board:

1. Noted the content of the Medical Appraisal and Revalidation Annual Report.

## **10 QUALITY ASSURANCE AND IMPROVEMENT REPORT**

A paper was received from the Head of Corporate Planning and Business Support (Paper No. 20/68) to give the Board a regular update on the progress made toward quality assurance (QA) and Quality Improvement (QI) activities.



Ms Merson provided a summary of activity since the date of the last Board meeting including clinical audit, learning from complaints and feedback and Service Reports. She asked Members to note the detail of reporting and continued progress made. Mr Richards added that the role of the Clinical Effectiveness Team should be noted in providing key reporting data throughout the Covid-19 period, which helped to inform decision-making.

Board Members welcomed this report and noted the usefulness of its content with quality assurance and improvement a key priority of the organisation. Mr Currie summed up by noting the comprehensive nature of reporting and quality of work evidenced. He added that this was to the benefit of the organisation and represented a key area of success for the organisation.

The Board:

1. Noted the content of the report.

## **11 CLINICAL GOVERNANCE COMMITTEE**

The Chair of the Clinical Governance Committee, Mr Johnston provided a verbal update of activity at the meeting of the Clinical Governance Committee which took place on 13 August 2020. The approved minutes would be submitted to the Board at the next meeting.

The Board:

1. Noted the content of this update.

## **12 ATTENDANCE MANAGEMENT REPORT**

The Board received a paper from the Interim Director of Human Resources (Paper No. 20/69) outlining the position on staff attendance for the period up to 31 August 2020.

Mr White summarised the key aspects of reporting for the Board, noting that the sickness absence rate had shown a slight increase in August although the 12 month rolling average continued to improve. Should there be a continuation of this increase, further action would be taken to enquire as to the reasons behind this to enable an appropriate response. There had been a drop in compliance with EASY reporting, and work had been initiated to interrogate that so that further reporting could be brought forward on that aspect. The report also provided a summary of staff absence due to Covid-19.

Members discussed the separate presentation of data relating to Covid-19 and sickness absence. It was agreed that it would be helpful for reporting to include a total for both aspects to give a clearer picture on overall staff absence levels. Mr White was asked to include this in future reporting.

### **Action – Mr White**

Mr Currie summarised the position for the Board in that the improved position on staff attendance was still encouraging but warranted continued focus to ensure that this was maintained.

The Board:

1. Noted the content of the report.
2. Requested a change to reporting to include a total absence rate including both sickness absence and Covid-19 related absence.

### **13 STAFF GOVERNANCE COMMITTEE**

The Chair of the Staff Governance Committee, Mr Brackenridge, provided a verbal update on the meeting which took place on 20 August 2020. This meeting had focussed on attendance management as well as the excellent contributions made by staff throughout a challenging period. The approved minute would be submitted to the next meeting of the Board.

The Board:

1. Noted the content of this update.

### **14 INTERNAL AUDIT PROVISION**

A report was received from the Finance and Performance Management Director (Paper No 20/70) asking the Board to consider the recommendation from the Audit Committee with regard to the provision of internal audit services. Mr McNaught outlined the position and the recommendation that RSM be appointed for a further year until 31 March 2022, at which point it would be a requirement for the service to tender for a new three year period.

Members considered and agreed that this would be the most sensible way forward, and accepted the recommendation from the Audit Committee as outlined in the paper.

The Board:

1. Noted the content of this paper, and agreed to extend the appointment of RSM for 12 months until 31 March 2022.

### **15 INTERNAL AUDIT REPORT – BOARD PACK QUALITY ASSESSMENT**

A report was received from RSM in their role as internal auditors. Mr McNaught asked the Board to note that this report had been scrutinised at the Audit Committee that took place on 8 October.

Board Members discussed the report, reflecting that although it contained some helpful suggestions from which learning could be taken, it also contained some recommendations that would not necessarily be taken forward. This report could be further discussed at the Board Seminar taking place on 4 November, with a response to RSM being taken forward thereafter, through the Board Secretary.

The Board:

1. Noted the content of this paper.

### **16 PERIMETER SECURITY AND ENHANCED INTERNAL SECURITY SYSTEMS PROJECT**

A report was received from the Director of Security, Estates and Facilities (Paper No. 20/71) which provided annual reporting in relation to the Perimeter Security and Enhanced Internal Security Systems Project. Mr Irwin joined the meeting to present the report to the Board.

The Board accepted this annual report, however, raised concern that the regularly requested progress reporting on the project had not been provided to this meeting. Mr Moore noted that he would welcome receipt of progress reporting at every Board meeting to enable appropriate oversight. This was supported by Mr McConnell and Mr Brackenridge. Mr Jenkins provided assurance that detailed reporting on progress of the project would be provided to each meeting of the Board recognising this as a key area of focus for the Board.

On behalf of the Board, Mr Currie noted that the Annual Report was welcomed, and that the Board's

expectation was that a progress report for the project would be provided to every Board meeting going forward. This would ensure the appropriate control mechanism was in place and take cognisance of the Board's responsibility for oversight of delivery of the project.

**Action – Mr Walker**

The Board:

1. Noted the content of this report.
2. Requested reporting on progress on project delivery be made at every Board meeting.

**17 FINANCE REPORT AS AT 30 SEPTEMBER 2020**

A paper was submitted to the Board (Paper No. 20/71) by the Finance and Performance Management Director, which presented the financial position to month 6 (30 September). Mr McNaught led Members through the report, and confirmed that TSH was reporting an underspend at this date of £232k. He noted that there was continuing focus on the confirmation of Covid-19 specific costs for review through Scottish Government, and on reducing the levels of unidentified savings for the coming year.

Mr Currie noted that staff overtime costs were not included in this report, and Mr McNaught confirmed that these costs were outlined within the Covid-19 specific finance report. It was agreed that this data would be included in this report as well going forward.

**Action – Mr McNaught.**

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

The Board:

1. Noted the content of this report.
2. Requested that future reporting should specify the detail for staff overtime costs.

**18 RISK MANAGEMENT ANNUAL REPORT 2019/20**

A paper was received (Paper No. 20/72) Director of Finance and Performance Management to provide a high-level summary of activity undertaken by the Risk Management Department during 2019/20.

Mr McNaught introduced this paper, and Ms Merson then provided a detailed summary of the key aspects. It was noted that the Audit Committee had considered this report in detail at its meeting on 8 October. In addition, Mr Johnston noted the need to provide further detail in relation to the management of adverse event investigations particularly around timescales. It was agreed that this should be included in further reporting. It was noted that leadership of the risk portfolio was under review as part of the new management structure and further reporting on this aspect would be presented at the Board Seminar on 4 November.

**Action – Ms Merson**

Mr Currie noted that the Board were content to note this report and added thanks to the department for their contribution.

The Board:

1. Noted the content of this report.

## **19 COMMUNICATIONS ANNUAL REPORT 2019/20**

A paper was received from the Chief Executive (Paper No. 20/73) to provide reporting to the Board on activity and performance for Communications for 2019/20.

Mr Jenkins introduced this paper highlighting the key successes and contribution made by the Head of Communications, whilst at the same time noting the resilience challenge for this service and confirming that this was under review as part of the review of portfolios being undertaken presently. Ms McCarron provided a summary of the key issues as outlined in the report. The report was received positively by the Board.

Mr Moore noted the volume, variety and complexity of the areas covered, and this was echoed by Mr McConnell and Mr Currie. Mr Currie summarised the position for the Board noting the need to identify what additional resource may be required to support this workstream, as well to review current practice to establish what changes could be made for possible improvement.

### The Board:

1. Noted the content of this report.

## **20 ANNUAL REVIEW – 2019/20 – UPDATE**

The Board received a paper from the Chief Executive (Paper No. 20/74) to provide an update on the arrangements for the Annual Review for 2019/20.

Ms Smith asked the Board to note that The State Hospitals Board for Scotland would have a Ministerial review led by the Minister for Mental Health on 10 November 2020. Due to Covid-19 restrictions, this would take place virtually and be attended by the Chair, Chief Executive. The Finance and Performance Management director and Board Secretary would attend the meeting. Ms Smith outlined the format of the review which would include a review of performance in 2019/20 as well as the Board's response to Covid-19. A further update would be provided at the next Board Meeting.

### The Board:

1. Noted the content of this report.

## **21 CORPORATE GOVERNANCE IMPROVEMENT ACTION PLAN**

The Board received a paper from the Chief Executive (Paper No. 20/75) to provide an update on the restart of this workstream as part of remobilisation planning.

Ms Smith asked Members to note that to support this workstream further a presentation would be included in the Board Seminar taking place on 4 November. Mr Currie invited Members to contact Ms Smith should they have any input to make in this regard.

### The Board:

1. Noted the content of this report.

## **22 AUDIT COMMITTEE**

The Board received the approved minutes of the meetings of the Audit committee that took place on 18 June and 2 July 2020. As chair of the Audit committee, Mr McConnell also provided a verbal

update on the meeting that took place on 8 October noting review of internal audit reporting in particular. The approved minutes would be submitted to the Board in due course.

The Board:

1. Noted the approved minutes of the Audit committee meeting from 18 June and 2 July 2020.
2. Noted the update from the meeting on 8 October.

## **23 CORPORATE RISK REGISTER**

The Board received a paper (Paper No. 20/78) from the Finance and Performance Management Director, which provided an overview of the medium, high and very high risks featuring on the Corporate Risk Register, and to provide assurance that these were being addressed appropriately.

Ms Merson summarised the detail of the report for the Board. Mr Brackenridge noted that ten risk areas were not at target level. Mr McNaught advised that each of these risks would be reviewed to establish how long they had been off track as well as the actions taken in response. Further reporting would be provided to the next meeting of the Board. Mr McConnell added that this should clearly show the direction of travel for each risk.

### **Action – Ms Merson**

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

The Board:

1. Noted the content of this report
2. Requested further detail in reporting risk performance.

## **24 ANNUAL SCHEDULE OF BOARD AND COMMITTEE MEETINGS**

A paper was received (Paper No. 20/79) to outline the proposed schedule of meetings during 2021.

Following discussion it was agreed that the Board meeting in April would take place on the 15<sup>th</sup> day of the month, and that any other revisions to the schedule should be notified to Ms Smith by 29 October to enable a finalised schedule to be published.

The Board:

1. Agreed the schedule of meetings for 2021, subject to possible minor amendment.

## **25 ANY OTHER BUSINESS**

Mr Moore asked colleagues to note the revised date for the launch of the Independent National Whistleblowing Officer as of 1 April 2021, with a launch expected during January to March 2021. The Board noted this position and that a further update would be taken to the Staff Governance Committee in November 2020.

## **26 DATE AND TIME OF NEXT MEETING**

The next meeting would take place on Thursday 17 December 2020, by way of MS Teams.

The meeting ended at 1.30pm

ADOPTED BY THE BOARD

CHAIR

(Signed Mr Terry Currie)

DATE

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

<b>ACTION NO</b>	<b>MEETING DATE</b>	<b>ITEM</b>	<b>ACTION POINT</b>	<b>LEAD</b>	<b>TIMESCALE</b>	<b>STATUS</b>
1	February 2020	Clinical Service Delivery Model (Item 7)	Update on key milestones for delivery – overall financial monitoring and recording on Corporate Risk Register.	R McNaught/ M Merson	April 2020 – paused	<b><u>Paused</u>: due to Covid-19</b>
2	February 2020	Annual Operational Plan (Item 16)	Reflect content of AOP in governance committee workplans	M Smith/ Committee Chairs/ Exec Leads	Ongoing	<b><u>Completed</u> – Annual Operational Plan paused due to Covid-19. Agreed by Board that Remobilisation Plan (September to March 2021) to be reflected in governance committee workplans.</b>
3	February 2020	Corporate Governance Improvement Plan (Item 21)	Review engagement plan for Board in holding meetings externally	G Jenkins/ M Smith/ C McCarron	Ongoing	<b><u>Completed</u> Report to Board at October 2020 meeting and to Board Seminar in November 2020. Reporting back on track.</b>

6	October 2020	Attendance Management Report (Item 12)	To amalgamate sickness absence and covid absence data in future reporting	J White	November 2020	<b><u>Completed</u></b>
7	October 2020	Perimeter Security Project (Item 16)	To ensure progress reporting to each board meeting	D Walker	Immediate	<b><u>Completed</u></b>
8	October 2020	Finance Report (Item 17)	To include overtime costs in finance report 9 as well as covid finance report)	R McNaught	December	<b><u>Completed</u></b>
9	October 2020	Risk Management Annual Report (Item 18)	To provide background context on timescale/ performance in adverse incident reporting in future reports	M Merson/ D Walker	Immediate	<b><u>Completed</u></b>
10	October 2020	Corporate Risk Register (Item 23)	To track risks no on target for timescales and actions taken direction of travel and include in regular reporting	M Merson/ D Walker	February	<b><u>In progress</u></b> <b>Report amended with direction of travel noted and further work in progress on format</b>

Updated – 10.12.20 – M Smith

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



## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 7a
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	TSH Response to Covid 19 Global Pandemic – Update
Purpose of Report:	For Discussion

### 1 SITUATION

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

The Board has received reports at each of its meetings throughout 2020, from the start of the pandemic, to set out the actions taken to meet the twin aims of health protection and prevention of spread.

The Board prepared an Interim Remobilisation Plan (for the period to August 2020) as well as a TSH Remobilisation Plan (for September 2020 to 31 March 2021) which were submitted to and received approval from Scottish Government.

### 2 BACKGROUND

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

#### **Senior Leadership and Management Structure**

The Board has received detailed reporting on leadership through Incident Command Structure since it was established on 16 March 2020. As part of the TSH Remobilisation Plan for the period to 31 March 2020, it was agreed that the Incident Command Structure would be stood down, and a planned shift made to an interim management structure. This process was completed on 9 December 2020.

Paper No 20/83

At the same time, there is continued recognition that the risk that Coronavirus (Covid-19) continues to present a very high risk to the primary aim of TSH to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff, This will be monitored closely by the Corporate Management Team (CMT). Silver and Gold Command meetings can be stood up for should there be any urgent or significant change to the global or national position which may impact specifically on TSH.

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

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

### **3 ASSESSMENT**

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

#### **3.1 TSH Route Map and the Interim Clinical and Support Services Operational Policy**

Version 15 of the Interim Clinical Operational Policy was published on 17 September 2020. This saw changes to activities being offered to patients, and a further easing of restrictions on a COVID secure basis. These changes were reported to the Board at its meeting in October 2020. Covid-19: Scotland's Strategic Framework was published on 23 October, setting out the national approach to outbreak management and identifying five levels of protection introduced from 2 November.

The TSH Route Map was reviewed and adjustments made in light of this to ensure alignment with South Lanarkshire Council area restrictions in Level 4. Continuation of limited activity has been available to patients, with patients from the same ward attending to prevent wards mixing. Indoor exercise has been limited to individual exercise or groups from the same ward. Similarly, patients from the same ward only have been able to meet in person at the Patient Partnership Group. This applies to the Intellectual Disability cohort only, with other patients meeting through a digital platform. The hairdressing service has not been permitted. In person visiting has remained suspended under Level 4 restrictions

The Interim Clinical Operational Policy remains subject to regular scrutiny and review. This is underpinned by daily data gathering and reporting, and a formal weekly review meeting. This will result in a recommendation to the CMT (or Gold Command if stood up) regarding continuation and/or adjustment to the Policy. Monitoring is focused on a range of key areas of data including clinical incidents, observation levels, patient feedback and participation in purposeful activity.

During this period, there have no significant concerns in relation to the data reported with regard to the wellbeing of our patients, and overall access to, and participation in, activities remains at a good level. The Mental Welfare Commission receives weekly reports, which adds an important additional element of scrutiny.

Paper No 20/83

From 11 December, South Lanarkshire Council moves from Level 4 to Level 3 restrictions, with allowing work to progress to consider adjustment to the interim policy. This is currently underway to ensure care is delivered for the benefit of our patients as well as continuing to align with the national framework. This allows us to move to a model of care where each ward is treated as a 'household' and thus removes specific limits on room occupancy.

### **3.2 Virtual and In Person Visiting**

In line with national guidance, in person visiting re-commenced in TSH in the week beginning 13 July 2020 for single named visiting contacts and the Board has previously received reporting in relation to the re-designation of the Family Centre for this purpose allowing for physical distancing and appropriate infection control measures to be put in place. A protocol was also developed to enable in person visits to take place within wards for patients who require high supervision or support, to facilitate visiting for these patient cohorts.

However, in person visiting was necessarily paused on 11 September 2020, following the initial local restrictions put in place in South Lanarkshire local authority area followed by national restrictions, and has remained on hold. As noted above, South Lanarkshire Council area moves into Level 3 restrictions as of 11 December with travel in and out of such areas not permitted, except for essential purposes. Tier 3 Hospital visiting guidance published on 18 November 2020 offers the opportunity for hospital clinicians to support essential visits and one designated visitor to visit where it is 'safe and appropriate' to do so.

On 24 November 2020, Scottish Government announced a national 5-day relaxation to geographical restrictions over the Festive period from 23-27 December 2020. There is an expectation that a compassionate approach is taken, tailored to individual need, where it is safe and clinically appropriate to offer a visit. To reflect this, the Interim Visiting Protocol has been updated in readiness for resumption of visiting in December so that the organisation is ready to welcome visitors in line with national guidance supported through advice from clinical teams.

Video-visiting was introduced in TSH in April 2020, enabling patients and their families and carers to continue to connect. This service continues to provide essential contacts for patients and their carers especially in the absence of in person visiting. A detailed evaluation exercise has been undertaken through the Person Centred Improvement Team to ensure we fully understand the video visiting experience, and to identify areas for improvement. Further work is now progressing to benchmark the delivery of virtual visiting with other high secure hospitals in NHS England, to develop and support this ensuring the best experience for our patients and carers is available.

### **3.3 Infection Control**

Infection prevention and control remains central to the response to Covid-19 within TSH. The Board is aware that the Senior Nurse for Infection Control is part of the internal Covid-19 response team and receives external support from the Public Health team in NHS Lanarkshire.

The Board has received regular reporting on the implementation of additional measures to mitigate the risk of nosocomial infection at TSH. All changes to practice are reviewed by the Scientific and Technical Advisory Group (STAG) and the Infection Control Committee continues to meet regularly.

Since the date of the last Board meeting, there have no new confirmed cases of Covid-19 within the patient population in TSH. Overall since 17 March 2020, 89 patient tests have been

Paper No 20/83

carried out with 8 positive cases confirmed all of whom have recovered without medical intervention.

**Table 1: Number of Patient tests, positive and negative results July – December 2020**

Month	July	Aug	Sept	Oct	Nov	Dec
Total Tests	17	4	7	10	14	1
Asymptomatic tests	14	2	6	5		
Positive results	0	0	0	0	0	0
Negative results	17	4	7	10	14	1

To date, 202 members of staff have been tested for Covid-19, representing 26% of the total staff population, and 4% positivity rate.

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

	Number	% of Total Staff population (n=650)
Staff tests	202	32%
Positive test results	26	4%
Negative test results	176	28%

### 3.4 Covid-19 Vaccination programme

As part of the national roll out of the Covid-19 vaccination programme, extensive planning work has been undertaken to prepare for the vaccination of State Hospital staff.

The Scottish National Blood Transfusion Service (SNBTS) are distributing the vaccine to the three patient facing National Boards including TSH. Logistically, it is challenging to distribute vaccine to the National Boards as the vaccine is received in bulk and requires to be 'packed down' into smaller amounts before it is sent out. This is a tightly governed process so as to ensure vaccine safety and that legal and regulatory requirements are met, the final details of which are currently being worked through.

Within TSH, planning is in place to receive vaccine to allow vaccination of up to 550 staff who work in roles where they have direct care contacts with our patients, such as nursing and medical staff, and where they work in roles that require them to work in patient settings, such as housekeepers. An initial 'opt in' exercise has been met with a very positive response. Each member of staff will need to receive two doses of vaccine, given 21 days apart.

A small cohort of registered nursing staff have been trained as Covid-19 vaccinators, and it is anticipated that they will work alongside SALUS staff in administering the vaccine. There is very regular contact with SNBTS in preparing to deliver this programme, with a projected start date of week commencing 21 December 2020.

A further update to this position will be brought to the Board verbally at its meeting on 17 December.

### **3.5 Test and Protect: Test Expansion Programme**

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

An extended national Healthcare Worker Testing Programme Board has been established to take forward this work. It is estimated that 5% of all COVID-19 cases in the UK have been in Healthcare Workers (HCWs). The risk is 6-fold higher than that of the general population and exposure to COVID-19 is considered to be multifactorial, involving transmission within both community and healthcare settings. Testing of asymptomatic healthcare workers can contribute to reducing the risk of transmission via early identification of cases and ensuring positive members of staff can self-isolate quickly and contact tracing can commence.

All Boards have been asked to nominate a Lateral Flow Testing Lead Coordinator who will coordinate implementation at a local level, including establishing systems and processes to provide oversight and assurance on the distribution of tests, collect data, share training materials with staff and ensure staff supervision of their first test. For TSH, this role will be fulfilled initially by the Director of Operations, Nursing and AHPs. The current COVID vaccination planning group has been extended to include staff testing. Progress reporting will be through CMT.

The roll-out will likely be phased in from late December 2020/early January 2021, and the exact start date has yet to be agreed. The broad aim is that all patient-facing healthcare workers in hospitals, SAS, and in COVID-19 Assessment Centres, will be tested twice weekly within one month of testing kits being made available to Boards.

To date, 490 State Hospital staff have been identified as being in the cohort for self-testing. This group fits with the criteria outlined by Public Health Scotland which set out patient facing staffing, and also local intelligence gleaned from the COVID-19 Support Team. This is a wider group than those who are eligible at this point for vaccination, and includes staff groups such as housekeeping and students on placement. Nationally, this builds on the existing PCR testing of asymptomatic staff which has been in place since July for staff in oncology, elderly care and mental health wards, with stays over three months.

The testing of staff will be on a voluntary basis, with eligible staff being strongly encouraged to undertake the testing on a routine basis, highlighting the benefits to them, their families and our patients. National guidance for healthcare staff LFD self-testing has been developed and will be used in TSH. With appropriate training, staff will be able to test themselves at home or in the workplace. The timing is critical, as leaving the test for longer can lead to false positive results and the test will need to be repeated. Results will be collated centrally for submission to the electronic national reporting system on a weekly basis.

Health Boards will also be asked to report testing levels each week, as well as positivity rates. Scottish Government will be in regular contact with the Testing Single Points of Contacts and will also be in contact with LFT Lead Coordinators to support local Boards and help them to overcome any issues with staff testing. The testing kits will be delivered through NHS National Procurement for local distribution.

Planning is in place for the following steps:

- Identify staff trainers and facilities to enable staff to be observed when they first collect and use the device.
- Establish a help line or drop-in assistance point for staff members having difficulty performing the self-administered test.
- Provide information for staff members on what to do if they test positive and where they will get their swab test for confirmatory qRT PCR.
- Agree who is the designated laboratory for confirmatory qRT PCR testing
- Manage the recording and reporting results for statutory purposes in line with this Scottish Government processes.

Implementation of this workstream is necessarily fast paced, and the updated position will be presented to the Board on 17 December 2020, including timescales for delivery and linkage to the national framework in this regard.

### **3.6 Clinical Care Guidance for COVID -19 patients**

The Board has previously received reporting on the Covid-19 TSH Clinical Care Support Documentation which was developed to assist in the care of patients who have Covid-19 within The State Hospital. A six bed General Medical ward was established and is now situated in Arran Hub which remains equipped and ready to accept any patient who requires enhanced care for symptoms of Covid-19. It has not been necessary to use this facility to date, but it remains on stand-by as a precautionary measure.

### **3.7 Personal Protective Equipment**

The State Hospital continues to be linked with National Services Scotland (NSS) through procurement. National stockpile supplies have been received by the hospital for Personal Protective Equipment (PPE). To date, there have been no issues with stock availability on site. Escalation routes remain available through the TSH Single Point of Contact (SPOC), the Director of Security, Estates and Resilience, and through NSS Covid-19 Supplies Portal. Usage and supplies are monitored daily.

### **3.8 Patient Flow**

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

The following table outlines the high level position from 1 October and 30 November.

**Table 3: Patient flow 1 October – 30 November**

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds	108	12	120
Admissions	3	0	3
Discharges / Transfers	6	0	6
Average Bed Occupancy: Available beds/All beds			913% / 78.3%

### 3.9 Workforce

#### 3.9.1 Attendance Management

The Board now receives dedicated reporting in this area, including Covid-19 related absence. This reporting will amalgamate Covid-19 related absence as well all other sickness absence to provide a total.

#### 3.9.2 Planning for Extreme Loss of Staff

The Extreme Loss of Staff Plan was developed in response to a significant threat to business continuity as a result of the coronavirus pandemic. A level 2 resilience exercise was held to stress test this plan and provided assurance on preparedness at a local level.

Work continues to be focussed in this area refreshing local knowledge, and linking specifically to winter preparedness.

#### 3.9.3 Staff Recruitment

Human Resources have continued to take forward the recruitment process for all confirmed positions with appointments made across a range of disciplines. There are currently 35 posts actively moving through the recruitment process.

Since the date of the last Board meeting, recruitment has included senior nursing roles, as well as Occupational Therapists. Three Assistant Psychologists have also been recruited.

In Estates and Facilities, recruitment activity has included seven housekeeper posts as well as maintenance and administration. Security, Procurement and Human Resources have also successfully filled vacancies. Work is progressing to recruit to additional roles within E-Health in view of the heightened focus on the digital agenda.

#### 3.9.4 Staff Wellbeing

Staff Wellbeing is now led through the Human Resources directorate. The Professional Nurse Advisor is the nominated Wellbeing Champion and is coordinating this initiative. As we continue to face challenges during this pandemic, it is recognised that staff wellbeing is of the utmost importance and it is our priority.

Paper No 20/83

The staff wellbeing zone has been renamed the Staff Wellbeing Centre and has relocated to Harris. Staff are invited to drop by, take a break and enjoy the use of the massage equipment as well as table tennis, weighted hula hoops, body tappers and fitness vibration plates. The team is in the process of purchasing some 'fun' items in an attempt to 'lighten the load' and encourage some healthy competition between staff. Staff have access to the Wellbeing Centre every day during, before or after shifts, at lunch times and break times.

Throughout the month of December, the centre has been focussing on kindness and gratitude. Our staff have generously donated around 200-300 individual gifts to the Salvation Army for disadvantaged children to receive this Christmas. The Salvation Army were totally overwhelmed by the sheer amount of gifts they received

***“The toys you have donated are beautiful, well thought out and will all find homes with children who would not have had anything on Christmas day. I especially also appreciate all the gift bags donated too!***

***We are now working hard to make up the packs and distribute them to families who can quarantine them before they wrap them themselves. We supply the paper and tape, because we want parents and carers to have that exciting evening of wrapping for the children too. Thank you to those who also gave batteries, as we supply those also for toys that require them. They will go with a selection box and a whole lot of love!***

***“You are amazing!!! Thank you so much.”***  
**Shotts Salvation Army**

We also collected donations for the Clydesdale foodbank specifically for Christmas and Unison donated £200 on behalf of the hospital.

Going into 2021 the team will focus on 'looking after yourself and personal wellbeing'. The aim is to host online teams sessions in Mindfulness, Chi Jong, Yoga and Action for Happiness. The team is also planning to facilitate online masterclasses with guest speakers from across a variety of wellbeing networks. Working closely with Project Lift, the team will be incorporating their resources into the day-to-day working of the wellbeing agenda.

A week of Christmas activities will take place from 13 December starting with a 12 Days of Kindness and Gratitude Challenge.

### **3.9.5 Personal Development Planning and Review (PDPR) compliance**

In line with national targets, a key priority within the State Hospital's Staff Governance Action Plan is to ensure that all staff have an annual KSF personal development planning and review meeting with their line manager. However, this was paused in line with national guidance in March 2020. Remobilisation planning has encouraged line managers to resume the PDPR process and to make arrangements to complete the overdue and forthcoming reviews. The Staff Governance Committee has reviewed progress in detail at its meeting in November 2020, and the current position is summarised as follows:

As at 30 November 2020:

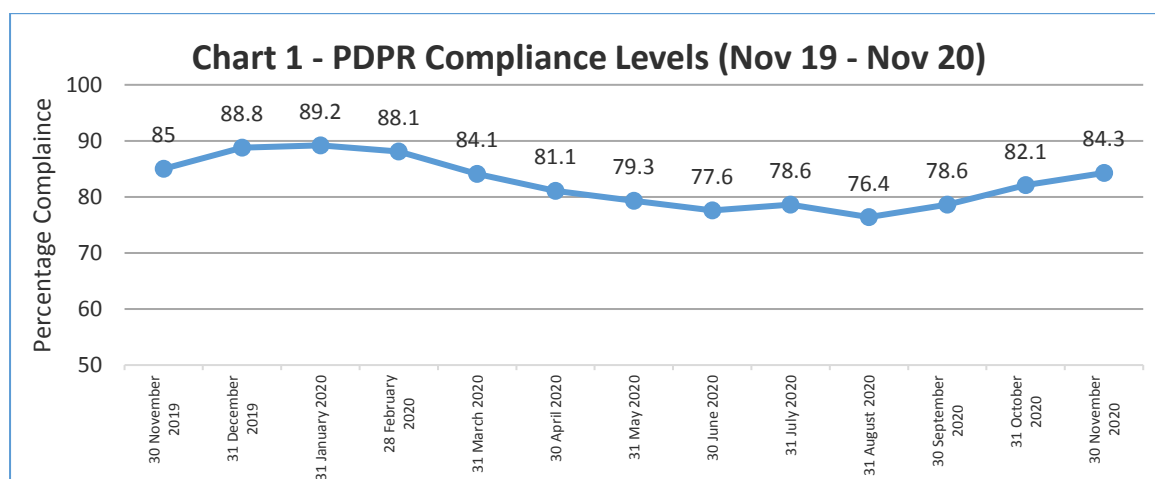
- The **total number of current (i.e. live) reviews was 503 (84.3%).**



Paper No 20/83

- A total of 77 staff (12.9%) had an out-of-date PDPR (i.e. the annual review meeting is overdue).
- A further 17 staff (2.8%) had not had a PDPR meeting. Staff in this group are predominantly new staff with an initial set-up review meeting overdue.

Chart 1 shows the trend in organisational PDPR compliance levels for the 12-month period from November 2019 to November 2020.



### 3.10 Recovery and Innovation

The Recovery and Innovation Group reports through the Corporate Management Team (CMT) to help inform and support remobilisation planning. A programme of work has been prepared in anticipation of a gradual move into the recovery phase of the pandemic in 2021. The Board has previously reviewed the framework through which this workstream is being developed, and should note that further reporting on the implementation of associated activity, routed through the Staff Governance Committee.

The emergent themes from this workstream have been matched against the main themes of the Sturrock Review as well as areas of relevant learning for TSH from the Strang Report in to Mental Health Services in NHS Tayside. There will also be areas of convergence with the Corporate Governance Improvement Plan.

Progress of work was reviewed by the CMT on 9 December, with reflection on how the emergent actions have been supported to date, and will be underpinned further through the interim management structure. Gap analysis will be used to identify those areas which require further traction and to re-base activity overall.

### 3.11 Communication

Throughout the Covid-19 pandemic, communication of information and decisions from incident command were shared through staff bulletins. These have included any national updates together with TSH specific information. Staff Bulletins will continue to provide key communication throughout the organisation, and Directors and Heads of Department will ensure that their teams are briefed regularly on key developments.

Paper No 20/83

Further resilience has been sought for Communications, with recruitment to a temporary position of Communications Officer due to commence in January 2021 as well as extended support through the newly established corporate directorate team.

### **3.12 Digital Technology**

Digital transformation has been a key area of focus during Covid-19, with significant gains having been made for both patients and staff. This will continue to be any area of key focus in 2021, and the Board will receive regular reporting on progress made. This will be essential to the recovery phase of the organisation supporting refreshed and innovative ways of working and service delivery. This will be led by the Finance and E-Health Director.

## **4 RECOMMENDATION**

The Board is invited to:

1. Review and discuss the position outlined in this report in respect to the ongoing operational management and governance of the organisation in response to the global Covid-19 pandemic.
2. Endorse this position as an appropriate framework for continued operational management and governance during the Covid-19 pandemic.
3. Outline any additional reporting requirements.

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

**MONITORING FORM**

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b></p>	<p>To support operational management and governance structure of the NHS Board during Covid 1-19 emergency response ensuring the NHS Board received detailed reporting across directorate areas.</p>
<p><b>Workforce Implications</b></p>	<p>Considered in this report – noting staff wellbeing, staff appraisal arrangements and recruitment.</p>
<p><b>Financial Implications</b></p>	<p>Financial implications outlined within a separate dedicated Financial report related to Covid-19 presented at same Board meeting</p>
<p><b>Route To Board</b> Which groups were involved in contributing to the paper and recommendations.</p>	<p>Board requested</p>
<p><b>Risk Assessment</b> (Outline any significant risks and associated mitigation)</p>	<p>Fully outlined and considered in the report</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>Fully outlined and considered in the report</p>
<p><b>Equality Impact Assessment</b></p>	<p>Not required for this report.</p>
<p><b>Fairer Scotland Duty</b> (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).</p>	<p>There are no identified impacts.</p>
<p><b>Data Protection Impact Assessment (DPIA) See IG 16.</b></p>	<p>Tick One  <input checked="" type="checkbox"/> There are no privacy implications.  <input type="checkbox"/> There are privacy implications, but full DPIA not needed  <input type="checkbox"/> There are privacy implications , full DPIA included.</p>

## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 December 2020
Agenda Item:	Item No. 7b
Sponsoring Director:	Director of Finance and E-Health
Author(s):	Director of Finance and E-Health
Title of Report:	Financial Governance – Covid-19
Purpose of Report:	For Noting

### 1 SITUATION

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

### 2 BACKGROUND

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

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

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

The next stage of SG review will be that relating to the report for the Q2 period (to 30 September) – which was submitted in late October. From this next review, any updated allocations (subject to additional SG funding) are expected to be notified in January 2021.

### 3 ASSESSMENT

#### 3.1 Financial Governance and SG allocation

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

For the Q1 and Q2 returns for April-September, including forecast costs for the remainder of the year, the revenue costs as noted in paragraph 3.2 below were specified in the Hospital's Covid19 returns – totalling approx. £2.1m.

While initial indications from SG were that all Boards' Covid-related costs would be reimbursed in full, it became clear during Q2 that this would not be affordable for SG, and the actual position now confirmed as an additional allocation is that TSH are receiving approx. £1.6m for 2020/21.

It is understood that the approximate basis used by SG (for all National Boards) was to cover 100% of costs incurred in Q1 plus a percentage – understood to be around 70% - of forecast costs for Q2-4. It is these forecast costs, and the allocation thereto, which will now be monitored in the next quarters' returns, from which there remains the possibility of allocation revisions in the event of any variations in spend.

In the meantime, we are apportioning the receipt of the additional allocation against our costs for on the above basis, and factor that same apportionment into the forecast costs for the remainder of Q3 and Q4.

### **3.2.1 Covid19 specific costs**

The principal revenue costs incurred in relation to Covid19 in April-September 2020, and forecast for October 2020-March 2021, as submitted in the Board's Q2 return are as undernoted.

- i. Overtime costs Q1-2 £600k, forecast Q3-4 £580k – additional overtime incurred each month due principally to the increased levels of staff absence arising from Covid absences (classified as special leave), together with an element of high level clinical demands.
- ii. Nursing recruitment Q1-2 £260k – being an additional 12 student nurses on 6-month contracts. While this was initially understood to be funded by NES as part of a national initiative to support Covid pressures, this did not materialise and it was then to be regarded as provided directly through the Covid funding.
- iii. Additional deep cleaning Q1-2 £6k, Q3-4 £6k – being extra cleaning requirements specific to rooms for patients with positive Covid test results.
- iv. Telephony, related IT and digital costs Q1-2 £36k, Q3-4 £36k – being the costs of teleconferencing and other remote communication costs now being incurred.
- v. Estates/facilities costs Q1-2 £16k, Q3-4 £6k – including the requirement for additional lockers, trolleys, chairs etc.

- vi. “dual running” staff costs – forecast Q3-4 £260k.

We have incurred the costs of the Covid-19 support team (Q1-2 £210k, forecast Q3-4 £210k) – having in March established a specific team to provide support to the management of the Covid-19 crisis, comprising 9 members of staff seconded from various departments where their normal workload either stalled or was being undertaken by others in the team, with no backfill in place. Being staff seconded in this manner, these costs are viewed in Q1 and Q2 as supported from within budget.

However, the Hospital is now taking forward new staffing posts which are resulting from the ongoing crisis and the recommencing of areas of work while – at the same time – maintaining this Covid support team – the “dual running” costs of these posts is now recognised in the forecast.

- vii. IT costs Q1-2 £20k, Q3-4 £20k – additional equipment (laptops, mobile phones, licences etc.) necessary in order to facilitate remote working for a number of staff and other essential IT site requirements.
- viii. Other equipment costs Q1-2 £14k – including new monitors, some pandemic PPE stock, uniforms, and patient tvs/radios.
- ix. Perimeter project contingent costs Q3-4 £250k – this was included in our forecast costs to cover the contingent risk of any project delay or contractor access delay arising from staff being unable to access TSH site due to Covid – cost estimate being based on potential daily delay costs which could arise.

### **3.2.2 Covid19 costs – vaccinations programme from December 2020**

In addition to the above, there are costs to the Hospital which will arise from taking forward the programme of Covid-19 vaccinations for frontline staff, due to commence in December 2020.

At this stage, these costs (relating to staffing – vaccinators and backfilling of roles, refrigeration / storage of vaccines etc.) are being collated for submission to SG as part of an additional national reporting schedule, the detail of which is being addressed at the time of writing of this report. As a result, these costs will be subject to separate collation for review and consideration for reimbursement.

## **4 RECOMMENDATION**

The Board is asked to note this report

**MONITORING FORM**

<b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b>	Monitoring of Financial Position
<b>Workforce Implications</b>	No workforce implications – for information only
<b>Financial Implications</b>	No financial implications – for information only
<b>Route to SG/Board/SMT/Partnership Forum</b> Which groups were involved in contributing to the paper and recommendations.	Finance and Performance Management Director
<b>Risk Assessment</b> (Outline any significant risks and associated mitigation)	None identified
<b>Assessment of Impact on Stakeholder Experience</b>	None identified
<b>Equality Impact Assessment</b>	No implications
<b>Fairer Scotland Duty</b> (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
<b>Data Protection Impact Assessment (DPIA) See IG 16.</b>	Tick One <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed. <input type="checkbox"/> There are privacy implications, full DPIA included.



## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 8
Sponsoring Director:	Director of Nursing, AHPs and Operations
Author(s):	Patients Advocacy Service Interim Manager
Title of Report:	Patient Advocacy Service Annual Report – April 2019-March 2020 Patient Advocacy Service Update Report – April 2020-August 2020
Purpose of Report:	For Noting

### 1 SITUATION

This report serves to provide assurance to The State Hospitals Board, that the Patients' Advocacy Service (PAS) continues to meet the needs of State Hospital Patients, as set out in the Service Level Agreement.

### 2 BACKGROUND

We will highlight progress made within the service including improvements, achievements and our future plans. The following reports highlight through the financial year of April 2019-March 2020 and following agreement to a change in the reporting period, there is an additional report covering the period of April 2020- 5<sup>th</sup> August 2020. The reasoning for altering the reporting period was due to a number of factors, change in the management at PAS, securing the SLA starting on the 5<sup>th</sup> August 2019, it was felt this would be more appropriate to report year on year. Finally, by having a reporting period closer to December would ensure updates were more current as is particularly the case this year with Covid-19. As of the next report we will provide a 12 monthly update running from August to August.

### 3 ASSESSMENT

#### April 2019 - March 2020

- Retention of staff complement: Service Manager, Senior Advocate, 2 Part-time Advocates, 1 Part-time Administrator and 2 Volunteers, ensuring continuity for patients.



- Secured a 3-year Service Level Agreement beginning 5<sup>th</sup> August 2019.
- Achievements against the Key Performance Indicators (KPI) in the Service Level Agreement continue to be met with statistical reporting evidenced in section 3 and 6; patient narratives in section 7 and accounts in section 11.
- Adaptations to our Skye Centre drop in, reduced to one morning per week following reductions in funding within the SLA affecting the availability of staff to attend the drop in.
- Full and effective use is being made of the budget allocated by the Hospital for the service.
- The additional recurring £20,000 funding received from the Scottish Government following the introduction of the Patients Rights Bill continues to assist PAS to offer extra support required with hard to reach patients and new admissions.
- Robust arrangements are in place for education and support of all Advocates and Volunteer Advocates.
- Positive communication between PAS and The State Hospital continue to foster excellent working relationships beneficial to both organisations.

Section 9 of the main report identifies both organisational and service developments planned for the current reporting period. Of particular note were:

- Recruitment of further PAS Board Members however due to work surrounding the SLA and shortly thereafter, long term sickness, this was not made a priority.
- Continue to develop, in tandem with the Hospital, further independence by implementing a cloud based system to securely hold all data retained by PAS. Following the SLA and agreement of funding in relation to this, it is an area we are currently developing.
- To continue developing improved and meaningful recording of impact for both patients and stakeholders. This was partially achieved by improving our statistical reporting during 2019-2020, the effects of this should be evident in the next report.
- Continue to support the Hospital in meeting the aspirations of the NHS Quality Strategy and The State Hospital Clinical Model, particularly of the principles/priorities of person centered care. Work in this area continued until Covid-19 restrictions put this work on hold. However, we continue to prioritise the patient voice in our work ensuring a patient-centered focus.
- Continue to actively respond to relevant consultations by providing a perspective of PAS services in this unique setting. In this reporting period we responded to the Forensic Mental Health Law review, providing a voice to a marginalised group.

#### **April-August 2020**

- Service Manager left PAS, during the period of absence our senior advocate stepped in to the role of interim manager and increased her office hours to cover, in part, the shortfall in staff. One of our volunteers was also recruited 2 days per week as an advocate to further enhance the staffing to ensure there was less shortfall in hours. An interim manager has been appointed for 6 months beginning 4<sup>th</sup> August and an administrator post is being prepared. At present we have 1 full-time manager, 3 part-time advocates and a part time administrator.

- The KPI's set out in the SLA remain achieved with statistical reporting evident in section 3; outcomes in section 6; patient stories in section 7 and accounts in section 11.
- Covid-19 restrictions impacted on the PAS service and section 1.1 highlights the changes we made to ensure safety of staff and patients.
- Support and training were crucial during this period, section 2.6 highlights the knowledge we have gained.
- Developing the PAS service is critical to continue supporting our patients. Section 4 will show the plans in place and the work we have done to achieve them.
- To complete the report, we have included Covid-19 from the patient perspective.

Section 4 highlights the aims of the current reporting period of April-August 2020. Some of the highlights include:

- Recruitment of an additional patient representative for PAS board. Due to the restrictions in place in response to Covid-19, only essential visits were permissible and with the patient rep unable to attend the board meetings throughout the reporting period, this was not actioned. This remains a priority for PAS in the coming months following discussion with the PCI Lead, we aim to have the patient rep attend via teleconference.
- Review and monitor how we deliver the service. This remains a priority and as evidenced in section 1.1, PAS was forced to alter the way advocacy was delivered in a variety of ways. We remain committed to returning to the full delivery of service when it is safe to do so, remaining updated on guidance from both The State Hospital and Scottish Government.
- Review of the patient survey. This is an area of work which will be undertaken in conjunction with PAS and The State Hospital Patient Partnership Group. The survey is due to take place in early 2021.
- Achieving a paperless office remains a priority of PAS, work has continued to develop our skills, policies and in concurrence with The State Hospital, this is a piece of work which is ongoing but aimed for completion by 2021.
- Have an active Twitter page, this was paused to a more appropriate time but incorporates working on our digital footprint and how we can be more active online.
- The budget remains on track and we are confident we will come in on budget at the end of the next financial year.

#### **4 RECOMMENDATION**

The State Hospital's Board for Scotland are asked to **note** this report.

# **PATIENTS' ADVOCACY SERVICE**

## **ANNUAL REPORT**

**1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020**

## Contents

1	INTRODUCTION .....	7
1.1	Highlights of the Year .....	7
2	GOVERNANCE ARRANGEMENTS.....	8
2.1	Committee Membership and Role .....	9
2.2	Aims and Objectives.....	9
2.3	Meeting Frequency.....	9
2.4	Strategy and Workforce.....	9
2.5	Management Arrangements .....	10
2.6	Training .....	10
2.7	Policies and Procedures.....	10
2.8	Participation / Integration.....	10
3	KEY PERFORMANCE INDICATORS .....	11
3.1	Ward and Skye Centre Contacts .....	11
3.2	Contacts per Patient.....	12
3.3	Attendance on Wards.....	12
3.4	3 Year Comparison (2017-2018, 2018-2019, 2019-2020).....	13
3.5	Formal Referral Routes .....	14
3.6	Patient Referral Timescales .....	14
3.7	Issues.....	15
3.8	Legal Activity .....	15
4	COMPARISON WITH THE LAST ANNUAL REPORT.....	16
5	AREAS OF GOOD PRACTICE .....	16
6	OUTCOMES .....	17
6.1	Care Programme Approach Outcomes.....	17
6.2	Mental Health Tribunal Outcomes .....	18
6.3	Other Activity Outcomes.....	18
6.4	Other Legal Outcomes .....	19
7	Patient Stories .....	20
	Empowerment with Finances .....	20
	Legal Rights Upheld .....	21
	Patient Voice Heard .....	22

8	POSITIVE OUTCOMES FOR PATIENTS AND THE STATE HOSPITAL .....	23
9	FUTURE AREAS OF WORK AND SERVICE DEVELOPMENTS .....	24
9.1	Organisational .....	24
9.2	Service .....	24
10	Ethnicity Group Contacts for all Patients, 1 <sup>st</sup> April 2019 – 31 <sup>st</sup> March 2020.....	25
11	FINANCIAL REPORT.....	26
12	NEXT REVIEW DATE .....	26
13	REFERENCE LIST .....	27
14	APPENDIX 1.....	28

## 1 INTRODUCTION

The Patients' Advocacy Service aims to provide an independent, highly skilled, responsible and professionally run service within The State Hospital. Whilst observing the safety and security of the Hospital, the service works independently within it to promote patients as individuals, support them and enable them to be fully informed and involved in their care and treatment.

*“Independent advocacy is about speaking up for, and standing alongside individuals and groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice, addressing barriers and imbalances of power, ensuring that an individual's rights are recognised, respected and secured.*

*Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves.*

*Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs.”*

*Scottish Independent Advocacy Alliance, Independent Advocacy, Principles, Standards & Code of Best Practice (2019).*

The Mental Health (Care and Treatment)(Scotland) Act 2003, establishes the right to access Independent Advocacy for those experiencing a mental disorder. The purpose of this report is to inform and evidence the key performance indicators, stipulated within the Service Level Agreement, by The State Hospital. The report describes how the service provided by PAS has the ability to adapt to the ever changing needs of the patient population. This includes a focus on the impact on patients, achieved through engagement with the service.

### 1.1 Highlights of the Year

This report relates to the period April 2019 – March 2020, reflecting on another successful year during which we continued to provide an Independent Advocacy service to all patients. This work includes:

- Support before, during and after Case Reviews, Tribunals and Parole Boards.
- Contact with other agencies and organisations.
- Drop in sessions on the wards and on a Tuesday Morning in the Skye Centre.
- Information gathering.
- Funeral Arrangements.
- Wills.
- Ensuring patient understanding of both human and legal rights.
- Meeting with professionals both internal and external.
- Letter Writing.
- Raising Complaints.

- One to one interviews.
- Contacting Solicitors.
- Support at ASP investigations.
- Sadly, attended the funeral for one of our patients and a commemorative service for another.

PAS remains committed to supporting our patient representative to meaningfully engage at our board meetings; the patients' voice is invaluable to the service. This signifies the importance of hearing directly about patients' experiences, to meet the changing needs in the hospital environment. PAS aims to recruit an additional patient representative to ensure a continuing patient voice on our board and to positively support a patient to engage in a relevant and impactful way.

We are involved in the induction process of new staff, including students, within The State Hospital. This provides them with a knowledge and understanding of Advocacy and an insight into the role of an Independent Advocate. In this period we were also a part of the recruitment of nursing assistants in The State Hospital showing strong relationships with hospital colleagues.

We have advocacy representation attending the following groups and events where possible:

- Child and Adult Protection Forum.
- Involvement and Equality Steering Group.
- Patient Partnership Group.
- Patients Events including the Burns Supper, Patient Learning Centre Awards Ceremony, Christmas Events and Family Lunches and the Art Exhibition on Iona 2.
- The State Hospital Research Conference.
- Responded to consultations and The State Hospital policies including the MSR consultation.
- 'What Matters To You'.
- TSH3030 Oscars.
- Mental Welfare Commission Visit.
- Mental Health Tribunal Advocacy Reference Group.

PAS remains involved with the Scottish Independent Advocacy Alliance (SIAA) providing the distinctive perspective of patients within a high secure environment ensuring this is included in any developmental work. The PAS manager remained a Board Member for the SIAA this term and two members from the team were able to attend the SIAA Annual General Meeting.

On the 20<sup>th</sup> November 2019 PAS held their 10<sup>TH</sup> Annual General Meeting (AGM) where we delivered our Annual Report for 2018-2019. Our patient representative took part in the AGM by video conferencing along with 10 patients from the Patient Partnership Group.

## **2 GOVERNANCE ARRANGEMENTS**

PAS has dual accountability. Firstly, as an independent company, limited by guarantee to PAS Board of Directors and secondly, as a service commissioned by The State Hospital. We report annually, and in doing so, provide assurance the service meets with the Key Performance Indicators highlighted in the service level agreement. The Person Centered Improvement Group

receives monthly updates by a representative from PAS and the service manager meets separately with the Person Centered Improvement Lead monthly to provide update and receive support.

The annual cost of the service to the Hospital this financial year was £144,362 which includes recurring funding of £20,000 initially received in April 2012 from the Scottish Government following the introduction of The Patients Rights (Scotland) Act, 2011.

## **2.1 Committee Membership and Role**

The Board of Directors comprises:

- Danny Reilly, Chair
- Andrew Gardiner, Treasurer
- Francis Fallan, Secretary
- Heather Baillie
- Michael Timmons

## **2.2 Aims and Objectives**

The Patients' Advocacy Service aims to provide an independent, highly skilled, responsible and professionally run service within The State Hospital. Whilst observing the safety and security of the hospital, the service works independently within it to promote patients as individuals, support them and enable them to be fully informed and involved in their care and treatment.

## **2.3 Meeting Frequency**

The PAS Board of Directors held 7 Board Meetings during this year and an AGM.

## **2.4 Strategy and Workforce**

In order to deliver our KPI's we have a small staff team with a variety of areas of expertise. Our knowledge and experience of engaging with patients continues to expand. This allows us to provide a person centered service for the patient. Securing and retaining skilled employees is challenging in such a unique environment. However, PAS has successfully maintained the staff group for a substantial number of years, beneficial to patients for continuity of care. Due to changes in the service level agreement (SLA), including funding, we were required to alter the working hours of our staff.

Currently PAS employs:

- 1 x Manager
- 1 x Senior Advocate
- 2 x Advocates
- 1 x Administrator
- 2 x Volunteer Advocates



## **2.5 Management Arrangements**

The PAS Manager maintains regular contact with hospital professionals including the Person Centered Improvement Lead and Director of Nursing and Allied Health Professions. This ensures effective communication and collaboration whereby issues are dealt with promptly and locally. In addition, the PAS manager attends other relevant meetings throughout the hospital and attends each PAS Board meeting to provide a monthly update.

## **2.6 Training**

Staff and volunteers continue to complete and keep updated all mandatory training specified by the Hospital, including LearnPro modules. PAS welcomes the opportunity to take part in any training and development offered by The State Hospital. This enhances knowledge and skills of our staff group. PAS also strives to offer opportunities to attend training as much as possible including external training such as, through the SIAA and training sourced by PAS independently.

Additional training completed this year:

- Mental Health Act training for Staff and Volunteers.
- Security Refresh Presentation.
- Adults with Incapacity Training.
- Attended Measuring Impact Workshop.

We actively encourage staff and volunteers to undertake training and continue personal development. This year three of our staff group are in the final year of their courses, 2 in a Masters in Forensic Mental Health and 1 in a BSc(Hons) Psychology. This knowledge is invaluable to the service PAS offers and has allowed us to build a robust team with specialised knowledge in forensic mental health, which in turn, is vital to ensure the rights of patients are both upheld and championed.

## **2.7 Policies and Procedures**

Policies for PAS remains integral to the smooth running of the organisation. Our policies continue to be reviewed when necessary, ensuring they are GDPR and data protection compliant.

## **2.8 Participation / Integration**

PAS staff participated in a number of State Hospital groups to facilitate and support integrated ways of working benefitting patient care including:

- Person Centered Improvement Group
- Patient Partnership Group
- Child & Adult Protection Forum
- Complaints

External working groups included:

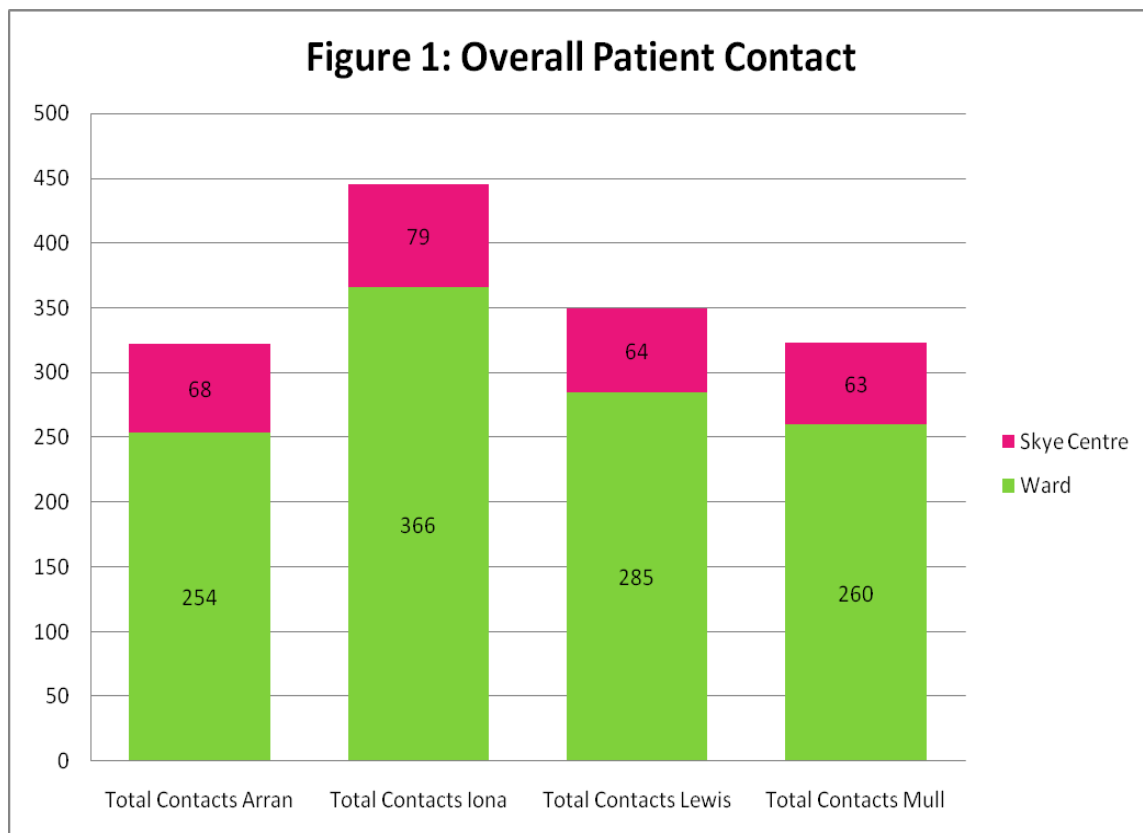
- The Scottish Independent Advocacy Alliance Board Meetings
- Mental Health Tribunal Advocacy Reference Group

### 3 KEY PERFORMANCE INDICATORS

#### 3.1 Ward and Skye Centre Contacts

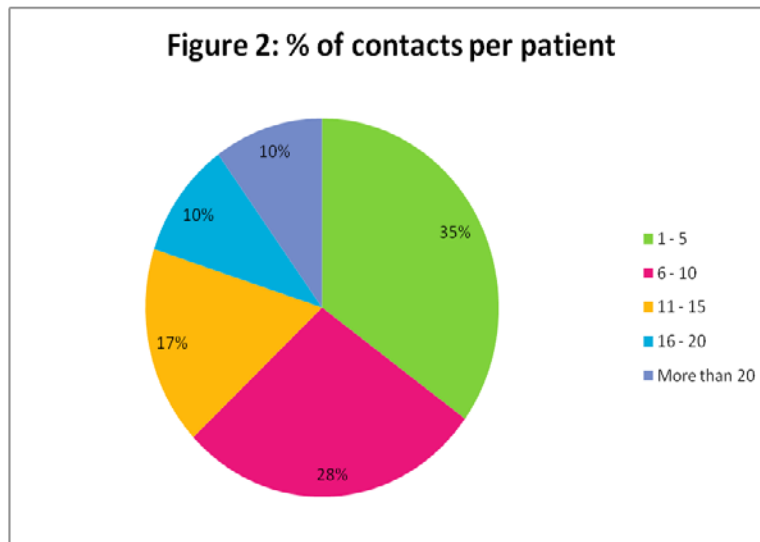
The chart below shows, 141 patients had 1429 contacts during the year; all patients within The State Hospital were seen at least once by an advocate, however most were seen a minimum of twice as we ensure each patient is approached prior to their case review of which they have 2 per year. The average number of contacts per patient was 10. These figures include 34 patients transferred to medium secure units, returned to prison with 2 deaths recorded and 38 admissions during this period.

Patient contact remains high on our agenda and we are working on how we can involve patients more regularly. We are in the process of identifying those patients categorised as hard to reach and how we can best interact with them to ensure their rights are met. However, the aim of advocacy is to provide a voice to the patients and those at the end of their journey tend to be less frequent in their use of advocacy. This is a positive outcome for patients as it suggests they are sufficiently confident in speaking up for themselves when required.



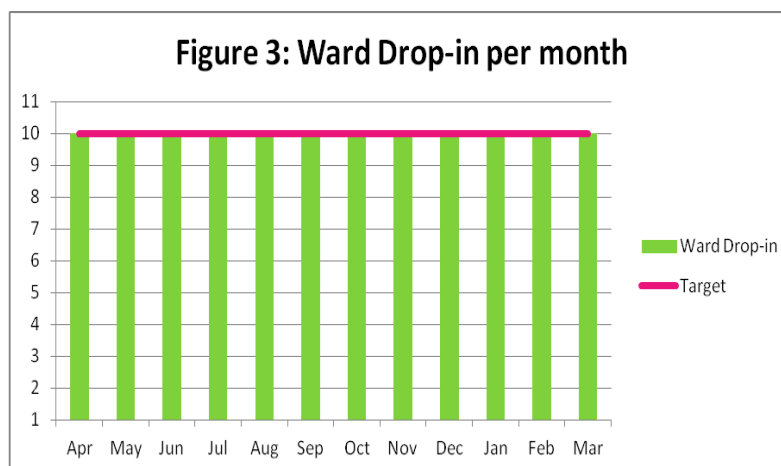
### 3.2 Contacts per Patient

This graph highlights 35% of patients were visited by an advocate between 1-5 times with a further 10% more than 20 times. We continue to monitor patient contacts to ensure these are reflective of the service we provide. Some patients require more support than others, this is particularly true of our intellectual disability patient group and new admissions to the hospital.



### 3.3 Attendance on Wards

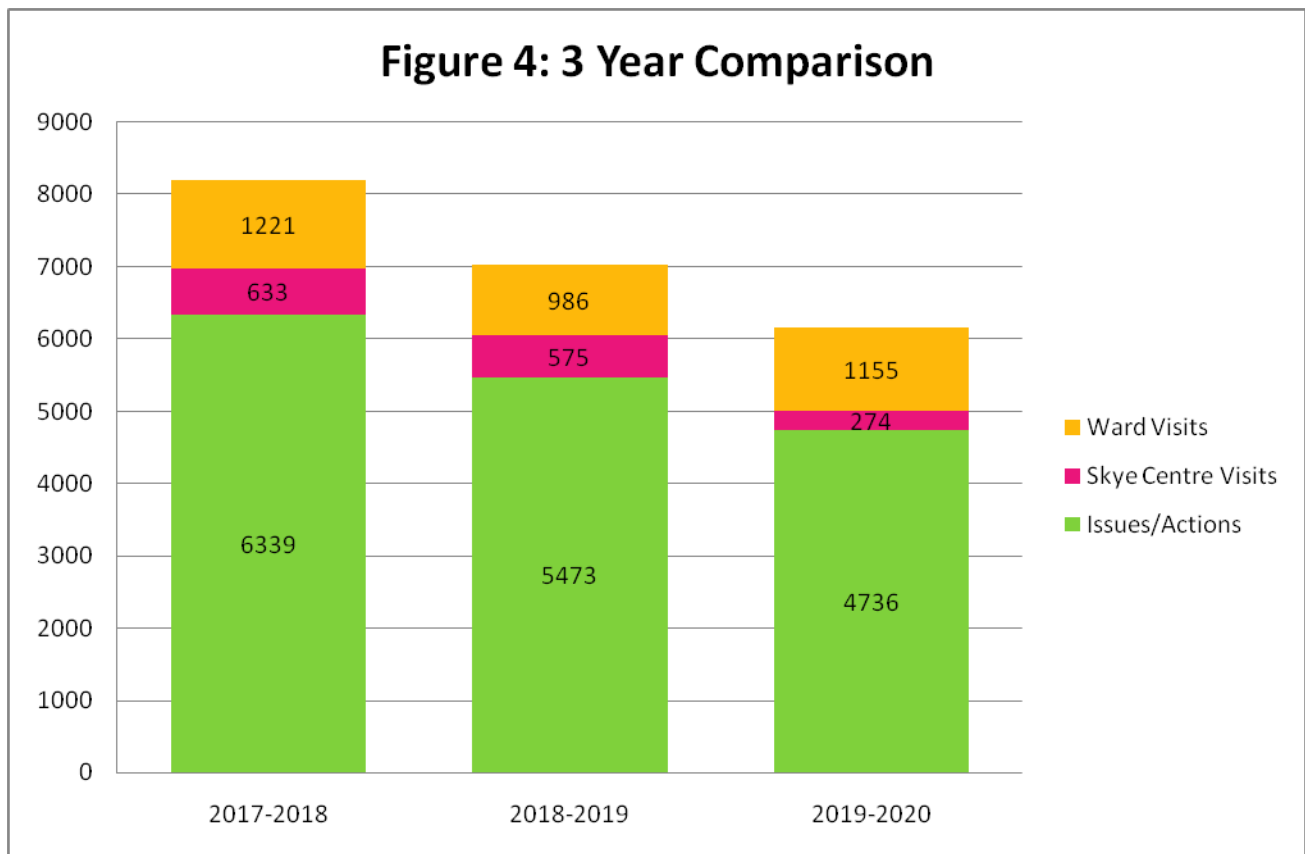
The service level agreement requires PAS to provide a monthly drop-in to each ward. The following graph reflects this target was achieved in April 2019-March 2020.



### 3.4 3 Year Comparison (2017-2018, 2018-2019, 2019-2020)

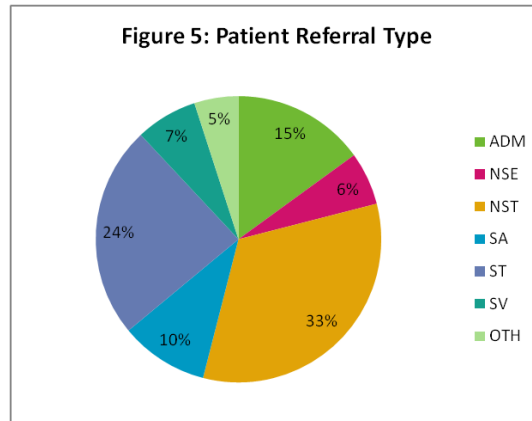
The figures below show a slight decline in issues raised by patients and actions performed. Part of the work PAS hopes to achieve is appropriately recording work completed to demonstrate more robust outcomes. Skye Centre contacts in particular have declined so significantly in this period as the drop in service was reduced to one morning per week following the new service level agreement. However, as can be seen the ward visits in comparison have increased in this time.

The reduction in actions may be partially explained by a drop in the contracted hours of senior staff following the SLA process. Additionally, with the reduction of our drop in service in the Skye Centre, many issues which may have been picked up in the passing have been lost. Some issues which a patient may not approach advocacy about may previously have been picked up through informal discussion. Those patients who are more active can be more difficult to visit due to their busy schedules. Furthermore, having long term staff absence impacted the availability of staff to be on the ward as frequently and laterally, Covid-19 restrictions would have impacted on the actions we could take, due to not being on the ward as often.



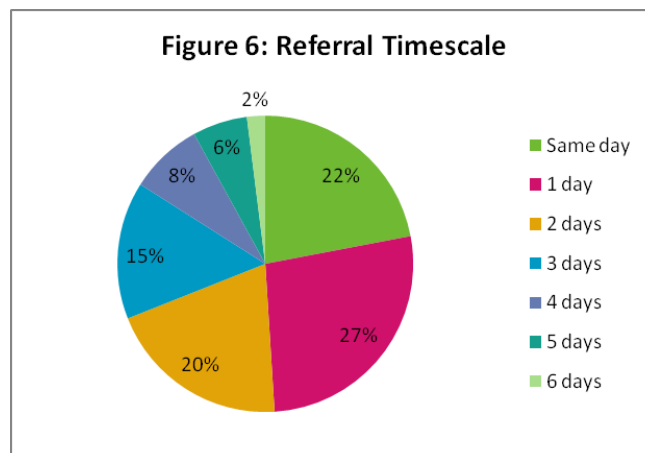
### 3.5 Formal Referral Routes

These statistics relate to formal requests to see an Advocate, 41% of referrals came from patients themselves via the PAS free phone or via discussion with an advocate. Hospital staff continue to be vital for us to provide support to patients, with a further 39% of referrals coming from nursing staff telephone calls and emails. \*See Appendix 1 for abbreviations.



### 3.6 Patient Referral Timescales

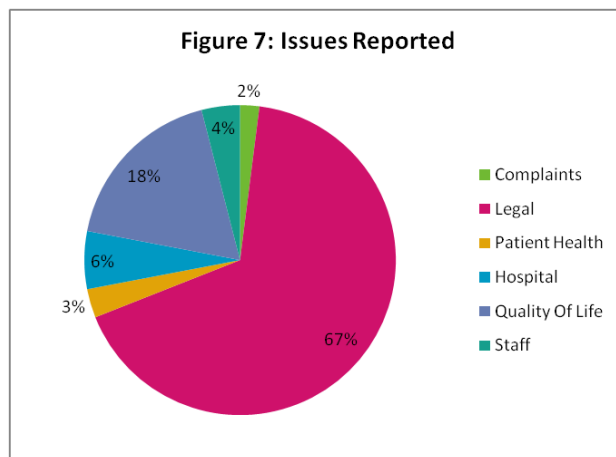
The service level agreement stipulates all patients be seen within 7 working days of referral but PAS operates to a 5 working day timescale. 100% of referrals were seen within 7 days which is PAS's target however, 69% were seen within 2 working days. This highlights fast access to advocacy support to action their rights.



### 3.7 Issues

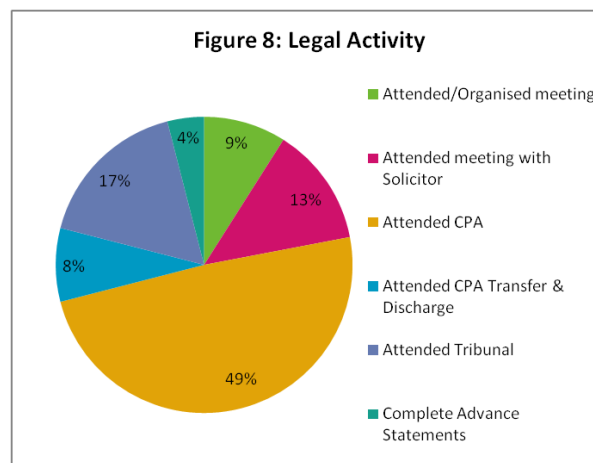
The service dealt with 2059 issues; Legal issues remain a majority contributor with 1375 issues (67% of the total). Hospital issues account for a further 6% and quality of life 18% which covers any hospital based issues including policies and procedures; ward or hub moves; changes to their clinical team; issues relating to food, family and grounds access etc.

PAS recorded 49 complaints, however, this also includes discussion of a potential complaint. 20 were submitted at stage 1. 27 were resolved locally; 2 complaints were withdrawn due to fear of reprisal and 2 were sent on behalf of the patient to the complaints officer, however PAS did not support to construct this complaint.



### 3.8 Legal Activity

The activity classified as legal was associated with support and attendance at formal meetings with patients, such as Care Programme Approach meetings (CPA), Adult Support & Protection Investigation (ASPI), Mental Health Tribunals and Solicitor meetings with the patient; all of which require support prior, during and following the meeting. We have documented 15 Advance Statements completed with patients within legal activity due to them being a legal document.



#### 4 COMPARISON WITH THE LAST ANNUAL REPORT

Action	Outcome
<b>Organisational:</b>	
Recruit volunteer	Complete
Organise AGM	Complete
Provide 2 days training for board members, staff and volunteers	Due to the tendering process and long term sickness this was put on hold.
Ongoing training for staff/volunteers	Complete
Complete annual report	Complete
Recruit additional patient representative for PAS board	This remains on the agenda as an issue moving forward.
Complete tender paperwork for SLA	Complete. SLA secured for 3 years.
<b>Service:</b>	
Develop improved recording system for statistical information and outcome measures	Completed in time for the end of the financial year. Work continues to further evidence the impact of PAS for patients.
Review and monitor how we deliver the service	Ongoing process to reflect changes with regards to policies, procedures and relevant legislation.
Review of patient survey with PPG	The survey was not completed in 2020 due to Covid-19 restrictions. Deferred to 2021.
Achieve paperless office	Work continues in this area. We aim to have this in place by the end of the next financial year.
Have an active twitter page	Partially, ongoing discussions with IT – due to Covid-19 this was deferred until a more appropriate time.
Dedicated cloud based server	Work continues with the aim to have this completed by the end of the financial year 2021.

#### 5 AREAS OF GOOD PRACTICE

We continue to maintain good practice and meet requirements of the Service Level Agreement by:

- Review of Policies and Procedures
- Regular support session with all staff and volunteers.
- Ongoing staff development and training
- Approachable, unbiased and visible service
- Positive and professional relationships with stakeholders and other professionals relevant to patients
- A variety of expertise within PAS team providing knowledge and experience in a unique setting
- Consistency of staff team ensuring person centered care
- Flexibility to adapt and meet the needs of The State Hospital

## 6 OUTCOMES

We continue to work towards producing meaningful outcomes for the Hospital and Patients. Reported outcomes centre on Care Programme Approach Meetings (CPA), Mental Health Tribunals and Parole Board hearings. We also support patients through the process of completing advance statements, funeral plans, wills and complaints.

The tables below reflect the work PAS engages in and the outcomes which follow.

### 6.1 Care Programme Approach Outcomes

<i>Discussion</i>	<i>Patient Outcome</i>	<i>Hospital Outcome</i>	<i>Total</i>
<b>Total 380 (this includes prior discussions)</b>	Patient supported to prepare for CPA for example by constructing Questions for the Clinical Team choosing to attend or not.	Patient involved and participating in CPA process with advocacy support.	<b>174 attended</b>
	Advocacy discussed CPA process with patient providing options to attend with advocacy support, on their own or not to attend at all. Patient felt confident enough to attend CPA without Advocacy support.	Patient involved and participating in CPA process, declining advocacy support at meeting.	<b>29 declined</b>
<b>Total 51 (this includes prior discussions)</b>	<b>Attend Discharge/Transfer CPA:</b> Patient supported to fully engage with CPA process should they wish.	Patient involved and participating in CPA process with advocacy support.	<b>27 attended</b>
	<b>Decline Discharge/Transfer CPA:</b> Patient able to choose to attend meeting independently without Advocacy support.	Patient involved and participating in CPA process, declining advocacy support at meeting	<b>2 declined</b>



## 6.2 Mental Health Tribunal Outcomes

<i>Discussion</i>	<i>Patient Outcome</i>	<i>Hospital Outcome</i>	<i>Total</i>
<b>Total 223</b>	Patients are provided with verbal and written information regarding their legal rights and the process of the Mental Health Tribunal. Ongoing discussion with patients to ascertain levels of understanding and support accordingly.	Patients were informed and supported with their legal rights i.e. their right to a solicitor and support from Advocacy.	<b>57 Attended</b>
	Patient able to attend tribunal with solicitor independently.	Patient declined Advocacy to attend tribunal but attended with solicitor.	<b>15 declined</b>
	Patients supported to have their voice heard and if they choose through a written personal statement.	Patient was supported by Advocacy to attend Tribunal and have their voice heard.	<b>X</b>

## 6.3 Other Activity Outcomes

<i>Discussion</i>	<i>Patient Outcome</i>	<i>Hospital Outcome</i>	<i>Total</i>
<b>Total 49 (including discussions)</b>	<b>Formal complaint:</b> Patient able to express dissatisfaction and have issues addressed as per hospital policy.	Patient's complaint received and responded to accordingly.	<b>20</b>
	<b>Local Resolution:</b> Patients issue resolved informally via discussion. Advocacy attendance if requested by the patient.	Issues resolved at first level as per complaints procedure. Hospital quickly addresses issues saving staff time and issues resolved to patient satisfaction.	<b>45</b>
	<b>Information search:</b> Information gathered on behalf of a patient due to restricted internet access allowing them to exercise their rights.	Supporting nursing staff by providing information to patients which would otherwise be time consuming for staff to provide.	<b>28</b>

## 6.4 Other Legal Outcomes

<i>Discussion</i>	<i>Patient Outcome</i>	<i>Hospital Outcome</i>	<i>Total</i>
<b>Total 142</b>	<b>Completion of Advance Statements:</b> Patients wishes expressed regarding future care and treatment giving a guarantee the RMO and care team will take these into account.	Fulfilling legal obligation, providing knowledge of Advance Statements and support to complete these. Advance Statements are person centered, taking into account patient's wishes. Accurately recording and storing Advance Statements with medical records.	<b>15 completed</b>
	<b>New Admissions:</b> Patient is informed of the role of Advocacy, their legal rights and how we can support them through their care and treatment.	Legal obligation to provide Advocacy is met.	<b>38 admissions</b>
	<b>Patient supported during meeting (Solicitors, Independent Doctors, Social Worker, etc):</b> Patient supported by Advocacy to attend meeting.	Patients supported as per their right to have Advocacy support as per the Mental Health (Care and Treatment) (Scotland) Act 2003.	<b>82 attended</b>
<b>Total 30</b>	<b>Parole Board Hearing:</b> Patients are provided with verbal and written information regarding their legal rights and the process of the Parole Board Hearing. Ongoing discussion with patients to ascertain levels of understanding and support accordingly.	Patients were informed and supported with their legal rights i.e. their right to a solicitor and support from Advocacy.	<b>3 attended</b>
<b>Total 6</b>	<b>Adult Protection Support (ASP):</b> ASP referral made when patient feels or is deemed at risk.	Hospital fulfilling legal obligation to support patients through ASP legislation.	<b>2 attended</b>

**7 Patient Stories**

**Empowerment with Finances**

Mr. A required support regarding the management of his assets and financial affairs due to the difficulties of being able to manage these remotely being recently detained in TSH. Advocacy through joint working with the clinical team, were able to organise a solicitor who specialised in power of attorney requests. We organised for the solicitor to clear security, arrange a suitable time and date for them to meet with Mr. A and supported him at the meetings to express his views. We worked with him to ensure he fully understood what was required from him and the person he was instructing to be his power of attorney. Several meetings had to be arranged in order to conclude matters with various correspondence being sent to Mr. A which required him to produce and sign various pieces of documentation. Being mindful of the fragility of the patients mental health, advocacy were able to support the patient to navigate through this process with minimum delay which resulted in a positive outcome for Mr. A.

<b>Admittance</b>	1
<b>CPA - Discussion</b>	2
<b>Solicitor</b>	3
<b>Legal (Other)</b>	2
<b>Clothes</b>	1
<b>Attended CPA</b>	1
<b>Attended meeting with Solicitor</b>	2
<b>Email</b>	1
<b>Phone Call</b>	3
<b>Visit/Diary Note</b>	1
<b>Totals:</b>	17

### Legal Rights Upheld

During the period of April 2019 to March 2020 Mr. B was supported from his admission to TSH in 2019 through until he was discharged in 2020, with a variety of issues. Advocacy predominantly supported Mr. B with legal issues over the course of the year. When Mr. B was admitted to The State Hospital he only had a criminal solicitor and wished to appeal his transfer to The State Hospital. Advocacy initially contacted Mr. B's criminal solicitor to ascertain whether they practiced mental health law. The firm did not practice mental health law however recommended another firm and advised they would contact them and pass on Mr. B's information. Advocacy fed this information back to Mr. B and he was happy to be guided by his criminal solicitor, advocacy provided a copy of the new solicitors' details to Mr. B so their details could be put onto his phone list. A few months later Mr. B approached Advocacy requesting support to change his solicitor as he was not happy with his existing solicitors. Mr. B asked Advocacy to contact his mental health solicitor and advise them he no longer wished to use their services, Advocacy supported Mr. B by calling the relevant solicitor and passing on this information. Advocacy then supported Mr. B to go through the approved solicitor list where he selected a new firm. Advocacy contacted the new firm on behalf of Mr. B and they advised they would be in touch with him in due course. Also, during this period Advocacy supported Mr. B with issues relating to his benefits; property; finances and placements. Support was also provided to contact social work regarding prison and tenancy issues. Although Mr. B was supported with various issues throughout the year, he declined Advocacy support at his tribunals as he was happy to represent his own views with the support of his solicitor. This is a positive outcome for Mr. B who was able to use the service advocacy provides for issues he felt unable to self-advocate on.

<b>Admittance</b>	1
<b>CPA - Discussion</b>	1
<b>Level of Security</b>	2
<b>Prison</b>	1
<b>Solicitor</b>	6
<b>Tribunal - Discussion</b>	3
<b>Legal (Other)</b>	1
<b>Benefits</b>	1
<b>Patients Property</b>	2
<b>Patient Finance</b>	1
<b>Placements</b>	1
<b>Social Work</b>	2
<b>Patient Declined - CPA</b>	1
<b>Gathered Information</b>	1
<b>Email</b>	1
<b>Phone Call</b>	7
<b>Patient Declined - Tribunal</b>	2
<b>Visit/Diary Note</b>	2
<b>Totals:</b>	36

### Patient Voice Heard


Mr. C has had 3 different advocates during the period of April 2019-March 2020; this is not an ideal situation but was due to staff and volunteer changes over the year. Mr. C was kept informed by advocacy of these changes and he has had no issue engaging with each advocate. Mr. C was supported with a variety of issues and requested advocacy support for both annual and intermediate CPA's in addition to a tribunal. Mr. C was informed at his CPA that all psychology work was complete and he had been accepted to move on to medium security. Advocacy supported Mr. C with the questions he wished to raise at these meetings. One of the questions was about a 4<sup>th</sup> outing he was waiting to go on which was a requirement of moving on to medium security. The care team were unable to answer this at the meeting and informed they would update Mr. C when this was arranged. Advocacy saw Mr. C following his CPA to ensure he understood what had been discussed and the answers to his questions. Mr. C was satisfied with the outcome and he had applied for an excessive security tribunal with support from his solicitor. When the tribunal was approaching, advocacy supported Mr. C to make a tribunal statement, attended alongside him for support and to ensure his views were verbalised. He was successful in his tribunal and was due to be moved once a bed was available; however due to Covid-19 restrictions, this has been delayed. Mr. C was supported throughout this time to have his views heard in various meetings which is imperative to ensuring he is at the centre of his care.

<b>Staff</b>	1
<b>Advance Statement - Discussion</b>	3
<b>CPA - Discussion</b>	4
<b>Level of Security</b>	1
<b>Tribunal - Discussion</b>	3
<b>Outings/Rehab Visits</b>	2
<b>Informal Chat</b>	2
<b>Attended CPA</b>	2
<b>Complaint (Stage 1)</b>	1
<b>Gathered Information</b>	4
<b>Informed about advocacy service</b>	1
<b>Referral to Other advocate</b>	1
<b>Tribunal</b>	1
<b>Visit/Diary Note</b>	2
<b>Skye Centre Drop-in.</b>	2
<b>Totals:</b>	30


8 POSITIVE OUTCOMES FOR PATIENTS AND THE STATE HOSPITAL



**Legal Rights  
Met**



**Excellent  
Working  
Relationships**



**Patient  
Centred Care**



**Empowered**



**Adaptable**



**Supported**

## **9 FUTURE AREAS OF WORK AND SERVICE DEVELOPMENTS**

### **9.1 Organisational**

PAS remains committed to providing the highest quality advocacy service to patients within The State Hospital. We continue to develop the service to meet the needs of the patients and the changing environment we work in. As an organisation we aim to develop in the following areas:

- We aim to recruit further Board Members and an additional Patient representative to ensure a variety of expertise and experiences.
- Volunteers, we aim to recruit new members to meet the conditions as set out in the SLA.
- We will finalise the staff group to ensure continuity for all.
- Further expand our knowledge by maintaining current training and continuing to attend relevant courses and webinars.
- Organise the AGM with diversity in speakers.

### **9.2 Service**

As a service we continue to look at ways to improve in the following areas:

- To restructure our reports in line with the updates in our reporting system and have a greater focus on impact.
- Remain committed to responding to consultations as appropriate, to champion the voice of our patients in their unique position.
- Review our annual patient survey in conjunction with the Patient Partnership Group to allow greater scope for feedback.
- Continue to work towards a cloud based system for storing PAS documentation to enable us to further be independent and paper free.
- Explore the options for being more active online.
- To continue to support The State Hospital in regards to changes in the Clinical Model, ensuring patients' voices are prioritised.
- Review our ward drop in service and how this can better support our patients.
- Continue to strengthen our relationships with both internal and external groups.

As a service we are:

- Continuing with our aim to be a paperless office.
- Obtain complete independence from The State Hospital systems and have our own dedicated cloud based server. This meets the requirements of GDPR and the recommendations from the SIAA.

## 10 Ethnicity Group Contacts for all Patients, 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020

This table demonstrates PAS provides support to patients from a variety of ethnic backgrounds equally and continually monitors this.

<b>Ethnic Group</b>	<b>PAS Code</b>	<b>No. of Patients</b>	<b>Percentage</b>	<b>No. of Contacts</b>	<b>Percentage</b>
<b>Chinese, Chinese Scottish, Chinese British</b>	<b>3E</b>	<b>1</b>	<b>0.70%</b>	<b>20</b>	<b>1.39%</b>
<b>Asian, Asian Scottish, Asian British</b>	<b>3B</b>	<b>1</b>	<b>0.70%</b>	<b>16</b>	<b>1.11%</b>
<b>African, African Scottish, African British</b>	<b>4B</b>	<b>1</b>	<b>0.70%</b>	<b>6</b>	<b>0.41%</b>
<b>White Scottish</b>	<b>1A</b>	<b>77</b>	<b>54.6%</b>	<b>765</b>	<b>53.56%</b>
<b>White English</b>	<b>1D</b>	<b>4</b>	<b>2.83%</b>	<b>58</b>	<b>4.05%</b>
<b>White Irish</b>	<b>1C</b>	<b>3</b>	<b>2.12%</b>	<b>25</b>	<b>1.74%</b>
<b>White Other</b>	<b>1B</b>	<b>6</b>	<b>4.25%</b>	<b>78</b>	<b>5.45%</b>
<b>White British</b>	<b>2A</b>	<b>34</b>	<b>24.18%</b>	<b>388</b>	<b>27.15%</b>
<b>Other Ethnic Background</b>	<b>1E</b>	<b>2</b>	<b>1.41%</b>	<b>27</b>	<b>1.88%</b>
<b>Unknown</b>		<b>12</b>	<b>8.51%</b>	<b>46</b>	<b>3.26%</b>
	<b>Total</b>	<b>141</b>	<b>100%</b>	<b>1429</b>	<b>100%</b>



## 11 FINANCIAL REPORT

### Schedule to the Financial Activities For the period from 1 April 2019 to 31 March 2020

	£	£
<b>Gross Income</b>	144,498	
<b>Gross Expenditure</b>	138,194	
		<b>6,304</b>
<b>Incoming Resources</b>		
Government Funding	144,362	
Bank Interest	136	
	<b><u>144,498</u></b>	
<b>Cost of Charitable Activities</b>		
Employment Costs	132,352	
Establishment Costs	1,552	
Print, Post, Stationery	6	
Subscriptions and donations	59	
	<b><u>133,969</u></b>	
<b>Governance Costs</b>		
Accountancy Fees	2,940	
Professional Fees	1,285	
	<b><u>4,225</u></b>	
<b>Total Resources Expended as per Account</b>		<b>138,194</b>
<b>Cash &amp; Bank Accounts</b>	<b>50,399</b>	
Liabilities payable in one Year	4,731	
<b>Net Current Assets</b>	<b>45,668</b>	

## 12 NEXT REVIEW DATE

The Patients' Advocacy Service Annual Report will be available to The State Hospital Board from August 2021.

## 13 REFERENCE LIST

Scottish Independent Advocacy Alliance (2019), Independent Advocacy, Principles, Standards & Code of Best Practice. [Online], Available at [https://www.siaa.org.uk/wp-content/uploads/2019/10/SIAA\\_Principles\\_Standards\\_Best\\_Practice\\_report\\_2019.pdf](https://www.siaa.org.uk/wp-content/uploads/2019/10/SIAA_Principles_Standards_Best_Practice_report_2019.pdf) (Accessed 15 January 2020).

The Patients Rights (Scotland) Act (2011), [Online], Available at <https://www2.gov.scot/Topics/Health/Policy/Patients-Rights> (Accessed 15 January 2020).

The Mental Health (Care and Treatment)(Scotland) Act (2003), [Online], Available at <http://www.legislation.gov.uk/asp/2003/13/contents> (Accessed 15 January 2020).

14 APPENDIX 1

<b>Abbreviations for Figure 5</b>	
ADM	Admission
NSE	Nursing Staff Email
NST	Nursing Staff Telephone
SA	Self Answering Machine
ST	Self Telephone
SV	Self Verbal
SWE	Social Work Email
SWT	Social Work Telephone

# **PATIENTS' ADVOCACY SERVICE**

## **4 Monthly Update**

**1<sup>st</sup> April 2020 – 31<sup>st</sup> July 2020**

## Contents

1	INTRODUCTION.....	32
1.1	Highlights of the Year.....	32
2	GOVERNANCE ARRANGEMENTS.....	33
2.1	Committee Membership and Role.....	34
2.2	Aims and Objectives.....	34
2.3	Meeting Frequency.....	34
2.4	Strategy and Workforce.....	34
2.5	Management Arrangements.....	35
2.6	Training.....	36
2.7	Policies and Procedures.....	36
2.8	Participation / Integration.....	36
3	KEY PERFORMANCE INDICATORS.....	37
3.1	Ward and Skye Centre Contacts.....	37
3.2	Contacts per Patient.....	37
3.3	Attendance on Wards.....	38
3.4	3 Year Comparison (2017-2018, 2018-2019, 2019-2020).....	38
3.5	Formal Referral Routes.....	39
3.6	Patient Referral Timescales.....	39
3.7	Issues.....	39
3.8	Legal Activity.....	40
4	COMPARISON WITH THE LAST REPORT.....	41
5	AREAS OF GOOD PRACTICE.....	41
6	OUTCOMES.....	42
6.1	Care Programme Approach Outcomes.....	42
6.2	Mental Health Tribunal Outcomes.....	43
6.3	Other Activity Outcomes.....	44
6.4	Other Legal Outcomes.....	44
7	Patient Stories.....	46
8	POSITIVE OUTCOMES FOR PATIENTS AND THE STATE HOSPITAL.....	51
9	FUTURE AREAS OF WORK AND SERVICE DEVELOPMENTS.....	52
9.1	Organisational.....	52
9.2	Service.....	52
10	NEXT REVIEW DATE.....	52

11	REFERENCE LIST .....	53
12	APPENDIX 1 .....	53

## 1 INTRODUCTION

The Patients' Advocacy Service aims to provide an independent, highly skilled, responsible and professionally run service within The State Hospital. Whilst observing the safety and security of the Hospital, the service works independently within it to promote patients as individuals, support them and enable them to be fully informed and involved in their care and treatment.

*“Independent advocacy is about speaking up for, and standing alongside individuals and groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice, addressing barriers and imbalances of power, ensuring that an individual's rights are recognised, respected and secured.*

*Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves.*

*Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs.”*

*Scottish Independent Advocacy Alliance, Independent Advocacy, Principles, Standards & Code of Best Practice (2019).*

The Mental Health (Care and Treatment)(Scotland) Act 2003, establishes the right to access Independent Advocacy for those experiencing a mental disorder. The purpose of this report is to inform and evidence the key performance indicators, stipulated within the Service Level Agreement by The State Hospital beginning 5<sup>th</sup> August 2019. This report evidences how PAS has the ability to adapt to the ever changing needs of the patient population including a focus on the impact on patients achieved through engagement with the service.

### 1.1 Highlights of the Year

This report relates to the period April 2020 – August 2020 highlighting a further successful 4 months where despite restrictions caused by the Covid-19 pandemic, we continued to offer a robust Advocacy service to patients detained under the Mental Health (Care and Treatment)(Scotland) Act 2003 and the Criminal Procedure Scotland Act 1995. The work we have continued in this period relating to patients is highlighted below.

- Support prior, during and post Case Reviews, Tribunals and Parole Boards.
- Contact with other agencies and organisations.
- Information gathering.
- Ensuring patient understanding of both human and legal rights.
- Meeting with professionals both internal and external.
- Letter Writing.
- Raising Complaints.
- Locally resolving hospital based issues.

- One to one interviews.
- Contacting Solicitors.
- Continued communication to reassure patients and feedback on previously discussed issues.
- Advance statements.

Covid-19 restrictions meant our patient representative was unable to attend our board meetings as these were held online. However, the patient voice remains central to the work we do so despite not being able to attend in person he was approached to find out if he wished to contribute anything to the meeting in advance and read over the minutes from the meeting prior. We have successfully engaged with the PCIS Lead and arranged to have him attend the open meeting, with support from PCIS staff for the September meeting. Due to his impending move from the hospital, we will be working to recruit a new patient rep.

With many meetings moving to being held online or teleconference, we have remained involved in meetings where possible as listed below.

- Involvement and Equality Steering Group.
- Responded to consultations both internal and external to the hospital.
- Mental Welfare Commission Visit.
- Mental Health Tribunal Advocacy Reference Group.
- Roundtable regarding the Mental Health Law Review

This period has seen some changes to our staffing roles. The service manager, after a period of absence decided to leave the role. She was part of the service for 15 years and we wish her the best for the future. Our senior advocate, Patricia Davidson led the team through the uncertainty of both Covid-19 and this absence by remaining in post as interim manager. She has since decided to step back from this role and Rebecca Carr secured a post as interim manager for 6 months due to start at the beginning of August 2020. Our thanks go to Patricia for seamlessly stepping in to this role for the 9 month period she was in post, she will remain as senior advocate in a full time position. Our administrator Lynn has also successfully secured a 6 month post as interim advocate following a period of volunteering and a 2 day per week post during the absence of the manager. This leaves us with a part time administrator vacancy, this is a top priority for PAS to fulfill and ease pressure on the team. Despite changes to the roles, the staffing team has remained consistent and allowed our loyal staff excellent opportunities to develop their skills in line with their educational attainments. PAS is committed to ensuring staff feel supported and are provided the opportunity to flourish when opportunities present.

PAS remains a member of the Scottish Independent Advocacy Alliance (SIAA) and with their activities moving online, it will allow us to attend more events and champion the voice of those detained within TSH.

The AGM is scheduled for November of this year. Due to the global pandemic we have been unable to host this as previously. Instead, we will be moving to Microsoft Teams.

## **2 GOVERNANCE ARRANGEMENTS**

PAS has dual accountability. Firstly, as an independent company, limited by guarantee to PAS Board of Directors and secondly, as a service commissioned by The State Hospital. We report



annually, and in doing so, provide assurance the service meets with the Key Performance Indicators highlighted in the service level agreement.

Throughout the restrictions, the Person Centered Improvement Group has continued to receive verbal monthly updates by a representative from PAS via teleconferencing. The Interim Manager continued to meet with the Person Centered Improvement Lead monthly to provide update and receive support.

## **2.1 Committee Membership and Roles**

The Board of Directors comprises:

- Danny Reilly, Chair
- Andrew Gardiner, Treasurer
- Francis Fallan, Secretary
- Heather Baillie
- Michael Timmons

## **2.2 Aims and Objectives**

The Patients' Advocacy Service aims to provide an independent, highly skilled, responsible and professionally run service within The State Hospital. Whilst observing the safety and security of the hospital, the service works independently within it to promote patients as individuals, support them and enable them to be fully informed and involved in their care and treatment.

## **2.3 Meeting Frequency**

Throughout this period there were 4 board meetings, held online due to Covid-19 restrictions.

## **2.4 Strategy and Workforce**

To robustly deliver our KPI's as set out in the SLA, we have a small staff team with a variety of areas of expertise. We continue to expand our knowledge of working with such a unique set of patients. This allows us to provide a person centered service for the patient. Securing and retaining skilled employees is challenging in such a unique environment. However, PAS has successfully maintained this staff group for a substantial number of years, beneficial to patients for continuity of care.

Currently PAS employs:

- 1 x Full-Time Interim Manager
- 3 x Part-Time Advocates
- 1 x Part-Time Administrator

Throughout the Covid-19 restrictions we were required to alter how we work in line with both TSH and Scottish Government guidance.



CIPD (2020)

Based on CIPD guidance and the focus on well-being at work, PAS made the decision as of the 23<sup>rd</sup> April to reduce staff in the office to one day per week which was operated having a 7 day gap to give routine to staff and ensure a period of incubation should symptoms develop. This was imperative to the well-being of our staff, many who have other responsibilities. It was also our intention to protect patients as much as possible and so initially, contact was offered via the patient phone or letter. Only those who would be unable to engage via these methods of communication were visited in person. However, proper PPE was utilised where required. We adhered to all protocols put in place by TSH to keep both our staff group and patients as safe as possible. As intermediate CPA's were paper based for some time, as soon as these were resumed we acted to ensure patients were appropriately supported to voice their views at these meetings. We also ensured we fostered a plan should anyone have to self-isolate, or, in the worst case scenario, advocacy were not able to come in to the hospital. This was a rapid response whereby appropriate packs were made up for new admissions regarding information on their legal status and the rights they held. We also made sheets which could be sent to the wards for patient requests for advocacy input. Fortunately for us, this is not something we have needed to utilise as yet however it was an important piece of work which required to be completed should the situation arise.

Discussion within the team remained strong with weekly team meetings, held virtually, to both share information and provide peer support. At all stages emails and calls to each other was imperative to ensure staff didn't feel alone in the office. We also moved to using a digital diary to ensure all staff were able to access the diary and were aware of any meetings which may be held. It also ensured a measure of safety for the member of staff in the office alone as those working from home were aware of where the person was and when they should be in the office.

Additionally, we shared knowledge relating to covid-19 as updates were provided from both TSH and the Scottish Government. The interim manager met with the Skye Centre Lead to discuss the updated security arrangements as well as social distancing, highlighting the positive relationships in place between TSH and PAS staff.

## 2.5 Management Arrangements

The PAS Manager has maintained in regular contact the Person Centered Improvement Lead and Director of Nursing and Allied Health Professions. By fostering strong working relationships it ensures effective communication and collaboration whereby issues can be resolved locally. Additionally, the PAS manager attends other relevant meetings throughout the hospital and attends each PAS Board meeting to provide a monthly update.

## 2.6 Training

Training remains a priority for PAS to ensure its staff group are up to date on relevant knowledge. All staff continue to complete and keep updated all mandatory training specified by TSH, including LearnPro modules. PAS welcomes the opportunity to take part in any training and development offered by The State Hospital. This enhances knowledge and skills of our staff group. PAS also strives to offer opportunities to attend training as much as possible including external training such as, through the SIAA and training sourced by PAS independently.

Additional training completed this period:

- Person Focused Working in the Good Prison

This training focused on building positive relationships and effective communication methods with prisoners and contributes to continuing professional development being a course completed over a number of weeks. Training and personal development is extremely important to both PAS as well as our staff team. Due to covid-19 there was a lack of training attended however we have many sessions booked in over the next few months. In terms of personal development, two staff members completed the MSc in Forensic Mental Health and another a BSc(Hons) in Psychology. This knowledge has allowed our staff group to more robustly understand the challenges faced by our patient group which provides better outcomes for patients. Additionally it has allowed for development within the team. PAS now has an extremely well educated and experienced team of staff which is vital to provide the best possible service.

## 2.7 Policies and Procedures

Solid policies are crucial for the continued running of PAS. Some of these policies have been reviewed within the last 4 months to ensure they are current, in line with legislation and cohesive. A policy schedule has been constructed for us to review them on a regular timeframe.

## 2.8 Participation/Integration

Working with staff internally/externally to the hospital is of importance for strong relationships allowing us to successfully highlight the patient voice. Due to covid-19 a number of groups were put on hold or transferred to teleconferencing or video conferencing. Over the 4 month period PAS staff attended groups including:

- Person Centered Improvement Group
- Child & Adult Protection Forum
- Complaints Meeting

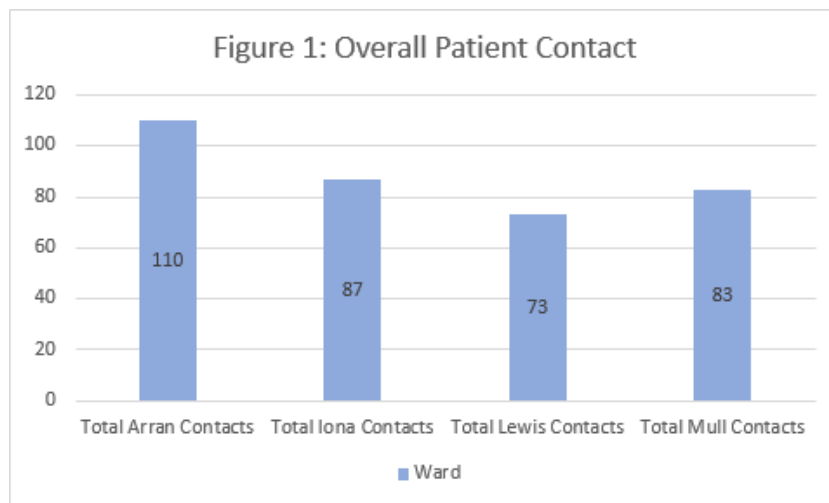
External working groups included:

- The Scottish Independent Advocacy Alliance Meetings
- Roundtable on the Mental Health Law Review

### 3 KEY PERFORMANCE INDICATORS

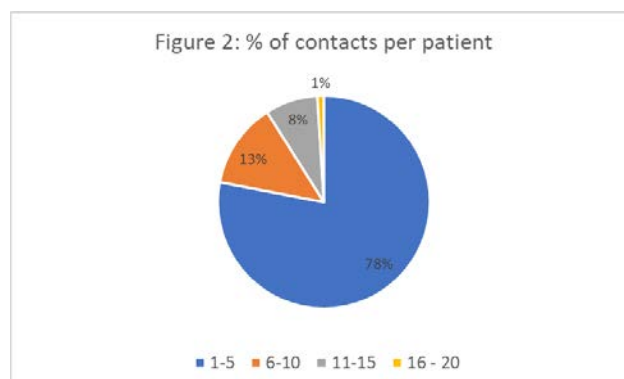
#### 3.1 Ward and Skye Centre Contacts

Covid-19 restrictions had an impact on our service during this period. Due to closure of the Skye Centre there were no contacts in this area. As shown in the graph below, we had 353 contacts with 168 patients. This is a reduction for the same period in April 2019-July 2019 whereby we had 531 contacts with 246 patients. This is due to the reduced number of hours advocates were working in the office. During the period of April, May and part of June the office was staffed by 1 advocate per day. The rest of June and July had the office staffed with 2 advocates per day which accounts for the drop in contacts during this period.



#### 3.2 Contacts Per Patient

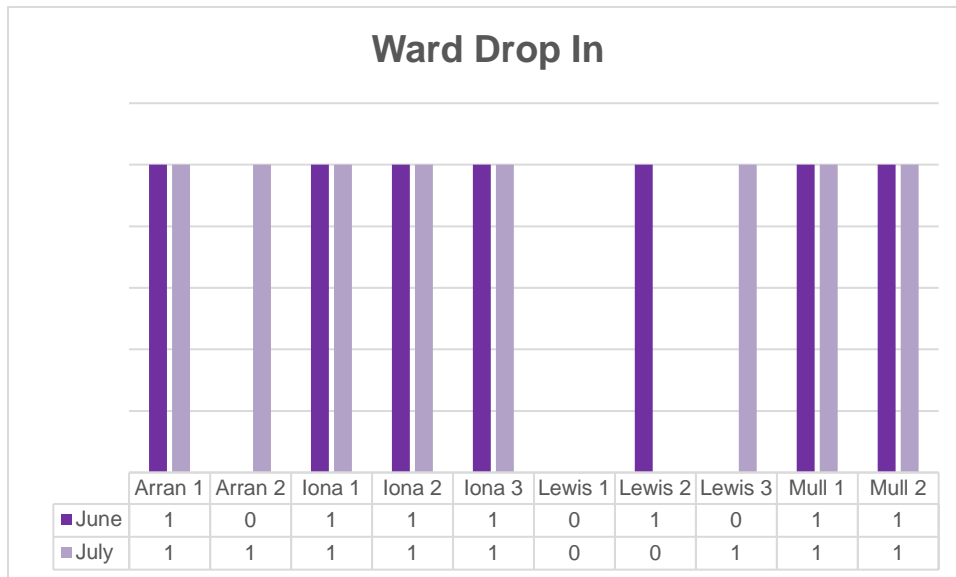
This graph highlights 78% of patients were contacted by an advocate either in person, on the phone or via letter between 1-5 times with only 1% between 16 and 20 times. This reduction in those contacts with high contacts is partially due to work PAS is doing to ensure all contacts are meaningful and is of great improvement to our previous reporting period where 10% were contacted between 16 and 20 times.



### 3.3 Attendance on Wards

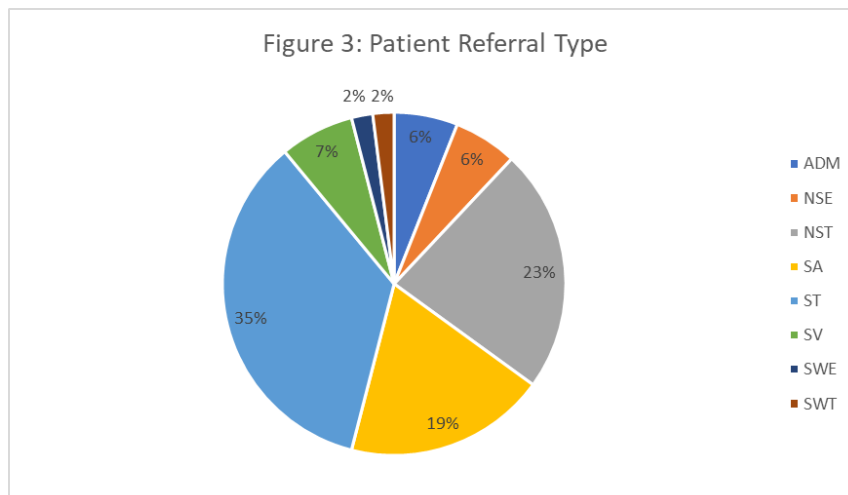
The service level agreement has a requirement for PAS to provide a monthly drop in to each ward. Due to Covid-19 restrictions this was not achieved during April and May of this reporting period. When more patients were able to be out of their rooms we were able to offer a reduced drop in on those wards we felt would benefit from input. This is shown in the graph below.

We remain committed to ensuring patients are given access to advocacy in a variety of formats and the ward drop in is an area we will be looking to both implement and improve upon in the next reporting period.



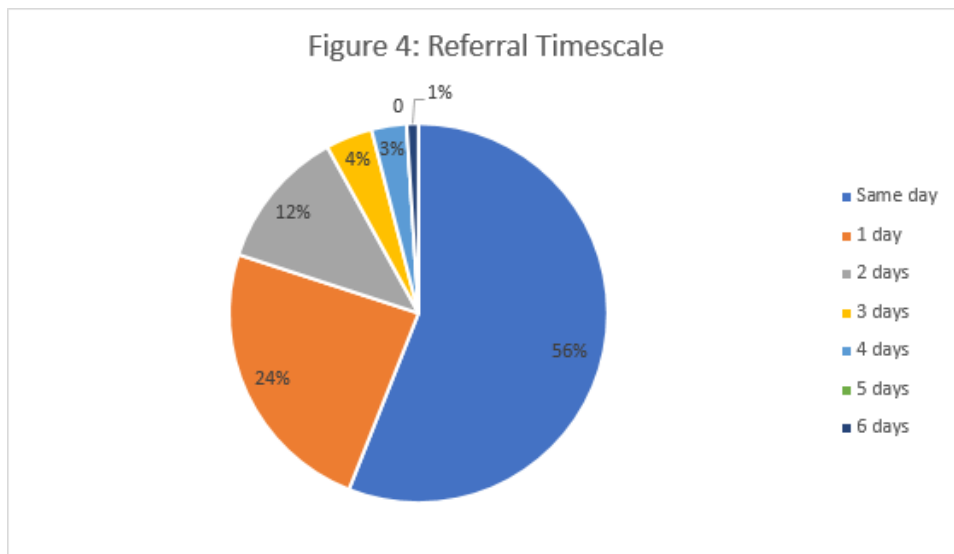
### 3.4 Formal Referrals

During the reporting period, majority of referrals (61%) remained consistent in coming directly from patients for input. A further 29% came from nursing staff either through phone calls or emails.



### 3.5 Patient Referral Timescales

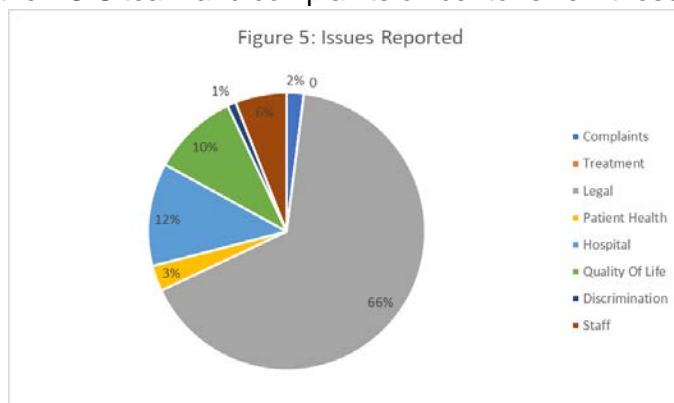
The service level agreement remains consistent with a 7 day working timescale for patients to be seen following a request for advocacy however PAS continues to operate at 5 working days. The chart below highlights 56% of patients were contacted on the same day they requested advocacy support, this is an increase from 22% in the previous reporting period. This is partially due to some support being conducted via the phone. 92% of patients were seen within 2 working days highlighting an increase in our response times.



### 3.6 Issues

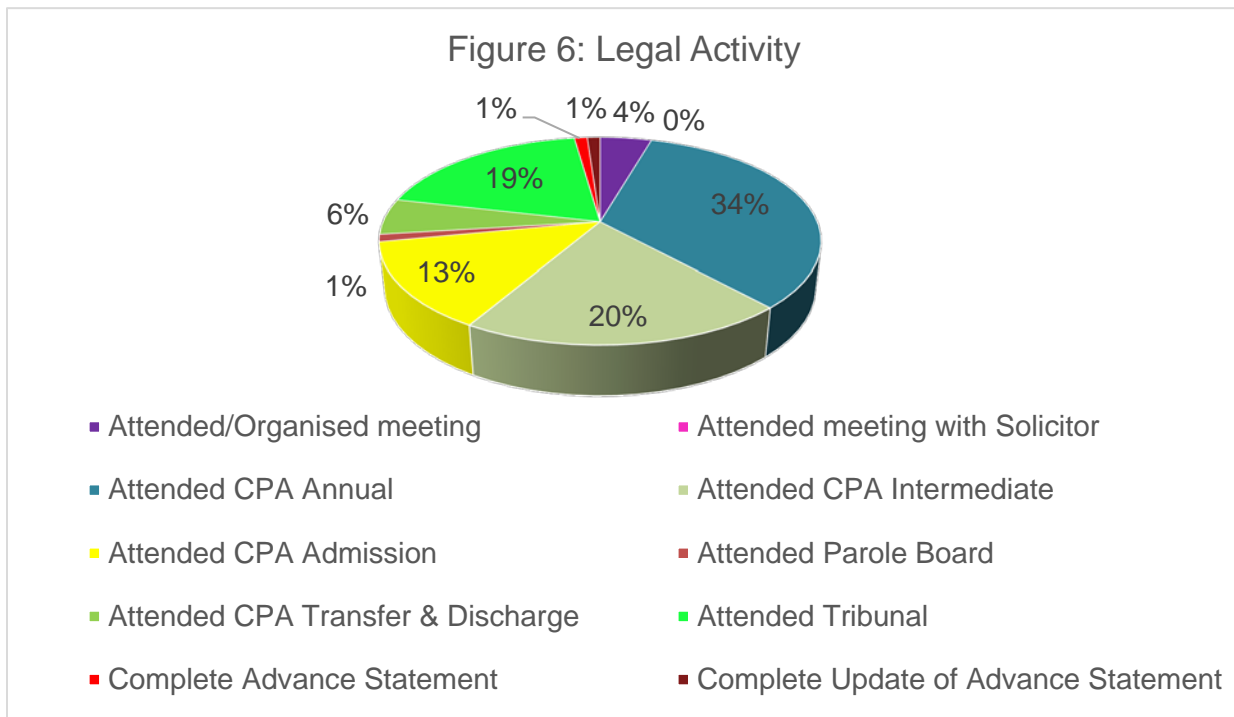
Legal issues continue to account for the majority (66%) of the 594 issues reported during this period. 12% of issues related to the hospital including finance, policies, ward moves etc and a further 10% in relation to quality of life which includes grounds access, placements, family and food.

12 complaints were submitted during this time with a further 7 complaint discussions. This is high in comparison to our previous reporting period of the same timeframe where 28 complaints, including mostly discussions took place. This could be due to the restrictions in place, we continue to meet monthly with the PCIS team and complaints officer to review those complaints submitted.



### 3.7 Legal Activity

As legal activity accounts for the majority of the issues presented, the graph below breaks down what this entails in terms of meetings and advance statements as highlighted in our service level agreement. 67% of our activity relates to attendance at CPA's with a further 19% accounting for Mental Health Tribunals. In this period we also updated an advance statement and completed 3 new advance statements with patients. This is a new reporting measure we have implemented to be able to highlight how many new advance statements are being completed thus ensuring patients wishes are being recorded and communicated to the clinical team so patients' wishes can be taken in to consideration when decisions are being made about their care.



#### 4 COMPARISON WITH LAST REPORT

Action	Outcome
<b>Organisational:</b>	
Recruit more Board Members	Paused due to Covid-19. Ongoing.
Recruit additional Patient Board Rep	Paused due to Covid-19. Ongoing.
Recruit volunteers	Due to covid-19 restrictions this is on hold until we can safely bring them to the hospital.
Finalise the staff group	Interim contracts conclude beginning of February, after this point we will have all staff in permanent contracts.
Further expand knowledge with ongoing training.	Ongoing, a number of sessions have been booked for staff to attend relevant training and webinars.
Organise the AGM	AGM to be held on 24/11/2020.
<b>Service:</b>	
Restructure reports in line with our reporting and focus on impact	Ongoing, this is a piece of work which should be evident in the next report.
Respond to consultations as appropriate	We remain updated on consultations and respond to them as necessary.
Review the annual patient survey	Ongoing, this will be tackled over the coming months to be completed in early 2021.
Achieve paperless office	Work continues in this area. We aim to have this in place by the end of the next financial year.
Explore options for being online	Paused until we achieve the paperless office.
Support TSH in the implementation of the Clinical Model	Ongoing, we will continue to work with TSH when this work progresses.
Review the ward drop-in	Ongoing, when we are able to access patients on the ward safely in line with covid-19 we will restructure the drop in service.
Strengthen our relationships in internal and external groups	Ongoing, we have links to restart some of the groups we attended previously and new groups we will attend to increase our profile and the voice of our patients.

#### 5 AREAS OF GOOD PRACTICE

We continue to maintain good practice and meet requirements of the Service Level Agreement by a number of means. In addition to the regular methods such as regular support for all staff and volunteers; review of policies and procedures and positive relationships with internal and external stakeholders. Additionally we have retained a highly skilled staff team which promotes consistency and ensures patients rights are understood, due to the expertise of the staff team. Furthermore, PAS is highly flexible to the needs of TSH. Over the last four months the world has been gripped in a global pandemic, not only have we continued to provide a highly responsive service to patients in TSH, we have done so in a safe manner for patients, TSH staff and PAS staff remaining unbiased and professional in all interactions.



## 6 OUTCOMES

PAS continues to work tirelessly to provide positive incomes for both TSH and of greater importance, patients. The reported outcomes in the sections below focus on the need for support both prior, during and following various meetings including Care Programme Approach meetings (CPA's), Mental Health Tribunals and Parole Boards. This change of reporting is due to the work we completed on our reporting system. Also of fundamental importance is the supporting of patients to exercise their rights in the form of advance statements and complaints.

The following tables reflects this work and the outcomes obtained.

### 6.1 Outcomes Relating to Care Programme Approach Meetings

<i>Action</i>	<i>Patient Outcome</i>	<i>Hospital Outcome</i>	<i>Total</i>
Discussion prior to Annual or Intermediate CPA	Patient supported to prepare for a CPA by discussing the format, formulating questions, writing a statement and deciding on their attendance.	Patient centered care ensuring patient involvement in CPA process.	49
Attendance at CPA	Patient and/or advocacy attendance at the CPA. Ensuring the patient voice is heard and questions answered.	Patient involvement in the CPA process ensuring patient centered care and accessing their rights to independent support in line with the Mental Health Act.	46
Declined advocacy support at CPA	Patient approached and discussed the CPA process ensuring their right to independent support. Making the choice to decline advocacy support at the meeting.	Patient rights to independent support upheld and autonomy in decision making.	4
Reflective Discussion separate to the CPA	Supported to fully understand the content of the CPA. If not in attendance, ensuring they are aware of discussions and actions to be taken.	Ensuring patient understanding of the CPA, reaffirming of actions to be taken saving staff time disseminating this information.	12
Pre-discussion to Admission CPA	Patient supported to understand the process of a CPA, what is involved, who will be in attendance, support to formulate questions and informed of their options regarding attendance.	Patients rights to independent support upheld. Patients fully informed of the procedure of a CPA saving staff the time of discussing this information.	6
Attendance at admission CPA	Patients fully aware of what is being discussed at the CPA by attending in person or by having advocacy representation on their behalf.	Patient involvement in the CPA process ensuring patient centered care and accessing their rights to independent support in line with the Mental Health Act.	12
Reflective Discussion	Supported to fully understand contents of the CPA, the actions	Ensuring patient understanding of the CPA, reaffirming of actions to	4

separate to admission CPA	to be taken and plans for the next 6 months.	be taken saving staff time disseminating this information.	
Declined advocacy support at admission CPA	Having the choice to decline advocacy support following discussion of the admission CPA.	Patients right to independent support upheld and autonomy in decision making.	0
Pre-Discussion to Transfer/Discharge CPA	Patient supported to prepare for a CPA by discussing the format, formulating questions, writing a statement and deciding on their attendance.	Patient centered care ensuring patient involvement in CPA process.	7
Attendance at Transfer/Discharge CPA	Patient and/or advocacy attendance at the CPA. Ensuring the patient voice is heard and questions answered.	Patient involvement in the CPA process ensuring patient centered care and accessing their rights to independent support in line with the Mental Health Act.	6
Reflective Discussion separate to Transfer/Discharge CPA	Understanding the content of the CPA and plans for their transfer.	Ensuring patient understanding of the CPA, reaffirming of actions to be taken saving staff time of disseminating this information.	3
Declined Advocacy Attendance at Transfer/Discharge CPA	Patient able to self-advocate and make an autonomous choice to decline support.	Patients right to independent support upheld and autonomy in decision making.	0

## 6.2 Mental Health Tribunal Outcomes

<b>Action</b>	<b>Patient Outcome</b>	<b>Hospital Outcome</b>	<b>Total</b>
Pre-discussion to Mental Health Tribunal	Patients provided with verbal and written information ensuring they understand their legal rights and the process of the Mental Health Tribunal. Supported to actively write a statement if they wish.	Patients informed and supported with their legal rights i.e. their right to a solicitor and support from Advocacy in line with the Mental Health Act.	36
Attendance at Mental Health Tribunal	Patients supported to attend the mental health tribunal or have their voice heard through advocacy attendance in their absence.	Patients legal rights to independent support met. Patient involvement in their care.	17
Reflective discussion after the Mental Health Tribunal	Patients supported to understand the outcomes of a tribunal and their legal rights following.	Patient supported to understand their rights and the outcomes saving staff time sharing this information.	6
Declined advocacy support at a Mental Health Tribunal	Able to make an autonomous decision and attend with their solicitor or had no challenges and declined all attendance.	Patient supported to understand their rights and make a choice.	3

### 6.3 Other Activity Outcomes

<i>Action</i>	<i>Patient Outcome</i>	<i>Hospital Outcome</i>	<i>Total</i>
Discussion about a complaint	Patient able to express dissatisfaction and discuss their options in line with TSH Policy.	Locally resolved by complaint not being submitted. Patients' rights met.	7
Formal Complaint submitted	Patients dissatisfaction expressed in line with TSH policy.	Patients right to make a complaint upheld.	12
Information Search	Patient able to access information despite restrictions in accessing the internet.	Saving staff time by providing the information.	13

### 6.4 Other Legal Outcomes

<i>Action</i>	<i>Patient Outcome</i>	<i>Hospital Outcome</i>	<i>Total</i>
Advance Statement Completed	Patients wishes expressed regarding future care and treatment giving a guarantee the clinical team will take these into account.	Fulfilling legal obligation, providing knowledge of Advance Statements and support to complete these. Advance Statements are person centered, taking into account patient's wishes. Accurately recording and storing Advance Statements with medical records.	3 New 1 Updated
New Admissions	Patient is informed of the role of Advocacy, their legal rights and how we can support them through their care and treatment.	Legal obligation to provide Advocacy is met as per the Mental Health Act.	7
Supported during a meeting	Patient supported by Advocacy to attend meeting and express their views.	Patients supported as per their right to have Advocacy support as per the Mental Health (Care and Treatment) (Scotland) Act 2003.	4
Parole Board	Patients provided information regarding their legal rights and the process of the Parole Board Hearing. Ongoing discussion with patients to ascertain levels of understanding and support accordingly. Statement written and submitted in advance if desired.	Patients informed and supported with their legal rights i.e. their right to a solicitor and support from Advocacy.	1

Adult Support and Protection	ASP referral made when patient feels or is deemed at risk. Advocacy support to attend the meeting.	Hospital fulfilling legal obligation to support patients through ASP process.	0
------------------------------	--	---	---

## 7 Patient Stories

### Positive Communication

During April to July 2020 Covid-19 government restrictions were implemented. This, for the patients in TSH, meant spending more time in their rooms, not mixing with other patients, attending placements or completing/taking part in any therapies required. For some patients they have coped well with these changes but others have struggled to cope. Mr. A was able to contact Advocacy via the patient phone and raised some of the issues he was having with the changes in the hospital. Advocacy supported Mr. A to talk these over, reassured him we would look into them, let him know the reasons for certain changes and if there was anything that could be done to help him. Hospital staff provided updates and feedback to advocacy which was passed on to Mr. A which he was thankful for. Nursing staff and Mr. A's RMO also spoke to him about any issues he was having. Communication between Advocacy, the clinical team and Mr. A has been crucial over this period of change which has been demonstrated in keeping patients informed and giving feedback when patients have questions/issues.

AC Attended/Organised Meeting	1	LE CPA - Discussion	1
AC Attended CPA – Intermediate	1	LE CPA - Pre-Discussion	1
AC Attended Tribunal	1	LE CPA - Reflective Discussion	1
AC Complaints Discussion	1	LE Tribunal - Discussion	1
AC Gathered Information	3	LE Level of Security	1
AC Letter	1	PH Patient Health Other	1
AC Email	13	QL Family and Friends	1
AC Phone Call	4	QL Foods	3
AC Feedback on Issue Previously Discussed	1	QL Grounds Access	1
HO Hospital Policy/Procedure	3	QL Active Listening	1
HO Security	1	QL Quality of Life Other	2
HO Procurement	1	ST Ward Staff	1
HO Hospital Other	1	ST RMO	2
LE Advance Statement - Discussion	1	<b>Totals:</b>	<b>50</b>

### Admission During Covid-19 Restrictions

During the period of April 2020 to July 2020 Mr. B was supported on a number of occasions with various issues. Mr. B was admitted to TSH during lockdown and as a service our method of contact with patients had changed from face to face contact to telephone, letter or via nursing staff; ward visits were only permitted if absolutely necessary to ensure the protection of all. Initially ward staff contacted Advocacy regarding Mr. B as he was looking to appoint legal representation. On this occasion Advocacy emailed staff their approved solicitor's list to pass onto Mr. B to peruse. A few weeks later staff contacted Advocacy to advise Mr. B had an upcoming court case and if Advocacy could visit the ward to support him with his ongoing legal issues. As Mr. B had an up and coming court case it was necessary to visit him on the ward to ensure his legal rights would be met. Mr. B advised Advocacy that he had not yet appointed a solicitor from the approved list as he was sure he had a duty solicitor when he attended court but was unable to recall their details. Mr. B requested Advocacy support to try and track the details of the solicitor. Advocacy supported Mr. B by initially contacting his RMO to establish whether they had knowledge of the solicitor's details, however this information was not known. Advocacy then attempted to call the relevant court but due to Covid-19 there were only a small number of courts still operating. As the relevant court was closed consequently an email was sent. As there was no response from the court after a few days and the matter was urgent, Advocacy then contacted the relevant Police Station, who were able to provide the details of the solicitor. Advocacy made contact with the named solicitor however they were not able to recall representing Mr. B. Advocacy fed this information back to Mr. B and as he was keen to get legal representation in place for his court case Advocacy supported him to go through their approved solicitor list where he selected a firm. Advocacy contacted the new appointed solicitor to ascertain whether they were able to represent him. The solicitor emailed a mandate to Advocacy to be signed by the patient, Advocacy took the mandate to the ward and emailed the signed mandate back to the solicitor. Also, during the period of April 2020 to July 2020 Advocacy supported Mr. B with several financial issues and a property query. Mr. B was also supported at their first admission CPA via telephone due to Covid-19 restrictions. The work completed with Mr. B ensured his legal rights were met both on his admission and the first few months of his detainment.

AC Attended CPA - Admission	1	LE CPA Admission - Discussion	1
AC Gathered Information	4	LE CPA Admission - Pre-Discussion	1
AC Letter	5	LE CPA Admission - Reflective Discussion	1
AC Email	12	LE Court	1
AC Phone Call	4	LE Police	1
AC Discussion with Staff	1	LE Solicitor	5
HO Patients Property	1	ST Social Work	1
HO Patient Finance	5	<b>Totals:</b>	<b>45</b>
HO Security	1		

### Reassurance

Mr. C contacts advocacy regularly when he has an issue he doesn't feel is being resolved to his satisfaction. On this occasion he had made a complaint which was causing him a lot of worry and anxiety. He required support from advocacy to guide him through the process. This involved visiting him on the ward, listening to his concerns and contacting various hospital staff in order to obtain information which could be fed back to Mr. C. This reassured him his complaint was being taken seriously and the correct procedure was being followed. Due to similar experiences in the past with Mr. C, advocacy was aware of the impact this could have on his mental health. As a team we collectively supported him when he asked to see an advocate while on the ward or called to speak to someone in the office. Without this regular communication Mr. C would have been negatively impacted however due to regular discussion we were able to reassure him meaning his issue was resolved to his satisfaction. This outcome is only possible due to the strong relationship all advocates have with Mr. C.

AC Complaint	1
AC Complaints Discussion	3
AC Letter	1
AC Email	3
AC Phone Call	3
AC Feedback on Issue Previously Discussed	5
AC Referral to Other Advocate	1
AC Visit/Diary Note	4
CO Staff	2
HO Hospital Policy/Procedure	1
QL Quality of Life Other	4
ST Ward Staff	8
Totals:	36

### **Covid-19: A Patients' Perspective**

When Covid-19 restrictions started in the country, we as patients went from our regular restrictions to even more restrictions which had a drastic change to our daily routine. We were required to be in our room for most of the day being able to get out for two thirty minute slots. My first thought was that I was happy to be in my room more, this meant I was not having to spend time with the other patients in the dayroom who can be struggling with their mental health and I was able to do my own thing. In those two thirty minute slots we were offered escorted walks in the grounds or use of the exercise bike in the ward, which was well organised by staff and of huge benefit to mine and others mental health. At the beginning of the extra restrictions I did not have grounds access and if this had continued I would have really struggled as time went on. Thankfully, I was granted grounds access and as restrictions eased and we were able to be out of our rooms more, I took full advantage of this. I really feel this made the time much easier and without this I would have really struggled and think for patients with no grounds access this has been a difficult time.

One of the routines which had to be changed which I feel has been positive is the routine for getting medication. Normally we all have to wait in the dayroom for a period of time and this can be difficult especially if a patient is not in a good place in their mental health. In the new routine we were given our medications one by one, taken out of our rooms instead of having to wait in the dayroom, which took only a couple of minutes and this meant there was no stress of waiting. We were given our meals in our rooms, this felt good, was done in a more friendly manner and made it more like home being able to get up and have a drink of water, being able to take our time and not being watched like an animal in the dining room.

Video visits have been mixed, this depends on whether the technology works. Not all patients use this as a means of speaking to their families and family visits in person have been missed. Family support can be extremely important to some patients and not having visits can have a negative effect on a patient's mood. It can be difficult for some who rely on this support only having a short time therefore to speak to family on the phone. We are also usually able to receive parcels from family on visits and this has not been allowed but can be posted in which can take some time. It can be a difficult time for some patients who do not have contact with family and normally have volunteer visitors and at the moment they are not having any outside contact.

One thing I missed was being able to attend the gym, exercise is important to me and my mental health. However, as restrictions eased we were able to utilise the hub gym and had an exercise bike on the ward. The staff from the gym have been great and organised circuits outside and also cycling outside, this was particularly good as it meant we could exercise and get fresh air which are both important for improving mental health. I also feel that it has been a shame the running access on the grounds has been suspended as in the rest of Scotland people are able to run outside if they wish. I have been able to lose weight over this time and know other patients have too I feel this is due to walking more, not having our main meal at night, meals being less than normal and exercising in my room.



Throughout this whole period I have been very impressed with the staff in the hospital. They kept us well informed with what was happening and any changes which were being implemented. Access to services which we normally use has been mixed, if needed I was able to access advocacy by phone, by asking staff or seeing the advocate in the ward or on the grounds and requesting a visit. I have had some psychology this has been on a one to one basis, which included walking and talking, this was beneficial to me during this period. I for one have not felt afraid during this time and have felt safe within the hospital knowing the staff have done everything they can to contain the virus even when some patients tested positive, it did not spread.

I had a CPA meeting during this time. This meeting was different to normal in various ways and there were both positives and negatives about this. I did want to attend my full meeting but I was told this couldn't happen as there was not enough staff to facilitate this. I was able to attend at the end as there was staff available at this time. I spoke to advocacy prior to the meeting and they informed me of how the meeting would be structured differently with some of the clinical team being present in the room and some phoning in via the teleconference. I was advised by advocacy that due to them having to work from home some days they would be unable to attend in person and would instead join by the phone, I understood the reasons for this but would have preferred they were there in person. My named person was only able to attend by phone and they were able to attend the full meeting which was ok for me but this might not be suitable for those who are more vulnerable as they might rely on their family for support. When I arrived in the room I felt a bit more relaxed about the meeting as there was not so many people in the room all focused on me, however it was at times difficult to hear what the staff on the phone were saying and this could be an issue for some patients with communication issues.

There are several things I have learned about myself during this time. I have learned to cope with my mental health better, been constructive with my time, been self-motivated and disciplined (both of which I have not been for a number of years) and rediscovered the importance of exercise as a natural high to help mental health. Moving forward I wonder if positive changes which have been implemented during the Covid-19 pandemic be kept in the hospital or will things go back to the way they were before.

**8 POSITIVE OUTCOMES FOR PATIENTS AND THE STATE HOSPITAL**



## **9 FUTURE AREAS OF WORK AND SERVICE DEVELOPMENT**

### **9.1 Organisational**

PAS remains committed to provide the quality service commissioned by The State Hospital. We continue to flexibly alter and develop the service in response to patient and hospital needs. Over the next reporting period our aim is to develop in the following areas.

- Recruit further Board Members and an additional Patient representative to ensure a variety of expertise and experiences.
- Resume the volunteer programme when it is safe to do so in line with the SLA.
- Finalise the staff group to ensure continuity.
- Expand our knowledge and expertise in the area of forensic mental health by attending webinars and training when the opportunity is presented.
- Organise the AGM with diversity in speakers and relevant attendees.

### **9.2 Service**

As a service PAS is keen to improve:

- Our impact reporting, this will work in tandem with restructuring our reports.
- The patient voice, we will continue to respond to consultations as necessary to highlight those marginalised in the forensic mental health system.
- The annual patient survey, in conjunction with the Patient Partnership Group we will update to allow greater scope of feedback.
- Our cloud based system, we will continue to work towards this aim so we can be fully independent from the hospital and be paper free.
- Revamp the office space by moving the desks to be covid compliant for when we are able to have more advocates working in the office.
- Our online presence, we will continue to explore how we can be more active online.
- Resuming support of the hospital and patients in the new clinical model ensuring the patient voice is a priority.
- The ward drop-in, this will work in tandem with the clinical model to highlight how we can best support the patients.
- Our relationships with both internal and external colleagues.
- How we work with hard to reach patients and how we can better offer them advocacy support.

## **10 Next Review Date**

The annual report will be available to The State Hospital by 31<sup>st</sup> August 2021.

## 11 REFERENCE LIST

Chartered Institute of Personnel and Development (2020), Well-Being At Work. [Online] Available: <https://www.cipd.co.uk/knowledge/culture/well-being/factsheet> (Accessed 17th October 2020)

Scottish Independent Advocacy Alliance (2019), Independent Advocacy, Principles, Standards & Code of Best Practice. [Online] Available: [https://www.siaa.org.uk/wp-content/uploads/2019/10/SIAA\\_Principles\\_Standards\\_Best\\_Practice\\_report\\_2019.pdf](https://www.siaa.org.uk/wp-content/uploads/2019/10/SIAA_Principles_Standards_Best_Practice_report_2019.pdf) (Accessed 15 January 2020)

The Patients Rights (Scotland) Act (2011), [Online] Available: <https://www2.gov.scot/Topics/Health/Policy/Patients-Rights> (Accessed 15 January 2020).

The Mental Health (Care and Treatment)(Scotland) Act (2003) [Online] Available: <http://www.legislation.gov.uk/asp/2003/13/contents> (Accessed 15 January 2020)

## 12 APPENDIX

<b>Abbreviations for Figure 3</b>	
ADM	Admission
NSE	Nursing Staff Email
NST	Nursing Staff Telephone
SA	Self Answering Machine
ST	Self Telephone
SV	Self Verbal
SWE	Social Work Email
SWT	Social Work Telephone



**THE STATE HOSPITALS BOARD FOR SCOTLAND**

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 9
Sponsoring Director:	Medical Director
Author(s):	Head of Corporate Planning and Business Support Clinical Effectiveness Team Leader
Title of Report:	Quality Assurance and Quality Improvement
Purpose of Report:	For Noting

**1 SITUATION**

This report provides an update to The State Hospital Board on the progress made towards quality assurance and improvement activities since the last Board meeting in October 2020. The report highlights activities in relation to QA and QI and outlines how these relate to strategic planning and organisational learning and development. It contributes to the strategic intention of The State Hospital to embed quality assurance and improvement as part of how care and services are planned and delivered

**2 BACKGROUND**

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

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

- Building improvement knowledge, skills and capacity.

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



### 3 ASSESSMENT

The paper outlines key areas of activity in relation to:

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

### 4 RECOMMENDATION

The Board are asked to note the content of this paper

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b></p>	<p>The Quality Improvement and Assurance report supports the Quality Strategy and Corporate Objectives by outlining the actions taken across the hospital to support QI and QA</p>
<p><b>Workforce Implications</b></p>	<p>Workforce implications in relation to further training that may be required for staff where policies are not being adhered to.</p>
<p><b>Financial Implications</b></p>	<p>Covid monies have been approved to continue with the Daily Indicator Report due to CED staff workload/ weekend working</p>
<p><b>Route To Board</b></p>	<p>Board requested item as per workplan, via CEO.</p>
<p><b>Risk Assessment</b>          (Outline any significant risks and associated mitigation)</p>	<p>The main risk to the organisation is where audits show clinicians are not following evidence based practice.</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>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</p>
<p><b>Equality Impact Assessment</b></p>	<p>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.</p>
<p><b>Fairer Scotland Duty</b>          (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).</p>	<p>This will be part of the project team work for any of the QI projects within the report</p>
<p><b>Data Protection Impact Assessment (DPIA) See IG 16.</b></p>	<p>Tick One</p> <p><input checked="" type="checkbox"/> There are no privacy implications.</p> <p><input type="checkbox"/> There are privacy implications, but full DPIA not needed</p>

	<input type="checkbox"/> There are privacy implications, full DPIA included.
--	--



## QUALITY ASSURANCE AND IMPROVEMENT IN THE STATE HOSPITAL

DECEMBER 2020

### INTRODUCTION

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

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

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



## **ASSURANCE OF QUALITY**

### **Clinical Audit**

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

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

- Observation Policy Sub Heading Audit
- Record Keeping Audit
- Post Physical Intervention Audit
- POMH Prescribing Valproate

Findings and actions from these included:

#### Observation Policy Sub Heading Audit

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

#### Record Keeping

- Excellent improvement with all patients, with the exception of 1, seeing their RMO within the last 4 weeks
- Improvements seen with the unvalidated entries following communication to Head of Services. Posters in the wards have been re-introduced following a pause due to Covid.

#### Post Physical Intervention Audit

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

#### POMH – Prescribing Valproate

- The data has been entered onto the national benchmarking database
- Data cleansing currently underway
- Report will be issued in 2021

Audits currently underway, or due to commence include, Compliance to Treatment, Seclusion, IM Haloperidol, Clozapine and Physical Equipment:

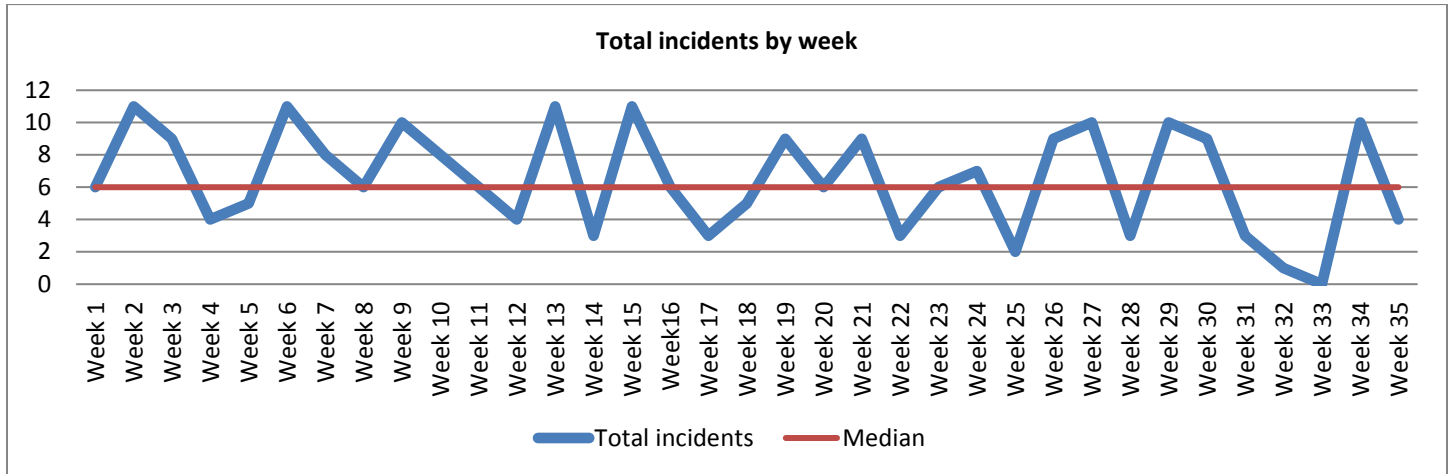
### **Daily and Weekly Indicator Reports**

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



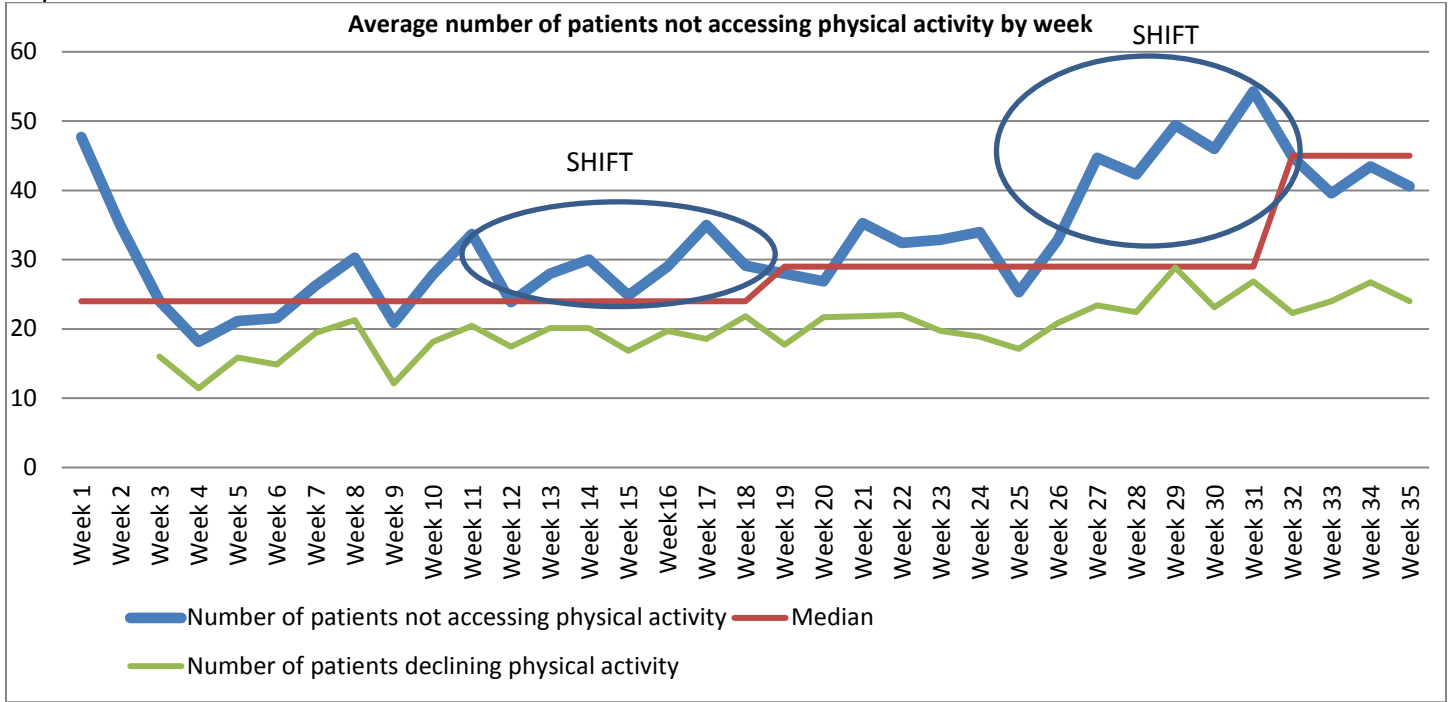
Datix assaults, attempted assaults and behaviour

Week 30 saw a reduction from 10 to 9: 2 assaults (both in the grounds); 1 attempted assault; 5 behaviour and 1 self harm. Week 31 saw a further reduction from 9 to 3: 1 attempted assault, 1 behaviour and 1 self harm. Week 32 saw a further reduction from 3 to 1: one self harm incident. In Week 33 there were no incidents. Week 34 saw an increase to 10 incidents: 7 behaviour and 3 self harm. Week 35 saw a reduction in the total assaults from 10 to 4: 1 assault; 2 behaviour and 1 self harm. As can be seen below there have been no trends or shifts in the incidents data.



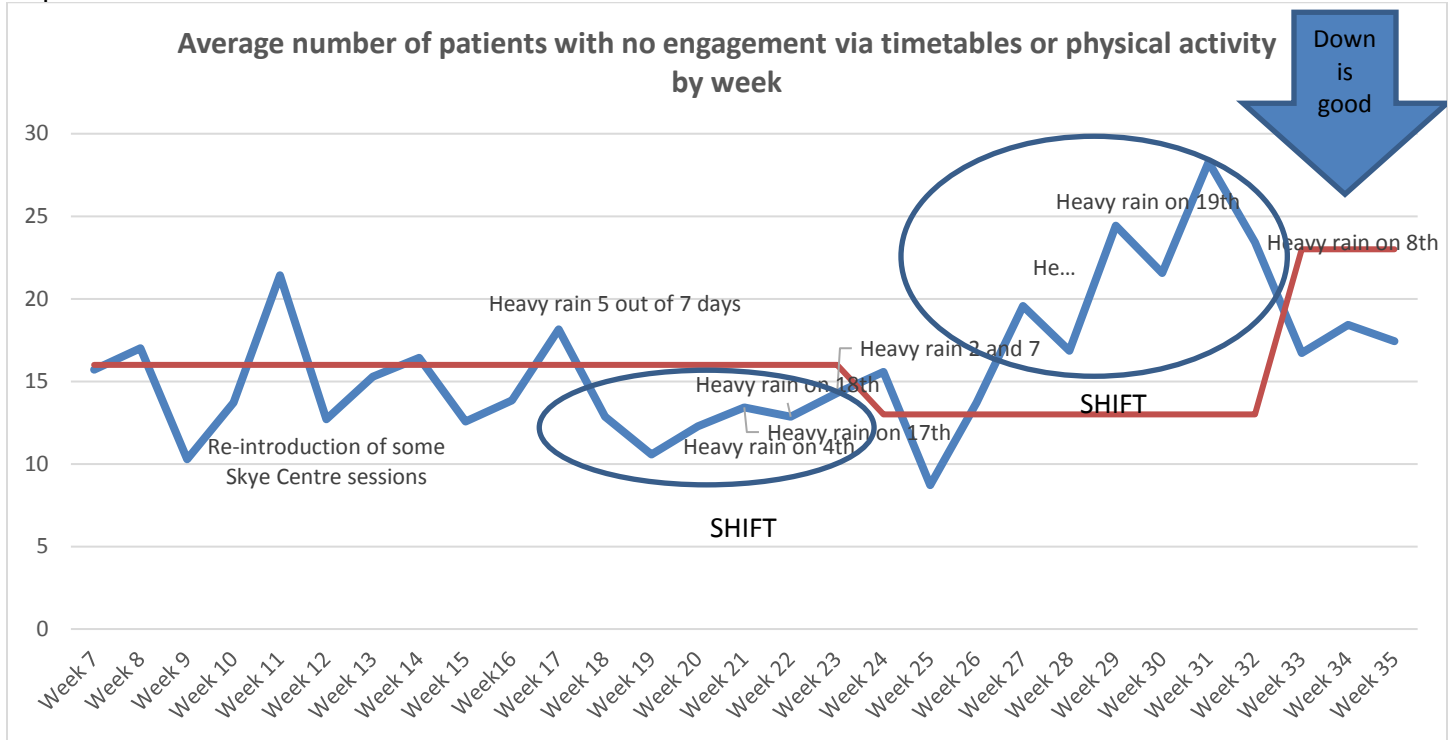
Number of Patients Not Accessing Physical Activity

Week 32 saw an improvement with an average of 54 to 45 having no physical activity. There was also an improvement from 9 to 5 for the number of patients not accessing physical activity at any point during week 32. Week 33 saw further improvement with the average number of patients not accessing physical activity improving from 45 to 40. There was a slight increase from 5 to 6 in the number of patients not accessing physical activity at any point during the week. Week 34 saw the daily average increasing from 40 to 43. There was also an increase in the number of patients not accessing physical activity at any point in the week from 6 to 7. Week 35 saw the average improve from 43 to 41. The number of patients not accessing at any point in the week also improved from 7 to 6. There have been 2 negative shifts in the physical activity data which means the median has had to be recalculated to account for this.



Patients not engaging with fresh air, physical activity or timetable sessions

Week 31 saw the daily average increase from 22 to 28, the highest since data recording started. On a positive note, there were no patients that did not engage with some form of activity during week 31. Week 32 saw an improvement with the average decreasing from 28 to 23. Week 33 saw further improvement with the average number of patients decreasing from 23 to 17. For the third week, there were no patients that did not engage with some form of activity during the week. Week 34 saw the average increasing from 17 to 18. There were 4 patients that did not access fresh air, physical activity or a timetable session at any point in week 34. It should be noted that one of these patients spent most of the week at UHW and another was in isolation for part of the week. Week 35 saw an improvement from 18 to 17. There were no patients that did not engage with any activity at any point in week 35. As can be seen over time we have seen a positive shift and then a negative shift resulting in the median being moved twice.



**Clinical Governance Committee**

At the meeting on 12th November 2020 the following papers were presented with a number of quality assurance and improvement activities contained within them:

- Covid 19 update
- Physical Health Steering Group 12 Monthly Report
- Rehabilitation Therapies 12 Monthly Report
- Adult and Child Protection Forum 12 Monthly Report
- CPA/MAPPA 12 monthly Report
- Learning from Feedback Quarterly Report
- Learning from Complaints Quarterly Report
- Incident and Patient Restrictions Quarterly Report

Areas of Good Practice were noted and will be contained within the Clinical Governance Committee Annual Report.

**Food, Fluid and Nutritional Care Peer Review Process**

Dietetics, with support from Clinical Effectiveness, have collected over 80 pieces of evidence to aid completion of the Food in Hospitals Self Assessment paperwork which was submitted to NSS Health Facilities Scotland in late September 2020.

This paperwork is currently under review and will be discussed further at the peer review panel which is scheduled to be held remotely at the end of January 2021. Thereafter, the hospital will receive feedback regarding areas of good practice and areas for improvement.

## **QUALITY IMPROVEMENT**

### **Quality Forum**

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

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

### **Quality Improvement Capacity Building**

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

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

The Scottish Improvement Leaders Programme (ScIL) programme have also concluded its recruitment process for ScIL. The State Hospital have secured three places on cohort 30, starting in January 2021.

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

### **TSH3030**

The Quality Forum's TSH3030 QI project has been shortlisted for an award for the Royal College of Psychiatrists Awards Category 16 - Psychiatric Team of the Year: Quality Improvement. The awards ceremony was held virtually on 19<sup>th</sup> November 2020 and TSH3030 was awarded the above mentioned honour. Dr Gordon Skilling accepted the award on the hospital's behalf.

### **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:

Paper No. 20/86

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

Scottish Government have confirmed in November their continued funding for Clinical Lead and in addition provided funding for 0.2 WTE Programme Manager to support TSH to continue to embed RM. This additional resource will support local network development for Realistic Medicine and the development of an Action Plan for 21/22 for Realistic Medicine linked to supporting deliver of the Remobilisation Plan.

## EVIDENCE FOR QUALITY

### National and local evidence based guidelines and standards

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

Over a 12-month period, an average of 200 evidenced based guidance documents issued from a variety of recognised bodies can be reviewed for relevancy by the Standards and Guidelines Co-Ordinator. During the period 1 October to 30 November 2020, 37 guidance documents have been reviewed, one of which requires agreement on the requirement of completion of an evaluation matrix in relation to Physical Activity and Sedentary Behaviour by the Physical Health Steering Group.

Body	Total No of documents reviewed	Documents for information	Evaluation Matrix required
Healthcare Improvement Scotland (HIS)	9	2	0
Mental Welfare Commission (MWC)	7	7	0
SIGN	0	0	0
National Institute for Health & Care Excellence (NICE)	19	1	0
World Health Organisation (WHO)	1	0	1 (Pending)
General Medical Council (GMC)	1	1	0

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

Body	Title	Allocated Steering Group	Current Situation	Publication Date
HIS	From Observation to Intervention: A proactive, responsive and personalised care and treatment	MHPSG (via Patient Safety)	Evaluation matrix completed with 28 outstanding recommendations Patient Safety meeting took place mid-	January 2019



	framework for acutely unwell people in mental health care		September. Gap analysis to be revisited upon creation of updated draft Clinical Engagement Policy.	
MWC	The use of seclusion	MHPSG (via Patient Safety)	Work ongoing. Draft Seclusion/Clinical Engagement Policy being drafted with seclusion tier 1 and 2 being taken into consideration.	October 2019
SIGN	Management of Osteoporosis and the prevention of fragility fractures	PHSG	Awaiting communication from the GP to arrange meeting to complete gap analysis (GP now on sick leave)	June 2020
NICE	Rehabilitation for adults with complex psychosis	MHPSG	First draft of gap analysis created and circulated to sub-group for review.	August 2020
NICE	Guidance on the use of electroconvulsive therapy	MHPSG	Gap noticed upon first draft of Complex Psychosis gap analysis. Gap analysis to be completed	April 2003
NICE	Anaphylaxis: Assessment and referral after emergency treatment	PHSG	Awaiting communication from the GP to arrange meeting to complete gap analysis (GP now on sick leave)	September 2020

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

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

\*The Guidelines Action Plan previously allocated to the Person Centred Improvement Steering Group was discussed at the Clinical Governance Group (CGG) who felt that the one outstanding action was best suited to sit under the Patient Day Group. Given that CGG were unsure when the Patient Day Group would be re-established the issues was therefore presented to the Operational Model Monitoring Group (OMMG) for discussion. The OMMG noted that this was an outstanding piece of work and would sit within the remobilisation plan. It was recognised that a paper is being prepared for Silver Command to capture weekend activity and would therefore be progressed via this route

*Not Yet Approved as an Accurate Record*

*Approved as an Accurate Record*



**THE STATE HOSPITALS BOARD FOR SCOTLAND**

Minutes of the Clinical Governance Committee Meeting held on Thursday 13 August 2020 at 9.45am via MS Teams

CGC(M)03

**CHAIR:**

Non Executive Director

Nicholas Johnston

**PRESENT:**

Non Executive Director

David McConnell

Non Executive Director

Brian Moore

**IN ATTENDANCE:**

Chairperson

Terry Currie

Person Centred Involvement Lead

Sandie Dickson (part)

Chief Executive

Gary Jenkins

PA to Medical & Associate Medical Directors

Jacqueline McDade

Head of Corporate Planning and Business Support

Monica Merson

Director of Nursing and AHP

Mark Richards

Medical Director

Lindsay Thomson

Lead Pharmacist

Morag Wright (part)

**1 APOLOGIES AND INTRODUCTORY REMARKS**

Nicholas Johnston welcomed those present to the meeting and apologies for absence were noted from Khuram Khan, John Marshall and Sheila Smith.

**2 CONFLICTS OF INTEREST**

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

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

The Minutes of the previous meeting held on 14 May 2020 were approved as an accurate record.

**4 PROGRESS ON ACTION NOTES**

All actions are progressing or have been completed.

**Sandie Dickson joined the meeting at this time**

**5 MATTERS ARISING**

**5.1 Visitors Experience Update**

Members **received** and **noted** a report containing an update on the Visitors Experience, presented by Sandie Dickson, Person Centred Improvement Lead.

Sandie Dickson advised that the interim visitor process, set up as a result of Covid-19, is working very well and feedback on the impact on patients, visitors and staff will be

included in the Learning from Feedback report. Sandie highlighted the work being undertaken to individually tailor visits and how they are looking at how the current experience can help move forward in terms of the new clinical model and the new grouping of patients.

Discussions are taking place on how the visiting experience moves on and possible changes to the family centre, garden area, provision of a hospitality tray, etc. Feedback received to date is that the visits are taking place in a very calm, peaceful environment and staff are appreciative of the support from Sandie Dickson and her team.

David McConnell asked what changes or improvements could come out of the changes currently implemented. Sandie Dickson advised that although we have had to do things very quickly and whilst this has been challenging, staff are very motivated to ensure patients maintain contact with their family. There has been a collaborative approach with a number of teams supporting the initiative which has resulted in some huge learning.

Nicholas Johnston asked if there are any concerns from patients or visitors not seeing a person in an environment and if we are looking for a blended model. Sandie Dickson advised that it is important we maintain contact and that the protocol moving forward would be that we have a blended approach. This needs to be individually tailored around clinical teams and visitors.

Brian Moore stated that there will be learning from the way visiting has been re-established in a short amount of time and the commitment of staff to make that happen as we move forward.

Gary Jenkins expressed his appreciation to Sandie Dickson, Brendan McMahon and the team for doing this at short notice.

The Committee noted the progress made.

**Sandie Dickson left the meeting at this time**

## **6 COVID-19 UPDATE**

Members **received** and **noted** a paper on the COVID-19 situation presented by Lindsay Thomson, Medical Director, which covers all aspects of the clinical response.

Lindsay Thomson provided an update of the work undertaken since the last meeting around Covid-19.

- Changes have been made this week to the infection control structure with silver command now meeting twice weekly; a daily huddle remains in place with a formal log of all actions kept. Gold Command meets weekly; a debrief took place on 7 August to learn from command, particularly over a prolonged period.
- National guidance continues and is monitored.
- We have been using the national route map to guide changes within the hospital.
- Trace and protect protocols are in place for tracking for patients and staff internally and externally by relevant health boards. An exercise was undertaken to trace mock cases and plot out what tracing would look like if we were asked to do it.

## *Not Yet Approved as an Accurate Record*

- Focus remains on infection control and we follow all guidance that comes from that.
- To date we have had 8 positive patient cases and all are now well. We have had 45 tests in total carried out with 37 negative results – 21 on asymptomatic basis. The patient flow has resumed with patients tested on admission and all to date have been negative.
- We are accepting urgent admissions to the hospital and have had 6 admissions and 7 transfers during the last quarter.
- Shielding was suspended on 31 July 2020. We had 2 patients shielding; one patient asked not to shield and we fully explored this in terms of capacity, the law and duty of candour. One was still shielding and that was suspended.
- We continue to monitor on daily basis with weekly review of the Interim clinical and support services policy. Most recent changes include:
  - i) slots of up to 60 minutes when patients are out of their room for access to the ward day room or patio/decking
  - ii) increase in patient participation in outdoor activities delivered by the Skye Centre; cycling is in place across the hospital
  - iii) current guidance was 8 people in the day room at any one time, which included staff, with staff wearing masks the infection rate is low so we are moving towards operationalising up to 8 patients up at any one time.
- Mull 3 has not required to be used.
- Staff have been fitted for fit masks to allow full resuscitation to take place
- In person visits were resumed. We have facilitated 18 physical visits and 11 video visits. We are keen that video visiting remains and is part of the new norm.
- STAG feeds into any decisions that go to Gold Command. Public Health, Occupational Health and Infection Control receive papers which are about change in clinical practice and resumption of training and decisions taken consider, as much as possible, the science behind that.
- Patient and carer feedback has been positive across the board.

Brian Moore asked about patients unable to tolerate isolation and if there is an issue in terms of reconciling trends and coping mechanisms and whether isolation is likely to increase over time.

Lindsay Thomson advised that there has been a change in methodology as when we started we had 9 patients identified as being unable to tolerate isolations. Wards were asked to define what they meant by this and the numbers adjusted to include those on special observations; this model is opposed to what we would do normally and the monitoring system is about informing decisions on risk of infection versus risk to mental health.

David McConnell asked what the position was in relation to the Patient Partnership Group (PPG) and what are the plans for the coming weeks and months.

Lindsay Thomson advised that there was a paper approved by STAG and Gold to resume PPG on Iona 2 for patients with intellectual disability on a direct basis with proper infection control methods in place. It was felt that this was appropriate for this group where there would be added difficulties in meetings using technology and patients have expressed to the PPG team their wish to meet in person. The advice we have been given at STAG is that we are a long way off from cross ward

## *Not Yet Approved as an Accurate Record*

meetings to allow physical distancing PPG to take place. We need to be looking at technological solutions and training and supporting patients to get used to this set up. They may not just need support in technology but also emotional support to participate in meetings. It may be the case that we have a mixed model with individual meetings in wards and at times coming together. Realistically it will be 2021 before we are back to mixing patient groups.

Nicholas Johnston asked about security issues around video visiting and what steps have been taken to prevent recording.

Lindsay Thomson advised that at the present time all video visits are run by the wards and there is always a member of staff present. Clear instructions are given not to photograph or record visits in any way at the beginning of the visit. Mark Richards also advised that specific instructions are given to visitors and video visits are delivered through the NHS video conference platform which is digitally secure. We have established a digital inclusion group on site to take forward a number of issues and increased use of digital technology will be important to us as an organisation on how we access patients through that.

The Committee noted the report.

## **7 INFECTION CONTROL ANNUAL REPORT**

Members **received** and **noted** the Infection Control Annual report presented by Mark Richards, Director of Nursing and AHPs, which describes the infection control activity within the hospital from April 2019 to March 2020.

Mark Richards summarised the report and highlighted the following areas:

- Antimicrobial management and prescribing remains very positive and this is managed through the Infection Control Committee.
- There has been an increase in the number of datix incidents reported, the vast majority of which relate to the bagging and tagging of linen.
- There was an increase in the uptake of flu vaccinations on site
- Hand hygiene compliance remains a challenge in some areas. A series of face to face meetings between Karen Burnett, Senior Charge Nurses and Lead Nurses has been included in the 2021 programme of work to move responsibility and activity locally around the infection control agenda.

Nicholas Johnston asked that this be highlighted as an area of concern.

- Compliance with cleaning standards remains very good with no significant infection outbreaks over the 12 month reporting period.
- Various audits have been undertaken during the reporting period, though some audit activity was suspended until recently so it is expected to see improvement in term of audit compliance. An update will be brought to the next Committee.
- There is good progress around training and particularly the SIPSEP modules.

Mark Richards highlighted the lack of resilience around the infection control structure with only Karen Burnett, Senior Nurse for Infection Control working to that agenda; work is underway to enhance this structure.

David McConnell stated that it was good to see an increase in numbers for the flu vaccinations and that the SAGE Committee might want to see a much greater use of flu vaccination increased this winter and asked if that will have an impact on the TSH approach

Mark Richards advised that we have increased the order for the hospital to 500 vaccinations for this year. These are the only vaccinations we are delivering to staff on site, there will be other staff getting vaccinations from their GP.

Terry Currie stated that we had made a big improvement last year as did every health board and that our percentage of penetration was 3 or 4 from the bottom from all health boards; communication from the Scottish Government is seeking a much greater penetration from all health boards, including ourselves, so David's point is well made.

Gary Jenkins advised that funding has been agreed for additional support for infection control.

Mark Richards advised that, going forward, he anticipates seeing new guidance in relation to what we should be looking at in terms of the infection control surveillance process and he will bring that along to the committee.

**Action: Mark Richards**

**Morag Wright joined the meeting at this time.**

## **8 MEDICINES COMMITTEE ANNUAL REPORT**

Members **received** and **noted** the Medicines Committee Annual Report presented by Morag Wright, Lead Pharmacist. The report covers the period from 1 July 2019 to 30 June 2020.

Morag Wright highlighted the key activities over the last 12 months around medicines, which include:

- Maintaining supply processes to the wards during Covid-19 challenges and preparing stocks for possible respiratory and end of life care
- Ensuring all patients have a regular review of their mental health and physical health medicines
- Continuous review of national medicine supply alerts and shortages
- Monitoring expenditure
- Collaboration with NHS Lothian for future electronic prescribing
- Proactive work around medication incidents with better follow up and learning due to the Medication Incident Review Group and Nursing Practice Development raising awareness around outcomes of incidents

The State Hospital have participated in 3 national Prescribing Observatory in Mental Health (POMH) audits

- Assessment and side effects of LAI antipsychotics
- Monitoring of patients on lithium
- Use of depot / long-acting injectable antipsychotic medication for relapse prevention

Planned quality assurance and quality improvement will continue for the next year on

- Medicines management
- Clinical effectiveness
- Safe use of medicines

Brian Moore asked how the second nurse at the administration of medication round was being taken forward, what are the implications and is it a major issue.

Morag Wright advised that the requirement for a second nurse has been in place and their role is to ensure patients are taking their medication, they are not involved in the administration process, they are there in an observational capacity.

Mark Richards further advised that this has always been a requirement and that the nurse in the treatment room dispenses medication and a nurse outside should be monitoring. We were concerned that we are getting reports through of tablets being secreted and found elsewhere in the wards and we need to ensure that people understand their role as second member of staff during the process. We are working to clarify roles and responsibilities to ensure the second nurse present and other staff understand that role at that point in the medication administration. We have seen through the medication incident review group a drop in the number of secreted medicines.

Lindsay Thomson thanked Morag and her colleagues for their support over the Covid-19 period, particularly around the creation of a new ward and protocols and helping to resolve oxygen issues. Lindsay Thomson stated that, from a medical perspective, this remains a crucial report and she takes significant assurance from this report that we are looking at medicines in the proper fashion. The Committee noted the report.

**Morag Wright left the meeting at this time.**

## **9 PATIENT SAFETY ANNUAL REPORT**

Members **received** and **noted** the Patient Safety Annual Report presented by Mark Richards, Director of Nursing and AHPs.

Mark Richards advised that this programme has been impacted by covid-19 with the programme suspended from March 2020, with no activity undertaken between March and June 2020. Workstreams remain the same in the last 12 months:

- Communication
- Leadership and culture
- Least restrictive practice
- Physical health

The group met 4 times within the 12 month reporting period.

Pieces of work progressed include:

- the introduction of patient support plans into wards;
- new as required medication monitoring form introduced into RiO

## *Not Yet Approved as an Accurate Record*

- leadership walkrounds took place with involvement from members of the committee;
- focussed on medication safety;
- continue to monitor incidents of restraint and the clinical pause has been successfully embedded across the hospital
- Physical health work achieved through link with patient safety programme and physical health steering group.
- We are required to report nationally on quality assurance

The improved observational policy was due to be implemented but as a result of Covid-19 this is on hold.

The Patient Safety Programme Group will recommence by the end of the month or early next month; the focus will be on the refreshed set of principles being agreed by HIS; which will still include improved observational practice. The Group will also take on board all PMVA activity and hope to make full use of tableau to provide meaningful data to frontline staff. Nursing practice development will be more involved in this work over the next 12 months.

Mark Richards highlighted to the Committee that there is a resource issue around patient safety and there is a limited amount of sessional resource to support this work. It is anticipated that by including nursing practice development this will build capacity around some of the programmes of work over the next 12 months.

Terry Currie advised that for the leadership walkrounds to be effective there is a need to refresh these to make them more objective.

The Committee noted the report.

## **10 LEARNING FROM FEEDBACK**

Members **received** and **noted** the report on Learning from Feedback which was presented by Mark Richards, Director of Nursing and AHPs for the period

Mark Richards advised that, during this period, there has been extensive engagement with patient and carer groups and volunteers. The report sets out various mechanisms used for engagement, such as the use of the graffiti wall. There has been positive feedback around regular access to fresh air through walks 7 days per week, changes to meal delivery with meals being plated and delivered to patient rooms, and themed meals being positively received.

There were some concerns raised around the lack of contact with family and friends, access to the Skye Centre and spiritual and pastoral care, and access to haircuts.

Contact with carers rose to 449 contacts over this period with positive feedback around the use of video visiting.

Changes have been implemented with the announcement nationally in terms of the easing of lockdown restrictions.

Volunteers have reported that they are missing their roles.

Actions taken during this period include:



## *Not Yet Approved as an Accurate Record*

- TVs installed in patient rooms
- hair clippers made available for as many patients as we could
- increased ward day and weekend activity
- introduced video visits and visits within family centre which have been well received.

Terry Currie stated that he thought this was a great report and that we can take a huge amount of comfort from it; there was a real strong theme running through it about the appreciation of staff which gives us assurance. He asked about the rationale for changing meals with dinner being provided at lunch time and the evening meal consisting of a sandwich.

Mark Richards advised that this was Covid related and as a result of having to provide an individually catered meal to patients in their rooms. The feedback was taken to Silver Command and there has been agreement to switch back from early September.

Terry Currie advised that, whilst he appreciates that a lot of our volunteers are elderly, all other NHS boards are still using volunteers in the way they have always done so and asked if there were any plans for them to come back in should they wish to.

Mark Richards advised that our volunteer cohort is older than you would find in other boards and some fall into the shielding category; at present there is a piece of work being undertaken looking at the number of patients who do not have any visitors and focussing on volunteering and that visitor area in the first instance. We expect to be able to reintroduce visits over the next 2-3 weeks though these will be targeted in a more modest way than we had in the past.

Terry Currie asked if there were any plans to reinstate haircuts as, from a dignity point of view, this is very important for patients.

Mark Richards advised that a proposal to reintroduce haircuts was taken through STAG and the command structure and it was agreed that we will reintroduce the service with immediate effect.

David McConnell asked if we were doing anything to engage with volunteers during this period.

Mark Richards advised that Sandie Dickson's team write out to volunteers on a regular basis to give a snapshot of what is happening and also have regular telephone contact with them.

Terry Currie advised that Committee that he and Gary Jenkins had issued a letter to volunteers as a mark of appreciation and that this was timed for when we would have had our annual volunteer lunch.

The Committee noted the report.

## **11 LEARNING FROM COMPLAINTS**

Members **received** and **noted** a report on Learning from Complaints which was presented by Lindsay Thomson, Medical Director for the period 1 April to 30 June 2020.

## *Not Yet Approved as an Accurate Record*

During the reporting period:

- 8 new complaints were received in this quarter;
- 7 of the complaints received were supported by PAS;
- Staff Attitude/Behaviour/Conduct and Clinical Treatment accounted for half of issues raised;
- 9 complaints were closed in this quarter;
- 7 complaints were resolved at Stage 1;
- 2 complaints were investigated at Stage 2, one of which was escalated from Stage 1;
- 2 complaints were Upheld and 3 were Partially Upheld in this quarter;
- complaints were Not Upheld during the quarter;
- The average time taken to respond to a complaint at Stage 1 was 3 days, similar to previous quarters;
- The average time taken to respond to a complaint at Stage 2 was 39.5 days, compared to 15.5 days in previous quarter;
- No new complaints were escalated to the SPSO in this quarter;

David McConnell highlighted a discrepancy with figures on pages 5 and 6 with some being shown as percentages and some not. Lindsay Thomson will look into this for future reports.

**Action: Lindsay Thomson**

Mark Richards advised that patients still have access to mechanisms to raise concerns. One thing that has changed since 13 July is that we have reintroduced visitors; one significant source of complaints came from relatives about concerns around staff attitude and behaviour from time to time and it will be interesting to see going forward if that increases again.

The Committee noted the report.

## **12 INCIDENT REPORTING AND PATIENT RESTRICTIONS**

Members **received** and **noted** a report on Incidents and Patient Restrictions which was presented by Lindsay Thomson, Medical Director. The report provided an overview of activity of incidents and patient restrictions for the period from 1 April until 30 June 2020.

During the reporting period:

- There were 4 occasions when handcuffs were used
- There were 2 positive drug tests; one patient tested positive for cocaine and one for Norfentanyl
- There was an increase in PAA activations in Lewis and Iona due to clinical activity
- During April and May a Lewis patient attended ECT and SRK's belts were used. He attended 3 times in April and 9 times in May. 1 other patient attended University Hospital Wishaw during May using SRK's.
- 2 patients were nursed in SRK for a period during April. Two other patients were nursed using SRK during May and June
- No 'High' graded incidents were recorded during Q1 2020;
- The number of 'finally approved' incidents decreased this quarter from 347 to 242, a decrease of 105. 6 Incidents are still awaiting review.
- *Behavioural* incidents decreased from 65 to 45
- *Verbal Aggression* incidents decreased from 11 to 1;

## *Not Yet Approved as an Accurate Record*

- Sexual – incidents decreased slightly from 3 to 2;
- ‘Attempted Assaults’ decreased from 26 to 19;
- ‘Assaults’ remained the same at 13;
- ‘Self-Harming Behaviour’ incidents increased from 25 to 31;
- ‘Staff Resource’ incidents reported decreased significantly from 79 to 34.
- Security incidents remained similar to the previous quarter increasing from 24 incidents to 25 with no notable changes in the specific categories. There was 1 weapons incident in which armed police had to attend.
- 2 security incidents are still outstanding for review.
- 7 Infection Control incidents were recorded during this quarter, a decrease of 12 on the 19 reported in the previous quarter. Please note that this does not include Covid-19 related incidents which are monitored separately by the Covid-19 Support Team.
- ‘Clinical Waste’ incidents decreased from 10 to 4 in this quarter
- There are 4 ‘Media Article’ incidents still awaiting review.

Nicholas Johnston asked if the 2 positive drug tests were from newly admitted patients. Lindsay Thomson advised that this was not the case and this will be followed up through clinical processes.

Brian Moore highlighted the number of Category 1 and 2 reviews that are not completed within the required timescales. Monica Merson advised that:

19/01 there was a delay with final approval and sign off due to Covid-19;  
20/01 there were challenges in getting the report finalised and signed off in time

The 2 Cat 1 reviews are currently active.

The Committee noted the report.

### **13 DUTY OF CANDOUR ANNUAL REPORT**

Members **received** and **noted** the Duty of Candour Annual Report, which was presented by Monica Merson, Head of Corporate Planning and Business Support.

Monica Merson advised the Committee that we have a robust process in place around training and development and awareness raising. The Duty of Candour group meets monthly and reviews any incidents on a weekly basis. 43 incidents were reported, one of which met the duty of candour criteria and was reviewed as a duty of candour incident and this resulted in an apology issued to the patient; learning from this incident has been noted and is being taken forward by Nursing Practice Development.

Nicholas Johnston asked if there was an external or independent audit to look at the other 42 incidents. Monica Merson advised that the risk department do an internal audit on a 6 monthly basis but there is no requirement for an external audit.

Nicholas Johnston asked if the patient who was issued with an apology was content and that there was no lasting harm. Lindsay Thomson advised that he was very happy at the explicitness of the apology Mark Richards had issued on the Hospital's behalf. The patient launched a legal action for compensation for a small amount which has been settled.

The Committee noted the report.

### **14 FORENSIC NETWORK CQIF ACTION PLAN**

Members **received** and **noted** the Forensic Network CQIF Action plan, presented by Monica Merson, Head of Corporate Planning and Business Support.

## *Not Yet Approved as an Accurate Record*

Monica Merson advised that, following a peer review visit on 27 April 2018, 37 actions were assigned which were split into high, medium and low grade.

Of the 11 high graded actions, there is only one outstanding around staffing and this is on hold due to Covid-19. It is expected that this will be resolved through the clinical model review which will be picked up later in the year.

Of the 15 medium graded actions, there are 2 outstanding around suicide awareness training, which again is on hold due to Covid-19; and technology for patients which is being taken forward by the digital inclusion group.

Of the 11 low graded actions, there are 2 outstanding which are again on hold due to Covid-19.

Terry Currie stated that this was a very helpful report and that a huge amount of work has been undertaken and consistently reported on by Sheila Smith, who deserves congratulations for the progress she has made.

The Committee noted the report.

### **15 CORPORATE RISK REGISTER**

Members **received** and **noted** the Corporate Risk Register, presented by Monica Merson, Head of Corporate Planning and Business Support.

Nicholas Johnston suggested that it may be worth looking over the risk register and cross reference with the business of the Committee to see if there was anything where the Committee would add value, rather than receiving the whole register; he will undertake this task following the meeting and discuss with Lindsay Thomson how they wish the report to be presented.

**Action: Nicholas Johnston**

David McConnell asked that the register be checked to ensure there was nothing new or nothing removed since the last time it was presented to the Committee.

Gary Jenkins advised that some risks will be new in terms of lack of SRK trained staff; discussions have taken place around training restarting. He suggested reformatting the report to highlight what is new and how we are resolving that.

The Committee noted the report.

### **16 SAFE STAFFING REPORT**

Members **received** and **noted** the Safe Staffing Report presented by Mark Richards, Director of Nursing and AHPs for the period April to June 2020.

Mark Richards advised that there were no occasions during the reporting period when business continuity arrangements were required to be used; he stated that we have been working through an exceptional period and he and Lindsay Thomson on a daily basis, together with the Operating Model Monitoring Group on a weekly basis, receive and monitor data provided around staffing issues.

The Committee noted the report.

### **17 DISCUSSION ITEM**

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

**18 AREAS OF GOOD PRACTICE / AREAS OF CONCERN**

Hand hygiene compliance was noted as an area of concern.

An area of good practice highlighted was around the efforts of all staff to help patients and carers cope with the changes during Covid-19.

**19 WORKPLAN**

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

**20 ANY OTHER BUSINESS**

No other business raised.

**21 DAY, DATE, TIME AND VENUE FOR NEXT MEETING**

The next meeting will be held on Thursday 12 November 2020 at 9.45am via MS Teams

*The meeting concluded at 11.45am*

**THE STATE HOSPITALS BOARD FOR SCOTLAND**

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 11
Sponsoring Director:	Interim Director of HR and Staff Wellbeing
Author(s):	Head of Human Resources HR Advisor
Title of Report:	Attendance Management Report
Purpose of Report:	For Noting

## 1 SITUATION

This report provides information on sickness absence within the State Hospital for the period up to 30 September 2020.

## 2 BACKGROUND

Within the report, the data used is extracted from two different sources, SWISS (the national source) and SSTS (the local source). The tables, graphs and narrative within the report indicate the source of data used for the information presented.

National reporting and comparative Board tables are based upon the SWISS data, and it is this figure which is referred to by Scottish Government.

The local data from SSTS enables the breakdown of absence figures to a departmental level.

## 3 ASSESSMENT

### SWISS

The sickness absence figure from 1 September 2020 to 30 September 2020 is 6.17% with the long/short term split being 5.20% and 0.97% respectively. The total hours lost for this period is which 5,978.55 equates to 36.73 wte.

The monthly absence figure has decreased by 0.82% from August 2020 figure of 6.99%. The August 2020 long/short term split was 5.57% and 1.42% respectively.

The current average rolling 12-month sickness figure is 5.76% for the period 1 October 2019 to 30 September 2020. The long/short term split is 4.49% and 1.27% retrospectively. The total hours lost for this period is 65,892.73 which equates to 33.79 wte.

The average rolling 12-month sickness absence figure represents a decrease of 0.77% when compared to the same period last year (with the average rolling absence figure from 1 October 2018 to 30 September 2019 reported at 6.53%).

**SSTS**

Industrial injuries represented 0.14% (1589.05 hours) of available hours from 1 October 2019 to 30 September 2020.

**Table 1**

**Sickness Absence Hours by Reason - 1 October 2019 to 30 September 2020**  
**Source: SSTS**

<b>Absence Reason Description</b>	<b>Total (SL+II) Working Hours Lost</b>	<b>Total inc Industrial Injury</b>
Anxiety/stress/depression/other psychiatric illnesses	35021.40	40.21 %
Other musculoskeletal problems	10116.69	11.62 %
Gastro-intestinal problems	5099.69	5.86 %
Other known causes - not otherwise classified	4976.73	5.71 %
Back problems	4721.29	5.42 %
Injury, fracture	4123.48	4.73 %
Cold, cough, flu - influenza	3780.24	4.34 %
Unknown causes/not specified	3670.26	4.21 %
Benign and malignant tumours, cancers	2643.56	3.04 %
Ear, nose, throat (ENT)	2527.20	2.90 %
Chest & respiratory problems	2046.31	2.35 %
Heart, cardiac & circulatory problems	1939.19	2.23 %
Headache/migraine	1751.52	2.01 %

Table 1 details all absences amounting to greater than 2%. Source: SSTS

**Table 2**

**Absence - Work Related Stress**  
**Source: SSTS**

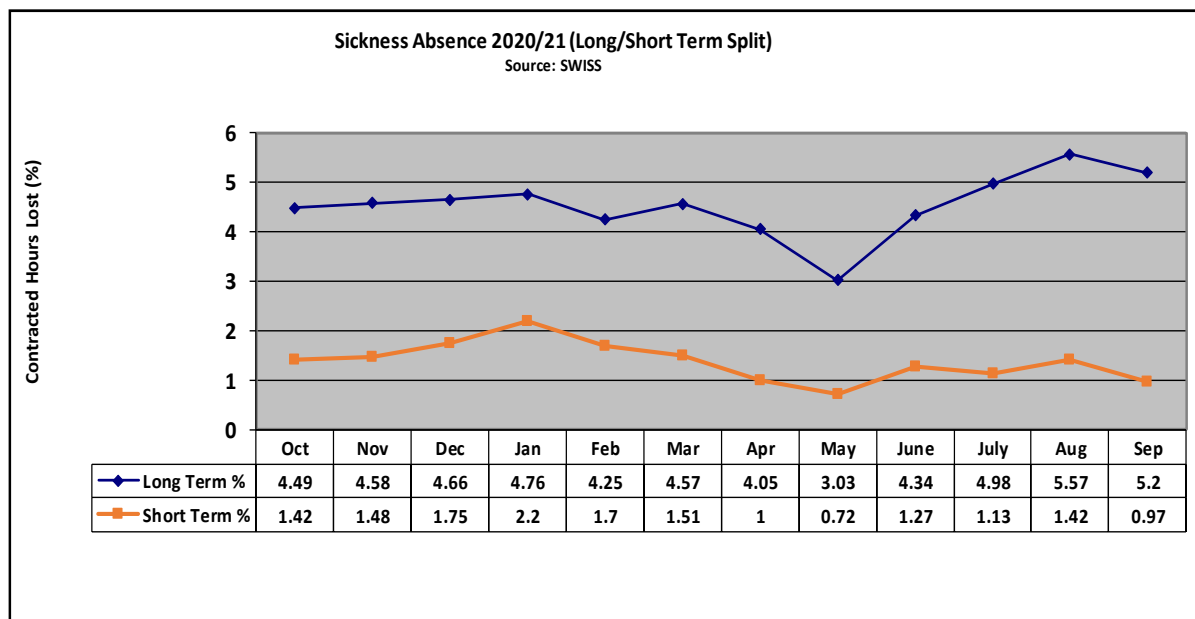
Year	Month	Anxiety/Stress/Depression/Other Psychiatric Illness	Work Related Stress (new)
2019	Oct	24	1
	Nov	30	1
	Dec	32	1
2020	Jan	27	1
	Feb	25	3
	Mar	30	0
	Apr	25	1
	May	22	0
	Jun	27	1
	July	29	1
	August	27	1
	September	21	0

During the month of September 2020, 21 staff were absent with anxiety/stress/depression/ other psychiatric illnesses, and there were no new cases of sickness absence due to work related stress.

**LONG / SHORT TERM ABSENCE BREAKDOWN - NATIONAL DATA (SWISS)**

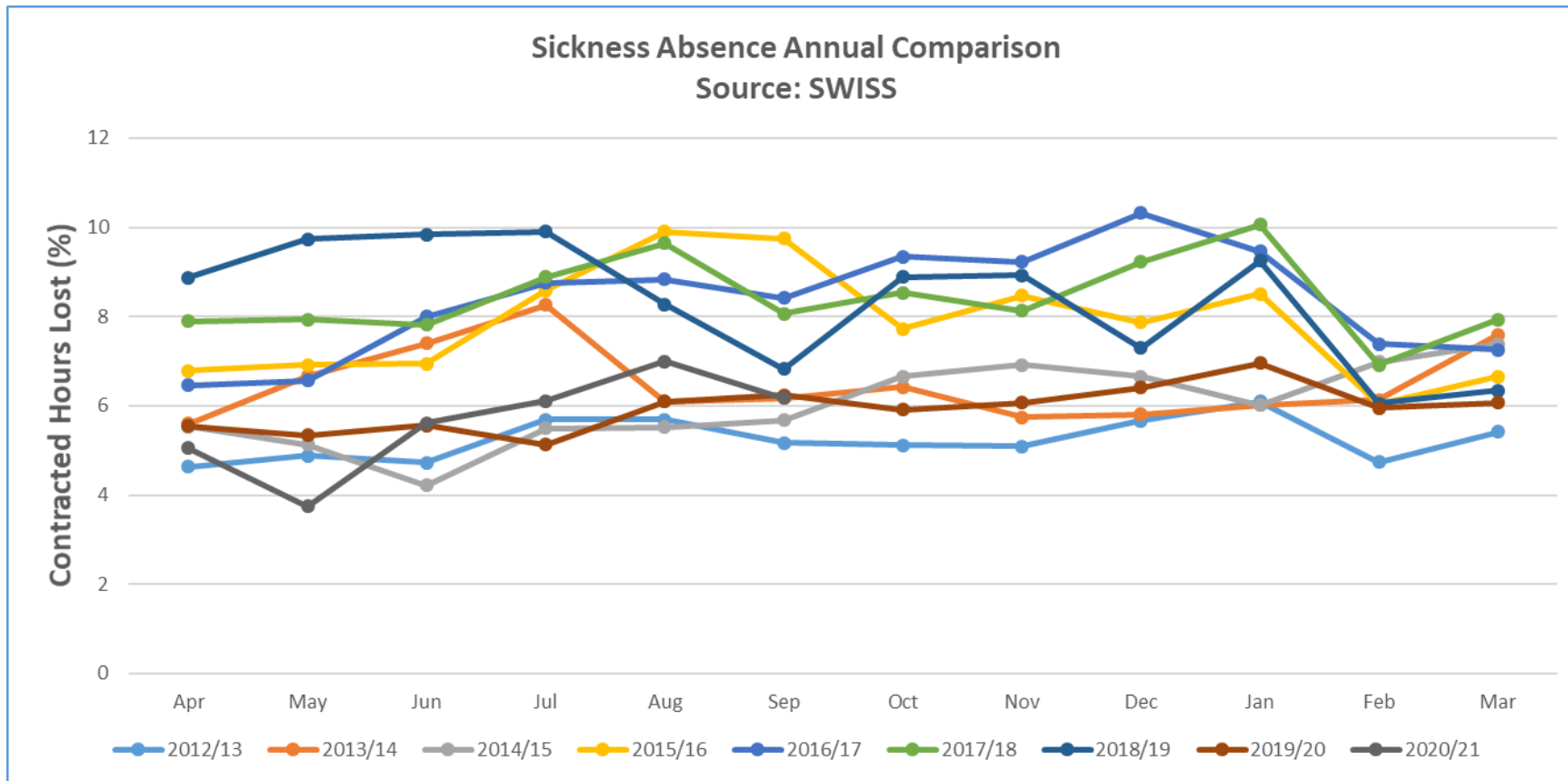
Chart 1 provides a rolling monthly comparison of long and short-term absence from SWISS for the State Hospital only.

**Chart 1**





**Chart 2 - YEARLY AND MONTHLY COMPARISON - details the breakdown in percentage of sickness absence for the financial years 2012/13, 2013/14, 2014/15, 2015/16, 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21. This data is derived from SWISS.**



Year/Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13	4.64	4.88	4.72	5.69	5.69	5.17	5.11	5.09	5.67	6.1	4.74	5.42
2013/14	5.6	6.67	7.4	8.26	6.1	6.17	6.42	5.74	5.81	6.01	6.13	7.59
2014/15	5.54	5.13	4.21	5.49	5.52	5.68	6.66	6.91	6.65	6.02	6.98	7.38
2015/16	6.78	6.91	6.94	8.58	9.9	9.75	7.73	8.47	7.87	8.51	6.04	6.66
2016/17	6.46	6.56	8	8.75	8.83	8.42	9.34	9.23	10.32	9.46	7.38	7.26
2017/18	7.89	7.93	7.81	8.89	9.64	8.07	8.53	8.13	9.23	10.06	6.92	7.94
2018/19	8.87	9.73	9.84	9.9	8.27	6.83	8.88	8.93	7.3	9.25	6.06	6.34
2019/20	5.55	5.34	5.56	5.13	6.1	6.24	5.91	6.07	6.41	6.95	5.95	6.07
2020/21	5.05	3.75	5.61	6.11	6.99	6.17						

**Table 3 - TSH Workforce Summary - September 2020 (Source: SSTS)**

Table 3 details the percentage sickness absence, leave and training for September 2020.

<b>The State Hospital - September 2020</b>						
<b>Job Family</b>	<b>Absence Percentages this period (Leave / In Post Hours Ava)</b>					
	<b>Sickness (SSTS)</b>	<b>Annual /PH (SSTS)</b>	<b>Mat /Pat (SSTS)</b>	<b>Training (SSTS)</b>	<b>Other (SSTS)</b>	<b>Total</b>
<b>The State Hospital</b>						
Psychology	1.1%	25.2%	0.9%	0.0%	2.5%	29.7%
Medical	0.0%	20.4%	16.3%	0.0%	0.4%	37.1%
AHP'S	6.4%	11.1%	0.0%	0.0%	6.2%	23.7%
Chief Executive	0.3%	11.0%	0.0%	0.0%	0.0%	11.3%
Finance	3.6%	18.5%	2.8%	0.0%	0.0%	24.8%
Human Resources	0.0%	20.3%	0.0%	0.0%	0.8%	21.1%
Other Nursing & AHPs	1.4%	13.9%	2.6%	0.0%	1.7%	19.6%
Skye Centre	15.4%	17.1%	3.0%	0.0%	2.3%	37.8%
Security	11.2%	15.2%	1.1%	0.0%	6.9%	34.5%
Housekeeping Services	13.3%	15.8%	0.0%	0.0%	1.3%	30.4%
Estates Maintenance	0.1%	19.5%	0.0%	0.0%	5.1%	24.7%
Facilities	1.0%	16.6%	0.0%	0.0%	2.4%	20.1%
<b>Overall Nursing</b>	<b>9.7%</b>	<b>14.1%</b>	<b>1.6%</b>	<b>0.3%</b>	<b>3.7%</b>	<b>29.5%</b>
<b>The State Hospital (Total)</b>	<b>7.7%</b>	<b>15.5%</b>	<b>1.8%</b>	<b>0.1%</b>	<b>3.1%</b>	<b>28.3%</b>

## PLEASE NOTE:

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

**Table 4 - TSH Workforce Summary - Nursing Wards - September 2020 (Source: SSTS)**

Table 4 details the percentage sickness absence, leave and training within Nursing for September 2020.

<b>The State Hospital Nursing Wards - September 2020</b>						
<b>Job Family</b>	<b>Absence Percentages this period (Leave / In Post Hours Ava)</b>					
	<b>Sickness (SSTS)</b>	<b>Annual /PH (SSTS)</b>	<b>Mat /Pat (SSTS)</b>	<b>Training (SSTS)</b>	<b>Other (SSTS)</b>	<b>Total</b>
<b>The State Hospital Nursing Wards</b>						
Lewis Hub & Cluster	8.5%	13.4%	1.4%	0.5%	4.6%	28.3%
Iona Hub & Cluster	10.4%	16.2%	1.3%	0.1%	2.2%	30.3%
Mull Hub & Cluster	12.5%	15.3%	1.3%	0.5%	4.1%	33.6%
Arran Hub & Cluster	8.6%	13.4%	3.4%	0.2%	2.2%	27.8%
Nursing Pool H&C	8.6%	9.7%	0.0%	0.0%	7.6%	25.8%
<b>Overall Nursing</b>	<b>9.7%</b>	<b>14.1%</b>	<b>1.6%</b>	<b>0.3%</b>	<b>3.7%</b>	<b>29.5%</b>

**PLEASE NOTE:**

- TSH Sickness Absence rates have been updated from August 19 data onwards to include 'sick leave', 'unpaid sick leave', 'industrial injury', 'accident involving a third party' and 'injury resulting from a crime of violence' in line with ISD sickness absence reporting.

**Table 5 - Breakdown of Absence**

Table 5 provides a breakdown of all sickness absence by roster location for the period 1 September to 30 September 2020. (Source: SSTS)

Target details applied to data (All Sick Leave %)

< 5% Green

5 - 7% Amber

> 7% Red

Target details applied to data (Total Lost %) - Target equates to 23.5%

< 23.5% Green

23.5 - 25.5% Amber

> 25.5% Red

Roster Location	In Post Avg WTE	Short Term Sick Hours	Short Term Sick%	Long Term Sick Hours	Long Term Sick%	All Sick Leave Hours	All Sick Leave %	All Industrial Injury Hours	All Industrial Injury %	TOTAL LOST HOURS	TOTAL LOST %
SH - Allied Health Professional Service	11.52	20.25	1.09 %	108.50	5.86 %	128.75	6.95 %	0.00	0.00 %	460.00	24.85 %
SH - Clinical Admin	18.64	0.00	0.00 %	165.50	5.52 %	165.50	5.52 %	0.00	0.00 %	666.34	22.24 %
SH - Clinical Effectiveness	9.77	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	279.00	17.77 %
SH - Clinical Operations Management Team	6.21	7.50	0.75 %	0.00	0.00 %	7.50	0.75 %	0.00	0.00 %	161.50	16.17 %
SH - Finance	5.23	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	204.92	24.38 %
SH - Forensic Network	5.00	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	97.35	12.11 %
SH - Hotel Services	12.83	0.00	0.00 %	15.00	0.73 %	15.00	0.73 %	0.00	0.00 %	398.25	19.31 %
SH - Housekeepers	32.82	97.75	1.85 %	592.00	11.22 %	689.75	13.08 %	0.00	0.00 %	1604.75	30.42 %
SH - Hub Arran - Arran Ward 1	26.47	77.65	1.83 %	481.72	11.33 %	559.37	13.15 %	0.00	0.00 %	1242.11	29.20 %
SH - Hub Arran - Arran Ward 2	25.17	10.70	0.26 %	0.00	0.00 %	10.70	0.26 %	0.00	0.00 %	1129.95	27.94 %
SH - Hub Iona - Iona Ward 1	27.00	0.00	0.00 %	568.21	13.09 %	568.21	13.09 %	112.42	2.59 %	1400.32	32.27 %
SH - Hub Iona - Iona Ward 2	24.00	7.50	0.19 %	321.12	8.33 %	328.62	8.52 %	0.00	0.00 %	1263.93	32.77 %
SH - Hub Iona - Iona Ward 3	25.33	135.96	3.34 %	320.36	7.87 %	456.32	11.21 %	0.00	0.00 %	1261.66	30.99 %
SH - Hub Lewis - Lewis Ward 1	25.47	0.00	0.00 %	304.14	7.43 %	304.14	7.43 %	0.00	0.00 %	1182.07	28.88 %
SH - Hub Lewis - Lewis Ward 2	25.50	45.78	1.12 %	310.54	7.58 %	356.32	8.69 %	39.40	0.96 %	1070.14	26.11 %
SH - Hub Lewis - Lewis Ward 3	23.49	69.64	1.84 %	304.64	8.07 %	374.28	9.91 %	0.00	0.00 %	1213.85	32.15 %
SH - Hub Mull - Mull Ward 1	23.00	111.42	3.01 %	145.96	3.95 %	257.38	6.96 %	0.00	0.00 %	974.22	26.36 %
SH - Hub Mull - Mull Ward 2	27.00	7.78	0.18 %	669.12	15.42 %	676.90	15.60 %	0.00	0.00 %	1550.46	35.73 %
SH - Hub Senior Charge Nurses	10.00	0.00	0.00 %	142.50	8.87 %	142.50	8.87 %	0.00	0.00 %	262.50	16.33 %
SH - Hub Senior Charge Nurses No PAI@work	2.00	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	96.30	29.96 %
SH - Human Resources	5.58	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	234.70	26.17 %
SH - Information	6.60	0.00	0.00 %	120.00	11.31 %	120.00	11.31 %	0.00	0.00 %	390.00	36.77 %
SH - Infrastructure	8.59	0.00	0.00 %	93.50	6.77 %	93.50	6.77 %	0.00	0.00 %	438.50	31.76 %
SH - Laundry	0.99	9.00	5.66 %	0.00	0.00 %	9.00	5.66 %	0.00	0.00 %	45.00	28.28 %
SH - Learning Centre	7.46	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	205.98	17.18 %
SH - Man Cent Support	6.89	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	123.75	11.18 %
SH - Med. Consultants and PA	14.45	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	813.00	35.01 %
SH - Non Executives/Chairman	5.00	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %
SH - Nursing Pool	27.85	37.50	0.84 %	330.00	7.37 %	367.50	8.21 %	0.00	0.00 %	1147.50	25.63 %
SH - Nursing Practice Development / (SM)	3.63	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	112.50	19.27 %
SH - Operational Team	4.00	7.50	1.17 %	0.00	0.00 %	7.50	1.17 %	0.00	0.00 %	105.00	16.33 %
SH - Personal Assistants	4.60	0.00	0.00 %	82.60	11.17 %	82.60	11.17 %	0.00	0.00 %	212.95	28.80 %
SH - Person Centred Improvement Services	2.60	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	127.50	30.51 %
SH - Psychology	19.96	37.50	1.17 %	0.00	0.00 %	37.50	1.17 %	0.00	0.00 %	970.88	30.26 %
SH - Security Admin	0.67	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	12.50	11.61 %
SH - Security Bank	0.24	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %
SH - Security Control	12.21	28.50	1.45 %	240.00	12.23 %	268.50	13.69 %	0.00	0.00 %	598.90	30.53 %
SH - Security Operational Team	9.40	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	323.50	21.41 %
SH - Security Reception	19.32	96.00	3.09 %	360.00	11.59 %	456.00	14.69 %	0.00	0.00 %	1322.50	42.59 %
SH - Skye Centre	32.27	156.50	3.02 %	515.75	9.94 %	672.25	12.96 %	0.00	0.00 %	1828.73	35.26 %
SH - Social Work	1.00	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	63.60	39.57 %
SH - Supplies	6.16	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	165.00	16.67 %
SH - Support - Estates	21.92	4.50	0.13 %	0.00	0.00 %	4.50	0.13 %	0.00	0.00 %	900.20	25.55 %
SH - Temporary Re-Deployment	0.20	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	24.34	75.72 %
SH - Unsocial Hours - Ad Hoc	0.90	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	0.00	0.00 %	39.90	27.59 %
<b>Total</b>	<b>588.95</b>	<b>968.93</b>	<b>1.02 %</b>	<b>6191.16</b>	<b>6.54 %</b>	<b>7160.09</b>	<b>7.56 %</b>	<b>151.82</b>	<b>0.16 %</b>	<b>26726.05</b>	<b>28.24 %</b>

## National Comparison with NHS Scotland and The State Hospital - September 2020

	Absence Rate			Instances			Absence Reason	
	Total	Long Term <sup>1</sup>	Short Term <sup>2</sup>	Total	Long Term <sup>1</sup>	Short Term <sup>2</sup>	Yes	No <sup>3</sup>
<b>Scotland</b>	<b>4.89</b>	<b>3.30</b>	<b>1.59</b>	<b>23,818</b>	<b>7,828</b>	<b>15,990</b>	<b>20,962</b>	<b>2,856</b>
NHS Ayrshire & Arran	4.16	2.75	1.40	1,258	405	853	1,194	64
NHS Borders	5.13	3.38	1.75	471	148	323	383	88
NHS National Services Scotland <sup>4</sup>	2.98	2.06	0.92	295	84	211	280	15
NHS 24	6.81	4.70	2.12	381	129	252	352	29
NHS Education For Scotland	0.94	0.69	0.25	49	16	33	37	12
Healthcare Improvement Scotland	1.68	0.95	0.74	30	5	25	28	2
NHS Health Scotland <sup>4</sup>	-	-	-	-	-	-	-	-
Public Health Scotland <sup>4</sup>	1.79	1.03	0.76	69	12	57	61	8
Scottish Ambulance Service	6.34	4.65	1.69	757	331	426	709	48
<b>The State Hospital</b>	<b>6.17</b>	<b>5.20</b>	<b>0.97</b>	<b>90</b>	<b>54</b>	<b>36</b>	<b>84</b>	<b>6</b>
National Waiting Times Centre	5.65	3.94	1.71	287	109	178	242	45
NHS Fife	5.07	3.58	1.49	1,256	462	794	1,161	95
NHS Greater Glasgow & Clyde	5.32	3.79	1.53	5,800	2,266	3,534	5,304	496
NHS Highland	5.13	3.25	1.87	1,564	425	1,139	1,055	509
NHS Lanarkshire	5.45	3.98	1.47	1,708	721	987	1,555	153
NHS Grampian	3.82	2.15	1.68	2,250	490	1,760	1,752	498
NHS Orkney	5.73	3.50	2.23	100	28	72	96	4
NHS Lothian	4.55	2.76	1.80	3,687	953	2,734	3,247	440
NHS Tayside	5.00	3.40	1.60	1,824	587	1,237	1,610	214
NHS Forth Valley	5.88	4.28	1.59	930	355	575	888	42
NHS Western Isles	5.45	3.28	2.17	189	49	140	159	30
NHS Dumfries & Galloway	5.26	3.26	2.00	725	192	533	677	48
NHS Shetland	2.05	0.57	1.48	98	7	91	88	10

## EASY COMPLIANCE REPORT

DATE	No of Staff Included	No of staff reporting sick*	No of staff referred to EASY**	Compliance Rate %
October 2019	653	52	49	94.23%
November 2019	655	65	52	80%
December 2019	653	78	79	101%
January 2020	660	72	63	87.5%
February 2020	655	61	60	98.4%
March 2020	655	47	49	104.2%
April 2020	667	38	33	86.84%
May 2020	671	37	31	83.78%
June 2020	667	58	58	100%
July 2020	668	39	38	97.43%
August 2020	665	67	54	80.58%
September 2020	667	42	31	73.80%
October 2020	669	48	35	72.91%

\*Note: number of staff reporting sick includes all staff whose first day of sickness falls within the time period noted.

\*\*Note: includes those who were referred to EASY but their absence was not recorded on SSTs.

### EASY Reporting Reasons for Absence from February 2020 to October 2020

Reasons For Absence	Number of Staff									
	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	
Gastrointestinal/Vomiting/Diarrhoea	12	11	6	9	14	7	10	*	10	
Colds/Coughs/Flu	*	12	*		*	*	*	*	*	
Infectious Diseases	*	*				*				
Mental Health	12	9	*	*	11	8	9	*	*	
Unknown/Not Specified	*						*			
Injury/Fracture	5		*	5	*	*	6	*	*	
Backache	*	*		*	5	6	6	*	6	
Chest and Respiratory	5	*	*					*		
Ear Nose and Throat	*	*	*	*	*		*	*		
Headache and Migraine	*	*	6	*	6	*	*	*	*	
Genitourinary and Gynaecological	*	*	*		*	*	*	*		
Other Musculoskeletal	*	*		*	*	*	*	*	5	
Other known cause	*	*	5	*	*	5	*	*	5	
Dental/Oral									*	
Skin Disorder				*						
Cardiac & Circulatory			*			*	*			
Eye Problems		*					*			
Burns/poisoning/frostbite										
Pregnancy Related Disorder	*				*	*			*	
Asthma			*							
Nervous System Disorders					*					
Cancer							*			
<b>Total</b>	60	49	33	31	58	38	54	31	35	

\*indicates less than 5 members of staff.

## COVID-19 RELATED SPECIAL LEAVE

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

Details of working hours lost due to COVID19 related special leave from week ending 15 March 2020 until week ending present, including the monthly totals, are provided below.

Source: SSTS

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

Week Ending (WE)	Total Hours Lost	Total Hours Lost (%)
15 March 2020	55.9	0.25%
22 March 2020	1723.64	7.85%
29 March 2020	3204.94	14.59%
05 April 2020	3382.02	15.42%
12 April 2020	2509.73	11.42%
19 April 2020	1441.03	6.43%
26 April 2020	1131.65	5.06%
03 May 2020	1111.28	4.97%
10 May 2020	939.86	4.20%
17 May 2020	757.76	3.39%
24 May 2020	730.55	3.26%
31 May 2020	741.04	3.31%
07 June 2020	692.43	3.11%
14 June 2020	704.65	3.16%
21 June 2020	632.15	2.84%
28 June 2020	768.5	3.45%
05 July 2020	768.5	3.07%
12 July 2020	766.8	3.44%
19 July 2020	750	3.37%
26 July 2020	630.37	2.83%
02 August 2020	593.88	2.67%

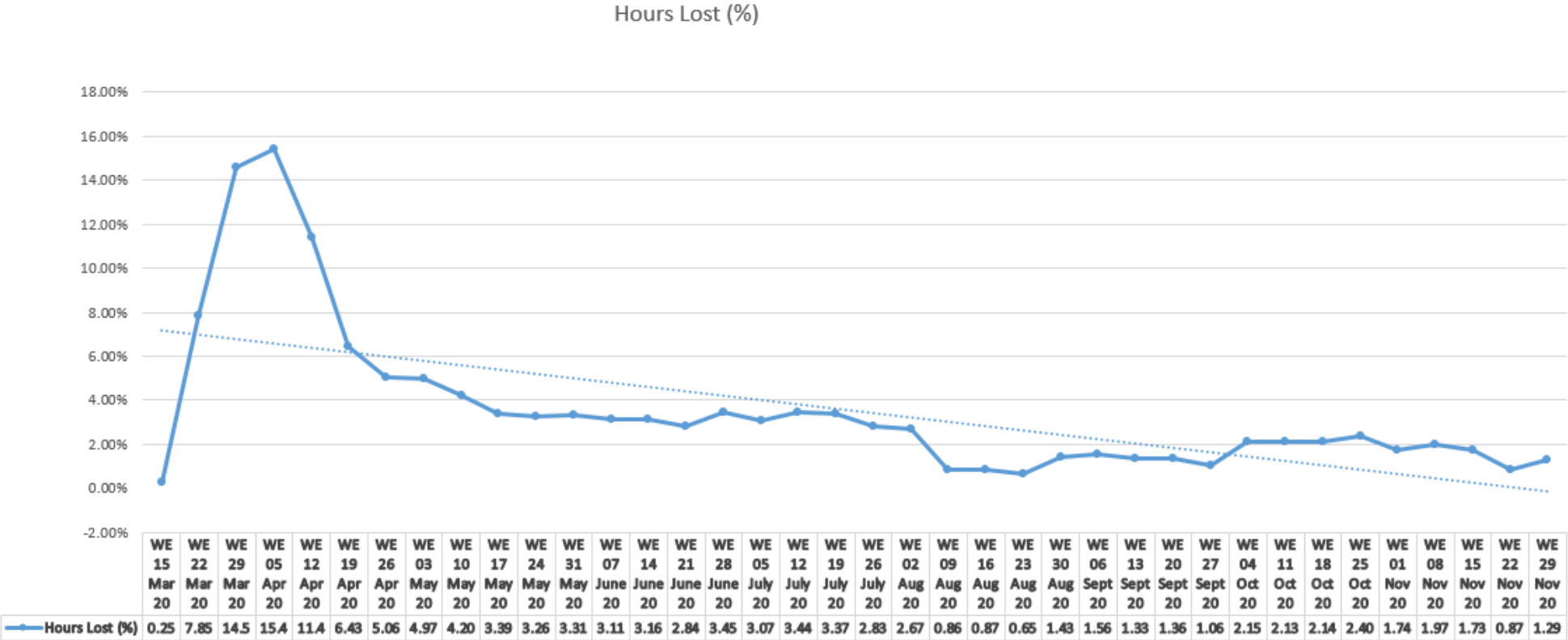


09 August 2020	191.86	0.86%
16 August 2020	194.26	0.87%
23 August 2020	145.02	0.65%
30 August 2020	317.55	1.43%
06 September 2020	345.35	1.56%
13 September 2020	293.08	1.33%
20 September 2020	299.72	1.36%
27 September 2020	233.85	1.06%
04 October 2020	472.25	2.15%
11 October 2020	468.98	2.13%
18 October 2020	469.54	2.14%
25 October 2020	522.85	2.4%
01 November 2020	380.45	1.74%
08 November 2020	431.83	1.97%
15 November 2020	380.5	1.73%
22 November 2020	191.88	0.87%
29 November 2020	284.78	1.29%

Month	Total Hours Lost	Total Hours Lost (%)
March 2020	6154.08	6.33%
April 2020	8086.04	8.50%
May 2020	3530.62	3.56%
June 2020	3239.32	3.39%
July 2020	3133.85	3.17%
August 2020	1045.39	1.06%
September 2020	1340.73	1.42%
October 2020	2595.9	2.68%

**Chart 1**

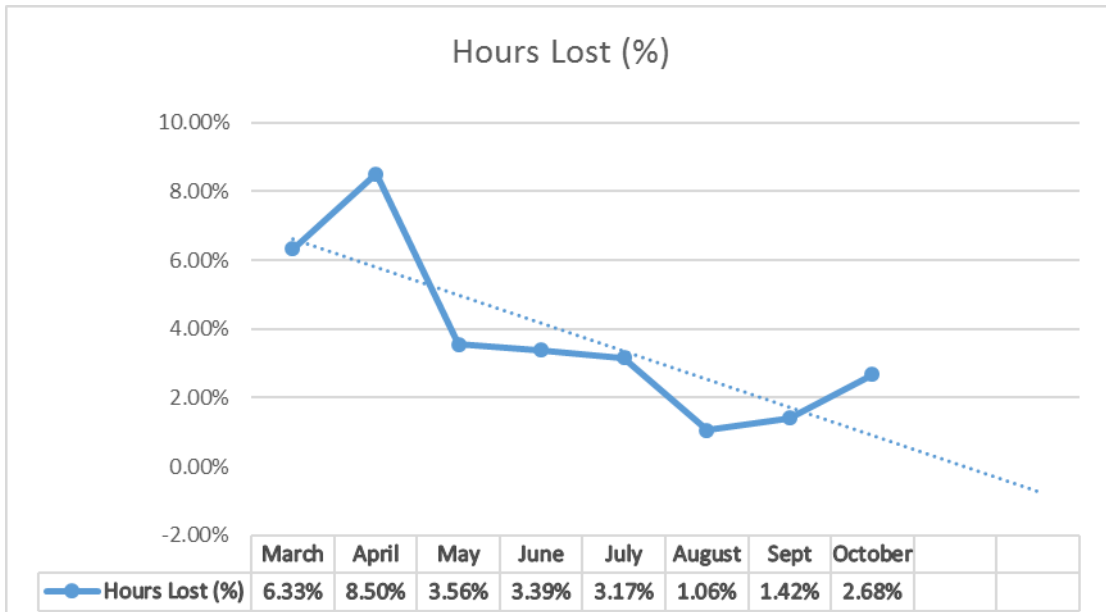
The chart below shows the trend in weekly reported COVID19 related special leave.



As indicated in the above chart, COVID related absence peaked during the week ending 5 April (15.42%) and there has been a general downward trend since then.

## Chart 2

The chart below shows monthly trend of reported COVID19 related special leave.

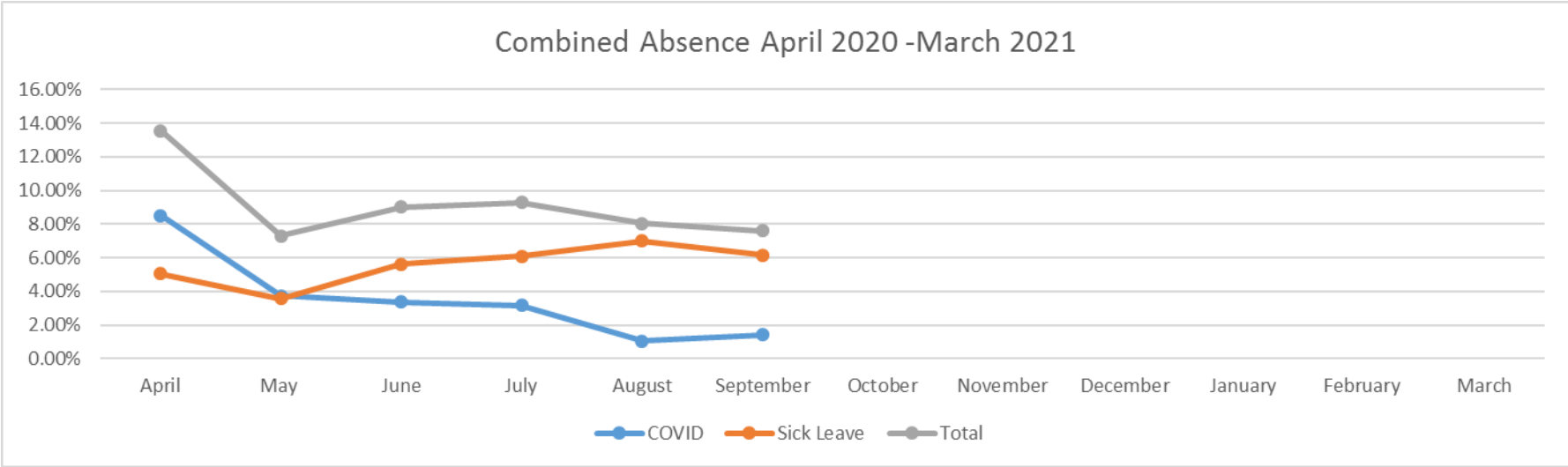


As shown above, the COVID-19 related special leave peaked in April 2020 with a monthly figure of 8.5% and there has been a general downward trend since that time.

**Chart 3**

The chart below shows the combined sickness absence and COVID-19 related special leave since April 2020.

Month	April	May	June	July	August	September	October	November	December	January	February	March
COVID	8.50%	3.75%	3.39%	3.17%	1.06%	1.42%						
Sick Leave	5.05%	3.56%	5.61%	6.11%	6.99%	6.17%						
Total	13.55%	7.31%	9.00%	9.28%	8.05%	7.59%						



As shown above, both COVID-19 related special leave and sickness absence peaked in April 2020. COVID-19 related special leave has been on a steady downward trend since that time, and there has been a slow incline in sickness absence.

## **Sickness Absence Management During COVID19 Crisis**

Following the outbreak of Covid-19 it was agreed towards the end of March 2020 to pause all routine sickness absence stage meetings and to only progress final stage or end of process meetings.

Long term sickness absence cases have continued to be reviewed by managers, with support from HR Advisors as appropriate, to support staff to return to their role or an adjusted role to support the wider organisation. Such cases have been managed remotely where possible during this period.

It was agreed in July 2020 to resume all formal sickness absence stage meetings and where possible these should be managed remotely. The stage meetings and associated reviews provide an important support mechanism for staff and will help to ensure that health and wellbeing problems and concerns associated with the pandemic are identified at an early stage and that any support needs are promptly addressed.

### **4. RECOMMENDATION**

Members are invited to note the contents of this report.

## MONITORING FORM

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b></p>	<p>Links to the Attendance Management Policy and aids monitoring of 5% attendance target set by the Scottish Government</p>
<p><b>Workforce Implications</b></p>	<p>Failure to achieve 5% target will impact ability to efficiently resource organisation.</p>
<p><b>Financial Implications</b></p>	<p>Failure to achieve 5% target results in additional spend to ensure continued safe staffing levels</p>
<p><b>Route To Partnership Forum</b> Which groups were involved in contributing to the paper and recommendations.</p>	<p>Interim Director of HR  Partnership Forum</p>
<p><b>Risk Assessment</b> (Outline any significant risks and associated mitigation)</p>	<p>N/A</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>Failure to achieve the 5% target will impact on stakeholder experience</p>
<p><b>Equality Impact Assessment</b></p>	<p>N/A</p>
<p><b>Fairer Scotland Duty</b> (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).</p>	<p>N/A</p>
<p><b>Data Protection Impact Assessment (DPIA) See IG 16.</b></p>	<p>Tick One  <input type="checkbox"/> <b>There are no privacy implications.</b>  <input type="checkbox"/> There are privacy implications, but full DPIA not needed  <input type="checkbox"/> There are privacy implications , full DPIA included.</p>

**THE STATE HOSPITALS BOARD FOR SCOTLAND**

Minutes of the meeting of the Staff Governance Committee held on Thursday 20 August 2020 at 9.45am via MS Teams, The State Hospital, Carstairs. **SGC(M)03**

**Present:**

Non-Executive Director	Bill Brackenridge ( <b>Chair</b> )
Employee Director	Tom Hair
Non-Executive Director	Nicholas Johnston
Non-Executive Director	Brian Moore

**In attendance:**

Board Chair	Terry Currie
Chief Executive	Gary Jenkins
Head of Corporate Planning & Business Support	Monica Merson
UNISON Staff-side Representative	Anthony McFarlane
RCN Staff-side Representative	Jacqueline McQueen
Board Secretary	Margaret Smith
Human Resources Director	John White
PA to Human Resources Director	Rhona Preston (minutes)

**(In attendance – part):**

Principal Occupational Health Advisor/Contract Manager	Kay Japp
Consultant Occupational Health Physician	Dr Sergio Vargus-Prada
Occupational Health Secretary/Administrator	Caron Casey

**1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS**

Bill Brackenridge welcomed everyone to the meeting that took place via MS Teams, noting apologies from Brian Paterson, Clinical Operations Manager.

Salus Occupational Health staff were welcomed to the meeting to present the Salus Occupational Health Annual Report, 2019-2020.

**2 CONFLICTS OF INTEREST**

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

**3 MINUTES OF THE PREVIOUS MEETING HELD ON 28 MAY 2020**

The Committee approved the Minutes of the previous meeting held on 28 May 2020 as an accurate record.

**4 ACTION POINTS AND MATTERS ARISING FROM THE PREVIOUS MEETING**

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

*iMatter, Bulletin*

Gary Jenkins advised members that the launch of the National Everyone Matters Pulse Survey will be live between 2-23 September 2020 and will be communicated to all staff via the Bulletin.

*Staff-side Representation*

A paper requesting additional representation will go to next week's Board asking for approval for a third staff side representative to be invited to attend the Staff Governance Committee to ensure a well-balanced attendance.

Gary Jenkins advised members that he has held discussions with Tom Hair, Brian Paterson and Mark Richards to advise of the importance of facility time being reserved for these groups and committees.

## **5 SALUS OCCUPATIONAL HEALTH ANNUAL REPORT 2019-2020**

Members of the Committee received and noted the Salus OHS Annual Report, April 2019 – March 2020 presented by Kay Japp, Principal OH Advisor and Contract Manager together with Dr Sergio Vargus-Prada, Consultant OH Physician.

The presentation highlighted the following key areas;

Service Provision; an overview of all services provided.

KPIs and Measurements; a summary was provided noting the increased pressure to Management Referrals due to Covid which will show in next years annual report.

Key Priorities for the State Hospital; Salus OH staff; members were advised of the Salus OH Staff and their roles in providing a competent, quality service to the Hospital.

Plans from 2018/19; these include monitoring Management Referral numbers against OH Physician resource, Reflect 1 year of KPIs for Management Referrals, Improve uptake of Case Management Mental Health Service, Explore numbers attending Physiotherapy who are absent, Increase Flu uptake, Review how we support staff following traumatic incidents.

Report Highlights from 2019/20; KPIs show Management Referrals are seen within 8 working days and reports are sent out within 1.2 working days; Nurse and Physician resource match demand, Reduction in DNAs and Cancellations, 90% compliance with absence notifications to EASY; Sickness absence ended the year at 5.94%; Mental Health was the highest reason for absence, this is mirrored across NHS; Increase in Flu uptake, PMVA assessments increase; Physiotherapy referrals are stable, Work relatedness of Physiotherapy referrals reduced; KPIs in place via OH Database system. It was noted that work on the Cohort system was paused due to Covid however this has now re-started, this will allow for data monitoring.

The Future; Kay Japp asked that from today if they are not meeting some of the priorities they need to know, this will allow for a more specific clinical audit.

Kay Japp provided a comprehensive report and presentation that was welcomed by members of the Committee.

Members were advised that the current service level agreement is in place until March 2021.

Key Performance Indicators were implemented in April 2019 and the report reflects the first full year of data recording.

Management referrals have stabilised and reduced from last year and Physician and Nurse resources match the demand.

Cancellations and DNAs account for 23% of appointments and will be explored to see if an improvement can be implemented.

The EASY service remains within the core OH service at no additional cost to the State Hospital.

Compliance with notifying absence to EASY is very good at 90%, however use of the Case Management (Mental Health) service is very low at 3 cases out of 81.

Sickness absence in the State Hospital ended the year at 5.94% which is again a reduction since



2019 and a significant decrease from the start of the 2018 when it was 8.87%.

Mental health and musculoskeletal conditions remain the commonest disorders seen in TSH staff and mental health disorders now significantly exceeds musculoskeletal as the highest reason for absence and referrals.

43% (278) of all TSH staff received influenza vaccination in 2019/20, an increase of 7% from the previous year but remains lower than the Scottish Government target for frontline staff. The use of Peer Immunisers will be explored for the 20/21 Flu season.

There remains an opportunity to review the evidence base for PMVA screening.

Physiotherapy cases who were off work at the time of their assessment have decreased this year and work related referrals have also decreased. The largest proportion of cases had spinal conditions, although this has reduced year on year over the last 2 years. All 30 cases with assessment and outcome measures noted improvement in their conditions.

The Annual Report of 20/21 will note the impact on service provision from Covid-19.

Bill Brackenridge thanked Kay Japp for the presentation and in particular for taking forward the actions and issues raised previously.

There was concern raised around the uptake of Case Management (Mental Health) service, with members asking what more could be done to encourage and increase the uptake. John White, HRD will take this action forward in conjunction with OH staff and will provide an update to the November meeting.

**ACTION: J WHITE**

Brian Moore expressed thanks for the very detailed report and presentation and asked how best to review the evidence base for PMVA screening; he highlighted concern around the nil return from night workers assessments and what action can be taken to improve DNAs and cancellations.

John White, HRD advised he has started discussions about PMVA screening with Lynn Clarke, Senior PMVA Training/Advisor and her Team and is happy to continue taking this forward with assistance as offered from Kay Japp. An update will come to the November meeting.

**ACTION: J WHITE**

Kay Japp advised that she is not too concerned around the night workers assessments, this is driven by the individuals. They should be offered that assessment to meet legislation but many do not take forward. She provided reassurance around the night workers advising that if they had any health issues, for example, unstable diabetes etc Occupational Health would be seeing them on a case by case basis. It is an area that can be explored further if required, however she is confident any issues are being captured in other ways.

There was a lengthy discussion around the high number of DNAs and cancellations and sourcing ways to help reduce these numbers. The suggestion of posters being used across the site showing the cost implications of these missed / cancelled appointments was raised. John White together with Kay Japp and the OH team will take this action forward and look at ways of improvement. An update will come to the November meeting.

**ACTION: J WHITE**

Nicholas Johnston thanked Kay Japp for this fulsome report and presentation advising that the information reported is what has been required for sometime and is now pleased to receive this level of detail.

There was some discussion on the Activity Graph included in the report however both Kay Japp and Dr Sergio Vargus-Prada advised there was nothing systemic being created, many of these incidences recorded are specific to incidents.

Terry Currie agreed with the quality of this report and presentation and thanked everyone responsible for their efforts in compiling this detailed report. He was keen to highlight the importance of the Flu Vaccination and due to imminent pressure from the Cabinet Secretary it is crucial that this is kept within the top 5 priorities of ensuring there is an increase in this year's uptake. Kay Japp advised that although there was an increase in the flu vaccine for this year it is hoped this will increase again due to the introduction of Peer Immunisers. This was a gap identified previously. It has been noted that some staff members source this from outwith the hospital, therefore suggestions were sought on how best to ensure this information is captured and recorded appropriately. Gary Jenkins agreed to re-inforce the importance of receiving the flu vaccination to next week's Board meeting. Kay Japp offered her support in assisting with any winter preparedness work undertaken by the Hospital.

Monica Merson also thanked Kay Japp for her in-depth report noting that she has found the discussions very helpful. She asked that the Staff Health & Wellbeing is also linked into any of the above work being taken forward. The survey recently undertaken across the site is expected to report back very soon and suggested linking this to work being considered for Case Management.

**ACTION: G JENKINS**

Bill Brackenridge again thanked Occupational Health staff for their report, presentation and input to today's meeting. Members of the Committee noted the report and the discussion.

Occupational Health staff left the meeting.

The Occupational Health contract with SALUS is due for renewal at March 2021, therefore Bill Brackenridge asked for an update to come to the November meeting on what discussions have taken place in preparation of this renegotiation. He also asked for assurance that we continue to monitor this service on an ongoing basis and not just annually through the annual report.

**ACTION: J WHITE**

## **STANDING ITEMS**

### **6 ATTENDANCE MANAGEMENT REPORT – JULY AND AUGUST 2020**

Members of the Committee received and noted the reports up to 31 May and 30 June 2020, as presented by John White, Human Resources Director. Both reports were presented due to the timing of data received from SWISS (Scottish Workforce Information Standard System).

Unfortunately the information received and used to compile the reports does not fit into the Staff Governance meeting schedule, therefore the information that is held to date will be circulated and followed by a revised report on receipt of the most current data. John White summarised the reports.

The sickness absence figure from 1 June 2020 to 30 June 2020 is 5.61% with the long/short term split being 4.34% and 1.27% respectively. Total hours lost for this period is 5,016.64 which equates to 30.82wte. The current average rolling 12 month sickness figure is 5.57% for the period 1 July 2019 to 30 June 2020. This figure shows a reduction of 1.86% when compared to the same period last year.

As highlighted and discussed previously the highest recorded reason for absence is around mental health. As also previously agreed this will be an area for continued focus.

There was discussion around whether the sickness absence percentage was a true reflection due to the way Covid absences are being recorded across all NHS Boards. Members were advised that during March until mid-April there was no testing available, then there were 30 tests available between NHSL and TSH and now there is better access to testing facilities across different areas, therefore this should have a positive impact on future reporting.

Members noted the reports, noting that this area has improved, however it will continue to be a focus due to ongoing issues.

### **7 HR PERFORMANCE – EMPLOYEE RELATIONS ACTIVITY**

Members of the Committee received and noted the Employee Relations Activity Report to 31 July 2020 as presented by John White, Human Resources Director. John White summarised the report, advising members that during July there was one new case raised.

It was noted that following the outbreak of Covid-19 in Mid-March 2020, it was agreed in partnership to pause non-urgent capability, disciplinary and grievance procedures and appeals, this action was approved by Silver Command.

Members noted the activity as listed in the report and John White advised there have been difficulties over the last few months, however he recognised that some of the cases should be further on in terms of progress therefore he has asked the Head of Human Resources to check what more can be done to reduce the timescales shown.

Due to the delay with the National Whistleblowing Policy, Brian Moore asked that the current local policy is amended to reflect the updated contact details.

**ACTION: J WHITE**

Brian Moore also advised members of a recent Whistleblowing case brought to him that will be progressed and actioned appropriately.

Tom Hair asked whether an Agenda for Change update could be added into this report, however it was thought this should be a separate report that could be added to the agenda if members required it.

The Committee noted the report.

## **8 PERSONAL DEVELOPMENT PLAN REPORT**

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

As at 31 July 2020 the total number of current reviews was 474 (78.6%), a decrease of 5.5% from 31 March 2020.

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

The Committee noted the report and the decrease in compliance as a direct result of Covid-19. The re-mobilisation plan includes PDPs being reinitiated it is hoped this will assist in improving compliance.

Members noted the report.

## **ITEMS FOR DISCUSSION**

### **9 STAFF ENGAGEMENT TO SUPPORT REMOBILISATION PLANNING**

Members of the Committee received and noted The Staff Engagement to Support Remobilisation Planning as presented by Gary Jenkins, Chief Executive and Monica Merson Head of Corporate Planning and Business Support.

The report presented a high-level summary of staff engagement responses and opinions from all disciplines across the hospital.

*Approved as an Accurate Record*

To support recovery and renewal planning and engage staff to ensure learning for the current situation informs future plans, a series of staff engagement activities have taken place across The State Hospital. Patient, career and volunteer feedback has also been sought through a series of discussions. The staff engagement activity proved an opportunity to 'check in' with staff and understand their experience of the recent changes. Staff engagement processes targeted specific groups such as RMO's and clinical leaders as well as engaged staff from all levels and departments across the site. Over 250 staff members engaged in responding to questionnaire, teleconference calls, MS team meetings, 1:1 discussions and group response activities.

The staff survey provided feedback on the following:

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

Building on themes raised, a series of 13 conference linked discussions, each led by the Chief Executive, took place between the 27 May and the 8 June 2020. The main themes from the staff survey were used as a baseline for discussion and staff were asked to feedback what was important to them moving forward, what they would want to build on and embed in future work and what they would not wish to see a return to.

Members of the Quality Forum engaged in these discussions to reflect a QI approach to planning for recovery. Staff side were also engaged in the discussions to ensure a partnership approach. A Staff Bulletin was developed and published in June to share the feedback from staff engagement activities with local posters displayed in staff areas to feedback the key areas raised.

Through the staff engagement activity, a range of themes emerged. These are listed below:

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

Further engagement was carried out in July, using The Royal Society for Arts template to support organisational learning from coronavirus to inform strategic planning through the assessment of temporary and innovative measures and paused and obsolete activity.

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

Feedback and associated actions will be reflected in The State Hospital Remobilisation Plan, and QI Forum's forward plans. The strategic approach to remobilisation will connect and sequence activities and change ideas, take a quality improvement approach, prioritise and describe work programmes.

The challenges presented to the organisation through the Covid-19 pandemic have been recognised however as cautious steps are taken to move forward into the recovery stage this has allowed various improvements to begin to ensure the Hospital work collectively and become stronger as the transition begins into a revised structure for wider business.

The Committee noted the report and discussion.

## **ITEMS FOR INFORMATION**

## **10 ADVERSE EVENT REPORTING TIMESCALES**

Members of the Committee received and noted the Adverse Event Timescale Report as presented by Monica Merson, Head of Corporate Planning and Business Support.

It was noted that in August 2019 the Clinical Governance Committee had highlighted performance within adverse event review reporting as an area of concern for consideration by the Staff Governance Committee.

The Committee expressed their concern in this area, and asked for an update report in six months time to demonstrate improvement in this regard, this was provided in February 2020 which noted there had been no new adverse events commissioned during this time. As such, an additional follow up report was requested in 6 months time, hence this report.

Since January 2020, Category 1 adverse event reviews are also reported on a monthly basis to Healthcare Improvement Scotland (HIS). This includes details around when these are completed and any main learning points identified.

Timescales for adverse event reviews are included within the Risk Management report which is sent to the CMT weekly. Executive Directors are also alerted to any reviews which may not meet the timescale required as soon as this becomes apparent to the reviewers.

There have been two Category 1 reviews commissioned since the last report. These are both under review at present and are currently within timescale.

There have been two Category 2 reviews commissioned since the last report. These both unfortunately, went over timescale.

With regards to Cat 2 19/01, there was a breakdown in communication around sign-off which resulted in formal sign off being delayed by approximately 1 month.

Cat 2 19/02 was delayed due to covid restrictions and difficulty accessing members of night duty staff during this time.

Monica Merson explained that the delays noted in the report were unfortunately as a result of the pandemic striking mid-March when although a report was written on time this could not be signed off at Corporate Management Team as planned. Another delay was caused by being unable to access staff on night duty which resulted in a delay with writing the report.

Terry Currie understands the difficulties that were experienced however he reiterated the importance of ensuring that working within the agreed timeframes is crucial and blame cannot continue to be placed on covid. The accessibility of staff needs to be a focus to ensure flexibility.

Monica Merson noted these comments and agreed that close attention to the timeframes involved is required. Gary Jenkins advised he will work with Monica Merson.

The Committee noted the report.

## **11 SCOTTISH TERMS AND CONDITIONS COMMITTEE – CORONAVIRUS UPDATES**

Members of the Committee noted web link where all information is available to view via the [Coronavirus \(COVID-19\) Reference Page](https://www.stac.scot.nhs.uk/coronavirus-covid-19) on the STAC website or visit via; <https://www.stac.scot.nhs.uk/coronavirus-covid-19>.

## **ANY OTHER COMPETENT BUSINESS**

### **12 ANY OTHER BUSINESS**

There was no any other business.

**13 DATE AND TIME OF NEXT MEETING**

The next meeting would take place on Thursday 19 November 2020 at 9.45am via MS Teams.

**THE STATE HOSPITALS BOARD FOR SCOTLAND**

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 14
Sponsoring Director:	Director of Security, Estates and Resilience
Author(s):	Programme Director/ Head of Estates and Resilience
Title of Report:	Perimeter Security and Enhanced Internal Security Systems: Project
Purpose of Report:	For Noting

**1. SITUATION**

This report to the Board summarises the current status of the Perimeter Security and Enhanced Internal Security Systems project. A number of issues have arisen that require discussion in the Board's Private Session; this paper contains information for recording in the public session of the Board and is replicated in full with additional information for the Board Private Session. Board members are asked to note the overall project update.

**2. BACKGROUND**

a) Governance

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

The Board meets monthly, with an interim internal meeting taking place between full meetings. The POB last met on 17 November and is scheduled to meet again on 16 December 2020.

The Programme Director provided an update on the current status on the project and the financial details. No additional risks have been added the risk register since the November meeting, though the Brexit risk mitigation has been updated to reflect the fact that the majority of the equipment coming from overseas is now on site, reducing any potential risk from the impact of Brexit.

b) General Project Update:

This current phase of the project is proceeding according to plan. Cost, quality and time targets are being met. A summary of planned and completed during the period of February 2020 to date include:

**i) On-site works:**

**Works Completed:**

<b>Item</b>	<b>Completion</b>
Installation and testing of Fibre Network across site	June 2020
Installation of CCTV in Skye Centre	July 2020
Installation of CCTV in Arran Hub	October 2020
Tube/Tile replacement	July 2020

**ii) Works underway:**

<b>Item</b>	<b>Due date</b>
Installation of CCTV into Mull Hub and Family Centre	January 2021
Replacement of Fence detection systems	March 2021
Moling under perimeter & additional CCTV Columns	May 2021
Programming of Security Management System (Coretech) prior to Factory Acceptance Testing (allowing new Personal Attack Alarms to be introduced from February / March 2021)	January 2021
Hostile Vehicle Mitigation Planning Proposal	TBC

**iii) Offsite works:**

Production and review of:

- Detailed design packages
- Risk Assessments and Method Statements for all elements of the project. These contain the detailed methodology of how the contractor will approach the task in order to ensure that Health, Safety and TSH requirements are met.
- Installation and configuration of equipment in the Factory Acceptance Testing facility at Swindon. The Programme Director visited the facility on 7 December 2020 with further visits expected to take place in the forthcoming months subject to Covid restrictions. The FAT build and programming appears to be progressing well and useful discussions took place regarding the test methodology.



### 3 ASSESSMENT

The project is proceeding according to the projected cost plan, all quality targets are being met and, following an adjustment of the projected completion date by six weeks to end December 2021 the project is on track. The Contract Completion date remains at January 2022.

The key project outline is:

Project Start Date:	April 2020
Planned Completion Date:	December 2021
Contract Completion Date:	January 2022
Main Contractor:	Stanley Security Solutions
Lead Advisor:	ThomsonGray
Programme Director:	Doug Irwin
Total Project Cost Projection (inc. VAT):	£10,346,263
Costs to date (Inc. VAT):	£5,043,000

### RECOMMENDATION

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

**MONITORING FORM**

<b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?</b>	Maintain / improve safety and security
<b>Workforce Implications</b>	Admin support and Director costs to be addressed through revenue, though this is under discussion
<b>Financial Implications</b>	Overall reduction in maintenance cost if approved Significant increase in revenue requirement if not approved Capital expenditure if approved
<b>Route to the Board</b> Which groups were involved in contributing to the paper and recommendations?	Project Oversight Board and Corporate Management Team
<b>Risk Assessment</b> (Outline any significant risks and associated mitigation)	Risk to service if not approved
<b>Assessment of Impact on Stakeholder Experience</b>	Addresses request from patients for introduction of CCTV in clinical areas
<b>Equality Impact Assessment</b>	N/A
<b>Fairer Scotland Duty</b> (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
<b>Data Protection Impact Assessment (DPIA) See IG 16.</b>	Tick One X There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications , full DPIA included.



## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting/Return due date:	17 December 2020
Agenda Reference:	Item No: 15
Sponsoring Director:	Director of Finance and E-Health
Author(s):	Deputy Director of Finance
Title of Report:	Financial Position as at 31 October 2020
Purpose of Report:	Update on current financial position

### 1 SITUATION

The Board is asked to consider the Revenue and Capital Resources spending plans, and monitor financial outturn. This report provides information on the financial performance to 31 October 2020, which is also issued monthly to Scottish Government (SG) along with the statutory financial reporting template. It is also normally reported to the Board, Corporate and Organisational Management Teams, and Partnership Forum. There have been alterations to this in 2020/21 due to the Covid crisis, although timings are now starting to return to schedule through the SG and Board remobilisation plans.

### 2 BACKGROUND

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

Having been delayed by the Covid-19 crisis, monthly financial performance reporting to SG has now resumed at the end of August 2020. Quarter 1 reviews by SG have been undertaken with Boards notified of levels of reimbursement of Covid costs in October.

The base budgets have been established and in line with balance are set on achieving £1.322m efficiency savings, as referred to in the table in section 4. £0.085m savings which were identified at the start of the year have been recognised over and above this in the base budgets.

The annual budget of £39.805m is primarily the Scottish Government Revenue Resource Limit allocation.

### 3 ASSESSMENT

#### 3.1 Revenue Resource Limit Outturn

The Board is reporting an under spend of £0.302m to 31 October 2020. Most of the movement in month was around releasing available budget for earlier COVID spend, CNORIS reimbursement and ongoing vacancies. PAIAW paid in October for July – Sept has been funded from reserves set aside. Please refer to 3.3 for more detail.

Of the unidentified £0.421m savings, this is being phased monthly, with £0.245m offset to date with vacancy savings.

### 3.2 Key financial pressures / potential benefits.

2020/21 PRESSURES	Risk	annual estimate £'k	Included in Reserves
Clinical Model Review	High	50	Y
Office 365	High	250	N
2020/21 BENEFITS			
Travel underspend re covid (excl. patients travel) ytd		32	Apr-Oct
New Accruals Mar 20 - reversal 20/21 - to be reviewed			

#### **Clinical Model review**

The review of the clinical model identified potential recurring savings in ward nursing - values to be confirmed – which would have been beneficial from early 2020/21 and monitored as part of the overall evaluation of the model. However, this is on hold due to Covid. There are, however, potential unidentified 2020/21 costs yet to be determined subject to the steps required to prepare for the implementation of the model e.g. Estates costs – now principally deferred and likely to be recognised in 2021/22.

#### **Office 365**

NHS Scotland are directing all Boards to the implementation of Office365 in 2020. This requires input from all directorates and much staff commitment. While the plan was originally scheduled for early 2020, it is now underway and any potential additional costs will be evaluated and, should additional funding be required to meet the demands of this, a specific business case will be raised.

#### **Travel**

Travel is underspent, due to reduced demand as a result of staff working remotely. However, this is offset by the higher demands on teleconferencing which have resulted in increased call charges, recognised through the Covid financial returns.

#### **Accruals**

These will be reassessed as part of the mid-year Finance review.

#### **Covid-19**

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

SG have made the initial allocation to Boards via the September allocation letter, which is detailed in the Covid finance paper presented to the Board, 50% has been released to October 20.

### 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 7	Budget WTE	Actual WTE
Nursing And Ahp's	20,208	11,938	11,738	200	379.10	394.36
Security And Facilities	5,936	3,498	3,445	53	118.64	111.44
Medical	3,975	2,319	2,134	185	37.13	29.17
Chief Exec	1,856	1,086	1,093	(7)	22.27	24.26
Human Resources Directorate	836	488	450	38	13.45	13.03
Finance	3,049	1,779	1,692	88	38.39	35.07
Cap Charges	2,857	1,667	1,655	12	0.00	
Misc Income	(600)	(350)	(336)	(14)	0.00	0.00
Central Reserves	1,687	(245)	7	(252)	0.00	0.00
	<b>39,805</b>	<b>22,180</b>	<b>21,878</b>	<b>302</b>	<b>608.98</b>	<b>607.33</b>

### **Highlights:**

**Nursing & AHPs and Security & Facilities** - see further details below.

**Medical** – Underspend mainly from vacancies in Psychology, plus the benefit of some staff having worked reduced hours. Medical staffing is also underspent due to Maternity Leave and timing of increments.

**CE** – Budget to be rebased for HR Director changes.

**HR** – Underspend from vacancies.

**Learning Centre** – Little of the training budget has been utilised to date – this is under review for confirmation of the requirements and timings for the remainder of the year.

**Finance** – Underspend from vacancies.

**Misc. Income** – Now recognises £0.500m annual budget for Exceptional Circumstances Patients.

### **Central reserves**

Savings unidentified are now partly phased year to date, with some still remaining in period 12. Other reserves are earmarked for pending developments. The bulk is Covid funding.

### **3.3.1 Nursing & AHPs**

Nursing And Ahp's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 7	Budget WTE	Actual WTE
Advocacy	147	86	84	2	0.00	
AHPs & Dietetics & SLAs	687	401	358	43	13.33	11.45
Hub & Cluster Admin & Clinical Operations	812	478	461	17	23.17	21.57
NPD & Infection Control & Clin Gov	410	239	234	5	5.80	4.25
PCI & Pastoral	231	135	109	26	3.40	3.74
Skye Centre	1,681	981	918	62	38.33	33.50
Ward Nursing	16,239	9,619	9,574	45	295.07	319.85
	<b>20,208</b>	<b>11,938</b>	<b>11,738</b>	<b>200</b>	<b>379.10</b>	<b>394.36</b>

### Ward Nursing

Student nurses recruited early 2020/21 – funding has now been released from Covid allocation.

Prior Year Variance £'k	Ledger Ward Nursing cumulative	Annual Budget £'k	In month / Year to Date Budget £'k	In month / Year to date Actuals £'k	YTD Variance (budget less actuals) £'k	Budget WTE	Actual WTE	Contracted / conditioned wte's	Diff in contracted less budget wte's
(65)	April 20	15,874	1,323	1,405	(82)	295.07	328.61	298.06	(2.99)
(58)	May 20	15,889	1,324	1,272	52	295.07	314.80	305.31	(10.24)
3	June 20	15,889	1,324	1,302	22	295.07	314.24	302.30	(7.23)
(1)	July 20 (PAIAW)	15,889	1,324	1,340	(16)	295.07	326.96	300.79	(5.72)
(6)	August 20	15,889	1,324	1,301	23	295.07	322.36	298.51	(3.44)
*	(8) September 20	16,168	1,603	1,567	36	295.07	313.95	295.25	(0.18)
*	23 October 20 (PAIAW)	16,239	1,395	1,386	9	295.07	319.85	295.28	(0.21)
(111)	Cumulative YTD		9,618	9,574	44				

\* covid release

Sum of Overtime Pay 2020/2021		Month								
Cost Centre Description	Bands	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Grand Total £'s	
Wards	Band 3	£ 48,241	£ 27,440	£ 30,554	£ 47,290	£ 36,079	£ 32,140	£ 36,589	£ 258,334	
	Band 4	£ 3,618	£ 830	£ 1,180	£ 3,931	£ 3,115	£ 985	£ 1,958	£ 15,616	
	Band 5	£ 60,299	£ 27,774	£ 31,541	£ 54,405	£ 44,494	£ 44,050	£ 44,887	£ 307,449	
	Band 6	£ 16,831	£ 3,192	£ 7,464	£ 11,945	£ 11,964	£ 11,574	£ 7,254	£ 70,223	
	Band 7	£ 389	£ 360	£ 97	£ 347	£ -	£ 712	£ -	£ 1,906	
	Band 8A	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	
<b>Wards Total</b>		<b>£ 129,378</b>	<b>£ 59,595</b>	<b>£ 70,835</b>	<b>£ 117,918</b>	<b>£ 95,652</b>	<b>£ 89,461</b>	<b>£ 90,688</b>	<b>£ 653,528</b>	

Sum of Overtime Pay 2019/2020		Month								
Cost Centre Description	Bands	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Grand Total £'s	
Wards	Band 3	£ 43,783	£ 36,940	£ 32,759	£ 26,398	£ 39,768	£ 40,068	£ 23,521	£ 243,237	
	Band 4	£ 2,006	£ 2,152	£ 1,667	£ 1,321	£ 1,457	£ 1,775	£ 869	£ 11,247	
	Band 5	£ 50,679	£ 44,228	£ 39,994	£ 31,272	£ 38,287	£ 44,835	£ 23,752	£ 273,047	
	Band 6	£ 20,263	£ 13,166	£ 9,971	£ 11,610	£ 14,452	£ 17,189	£ 8,493	£ 95,145	
	Band 7	£ -	£ 384	£ 646	£ -	£ -	£ -	£ -	£ 1,031	
	Band 8A	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	
<b>Wards Total</b>		<b>£ 116,731</b>	<b>£ 96,872</b>	<b>£ 85,038</b>	<b>£ 70,600</b>	<b>£ 93,964</b>	<b>£ 103,867</b>	<b>£ 56,635</b>	<b>£ 623,707</b>	

Others – underspends mainly in connection with vacancies.

### 3.3.2 Security and Facilities

Security And Facilities	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 7	Budget WTE	Actual WTE
Facilities	4,305	2,547	2,423	124	78.87	72.54
Security	1,631	952	1,020	(69)	39.77	38.90
Perimeter Security	0	0	2	(2)	0.00	0.00
	<b>5,936</b>	<b>3,498</b>	<b>3,445</b>	<b>53</b>	<b>118.64</b>	<b>111.44</b>

**Facilities** – Call charges have increased dramatically due to staff working from home. However, this is offset with vacancies, and significant under spends in utilities. We have now released the Covid allocation confirmed in early October, to address the earlier pressures. Utilities significantly underspent.

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

**Perimeter Fence** – While the main staff costs in this regard are being cross charged to capital as part of the FBC, overtime related to Security remains a revenue cost.

#### 4 ASSESSMENT – SAVINGS

The following table is the savings set by Directorate, further discussions continue to address the unidentified savings balance of £0.421m, of which 1/12ths are now being phased year-to-date.

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

Cumulative Savings	Savings - Annual Target	Achieved to date	(Still to be achieved) / over achieved	Memo - savings already in base
	£'k	£'k	£'k	£'k
<b>Directorate</b>				
Chief Executive	(143)	80	(63)	0
Finance	(49)	55	6	(30)
Nursing & AHP's	(315)	175	(140)	0
Human Resources	(15)	0	(15)	0
Medical	(144)	195	51	(55)
Security & Facilities	(235)	145	(90)	0
Unidentified (£245k phased ytd)	(421)	246	(175)	0
<b>Total</b>	<b>(1,322)</b>	<b>896</b>	<b>(426)</b>	<b>(85)</b>

While an improved level of the proportion of recurring savings is a national focus that has been highlighted by audit, it should be noted that of the Hospital's budget nearly 85% of costs are pay/staff-related. The remaining non-pay cost element from which recurring savings are being pressured is therefore only 15%.

By comparison, many territorial boards have a non-pay cost element of around 65%; other National boards have non-pay costs ranging from around 80% (NSS, NES) to 30/40%.; and certain boards treat vacancy savings, or a proportion thereof, as recurring savings.

#### National Boards Contribution

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

The level to which the Board agreed for 2019/20 remained at £0.220m, with 2020/21 at present committed at the same level – while there continues to be pressure on the collective boards due to the £15m challenge not yet being fully identified.

## 5 CAPITAL RESOURCE LIMIT

The capital allocation anticipated from Scottish Government for the year is £0.269m, with a further £0.040m received September for Covid related spend, and a further £0.060m for gym equipment received October.

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

<b>CAPITAL CRL</b>	<b>ANNUAL</b>	<b>YTD</b>
<b>AS AT OCTOBER 2020</b>	<b>PLAN</b>	<b>SPEND</b>
	<b>£'k</b>	<b>£'k</b>
<b>PERIMETER SECURITY</b>		
STANLEY SECURITY SOLUTIONS LTD		4,059
SECURITY CONTRACTING SERVICES LTD		101
DOIG & SMITH		-2
THOMSON GRAY LTD		150
TSH STAFFING APR & OCT 20		87
<b>PERIMETER SECURITY TOTAL</b>	<b>9,150</b>	<b>4,395</b>
<b>CAPITAL</b>		
IM&T		93
OTHER		31
COVID		0
<b>CAPITAL</b>	<b>309</b>	<b>125</b>

## 6 RECOMMENDATION

### Revenue

Year-to-date position is £0.302m under spend.

### Capital

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

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



**MONITORING FORM**

<b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b>	Monitoring of Financial Position
<b>Workforce Implications</b>	No workforce implications – for information only
<b>Financial Implications</b>	No workforce implications – for information only
<b>Route to SG/Board/SMT/Partnership Forum</b> Which groups were involved in contributing to the paper and recommendations.	Head of Management Accounts
<b>Risk Assessment</b> (Outline any significant risks and associated mitigation)	None identified
<b>Assessment of Impact on Stakeholder Experience</b>	None identified
<b>Equality Impact Assessment</b>	No implications
<b>Fairer Scotland Duty</b> (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
<b>Data Protection Impact Assessment (DPIA) See IG 16.</b>	Tick One <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed. <input type="checkbox"/> There are privacy implications, full DPIA included.

**THE STATE HOSPITALS BOARD FOR SCOTLAND**

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 16
Sponsoring Director:	Finance and Performance Management Director
Author:	Head of Corporate Planning and Business Support Corporate Planning and Risk Project Support Officer
Title of Report:	Performance Report Q2 2020/2021
Purpose of Report:	For Noting

## 1. SITUATION

This report presents a high-level summary of organisational performance for Q2, July - September 2020. A summary table and run charts for the performance indicators may be found in Appendix 1. Trend data is also provided to enable comparison with previous performance. The Board is asked to note that the report covers the unprecedented period of operation due to the Coronavirus pandemic. An Interim Clinical Operational Policy was introduced to ensure infection prevention and control measures are prioritised. This Policy has daily and weekly monitoring to review the impact of this new approach to delivery of care on the health and well-being of patients.

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

## 2. BACKGROUND

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

## 3. ASSESSMENT

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

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

On 30 September 2020 there were 113 patients in the hospital. Nine of these patients were in the admission phase. Eight CPA documents had not been reviewed within the 6-month period. Of these eight, four have since been uploaded to RiO in October thus missing the deadline. Another was due with a change in the relevant date of the patient's section, whilst a further CPA meeting has been rescheduled to a later date. Of the remaining two, one has been held (at the very end of September) and the other is scheduled to take place

in line with patient's relevant date. This gives a compliance of 92.3% which is a drop from Q1's 95.7% compliance. The indicator now moves into the amber zone for this quarter.

This indicator has been highlighted to the appropriate lead officer for further investigation.

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

**No 3 Patients will be engaged in off hub activity centres**

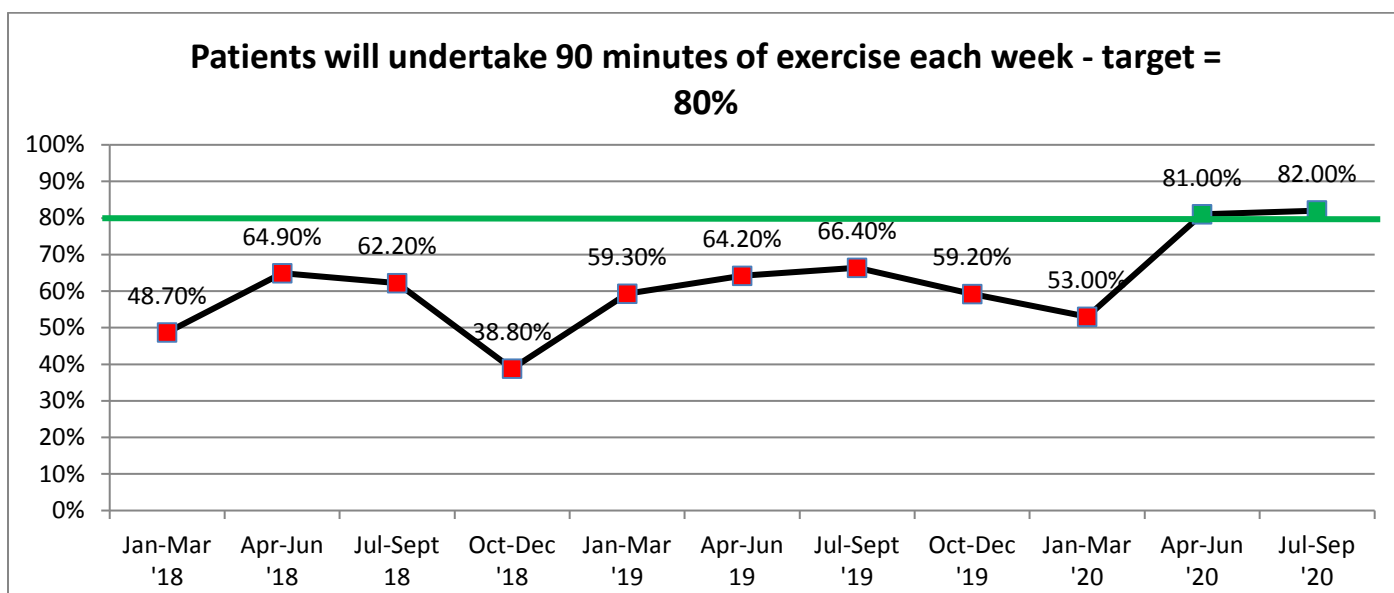
Due to Covid-19, no off-hub activities were offered as these were suspended thus the figure representing patient attendance is 0%. This indicator remained within the red zone for this quarter. During this quarter, 75% of patients participated in "drop-in" sessions at the Skye Centre such as gardens, sports and Patient Centered Learning (PLC). Daily and weekly reports including sessions for patients in the grounds and on hub activities have been provided and reported to the Interim Clinical Operational Policy Monitoring Group. Monitoring of these activities have revealed random variation, with good uptake of activities and between 0 - 4 patients having no activity at any point during the week over the last 5 weeks. The overall number of Skye Centre sessions, out with patient walking, increased from 1835 in Q1 to 2559 in Q2.

**No 5 Patients will undertake 90 minutes of exercise each week**

The Physical Activity levels over the second quarter have averaged 82%. This is a 1% increase from the previous quarter. This is the second quarterly instance where the indicator is within the green zone since the data collection started. The reason for this increase was due to Covid-19: all normal activities within the hospital were suspended. To facilitate activity, service providers were supporting patient's walks twice per day during the data collection period. In addition to this, from June 2020 onwards, patients had the opportunity to participate in outdoor sporting sessions, including cycling and gardening sessions albeit on a much smaller scale than normal.

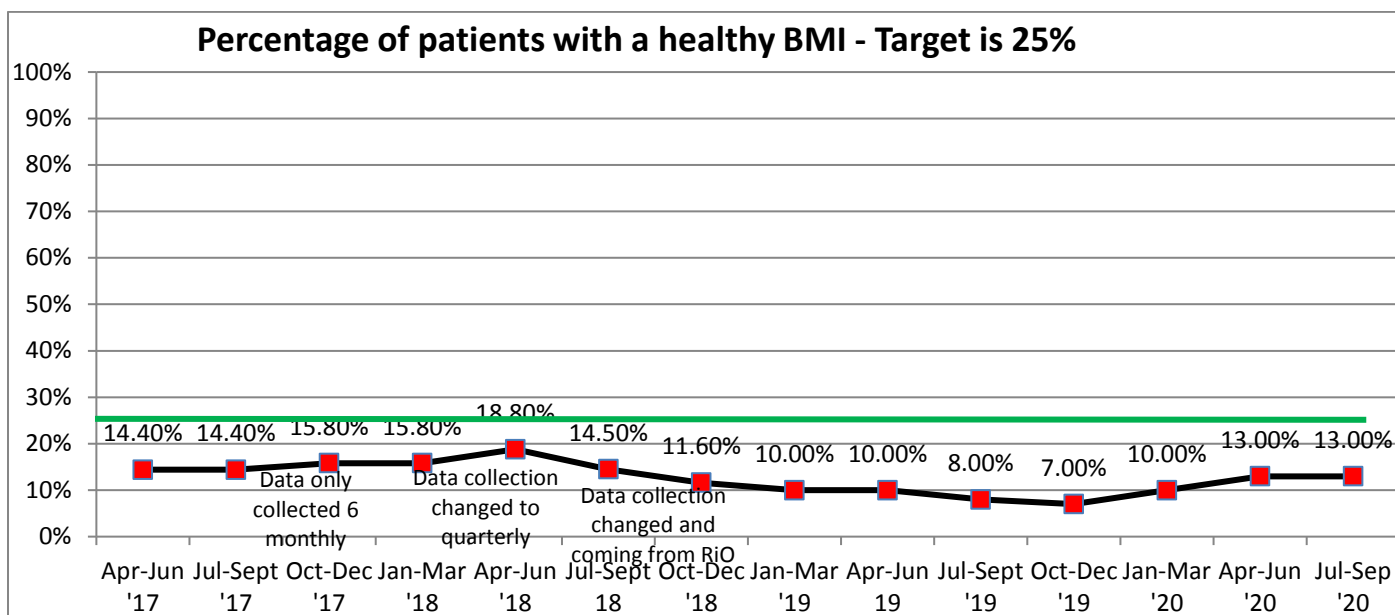
Data recorded is patient participation in moderate physical activity intervention. This data includes patients participating in Sports and Fitness, Gardens, ward activities and escorted walks. This data also includes patients using Ground Access as a means of physical activity. Caution should be used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

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



**No 6 Healthier BMI.**

The RiO reports show that 13% of patients have a healthy BMI. This is the same figure from the previous quarter. Patients with a healthy BMI has shown an increase since October 2019. 1% of patients fall into the underweight category for this quarter. This indicator remains in the red zone and will be the focus of Supporting Healthy Choices group when it resumes.

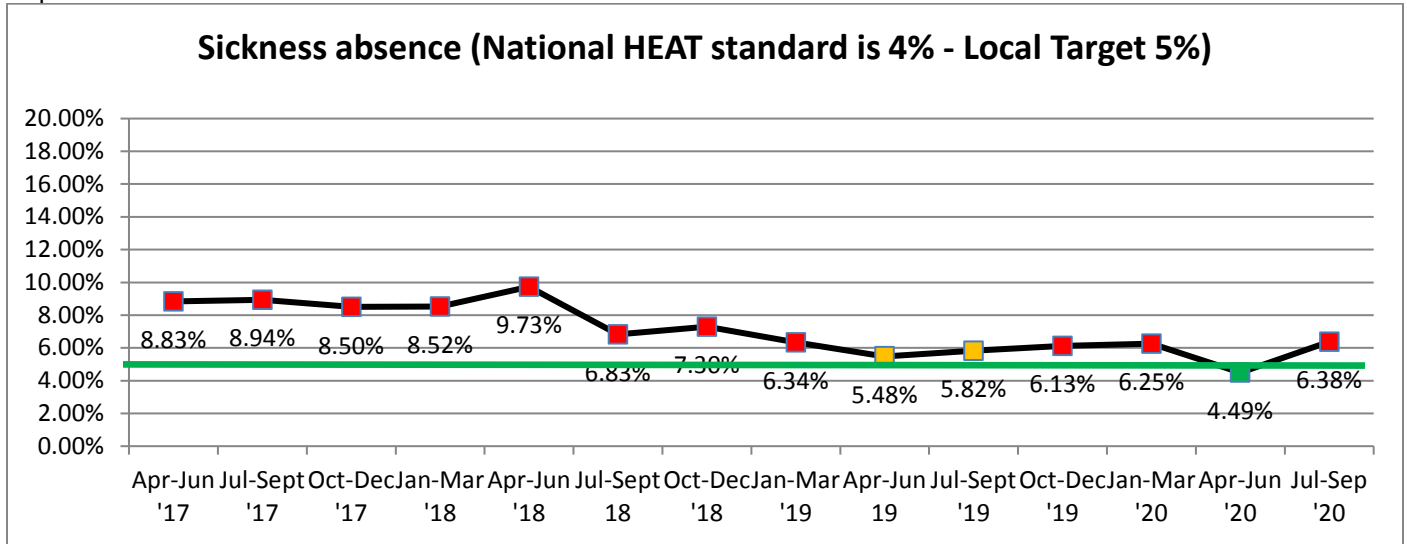


Weight Range BMI	Q2 Jul-Sept 2020 N=111	Q1 Apr-June 2020 N=110	Q4 Jan-Mar 2020 N=107	Q3 Oct-Dec 2019 N=105
<18.5 Underweight	1%	1%	0	0
18.5-24.9 Healthy	13%	14%	10%	7%
25-29.9 Overweight	43%	38%	41%	42%
30-34.9 Obese (Class 1)	26%	30%	30%	30%
35-.39.9 Obese (Class 2)	15%	13%	14%	15%
>40 obese Obese (Class 3)	2%	4%	5%	6%

\*The 'N' number equates to patients agreeing to undertake a BMI check.

**No 7 Sickness absence.**

The sickness absence rate for the quarter was 6.38%. This was an increase from last quarter's average of 4.49%. July's figure was 6.23%, August was 6.68% and September's figure was 6.25%. Within the quarter, there were fluctuations in absence rates, both increases and decreases. This indicator moves into the red zone for Q2.

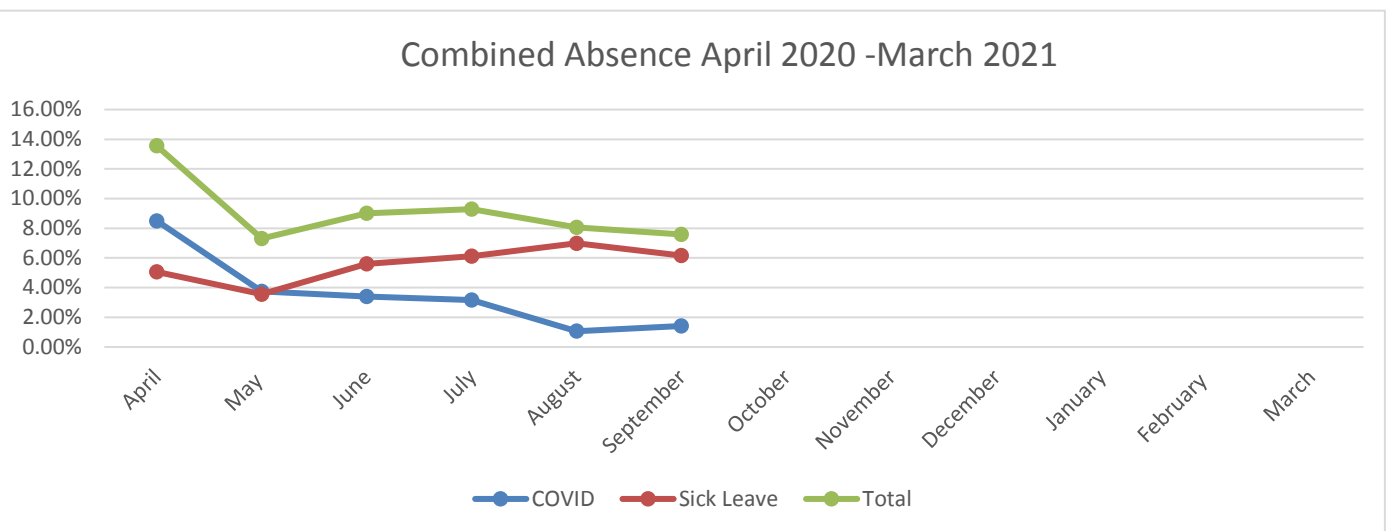


### COVID-19 RELATED SPECIAL LEAVE

It should be noted that in accordance with guidance set out in DL(2020)5 Coronavirus (Covid-19): National Arrangements for NHS Scotland Staff, staff absence and sickness related to Covid-19 is recorded as special leave and does not count towards sickness absence triggers. Details of working hours lost due to COVID19 related special leave expressed by the monthly totals, are provided below.

Source: SSTS  
 < 5% Green  
 5 - 7% Amber  
 > 7% Red

Month	Total Hours Lost	Total Hours Lost (%)
July 2020	3133.85	3.17%
August 2020	1045.39	1.06%
September 2020	1340.73	1.42%

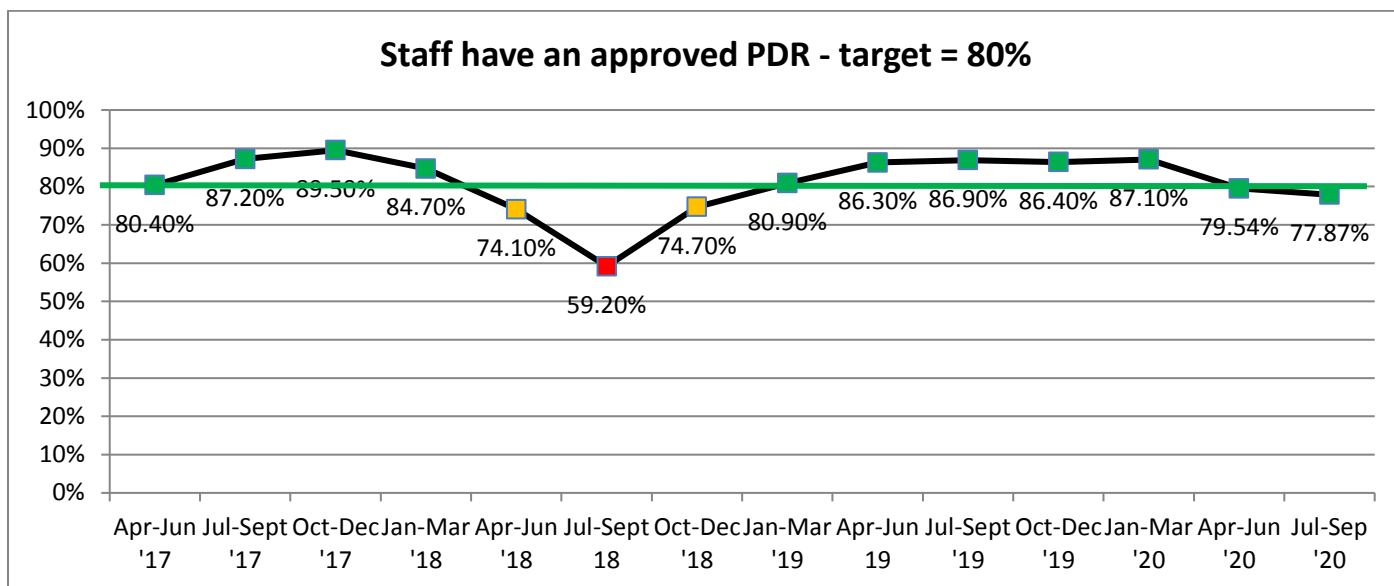


Month	April	May	June	July	August	September
<b>COVID</b>	<b>8.50%</b>	<b>3.75%</b>	<b>3.39%</b>	<b>3.17%</b>	<b>1.06%</b>	<b>1.42%</b>
<b>Sick Leave</b>	<b>5.05%</b>	<b>3.56%</b>	<b>5.61%</b>	<b>6.11%</b>	<b>6.99%</b>	<b>6.17%</b>
<b>Total</b>	<b>13.55%</b>	<b>7.31%</b>	<b>9.00%</b>	<b>9.28%</b>	<b>8.05%</b>	<b>7.59%</b>

### No 8 Staff have an approved PDR

The PDR compliance level over the period July to September 2020 has averaged 77.87%. This is a decrease of 1.67% from the last quarter. It is important to note the impact that the coronavirus pandemic has had upon the review process across all NHS Boards. National guidance for NHS Scotland invited Boards to postpone all non-urgent business, including appraisals. Although reviews are continuing to take place, factors such as staff absence and homeworking have made it difficult to conduct and progress some appraisals that are overdue.

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



### No 15 Attendance by clinical staff at case reviews.

Attendance at case reviews was recorded as both physical and virtual attendance.

**RMO** – attendance for this profession rose 1% in Q2 to 63%. This indicator still remains in the red zone. This was attributed to an error in recording attendance for these reviews.

**Medical** – this profession remains within the red zone with only 1% rise in Q2 to 63%. The reasoning for this attendance rate was due to a recording issue during these reviews.

**Key Worker/Associate Worker** – attendance figures increased to 70% in Q2 from 62% in Q1. This moves this profession into the amber zone.

**Nursing** – during Q2, attendance from Nursing has increased to 94% from 81% in Q1. Nursing moves into the amber zone for this quarter.

**OT** – attendance has dropped during Q2 to 67% from 89% in Q1. This moves OT into the red zone for this quarter. The Occupational Therapy department is experiencing staff deficits due to vacancies.

**Pharmacy** – attendance for this quarter has slightly risen from 57% to 65%. This profession remains within the green zone.

**Clinical Psychologists** – this profession’s attendance has dropped again in Q2 to 59%. This indicator remains red. Reasoning was sought from the relevant head of department on this figure which requires further investigation.

**Psychology** – there has been a 1% increase in Q2 for this profession. Indicator remains within the red zone for Q2. Reasoning was sought from the relevant head of department on this figure which requires further investigation.

**Security** - attendance from security has significantly risen in this quarter – from 16% to 48%. They, however, remain within the red zone for this quarter.

**Social Work** – attendance has dropped by 21% in Q2 from 95% to 74%. This moves this profession into the amber zone for this quarter. This was attributed to annual leave being taken during July and August which was unutilized due to COVID-19.

**Dietetics** – during Q2, attendance from dietetics has slightly fallen to 81% from 86% in Q1. There is no target for this profession as of yet.

#### **4. RECOMMENDATION**

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

**MONITORING FORM**

<b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b>	Monitoring of Key Performance Indicator Performance in the TSH Local Delivery Plan (2017-2020) and the Operational Plan.
<b>Workforce Implications</b>	No workforce implications-for information only.
<b>Financial Implications</b>	No financial implications-for information only.
<b>Route to Board</b> Which groups were involved in contributing to the paper and recommendations?	Risk, Finance and Performance Management Group, requested through board workplan
<b>Risk Assessment</b> (Outline any significant risks and associated mitigation)	There is a dependency on the Business Intelligence project. While we can identify other ways of obtaining and analysing data there will be continue to be limitations on the timeliness and granularity of the information reported.
<b>Assessment of Impact on Stakeholder Experience</b>	The gaps in KPI data which make it difficult to assess.
<b>Equality Impact Assessment</b>	No implications identified.
<b>Fairer Scotland Duty</b> (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
<b>Data Protection Impact Assessment (DPIA) See IG 16.</b>	<p>Tick One</p> <p><input checked="" type="checkbox"/> There are no privacy implications.</p> <p><input type="checkbox"/> There are privacy implications, but full DPIA not needed</p> <p><input type="checkbox"/> There are privacy implications , full DPIA included.</p>





Item	Principles	Performance Indicator	Target	RAG Q1	RAG Q2	Actual	Comment	LEAD
1.	8	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	G	A	92.30%	This indicator moves into the amber zone for quarter 2 of 2020/21.	LT
2.	8	Patients will be engaged in psychological treatment	85%	G	G	86.90%	Figure is an average of 84.82% in July, 86.72% in August and 89.18% in September 2020.	JM
3.	8	Patients will be engaged in off-hub activity centres	90%	R	R	0%	All off-hub activities were cancelled during this period: Skye Centre staff facilitated walks in the interim. 75% drop-in rate for the Skye Centre during this quarter for activity.	MR
4.	8	Patients will be offered an annual physical health review	90%	G	G	100%	All patients eligible for an annual physical health review were offered for Q2.	LT
5.	8	Patients will undertake 90 minutes of exercise each week	80%	G	G	82%	This is the second instance where this indicator was within the green zone: a 1% increase from the previous quarter.	MR
6.	8	Patients will have a healthier BMI	25%	R	R	13%	This figure has remained the same as the previous quarter.	LT
7.	5	Sickness absence rate (National HEAT standard is 4%)	** 5%	G	R	6.38%	July's figure was 6.23%, August's was 6.68% and September's was 6.25%.	KS
8.	5	Staff have an approved PDR	*80%	G	G	77.87%	This indicator has been within the green zone since February 2019.	KS
9.	1, 3	Patients transferred/discharged using CPA	100%	G	G	100%	10 patients were transferred during this quarter.	KB
10.	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	G	G	100%	This indicator remains 100% in Q2.	LT
11.	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	97.32%	4 patients in total waited beyond the estimated 18-week target.	JM
12.	1, 3	Patients will engage in meaningful activity on a daily basis	100%				<i>New indicators and business processes in development as reported to the June Board.</i>	MR
13.	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	G	G	95.19%	113 patients. 9 new admissions, 104 patients with current risk assessments and 5 risk assessments out of date (4 was due to section changes and 1 will be completed in line with his relevant date (previous risk assessment was on admission))	LT
14.	2, 6, 7, 9	Hubs have a monthly community meeting.	-			-	<i>New indicators and business processes in development as reported to the June Board.</i>	MR
15.		Refer to next table.						All Clinical Leads

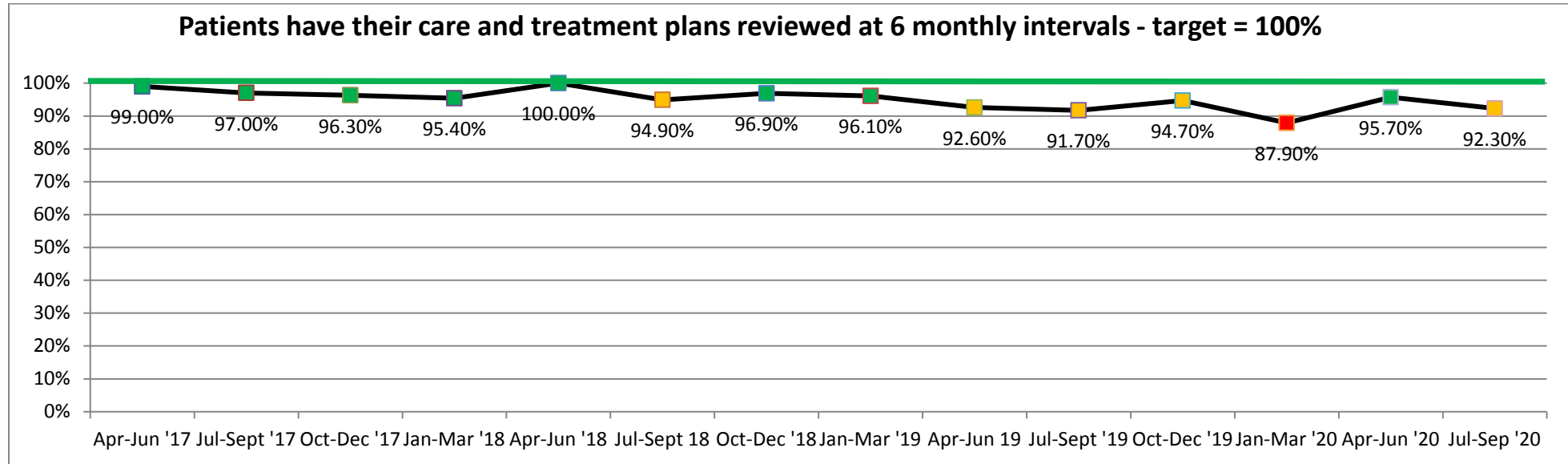
Item	Code	Principles	Performance Indicator	Profession (Lead)	Target	RAG Q1	RAG Q2	Overall attendance Jul – Sep 2020 (n=46)	Overall attendance Apr - Jun 2020 (n=52)	Overall attendance Jan-Mar 2020 (n=42)	Overall attendance Oct-Dec 2019 (n=44)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	<b>RMO (LT)</b>	90%	R	R	63%	62%	90%	86%
				Medical (LT)	100%	R	R	63%	62%	95%	98%
				Key Worker/Assoc Worker (MR)	80%	R	A	70%	62%	78%	82%
				Nursing (MR)	100%	R	A	94%	81%	95%	98%
				OT(MR)	80%	G	R	67%	89%	90%	93%
				Pharmacy (LT)	60%	G	G	65%	57%	68%	57%
				Clinical Psychologist (JM)	80%	R	R	59%	65%	67%	80%
				Psychology (JM)	100%	R	R	71%	70%	90%	84%
				Security (DW)	60%	R	R	48%	16%	44%	68%
				Social Work (KB)	80%	G	A	74%	95%	74%	75%
				Skye Activity Centre (MR) (only attend annual reviews)	tbc	-		0%	0%	0%	4%
				Dietetics (MR) (only attend annual reviews)	tbc	-		81% n=16	86% n=21	64% n=22	67% n=24

Definitions for red, amber and green zone

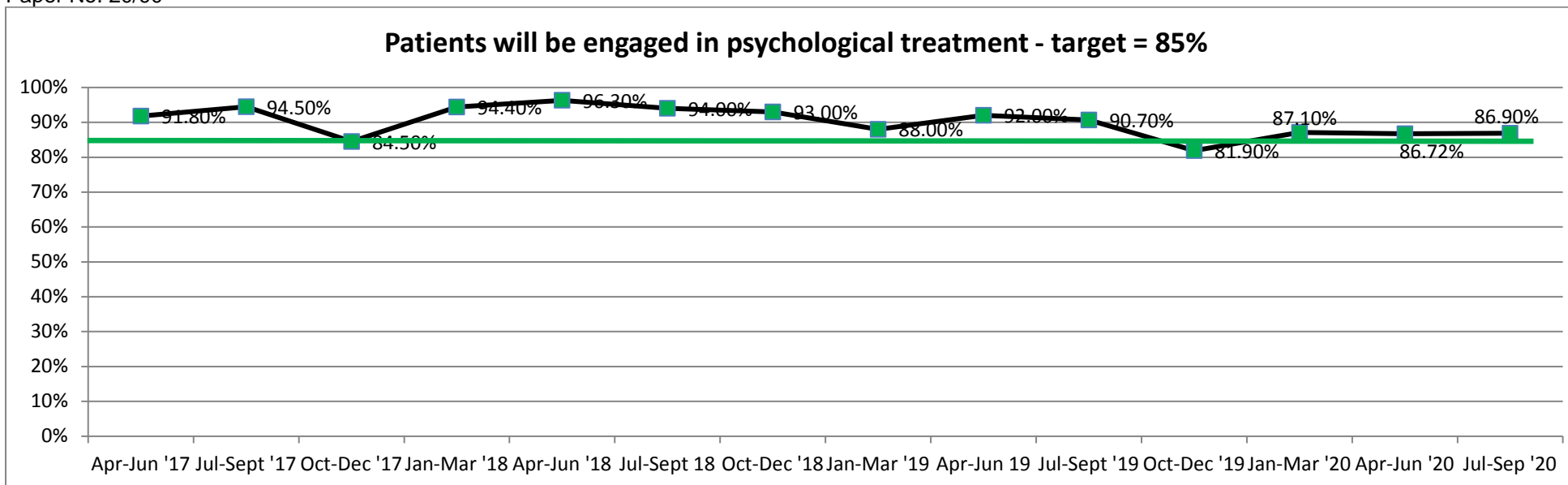
- For all but item 6 and 7 green is 5% or less away from target, amber is between 5.1% and 10% away from target and Red will mean we are over 10% away from target
- For item 6: ‘Patients have a healthier BMI’ green will be 3% or less away from target, amber will be between 3.1% and 5% away from target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

### Trend Graphs for Performance Management Data

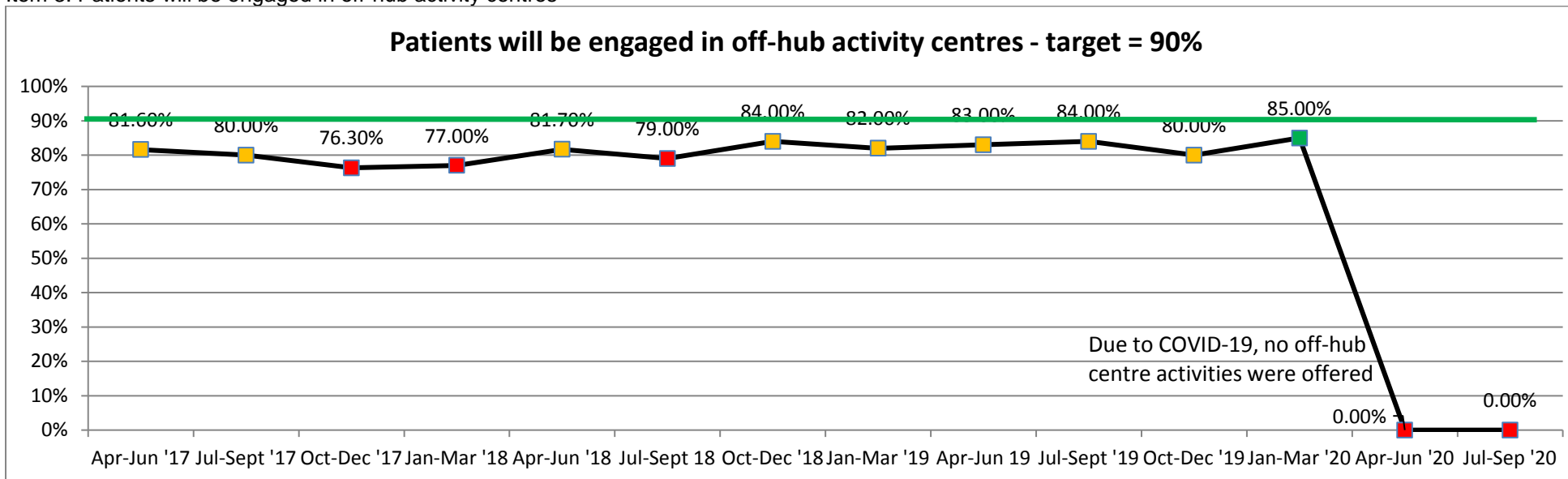
Item 1: Patients have their care and treatment plans reviewed at 6 monthly intervals



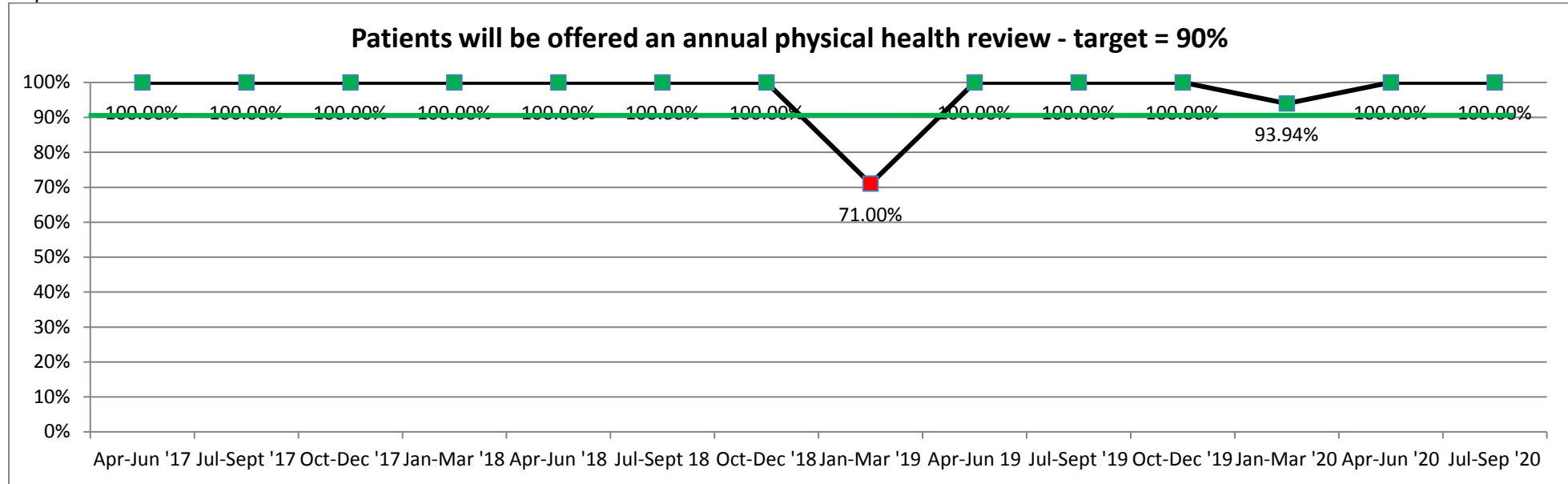
Item 2: Patients will be engaged in psychological treatment



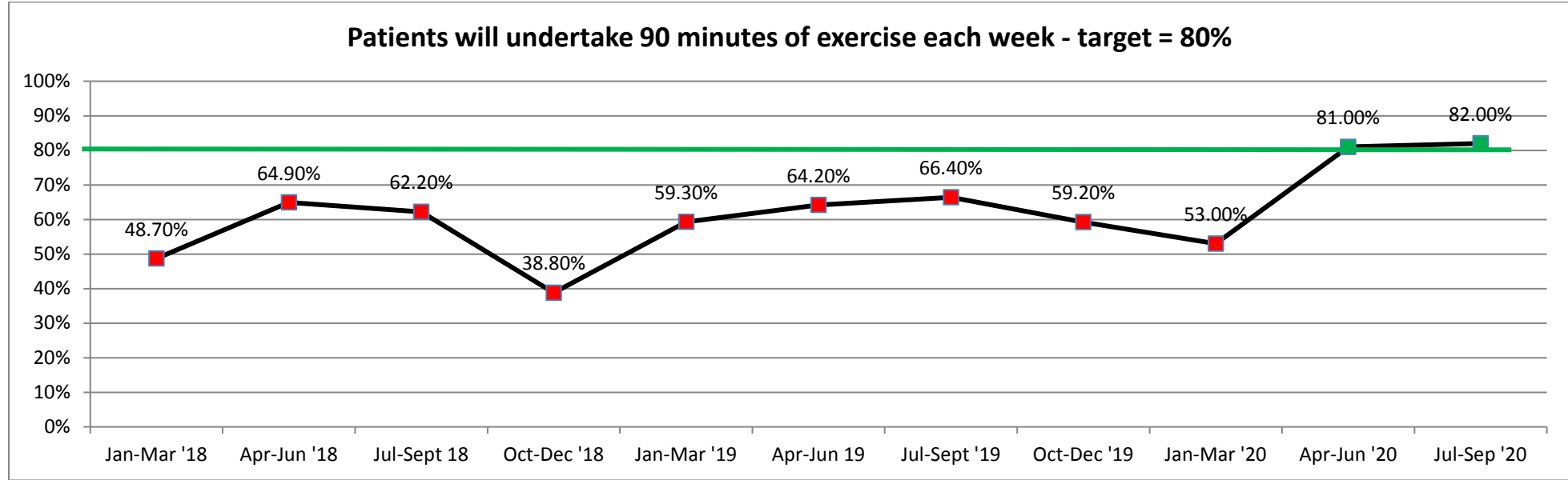
Item 3: Patients will be engaged in off-hub activity centres



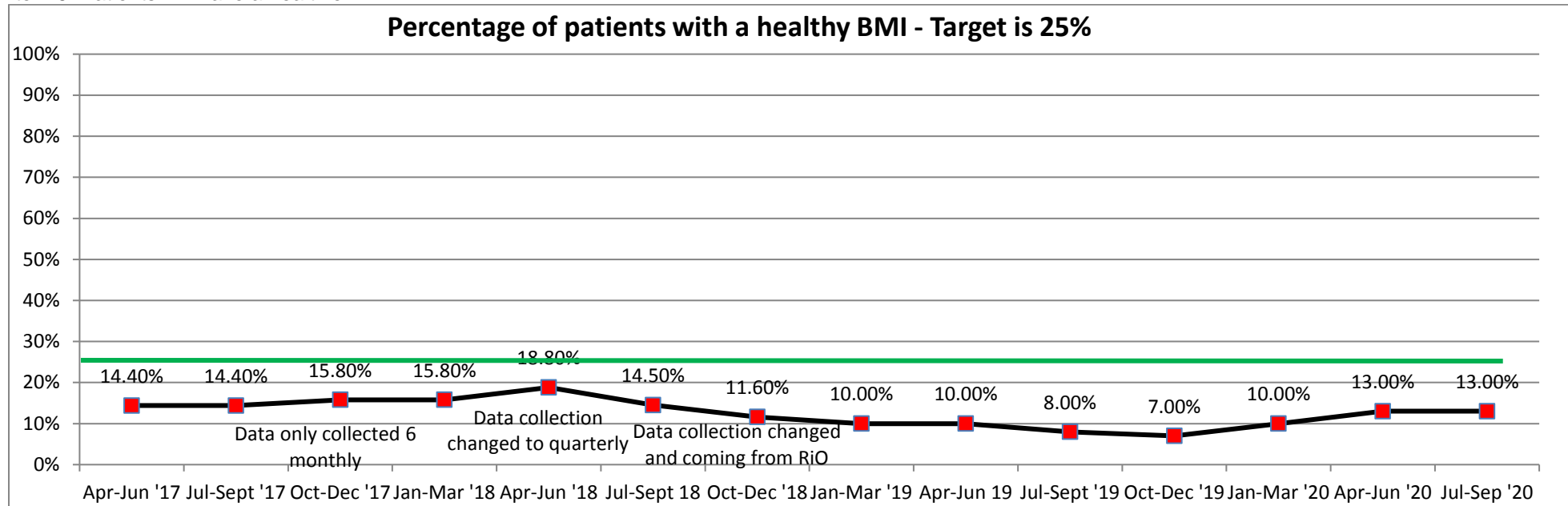
Item 4: Patients will be offered an annual physical health review



Item 5: Patients will undertake 90 minutes of exercise each week

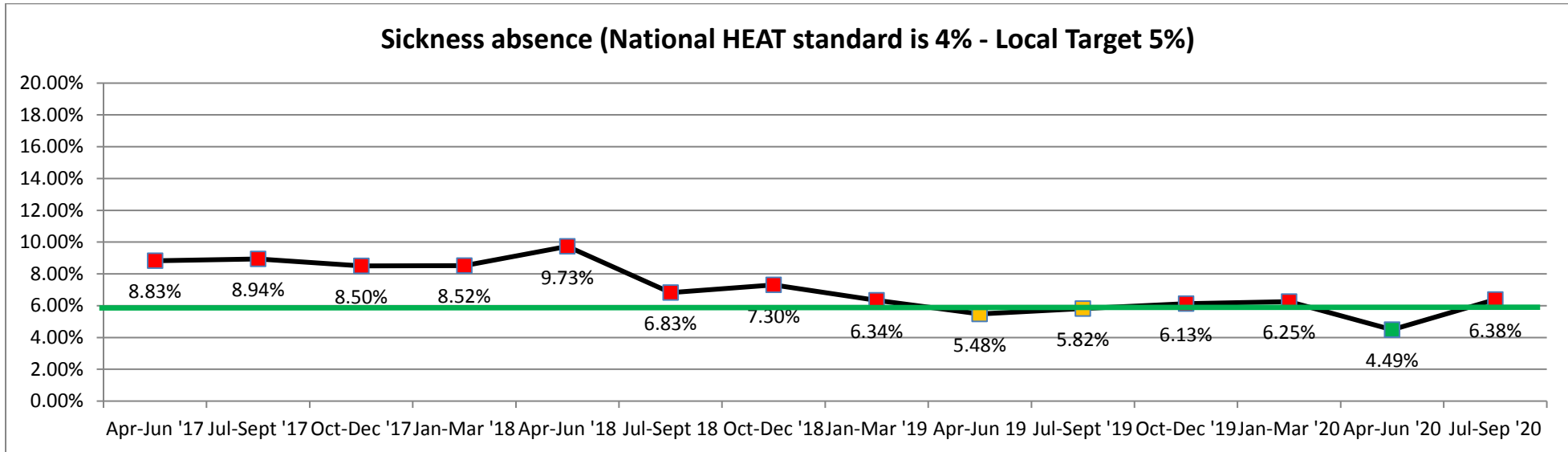


Item 6: Patients will have a healthier BMI

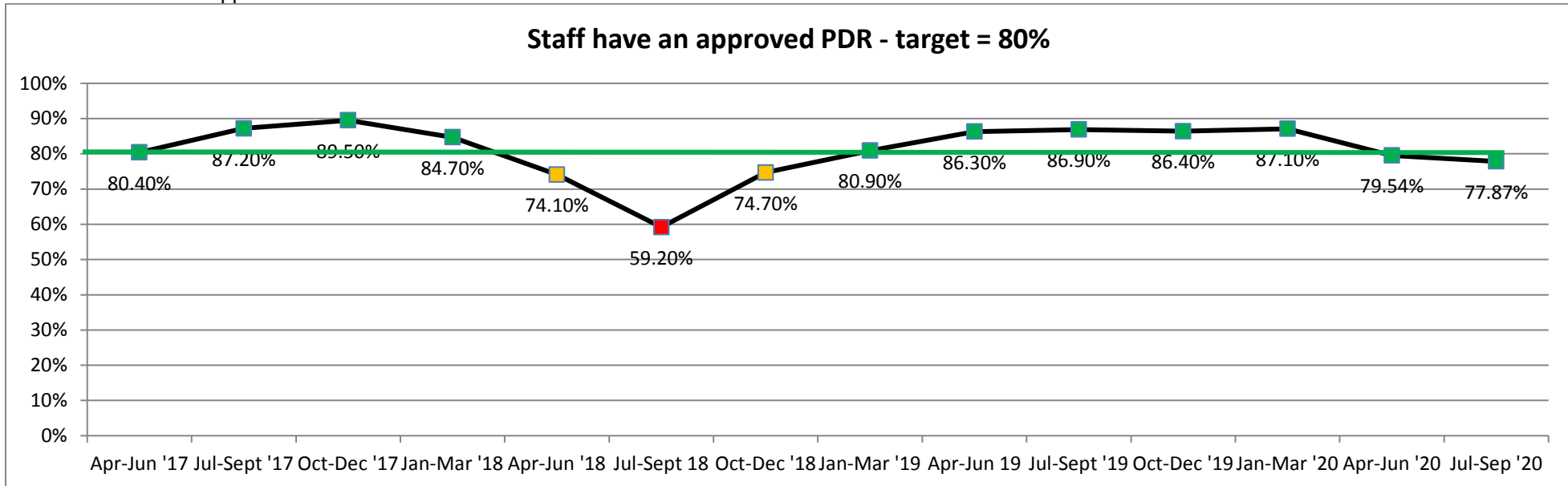




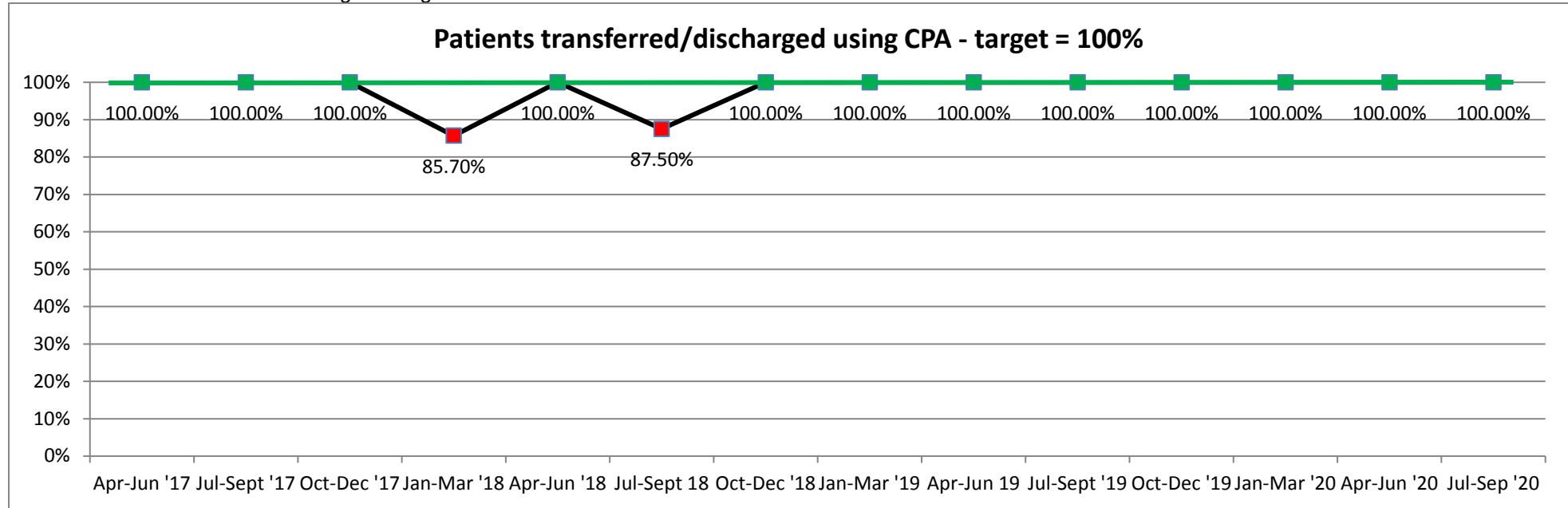




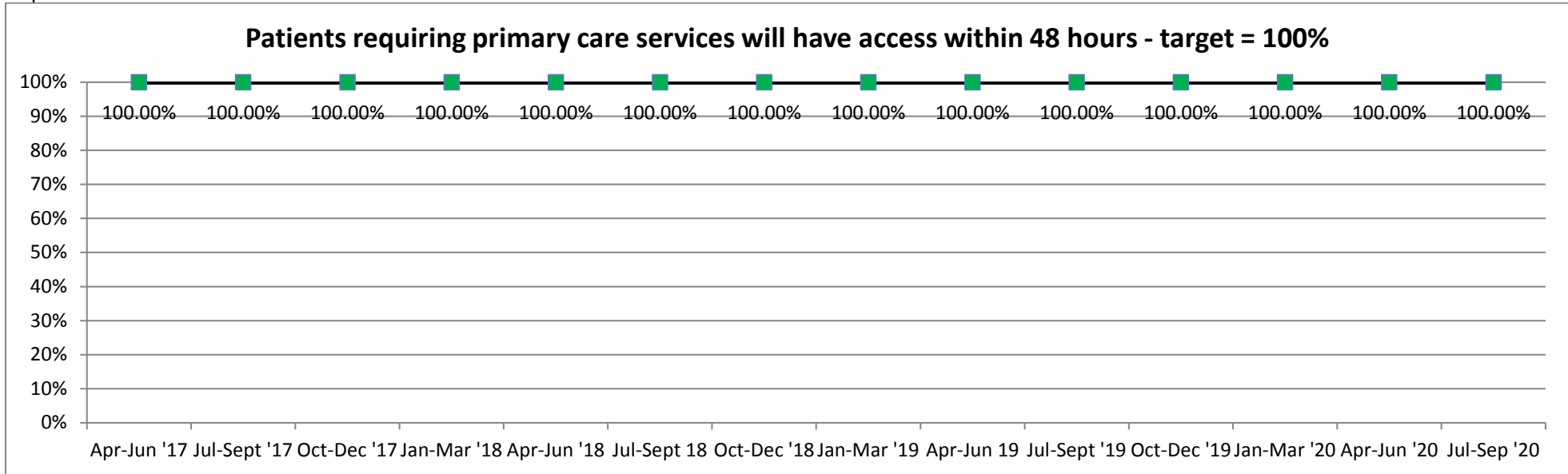
Item 8: Staff have an approved PDR



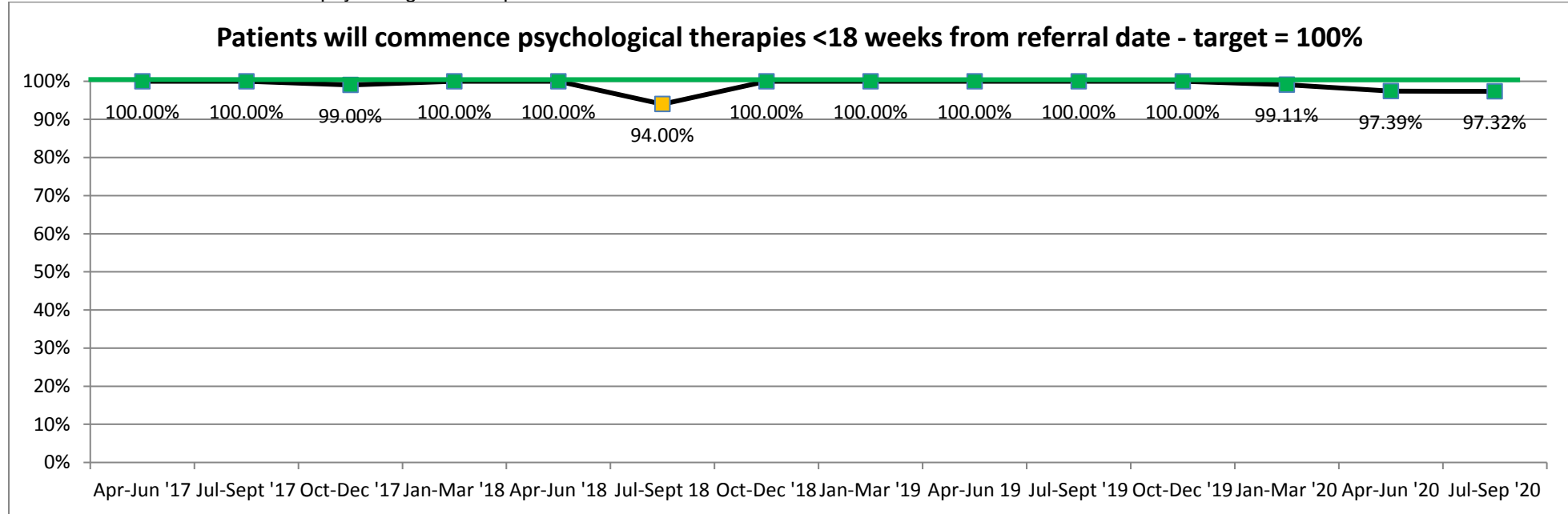
Item 9: Patients transferred/discharged using CPA



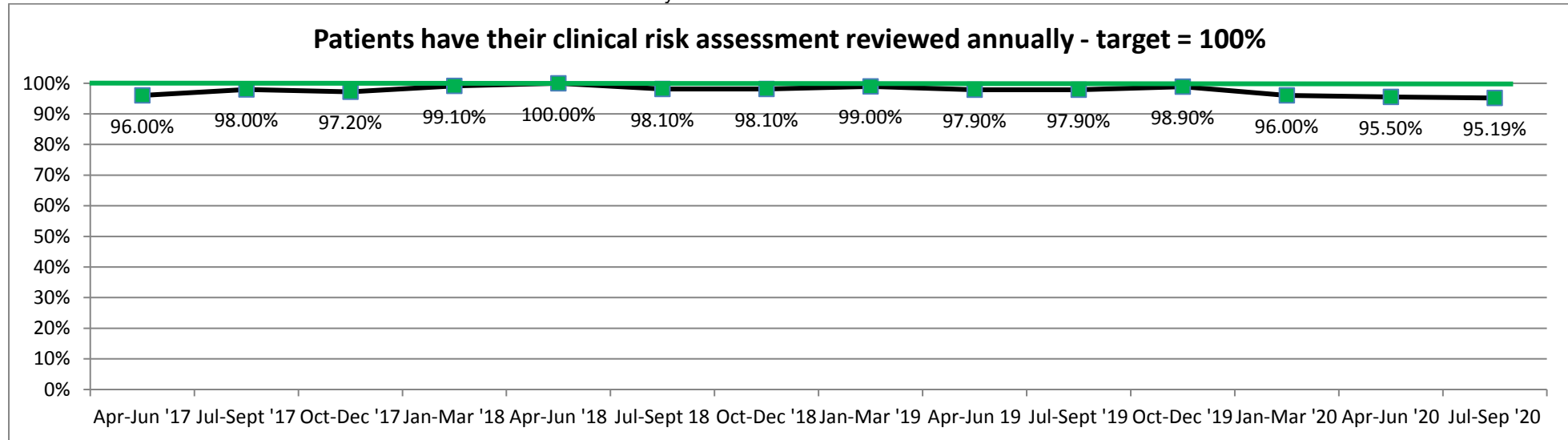
Item 10: Patients requiring primary care services will have access within 48 hours – No target line has been used as target has been met every quarter



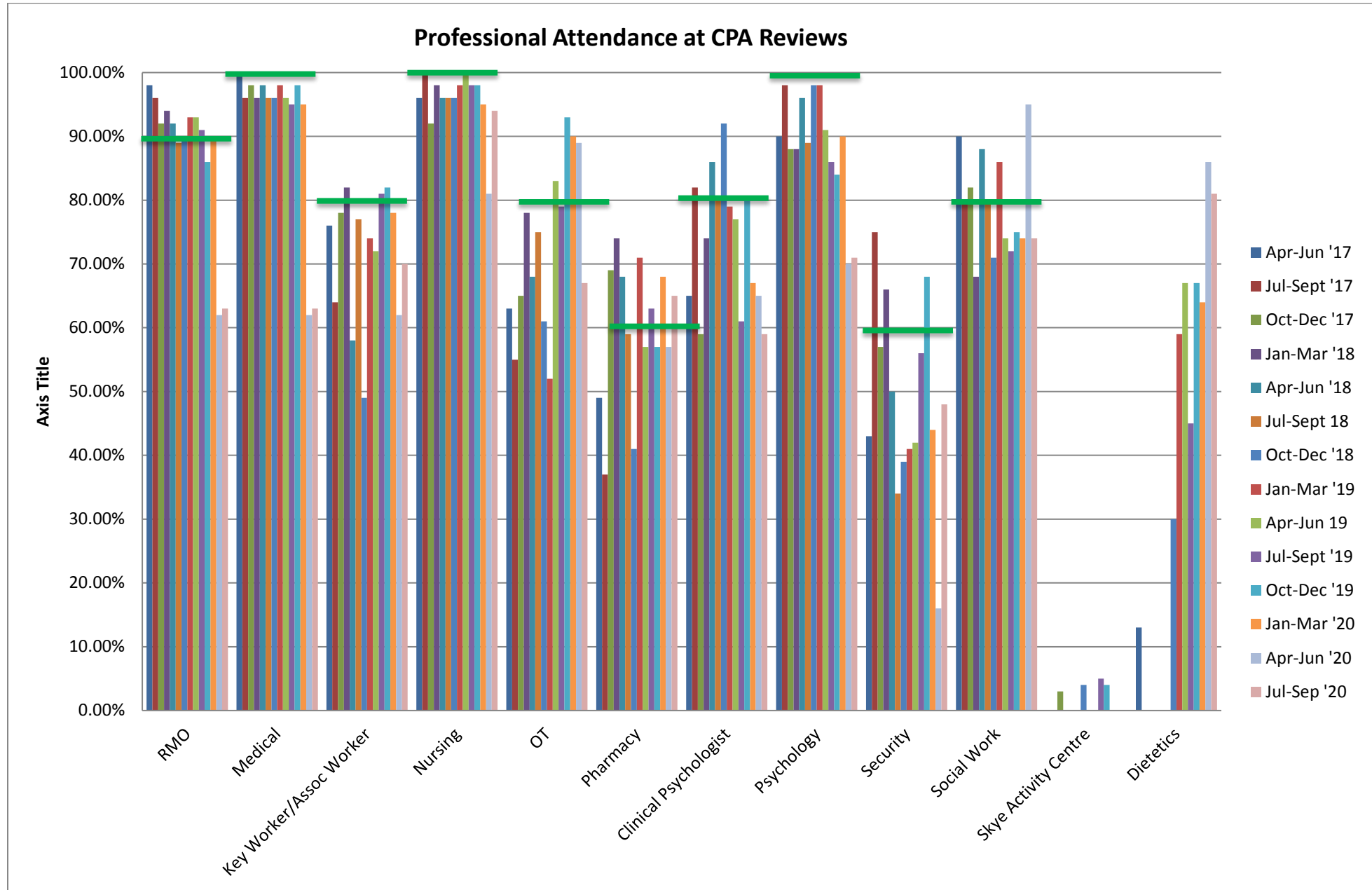
Item 11: Patients will commence psychological therapies <18 weeks from referral date



Item 13: Patients have their clinical risk assessment reviewed annually







## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 December 2020
Agenda Reference:	Item No 17
Sponsoring Director:	Director of Finance and E-Health
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 2019/20.

### 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.

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 2019-20.

Key areas of work addressed include:

- Information Governance Standards;
- Information Governance.Risk Assessments;
- Information Governance Training;
- Category 1 / 2 investigations;
- Personal Data Breaches;
- Electronic Patient Records;
- Information Governance Walkrounds;
- FairWarning;
- Records Management;
- Freedom of Information;
- Subject Access Requests;
- MetaCompliance;
- GDPR

Actions for the next twelve months include the continuance of all of the above aspects under an increasing national scrutiny and focus, plus addition work in the following areas:

- Data Protection;
- Freedom of Information Assessment;
- Information Asset Owner & FOI training;
- Health Records / Records service focus.

### 4 RECOMMENDATION

The Board is asked to **note** the progress outlined in the attached report for the year 2019/20 and the key plans for the coming period.



**MONITORING FORM**

<b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?</b>	The Report follows good practice and also links in with national Information Governance developments and requirements
<b>Workforce Implications</b>	Not applicable
<b>Financial Implications</b>	No financial implications
<b>Route to the Board (Committee)</b> Which groups were involved in contributing to the paper and recommendations?	Information Governance Group
<b>Risk Assessment</b> (Outline any significant risks and associated mitigation)	No significant risks identified
<b>Assessment of Impact on Stakeholder Experience</b>	None
<b>Equality Impact Assessment</b>	No identified implications
<b>Fairer Scotland Duty</b> (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
<b>Data Protection Impact Assessment (DPIA) See IG 16.</b>	Tick One <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed. <input type="checkbox"/> There are privacy implications, full DPIA included.



## THE STATE HOSPITALS BOARD FOR SCOTLAND

### INFORMATION GOVERNANCE ANNUAL REPORT (Including Health Records)

**APRIL 2019 – MARCH 2020**

Lead Author	Finance & Performance Management Director / SIRO
Contributing Authors	Information Governance and Data Security Officer
	Health Records Manager
	Associate Medical Director / Caldicott Guardian
Approval Group	The State Hospitals Board for Scotland
Effective Date	April 2020
Review Date	April 2021
Responsible Officer	Finance & Performance Management Director / Senior Information Risk Owner

## Table of Contents

Description	Page Number
Introduction and Highlights of the Year	3
Group membership	3
Role of the group	4
Aims and objectives	4
Meeting frequency	4
Strategy and work plan	4
Management arrangements	4
Key work undertaken during the year : 1. Information Governance Standards 2. Information Governance Risk Assessments 3. Information Governance Training 4. Category 1 & 2 Investigations 5. Personal Data Breaches 6. Electronic Patient Records 7. Information Governance Walkrounds 8. FairWarning 9. Records Management 10. Freedom of Information 11. Subject Access Requests 12. MetaCompliance 13. The General Data Protection Regulations / Data Protection Act 2018	5 6 6 6 7 7 7 8 8 9 10 10 11
Identified issues and potential solutions	11
Future areas of work and potential service developments	11
Next review date	11

## 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 takes place, including non-patient areas. In addition, the group has focussed 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

Robin McNaught	Chair – Finance & Performance Management Director & Senior Information Risk Owner
Dr Duncan Alcock	Deputy Chair – Associate Medical Director, Caldicott Guardian & Medical Representative
Thomas Best	eHealth Representative
Sandra Wishart	Social Work Representative
Alison Buchanan	Clinical Secretary Co-ordinator
Moira Donoghue	Finance Representative
John Fitzgerald	Senior Information Analyst & Information Technology Security Officer
Ken Lawton	Information Governance and Data Security Officer & Data Protection Officer
Jackie McQueen	Nursing Representative
Karen Mowbray	Health Records Manager
John Marshall	Clinical Psychologist
Shona Smillie	Security Representative
Jackie Green / Michelle Gormley / Rhiannon Lamime	Human Resources Representative
<i>vacant – awaiting nomination</i>	Skye Centre Representative
Nicola Watt	Risk Management Team Leader
	Risk Management Representative
Morag Wright	Pharmacy Representative
Catherine Totten	AHP 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. 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 sub group 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 is completed twice yearly in order to monitor the performance of the hospital in relation to Information Governance. The schedule of work for the group 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. The group will continue to meet on a regular six monthly basis.

## **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 Senior 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 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	2015/16 <i>(Includes Admin Records)</i>	2016/17 <i>(Includes Admin Records)</i>	2017/18 <i>(Includes Admin Records)</i>	2018/19 <i>(Includes Admin Records)</i>	2019/20 <i>(Includes Admin Records)</i>
1	6	3	2	2	3
2	3	3	5	1	3
3	0	1	0	4	2
4	43	45	45	45	44
Attainment of level 3 or better	75%	89%	87%	94%	88%

Generally, we continue to maintain our previous attainment of Information Standards as shown by our monitoring through the Information Governance Toolkit. Of the targets where attainment level 4 has not been reached, the Group is hopeful that further progress can be made whilst at the same time maintaining the levels achieved on the other targets. Improvements in these areas will take time to achieve as some areas need negotiated with our partner organisations. The three attainment levels sitting at level one relate to information sharing, information asset records and records management. Work on these areas continues and the group hope to see these items move to level two towards the end of the year. The level 2 attainments are about the hospital's procedures that manage the retention of records, Freedom of Information requests and the training of staff. These are expected to rise to level 3 next year as work on the Records Management Plan continues. Over all we have achieved 88% in attainment levels three or four.

### 3.2 Information Governance Risk Assessments

Information Governance risks assessments are undertaken by a sub group 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).

### 3.3 Information Governance Training

The “Information Governance: Essentials” module was introduced in February 2017 as an annual requirement for staff and the “Overview” module was retired at the same time. 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. The completion rates for the IG: Essentials module is expected to rise as it replaces the Overview module.

Information Governance module completion

Module	Mar 2016	Mar 2017	Mar 2018	Mar 2019	Mar 2020
IG: Essentials	n/a	31%	54%	81%	70%
Overview	97%	n/a	n/a	n/a	n/a
Confidentiality	95%	96%	97%	96%	98%
Data Protection	95%	96%	97%	96%	98%
Records Management	92%	94%	96%	95%	98%

Work continues at a national level to develop NHS Scotland wide Information Governance training modules, however there are currently no national training modules for Information Governance that are aligned to GDPR.

### 3.4 Category 1 & 2 Investigations

There were no Category 1 or Category 2 investigations related to Information Governance.

### 3.5 Personal Data Breaches

Under 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.

There were sixteen recorded personal data breaches in 2019/20. One breach related to media coverage of the hospital and patients with the remaining breaches mainly due to minor accidental internal disclosures.

No breaches required notification to the Information Commissioner's Office.

Staff are encouraged to improve their Information Governance practices through guidance notes that are regularly circulated in the Staff Bulletin and Information Governance Walkrounds provide an opportunity for informal contact with staff to give guidance on Information Governance matters.

Reported Personal Data Breaches		
	2018/19	2019/20
Reported Breaches	18	16
Required ICO Notification	2	0

### **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 RiO7, providing advice on Information Governance matters and regular audits of the electronic Health Records. 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.

During the year as well as many other developments within RiO there has been the development of an electronic patient timetable. This development has been well received by staff. It has also 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.

### **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 where personal information is used.

The staff members involved in conducting these walkrounds continue to be impressed by the high standards of Information Governance that have been apparent in visited areas.

As with previous years, this year's walkrounds saw only a small number of minor issues with all issues being appropriately resolved after communication with the relevant staff members and managers.

The walkrounds compliment the Records Management plan and general information governance goals by providing an informal opportunity for staff to raise questions or seek guidance on specific aspects of their work as well as raising general awareness of information governance considerations.

### **3.8 FairWarning**

The group receives exception reports on the levels of FairWarning alerts raised and a sub group is tasked with maintaining appropriate alerts and thresholds to provide a proportionate audit of access to personal information.



FairWarning alerting rate increased from 734 alerts to 1242 alerts, this reflects changes in ward management, changes in access to RiO and changes in the patient population over the year. The recorded use of personal information has increased for the fourth year running, up by 9% from last year. This is also the fourth consecutive year in which no incidences of inappropriate access have been alerted via FairWarning.

The group have been satisfactory assured that there are no areas of concern regarding inappropriate access.

### **3.9 Records Management**

The State Hospitals Board for Scotland submitted its Records Management Plan 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 in January to March 2020 which again flagged up work needing to be carried out, in particular the completion of a records survey.

Records Management work is ongoing, however due to resourcing issues this has been slower than had been hoped. The Records Management Group have met on a few occasions to discuss how best to take this forwards. The records survey is underway and from this a basic information asset register is being created. A programme of bulk shreds is now in place, with an excellent response to calls for shredding from various departments around the Hospital. A formal destruction register has been started, maintaining a log of data being destroyed, and also allowing management of the destruction programme ensuring data protection legislation is adhered to. Advice is being given to all departments with regard to retention of information and this is being positively received.

Appraisal of patient records is ongoing with some patient records now being identified for permanent preservation whilst others have been destroyed. This work is being carried out by Health Records staff alongside the Caldicott Guardian. Discussions are ongoing with the National Records for Scotland with regard to permanent storage of records, and it should be noted that the State Hospital website is now being archived by them twice a year.

Approval had been given for the Health Records Department to undergo a reorganisation into a Records Services Department, with job descriptions now awaiting feedback from the Head of eHealth and Director of Finance and Performance Management - this is still ongoing and will be a major focus of the coming year. It is recognised that Records Management is an area which requires further resourcing and input, in particular in the corporate records arena.

The Health Records Manager attends national groups for Records Managers and is involved in working groups, in particular in relation to the ongoing development of guidance for Office365 and records management.

### 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, and also of the receipt and completion of subject access requests.

Number of Freedom of Information Requests					
	2015/16	2016/17	2017/18	2018/19	2019/20
Requests made	42	40	46	33	224
Completion rate within timescales	75%	75%	91%	94%	100%

Number of Freedom of Information Reviews					
	2015/16	2016/17	2017/18	2018/19	2019/20
Requests made	2	1	0	2	0
Upheld	2	1	0	2	0
Over turned	0	0	0	0	0
Pending	0	0	0	0	0

The Scottish Information Commissioner Office provided guidance to the NHS Scotland FOI Forum that public authorities should consider each distinct question as a FOI request rather than count each application.

The hospital switched to this counting method as of 01 April 2019 and the adjustment sees a sharp rise in the number of FOI request recorded. The recorded numbers of requests were up 679%

#### 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 four 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.

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	2016/17	2017/18	2018/19
Responding on time	Unsatisfactory	Good	Good
Searching for, locating and retrieving information	Unsatisfactory	Unsatisfactory	Adequate
Advice and assistance	Unsatisfactory	Adequate	Adequate
Publishing information	Unsatisfactory	Unsatisfactory	Adequate
Overall	Unsatisfactory	Unsatisfactory	Adequate

This is the third year the toolkit has been used to assess FOI management at the hospital and indicates a trend of continuing improvement.

### 3.11 Subject Access Requests

This year saw a significant number of requests from staff, which coupled with a slight increase in requests from patients and ex-patients has meant over double the number of requests than last year. The requests were evenly split between staff and ex-staff, and patients or ex-patients.

There were difficulties in promptly accessing historic information relating to staff payments and shifts which has impacted the completion rates for this year. Work is ongoing to improve access to these records.

Number of Subject Access Requests				
	2016/17	2017/18	2018/19	2019/20
Requests made	19	13	22	49
Completion rate within timescales	100%	92%	94%	53%

### 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.

Over the last year the number of policies delivered by MetaCompliance has risen 26% to forty-eight. The acknowledgement rate for policies delivered to all staff was 86% and 87.3% for policies to clinical staff.

MyCompliance, a complimentary system to MetaCompliance was introduced in the fourth quarter providing staff with a mechanism of acknowledging policies prior to MetaCompliance enforcing a response.

### 3.13 The General Data Protection Regulations / Data Protection Act 2018

In May 2018, the Data Protection Act 1998 was replaced by the EU's General Data Protection Regulations (GDPR) and Data Protection Act 2018.

The new legislation, whilst similar to previous regulations, has introduced a number of new obligations which the hospital is required to comply with.

- The obligation for the State Hospital to demonstrate compliance with the regulations.
- The requirement to conduct Data Protection Impact Assessments (DPIAs) in certain circumstances
- The mandatory reporting of some personal data breaches to the ICO.
- A move away from consent as the legal basis to use personal information to other more suitable bases for use.
- Stronger rights for individuals about the use of their information.

The group monitors the Hospital's policies, procedures and practices, and in conjunction with guidance from the Information Commissioner's Office (ICO), NHS Scotland Information Governance Leads and Scottish Government, continues to provide comment and feedback to assist all areas of the organisation with their adherence to the regulations.

The State Hospital has identified that when using personal information for MAPPA, it does so for "Law Enforcement" purposes. This use of personal data is governed by Part 3 of the Data

Protection Act 2018. A separate Data Protection Policy for managing the use of personal information for 'Law Enforcement' purposes will be developed and introduced early next year.

#### 4 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, 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 to encourage attendance.

There continue to be challenges in maintaining the high standards of Information Governance found in the hospital. We are actively as a group engaged in addressing these challenges

The introduction of UK wide restrictions due to a coronavirus pandemic on 23 March 2020 are expected to impact the capacity of The State Hospital to deliver Freedom of Information, Environmental Information Requests and Subject Access Requests in the short term whilst the organisation adjusts priorities and adapts to new working arrangements. Any impact will be considered as it arises and regular communication between group members will be maintained to ensure any issues are addressed timeously and risks identified where relevant for due consideration.

#### 5 FUTURE AREAS OF WORK AND POTENTIAL SERVICE DEVELOPMENTS

Due to coronavirus restrictions and an anticipated disruption to the routine operation of the organisation over the course of the next year, timescales for areas of work have been set towards the end of the year.

<b>Work/ Service Development</b>	<b>Timescale</b>
Introduce a "Law Enforcement" purposes Data Protection Policy	April 2020
Freedom of Information Self-Assessment	July 2020
Information Asset Owner Training	September 2020
Refresher training for Service Leads & Information Asset Owners in FOI	January 2021
Transformation of Health Records Department in to a Records Services Department	April 2021
Complete the record survey for the Records Management Plan	April 2021
Maintain 80% completion for the IG: Essentials learning module.	Ongoing
Maintain 85% completion for all other IG learning module.	Ongoing

#### 6 NEXT REVIEW DATE

April 2021

## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 18
Sponsoring Director:	Director of Finance and E-Health
Author(s):	Head of E-Health
Title of Report:	E-Health Annual Report
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 2019/20 while also detailing work required for 2020/21. This includes work streams emerging from –

- Information team
- Infrastructure team
- Health Records
- Information Governance
- Project Management

### 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 are 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 2019 to March 20 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.

### **3 ASSESSMENT**

The report highlights the main areas of activity and issues from 2019-20.

Key achievements include:

- Storage and back-up replacement systems;
- Patient Learning Centre infrastructure refresh;
- Windows 10 update;
- Office 2016 deployment;
- Tableau development / business intelligence.

Actions for the next twelve months include:

- Records Management Plan application;
- HEPMA electronic prescribing;
- eRoster staff rostering;
- Office 365 additional functionality;
- Digital inclusion / involvement priorities for patients;
- RiO EPR upgrade;
- Wireless Network replacement;
- Staff transition from desktop pcs to laptops.

### **4 RECOMMENDATION**

The Board is asked to **note** the progress outlined in the attached report for the year 2019/20 and the key plans for the coming period.

**MONITORING FORM**

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?</b></p>	<p>The Report follows good practice and also links in with the eHealth Strategy</p>
<p><b>Workforce Implications</b></p>	<p>Not applicable</p>
<p><b>Financial Implications</b></p>	<p>No financial implications if approved</p>
<p><b>Route to the Board (Committee)</b> Which groups were involved in contributing to the paper and recommendations?</p>	<p>None</p>
<p><b>Risk Assessment</b> (Outline any significant risks and associated mitigation)</p>	<p>No significant risks identified</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>None</p>
<p><b>Equality Impact Assessment</b></p>	<p>No identified implications</p>



# THE STATE HOSPITALS BOARD FOR SCOTLAND

## eHEALTH ANNUAL REPORT

**2019-20**

Responsible Director	Finance and Performance Management Director
Lead Author	Head of eHealth
Approval Group	The State Hospitals Board for Scotland
Effective date	April 2020
Review date	April 2021



## **Contents**

1. Overview
2. Information Team
3. Infrastructure Team
4. Health Records Team
5. Information Governance
6. Project Team
7. eHealth Projects 2019-20
8. eHealth Projects - future
9. Cyber Security
10. Collaborative working

## 1 Overview

Much has been achieved through the 2019/2020 year, with significant unforeseen challenges to the eHealth teams at the end of the year due to the Covid-19 crisis – however much has been achieved through a pressured period. Section 7 highlights key projects from the year.

The outbreak of the Covid-19 pandemic in early 2020 changed the focus from delivering the full agreed work plan to providing other services on an urgent timeframe – such as new and innovative ways of working from home, and supporting patient care and wellbeing.

Our Infrastructure, Medical Records and Information Governance teams have continued to have an onsite presence throughout the pandemic, necessitated by the nature of their priorities, while the Information and Project teams have been facilitated to work from home where possible and have played a significant part in all that has been achieved this year. Shifting priorities have caused the need to refocus our direction but eHealth staff have continued to meet these demands and provided the support needed by the Board during these unprecedented times.

In late 2019/20, “Video Visiting” was deployed across the site with the support and agreement of the Estates, Security and Nursing departments. This allowed patients to keep in contact with their carers, legal teams and attend court hearings from wards while physical visits were suspended due to the pandemic. This system has been widely used since implemented and continues to deliver significant benefits both to patients and staff.

Our project to deliver Remote access to the Board’s digital infrastructure had just been delivered as the pandemic took hold. The initial group of 20 staff who had been identified with the need to connect remotely was quickly exceeded, and this has been addressed to the current position where we now have in excess of 90 staff with this capability remotely to connect to the digital systems and resources.

One area of concern which arose was the deployment of mobile devices. This was due to an issue with the supply chain and the significant unprecedented increase in demand worldwide for mobile devices such as laptops and mobile phones. Orders for new stock had been placed prior to the Covid-19 restrictions but these restrictions affected and delayed the importation of equipment from China. The demand for mobile devices is still substantial and work is continuing to meet demand, including additional orders being placed as required.

There were two significant projects delivered including one of significance that was not on the planned project list. As Covid-19 spread and staff were asked to work from home if possible from the early stages in February / March 2020, to support this the timing of the national roll out of Microsoft Teams was brought forward by NHS National Services Scotland. This system is part of Office 365 and provides staff with the capability of meeting digitally over video while also allowing improved collaboration between Boards. It has provided the capability for “business as usual” to continue and is has now been successfully adopted as the main collaboration tool by all NHS Boards. The NHS Scotland-driven move to Office 365 email has now been successfully completed. This was planned as part of the national move to the Office 365 platform and required a significant investment in time from the Infrastructure and Project teams.

Future focus of the department (highlighted in section 8) will include the delivery of the national eRoster project, the Records Management plan and the expansion of Digital Inclusion for patients as the Digital Transformation programme develops.

## **2 Information Team**

The eHealth Information systems team have contributed significantly to improved and enhanced reporting to a broad range of teams both clinical and non-clinical within the Hospital.

The team also provided much needed support to the Covid-19 management team 7 days a week in the first few months of the outbreak.

Some examples of the work carried out by the Information team over the year include –

RiO –  
Reporting for Gold Command;  
Anticipatory Care Plans module;  
Individualised Care Plan module;  
Past Medical History module.

Tableau –  
COVID / Absence dashboard for use at Silver Command;  
Physical Activity dashboard;  
Seclusions dashboard;  
BMI dashboard.

PMTS –  
Development work required to accommodate “sleepover” wards during CCTV installation

### **3 Infrastructure Team**

The Infrastructure team's focus for the continuing transfer of staff from desktop pcs to laptops, and the essential focus on delivering / enabling a mobile workforce has been exemplary.

While there were staff losses in the year, with resultant increased demands on the team, it has maintained a level of support but has struggled at times due to these pressures. Recruitment to the vacant posts has progressed and these will be filled shortly, together with additional temporary post now approved which will help with the continued demand on this team.

Significant projects delivered by this team included –  
Data Store Replacement;  
Patient Learning Centre infrastructure replacement;  
Video Visiting;  
Remote Access;  
Microsoft Teams and Office 365 email.

The team have also continued to provide the regular day to day support needed by the Board – with a significant increase in this demand as it was impacted by the exceptional workload generated due to the need for a large volume of staff required at short notice to work from home.

### **4 Health Records Department**

The Health Records Department have managed to meet the demand on them, with the support from administrative staff from other areas within the organisation. This admin. support is now being addressed to provide essential additional resource to the team.

Health Records also support Information Governance and provide much assistance with Freedom of Information and Subject Access requests – the volumes of which have continued to put significant demands on the team in terms of both time and resource.

The Records Management Plan had been hoped to be delivered was paused due to the pandemic. This project has now been restarted and the Records Management Group will meet again shortly to take this forward. The fixed term administration post noted above has been approved for the department and this will hopefully help with workload pressures.

It is still planned that the focus of this department will increase from specifically being a Medical Records Department to more of an overall organisation-wide Record Services Department – which will support the demands of the Records Management plan once fully implemented.

## 5 Information Governance

With increasing national and legislative demands, there continues to be challenges in maintaining the high standards of Information Governance found in the hospital. The Information Governance Group is actively addressing these challenges and work is continually on-going. Due to the necessary emphasis on this area of work, the IG Annual Report is presented as a separate document.

The effect of the pandemic has had an impact on the capacity of the Board to deliver Freedom of Information, Subject Access Requests and Environmental Information Requests in the short term. The IG team has adjusted priorities as we adapt to new ways of working arrangements, and any impact on the delivery of service is being considered as it arises.

Disruption due to the pandemic has pushed back some of the work planned to be undertaken this year by the IG Team. This work will be rescheduled and focused on in the coming year.

This work is –

Introduction of a “Law Enforcement” purposes Data Protection Policy	2021
Freedom of Information Self-Assessment	2021
Information Asset Owner Training	2021
Refresher training for Service Leads & Information Asset Owners in FOI	Jan. 2021
Change of Health Records Department to Records Services Department	April 2021
Completion of the record survey for the Records Management Plan	April 2021

## 6 Project Management

The deployment of Microsoft Teams and Office 365 email have both been significant projects delivered at pace by the Project Team and requiring significant planning and management over a long project timeframe.

The Senior Project Manager and Project Administration Assistant have worked continuously to deliver these projects in line with national timescales. This has been demanding on them with the need to work considerable overtime to meet imposed and frequently changing deadlines.

The next stage of the national Office 365 program is the forthcoming delivery of SharePoint – for which the full impact has to be quantified as the national project team at NHS NSS have still to identify the requirements of this systems. The final part of the Office 365 project will be the use of increased Office 365 applications, which is expected to be addressed in the second quarter of 2021.

Significant projects delivered by this team included –

- Tableau reporting;
- O365 Teams;
- O365 email.

Other significant forthcoming projects are the National eRoster system, HEPMA Electronic Prescribing, and the RiO EPR upgrade. All are significant projects and available resources will require review and consideration in order to deliver them.

## **7 Key eHealth Projects 2019/20**

### **Storage and backup replacement**

This was an extensive and essential exercise successfully delivered in the first quarter of 2019/20. The key benefits of replacing the old system were achieved as planned, with savings realised from lower power consumption (due to fewer cooling requirements), the change of hardware, and lower licencing costs as a result of a reduction in the software licencing needed for the new storage solution.

### **Patient Learning Centre infrastructure refresh.**

Further to much consultation with clinical staff, this was delivered in the second quarter of 2019/20. It has provided the PLC with a solution that supports up-to-date software and hardware with the capability further to expand in future as required. General IT support for the PLC was also delivered although this is an ongoing area for further development.

### **Windows 10**

The important deployment of the Windows 10 platform has been ongoing since the second quarter of 2019/20. This has been impacted by the age of some of our equipment (for which a replacement / upgrade programme is underway) and the additional demands on staff, in particular since the pandemic pressures.

New equipment has been procured (with more to be acquired in 2021/22) and we are systematically moving departments over to the new computer operating system. Several departments have been moved over successfully to Windows 10 and it is planned for the final department to start their move in the last quarter of 2020/21.

### **Office 2016 deployment**

Office 2016 was fully rolled out as part of the essential transitional prerequisites of moving to Office 365 email.

While this was demanding from a resource perspective, no additional licence funding was required to deliver this, as licencing was provided as part of the national Office 365 project. Office 2016 will be in use until the final part of the national Office 365 project has been completed and we move fully to Office 365 Apps.

### **Tableau business intelligence tool**

Significant data dashboards have been created and developed for the hospital management, for nursing and for clinical effectiveness, while others continue in development by the information team.

These were delivered despite hindrances arising from problems occurring through the national delivery team. The finance dashboards have been held back due to these national delays but this allowed resources to be reprioritised to create further important data dashboards for other departments within the Board.

## **RiO EPR upgrade to version 7**

While the eHealth staffing resource is now being addressed with workforce planning, this project for which scoping was underway in 2019/20 is currently on hold. It is anticipated that the additional posts recently approved will resolve this and the project will be re-enabled, which will need significant involvement from all departments that use the system as there will be extensive testing and training required to ensure the successful delivery. The timing of this will be advised as soon as possible.

## **8 Priority eHealth Projects – future**

- Records Management Plan application;
- HEPMA Electronic Prescribing;
- eRoster staff rostering;
- Office 365 additional functionality;
- Digital inclusion / involvement priorities for patients;
- RiO EPR upgrade;
- Wireless Network replacement;
- Staff transition from desktop pcs to laptops;

## **9 Cyber Security**

### **National Information Security Directive**

The focus on cyber security to date has been to meet the requirements of the Cyber Essentials certification. This has been changed as national priorities have been restructured, and the focus is now on meeting the requirements of the National Information Security Directive or NISD.

This legislation was incorporated in UK law in May 2018 but was overshadowed at the time by the demands of GDPR (General Data Protection Regulation). The State Hospital has been identified as an essential service provider by the national eHealth Competent Authority at Scottish Government, who are tasked to ensure we meet this regulation by way of yearly assessments.

Although Cyber Essentials is still valid, the work to be undertaken to meet the requirements of NISD far exceed what is set out in Cyber Essentials. Our first NIS assessment was completed in November 2020 and we are now waiting for the result of this. The outcome of this assessment will be shared with the Board as will any plans needed to further develop our requirements to meet this legislation as needed.

## 10 eHealth Collaborative Working

Collaborative working is still ongoing during the pandemic 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  
Office 365 Project Group



## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 19
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Annual Review 2019/20 – Update
Purpose of Report:	For Noting

### 1 SITUATION

A Ministerial Review of The State Hospitals Board for Scotland took place on 10 November 2020. This took place by way of video-conference, due to Covid-19 restrictions. The core purpose of the Annual Review is for NHS Boards to be held to account for their performance

### 2 BACKGROUND

The review was chaired by Ms Clare Haughey, Minister for Mental Health, supported by Ms Donna Bell, Director of Mental Health. The Board was represented by the Chair and Chief Executive as well as the Director for Finance and e-Health, supported by the Board Secretary.

### 3 ASSESSMENT

The Ministerial Review encompassed performance during 2019/20, as well as the activity and experience of the Board during the Covid-19 pandemic and remobilisation planning.

The Minister reviewed performance for the period 1 April 2019 to 31 March 2020, including financial governance, operational delivery and workforce with key focus on responsibility and accountability.

The second part of the review reflected on the initial phases of the Covid mobilisation response including local governance as well as the contribution of staff at all levels, underpinned by strong partnership working.

Finally, the Minister undertook a forward look with discussion on the key issues in planning and delivery of performance for the remainder of the current financial year through the TSH Remobilisation Plan. The Minister acknowledged the risk presented by the resurgence of Covid-19 and the likelihood that NHS Boards may be asked to submit revised Remobilisation Plans next spring.

As the Minister was not able to meet with staff in the usual way, due to Covid-19 restrictions, the Clinical Forum and the Partnership Forum were invited to provide comments for the review, and the Minister acknowledged this and the continuing contribution made by each forum.

The Minister provided positive feedback on the Board's overall performance, as well as the response to the Covid-19 pandemic. She paid warm tribute to the incredible contribution made by staff and the success experienced in the continued delivery of safe and person-centred care for our patients. She noted confidence in the leadership team and the skills of local staff in being well-placed to continue to deliver for the benefit of patients.

The Minister also took the opportunity to thank Mr Terry Currie for the huge level of commitment he had shown to the Board during his tenure as Chair.

Following the meeting, Minister wrote to the Chair on 26 November to outline the outcome of the review (attached as Appendix A). Following this meeting, this will be published on the Board's website.

#### **4 RECOMMENDATION**

The Board is invited to **note** this year's Ministerial Review took place on 10 November 2020, and that the Minister has subsequently written to the Chair to summarise the outcome.

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

**MONITORING FORM**

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b></p>	<p>To inform the NHS Board on Scottish Government arrangement for its Annual Review of the Board.</p>
<p><b>Workforce Implications</b></p>	<p>Noted that the Partnership Forum have been asked to contribute, in context of Covid-19 restrictions.</p>
<p><b>Financial Implications</b></p>	<p>None directly considered.</p>
<p><b>Route To Board</b> Which groups were involved in contributing to the paper and recommendations.</p>	<p>Board requested as part of its workplan</p>
<p><b>Risk Assessment</b> (Outline any significant risks and associated mitigation)</p>	<p>No direct consequences and the report is for information</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>Noted in report indicating Clinical Forum and Partnership Forum involvement.</p>
<p><b>Equality Impact Assessment</b></p>	<p>Not required.</p>
<p><b>Fairer Scotland Duty</b> (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).</p>	<p>Not applicable.</p>
<p><b>Data Protection Impact Assessment (DPIA) See IG 16.</b></p>	<p>Tick One  X There are no privacy implications.  <input type="checkbox"/> There are privacy implications, but full DPIA not needed  <input type="checkbox"/> There are privacy implications , full DPIA included.</p>

T: 0300 244 4000  
E: [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

Terry Currie, Board Chair, The State Hospital

Via email:  
[terry.currie@nhs.scot](mailto:terry.currie@nhs.scot)

26 November 2020

## THE STATE HOSPITAL ANNUAL REVIEW: 10 NOVEMBER 2020

1. Thank you for attending The State Hospital's Annual Review with your Chief Executive on 10 November. I am writing to summarise the key discussion points.
2. As you will be aware, the intention was for Ministers to conduct a full round of Annual Reviews during the summer. Whilst that has not proved possible due to the COVID-19 pandemic, Annual Reviews remain an important part of the accountability process for the NHS and, therefore this review was taken forward via video conference.
3. The meeting marked the final Annual Review for you as Board Chair of The State Hospital. I want to thank you for the significant contribution you have made since your appointment in 2011 and in particular, your substantial leadership during this extremely challenging year. In the same way, I want to recognise and thank Gary Jenkins, Chief Executive for his resilient management abilities in leading The State Hospital through the pandemic.
4. The agenda for this year's round of Reviews was split into three sections to cover: pre-Covid performance during 2019/20; the initial response to the pandemic from February/March to July 2020; and a forward look, in line with the current Board mobilisation plans (August to end of March 2021) and beyond.

### Finance

5. In 2019/20 The State Hospital delivered a balanced position and a surplus of £0.2 million as at 31 March 2020, in line with your Annual Operational Plan. The perimeter security project spend has commenced and is on schedule to conclude within the projected timetable of 2020/21, although you advised that this may be dependent on site access for the contractors given the potential for travel/access restrictions.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

6. The State Hospital has taken a collaborative approach which has helped support the National Boards' working plan to make collective savings overall. Other collaborations continue and are being expanded with other boards to include National Services Scotland.
7. COVID-19 has though impacted the State Hospital and therefore there has been additional expenditure since March 2020. The main elements of these costs can be attributed to : nursing overtime, delayed annual leave, Covid-19 support team, IT equipment estates/facilities and student nurse recruitment. It was helpful to hear that there has been a collaborative effort between nursing and Human Resources to analyse the general and Covid absence statistics. This provided an opportunity to drive down the absence levels and has also resulted in the reduction of overtime costs.

### **Pre-Covid performance during 2019/2020**

8. I was encouraged to learn about the work to facilitate virtual visits for patients, families and carers. I was reassured that an engagement team lead has been appointed to support other methods of communication such as telephone calls and letters, which is particularly crucial for older and more vulnerable relatives so that they can keep in touch with their loved ones. It was refreshing to hear that the virtual platform has resulted in an increased interaction between patients, families and carers which have helped mitigate the restrictions on travel. Going forward a blended model approach will allow for that flexibility to continue.
9. You helpfully provided a summary of the planning which is in place to further support patients' mental and physical health going forward as the pandemic has potential to require them to return to spend time in isolation. In addition to indoor activities that are already in place I have no doubt that the Nintendo Wii's that were purchased from the 'Whisky Company' donation will be a welcome activity for patients. I am also pleased to learn that patient feedback has been taken on board so that virtual links between patients in other wards is available to help maintain friendships.
10. The Staff Health & Wellbeing Group have played an excellent role in supporting staff health and wellbeing. The staff wellbeing survey achieved a high response rate to assess the impact of the pandemic on their health and wellbeing. I am pleased to learn that the strong communication from frontline managers has provided a high level of support to staff and that the staff wellbeing zone has been frequently utilised.

### **Initial response to the pandemic from February/March to July 2020**

11. You provided a helpful overview of the Board's initial response to the pandemic. As has been noted, this required an unparalleled, immediate and radical restructure of services and ways of working in NHS Scotland, including in the State Hospital. You have also worked in collaboration with the wider forensic services network to share learning and find solutions to issues such as digital platforms to take forward pre-transfer visits and how to manage patient flow in challenging circumstances. I would like to take this opportunity to, once again, formally record my sincere thanks to all the staff for the incredible effort and unstinting commitment they have consistently shown, in the most testing of conditions. The Scottish Government acknowledges the additional pressures which come with winter and are pleased to note the Board's ongoing focus on staff well-being.

### **Forward look**

12. The Board's remobilisation focus has been on maintaining the safety of patients and staff. I have noted and welcome the Board's introduction of an internal tracing system. The Covid Support Team and the Scientific Technical Advisory Group have worked in collaboration to, 'track and trace' the movements of staff that have developed symptoms or tested positive for Covid-19. This has allowed for an early intervention to isolate areas to protect patients and staff. It was encouraging to hear about the success of how this works in practice.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

13. However, I understand that further progress may be limited by the operational impact of the recent resurgence in Covid-19 admissions as well as the overall risks associated with winter. Our over-riding priority remains, as in the first phase of the pandemic, that the NHS is not overwhelmed. We agreed that Boards must have flexibility of approach, based on local disease prevalence and other pressures; whilst operating in way which is fully consistent with the clinical prioritisation framework. It is likely Boards will need to review and submit revised remobilisation plans next spring.

## Conclusion

14. I want to reiterate my thanks to the Board and local staff for their ongoing, incredible efforts, professionalism and commitment, in the face of unprecedented and unremitting pressures during 2020/21.
15. Scottish Ministers are aware that you are clear there is no room for complacency, given the myriad of risks the NHS faces this winter. We are nonetheless confident that, under the Board's leadership team, The State Hospital and its' staff are well placed to continue to deliver for the benefit of patients.
16. Once again, I wish to thank you for the huge level of commitment you have shown to The State Hospital as Board Chair. You have demonstrated a strong leadership presence during the tenures of four Chief Executives. You will be greatly missed by both staff and patients and I wish you the very best in your retirement.

*Clare Haughey*

**CLARE HAUGHEY**

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 20
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Corporate Governance Improvement Action Plan
Purpose of Report:	For Discussion

### 1 SITUATION

Following Board self-assessment in March 2019, an improvement plan was developed to support key corporate governance priorities as part of the Corporate Governance Blueprint. The Board submitted its improvement plan to Scottish Government in April 2019, and submitted a six-month progress report in November 2019. At the outset of the Covid-19 pandemic, this workstream was necessarily paused as part of The State Hospital's resilience response.

### 2 BACKGROUND

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

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

### 3 ASSESSMENT

The State Hospital's Remobilisation Plan for the period to 31 March 2021 includes a restart of this workstream. The Board noted this at its last meeting in October, and then discussed further at the Board Seminar on 4 November. In particular, the Board focused on the Blueprint for Good governance and a 'Once for Scotland' governance model that will deliver a consistent, coherent and cohesive approach.

The Corporate Governance Improvement Plan has been reviewed and updated to take into account the pausing of workstreams in 2020, due to the Covid-19 pandemic, as well to describe the ways in which the improvement plan can now be restarted and progressed in the coming year.

#### **4 RECOMMENDATION**

The Board is asked to consider and discuss the changes made to reflect the changed landscape due to Covid-19, as well as how best to restart and refocus this workstream in conjunction with remobilisation planning during 2021

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



**MONITORING FORM**

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b></p>	<p>In support of the Corporate Governance Blueprint, and development of a Once for Scotland approach for cohesive governance across NHS Scotland</p>
<p><b>Workforce Implications</b></p>	<p>None identified to date</p>
<p><b>Financial Implications</b></p>	<p>None identified to date</p>
<p><b>Route To Board</b> Which groups were involved in contributing to the paper and recommendations.</p>	<p>Board requested as part of workplan – to enable reporting to Scottish Government</p>
<p><b>Risk Assessment</b> (Outline any significant risks and associated mitigation)</p>	<p>None identified to date</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>Implementation will benefit stakeholder engagement through the workstreams indicated in the improvement plan</p>
<p><b>Equality Impact Assessment</b></p>	<p>Not required to be formally assessed</p>
<p><b>Fairer Scotland Duty</b> (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).</p>	<p>No impact identified</p>
<p><b>Data Protection Impact Assessment (DPIA) See IG 16.</b></p>	<p>Tick One  <input checked="" type="checkbox"/> There are no privacy implications.  <input type="checkbox"/> There are privacy implications, but full DPIA not needed  <input type="checkbox"/> There are privacy implications , full DPIA included.</p>

BLUEPRINT FUNCTION		ACTION	LEAD	ASSURANCE SYSTEM	TIMESCALE	PROGRESS
<b>SETTING THE DIRECTION</b>	1	Reconfirm the Board’s strategic direction, and communicate this through the Strategy Map and development of strapline statement for corporate documents.	CEO	CMT	June 2019	<b>Completed:</b> Strapline finalised following hospital wide competition. Strategy Map reviewed as part of review of Corporate Objectives.
	2	Review of effective rostering system within nursing as component of focus on effective workforce utilization and safe staffing legislation.	Director of Nursing and AHPs	CMT	March 2020 – paused in 2020  New: March 2021	<b>On Track.</b> Work is ongoing to ensure effective rostering is in place with the support of electronic systems. Currently testing SSTS eRostering module in one ward with a view to rolling this out wider. Restrictions on effective rostering remain due to fixed shift pattern; alternative, flexible shift pattern introduced for all new appointments to ward nursing posts. This has increased capacity and much more flexibility to support effective rostering. Internal Audit are undertaking work in January to review preparedness for safe staffing legislation. <b>Update: February 2020</b> RSM undertook audit 6 <sup>th</sup> to 10 <sup>th</sup> January 2020, results of which were presented to the January meeting of the Audit Committee. A range of actions linked to this

						<p>point have been accepted and are being progressed.</p> <p><b>Update: December 2020</b> Further planning and review underway in conjunction with interim management structure.</p>
	3	Development of more robust processes to compare planned and actual spend and to account for any variance.	Director of Finance & PM	CMT /Board	September 2019	<p><b>Completed:</b> Process in place- Planned and actual £ spend per budget line reviewed with each individual budget holder on a line-by-line basis from the 2019/20 mid-year 6-month reviews (30/9/19) – a summary of any significant or material variances is collated to be reported as appropriate.</p>
<b>HOLDING TO ACCOUNT</b>	4	Ensure compliance with new national guidelines in management of Executive pay and performance through remuneration Committee approval for annual ESM pay and performance cycle.	Chair /Interim HR Director	Remuneration Committee	Ongoing	<b>Completed and remains on track</b>
	5	Ensure implementation of attendance management policy through support from HR to line managers help identify and act upon patterns of absence. Continued implementation of the action plan developed through the Attendance Management Improvement Task Group (AMITG).	Interim HR Director	CMT	Ongoing	<p><b>On Track.</b> Training for Line Managers and HR Managers implemented. Update presented on attendance management to each Board Meeting. AMITG paused to reflect action plan implemented and wider work plan.</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND - IMPROVEMENT PLAN

Appendix A

	6	Implementation and compliance with Once for Scotland HR policies within TSH. Focus on policy awareness through completion of metacompliance / staff bulletins/ staff training in Single Investigatory process.	Interim HR Director	Partnership Forum/CMT	December 2019 – paused in 2020  New: Targets to be confirmed in 2021	<b>On Track</b> – to align with roll out of the national guidance.  <b>Update: December 2020</b> Workstream continues to be paused with planned restart for 1 April 2021.
	7	Review performance framework and assurance information systems to support review of performance.	CEO	CMT	July 2019 – paused in 2020.  New: April 2021	<b>On Track</b> - Strategic Review of Performance underway with draft performance framework in development based on balanced scorecard approach of better health better care, better value and better workforce. Operational definitions for suggested KPI's being developed with associated data sources identified.  <b>Update: December 2020</b> Presentation to Board in November 2020, work progressing with oversight through CMT
	8	Blueprint Improvement Plan to be placed on Board Workplan for review at each Board Meeting.	Chair	Board	June 2019	<b>Completed</b>

<p><b>ASSESSING RISK</b></p>	<p>9</p>	<p>Further development of risk management with focus on risk register to ensure this is clearly defined with set of mitigating measures against each risk which also have a focus on improvement actions.</p>	<p>Director of Finance</p>	<p>Audit Committee / Board</p>	<p>December 2019  New: March 2020</p>	<p><b>On Track:</b> Underway through closer Risk Register monitoring and review process (managed by Risk Team Leader) and reporting to Risk Finance and Performance Group – All risk register items either now with action plan in place or underway. Board Workplan 2020 includes regular updates on Corporate Risk Register. <b>Update: December 2020</b> Board requested reporting developed to ensure tracking of risk more clearly. Work progressed on local risk registers and link to corporate risk register. Change in leadership through interim management structure, and link to resilience framework.</p>
<p><b>ENGAGING STAKEHOLDERS</b></p>	<p>10</p>	<p>Review and develop the Communications Strategy to include proactive engagement with aim of addressing dissonance between strategic aims of the hospital and public perception of these aims.</p>	<p>CEO</p>	<p>Board</p>	<p>March 2020 – paused 2020  New: March 2021</p>	<p><b>Review of media strategy in progress:</b> with regular updates to the Board. <b>Update: December 2020</b> Presentation to Board seminar November 2020, and re-engagement of workstream at start of 2021.</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND - IMPROVEMENT PLAN

Appendix A

	11	Promotion of The State Hospital as an employer in the local area. Increase number of modern apprenticeships. Participate in local school careers events, local and university recruitment fairs	Interim HR Director	CMT	March 2020 – paused 2020  New: August 2021	<p><b>Ongoing</b> – engagement work commenced at university level to recruit new graduates to nursing posts. This was trialed in one University and plan is to roll out further for 2020 graduates. Further recruitment to take place early 2020 for registered nurses.</p> <p><b>Update: December 2020</b> Recruitment continuing through virtual means, led through interim management structure and CMT</p>
	12	Encourage carers / volunteers /staff / local population to attend public Board Meetings through additional promotion and links with local community.	Board Secretary	Board	September 2019 – paused 2020  New: April 2021	<p><b>On Track</b> – through promotion of external Board Meetings /Annual Review session in 2020.</p> <p><b>Update: December 2020</b> Reviewed in Board Seminar November 2020, and awaiting national guidance. Local review to be taken forward to engage virtually.</p>
	13	Hold two Board Meeting each year at external locations to promote role as national Board.	Board Secretary	Board	April 2020 – paused 2020.	<p><b>On Track</b> - Board Meeting 27 February in Lanark Memorial Hall, and can be evaluated to inform future planning.</p> <p>Keep under review for possible restart during 2021.</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND - IMPROVEMENT PLAN

Appendix A

	14	Annual Review - Public Meeting to be held outside of the hospital to help engage public engagement and attendance.	Board Secretary	Board	April 2020 – paused 2020	Plan to be progressed as part of Annual Review planned expected summer 2020.  Keep under review for possible restart in 2021
<b>INFLUENCING CULTURE</b>	15	Define culture in The State Hospital in terms of key strengths and weaknesses - take forward through development sessions	CEO	Board	December 2019 – paused 2020	<b>Review in progress</b> – progressed in conjunction with response to Sturrock and Clinical Model Review – Culture, Values & Behaviours, Leadership workstream led by CEO.  <b>Update: December 2020</b> Workstream re-formulated and developed more widely under Recovery and Innovation Group during Covid. Planning in place for development of this framework in spring 2021, and reporting to come to Board as part of workplan.
	16	Implement a Staff Recognition Scheme for long service as well as individual contribution to the organisation.	Interim HR Director	CMT	September 2019	<b>Completed</b> - first ceremony 24 October 2019.
	17	Embed a culture of quality across the organisation through initiatives such as TSH3030, Quality Forum and sharing our work more widely.	CEO	CMT	March 2020	<b>On Track</b> - QI Forum initiatives underway. TSH 3030 took place successfully in November 2019, with update to Board in December.

						<p><b>Update: December 2020</b> Consider closing this on plan as QA/QI now firmly embedded in TSH, and regular updates to Board</p>
	18	Senior Management visibility through regular front line staff engagement meetings with CEO / Directors' Group - plan a calendar of events to ensure regular engagement.	CEO	CMT	July 2019 – paused 2020  New: April 2021	<p><b>On Track</b> - wider engagement across TSH – progressed in conjunction with response to Sturrock and Clinical Model Review.</p> <p><b>Update: December 2020</b> This agenda has been developed throughout the incident command structure period, with strengthening of layers of leadership. Key learning has been taken and progressed through to interim management structure. Review of this due in April 2021.</p>
	19	Senior Team / RMO presence at key events in hospital calendar e.g. patient learning awards/ sportsman dinner. Promote this through management structures.	CEO / Medical Director	CMT	September 2019 – paused 2020	<p><b>On Track</b> -Coordination of central diary of events to help facilitate attendance.</p> <p>Recommence in 2021 as and when possible.</p>
	20	Link in with Scottish Government once appointment of the Independent National Whistleblowing Champion has been appointed.	CEO	Board	April 2020 – paused 2020	<p><b>On Track</b> - appointment confirmed as Scottish Public Service Ombudsman at national level, and local appointment</p>



						<p>made to Board. National training event scheduled on 28 February.</p> <p>Update: December 2020 Revised launch in April 2021, with link made through TSH Whistleblowing Champion. Progress to ensure reporting framework in place through Datix database, and quarterly reporting to Board.</p>
	21	Plan a schedule of Non-Executive Director informal visits across TSH to help promote the values and behaviours of the organisation.	Chair	Board	August 2019 – paused 2020	<p><b>On Track</b> - Schedule in place for patient and staff engagement with NXD attendance at PPG meetings.</p> <p><b>Update: December 2020</b> Restart may be possible in 2021. PPG meetings have, in part recommenced virtually and this has been embedded as new practice. Explore possibility of NXD attendance at these meeting virtually. Digital agenda being progressed including online staff engagement for Exec Team. This should be progressed to include NXDs.</p>

**THE STATE HOSPITALS BOARD FOR SCOTLAND**

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 21
Sponsoring Director:	Chief Executive Officer
Author(s):	Board Secretary
Title of Report:	Board Workplan – 2021
Purpose of Report:	For Decision

**1 SITUATION**

The Board requires to review its workplan for the coming year to to identify the key considerations and actions required during 2021.

**2 BACKGROUND**

The Board considers and approves a workplan annually, and the Board Secretary will support the Board by ensuring that each component part of the workplan is allocated to meeting(s) throughout the year.

**3 ASSESSMENT**

The proposed Board Workplan for 2021 is attached. In accordance to the review of board governance undertaken in March 2020 and reviewed in October 2020, it is acknowledged that due to the impacts of Covid-19 some adjustment to this workplan may be required throughout this period of reporting.

In particular, the Board is asked to note the reporting arrangements for the continuing response to the pandemic, with progress reporting to each meeting of the Board. Although it may not yet be clear as to when the impacts of Covid-19 can be expected to reach an end, it is apparent that the Board can expect impacts across all of its business throughout the coming year. The workplan has been adjusted to reflect this and ensure that this is considered in all aspects of strategic planning and operational delivery. The workplan also reflects the move into remobilisation and recovery phases of the Covid-19 experience meaning that there is oversight throughout the phased move forward.

The workplan requires presentation of the Board's Corporate Objectives for 2021/22 at its February meeting, though the Annual Operational Plan remains paused to date. In this way it is suggested that the Board should set the key objectives for the next financial year, whilst awaiting national guidance on formal operational planning. This takes cognisance of the expectation that the Board will be required to submit revised remobilisation planning in spring.

The workplan has been developed to encompass the key focus areas for the Board in the coming year.

This includes specific reporting in relation to the Supporting Health Choices agenda and the implementation of the new clinical model, once this becomes possible following stabilisation of the pandemic. The Patient Learning Report and Skye Centre 12 monthly report will be routed into the Clinical Governance Committee. This will enable detailed oversight of patient activity with regular updates, including areas of concern requiring escalation, presented to the Board through the Committee Chair as well as through the minutes. The Board will continue to receive regular reporting on Quality Assurance and Improvement. There will be dedicated reporting in respect to patient flow and connectivity to the wider forensic network.

The Board will receive the draft workforce plan in early course, in readiness for the one year cycle required for 2021/22. The workplan includes reporting in response to the enactment of safe staffing legislation (although the date for this is not yet confirmed) to ensure early updates are provided in this respect directly to the Board. It may be that timescales in this regard will require to be adjusted in line with the national framework.

The Board will also receive newly focussed reporting on staff wellbeing through the Human Resources directorate reflecting the development of this within TSH. In addition, the Board will receive quarterly updates in respect of whistleblowing.

The Board will continue to receive reporting at each meeting in respect of the security upgrade, risk and resilience. The digital agenda will be a key focus for 2021, and the Board will receive direct reporting in this respect to provide regular progress updates; to ensure this project remains on track with horizon scanning of potential risks. The Board will also receive reporting on complaints and legal claims as a stand-alone report, reflecting both performance and linking to quality improvement.

#### **4 RECOMMENDATION**

The Board is asked to:

- Review the revised workplan and advise whether this provides a robust structure for the consideration and scrutiny of the Board's business in 2021.
- To consider any addition required and/or to approve the plan.

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

**MONITORING FORM**

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b></p>	<p>To support the Board’s Corporate Objectives and strengthen reporting to and oversight by the NHS Board</p>
<p><b>Workforce Implications</b></p>	<p>There are no implications as a result of this report</p>
<p><b>Financial Implications</b></p>	<p>There are no impacts to consider.</p>
<p><b>Route To Board</b> Which groups were involved in contributing to the paper and recommendations.</p>	<p>Requested by the Board as part of workplan, and directed through the Corporate Management Team.</p>
<p><b>Risk Assessment</b> (Outline any significant risks and associated mitigation)</p>	<p>The workplan is developed to provide assurance to the Board, and there are no additional risks to consider</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>This is considered by the Board in setting its workplan</p>
<p><b>Equality Impact Assessment</b></p>	<p>Not required</p>
<p><b>Fairer Scotland Duty</b> (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).</p>	<p>Not relevant</p>
<p><b>Data Protection Impact Assessment (DPIA) See IG 16.</b></p>	<p>Tick One  <input checked="" type="checkbox"/> There are no privacy implications.  <input type="checkbox"/> There are privacy implications, but full DPIA not needed  <input type="checkbox"/> There are privacy implications , full DPIA included.</p>

## THE STATE HOSPITALS BOARD FOR SCOTLAND: BOARD BUSINESS 2021

25 February 2021	15 April 2021	17 June 2021	26 August 2021	28 October 2021	23 December 2021
<ul style="list-style-type: none"> <li>• Board Minute and Actions</li> <li>• Chair's Report</li> <li>• CEO Report</li> </ul>	<ul style="list-style-type: none"> <li>• Board Minute and Actions</li> <li>• Chair's Report</li> <li>• CEO Report</li> </ul>	<ul style="list-style-type: none"> <li>• Board Minute and Actions</li> <li>• Chair's Report</li> <li>• CEO Report</li> </ul>	<ul style="list-style-type: none"> <li>• Board Minute and Actions</li> <li>• Chair's Report</li> <li>• CEO Report</li> </ul>	<ul style="list-style-type: none"> <li>• Board Minute and Actions</li> <li>• Chair's Report</li> <li>• CEO Report</li> <li>• Annual Schedule of Board/Committee meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Board Minute and Actions</li> <li>• Chair's Report</li> <li>• CEO Report</li> </ul>
<ul style="list-style-type: none"> <li>• Governance Committee Minutes</li> <li>• Clinical Forum Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Governance Committee Minutes</li> <li>• Clinical Forum Minutes</li> <li>• Corporate Governance Blueprint Update</li> </ul>	<ul style="list-style-type: none"> <li>• Governance Committee Minutes</li> <li>• Clinical Forum Minutes</li> <li>• Governance Committee Annual Reports</li> <li>• Clinical Forum Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>• Governance Committee Minutes</li> <li>• Clinical Forum Minutes</li> <li>• Corporate Governance Blueprint Update</li> <li>• Annual Review Planning Update – 2020/21</li> </ul>	<ul style="list-style-type: none"> <li>• Governance Committee Minutes</li> <li>• Clinical Forum Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Governance Committee Minutes</li> <li>• Clinical Forum Minutes</li> <li>• Corporate Governance Blueprint Update</li> <li>• Annual Review 2020/21 Feedback</li> </ul>
<ul style="list-style-type: none"> <li>• Covid Response and Remobilisation</li> </ul>	<ul style="list-style-type: none"> <li>• Covid Response and Remobilisation</li> <li>• Recovery and Innovation Update</li> </ul>	<ul style="list-style-type: none"> <li>• Covid Response and Remobilisation</li> </ul>	<ul style="list-style-type: none"> <li>• Covid Response and Remobilisation</li> <li>• Recovery and Innovation Update</li> </ul>	<ul style="list-style-type: none"> <li>• Covid Response and Remobilisation</li> </ul>	<ul style="list-style-type: none"> <li>• Covid Response and Remobilisation</li> <li>• Recovery and Innovation Update</li> </ul>

25 February 2021	15 April 2021	17 June 2021	26 August 2021	28 October 2021	23 December 2021
<ul style="list-style-type: none"> <li>• Quality Assurance and Improvement</li> <li>• Scottish Patient Safety Programme</li> <li>• Infection Control</li> <li>• Patient Flow / Forensic Network Report</li> <li>• Supporting Health Choices</li> </ul>	<ul style="list-style-type: none"> <li>• Patient, Carer &amp; Volunteer Stories</li> <li>• Nurse and AHP Revalidation Report</li> <li>• Quality Assurance and Improvement</li> <li>• Scottish Patient Safety Programme</li> <li>• Infection Control</li> <li>• Patient Flow / Forensic Network Report</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Assurance and Improvement</li> <li>• Scottish Patient Safety Programme</li> <li>• Infection Control</li> <li>• Patient Flow / Forensic Network Report</li> </ul>	<ul style="list-style-type: none"> <li>• Patient, Carer and Volunteer Stories</li> <li>• Implementation of Specified Persons Annual Report</li> <li>• Duty of Candour Annual Report</li> <li>• Quality Assurance and Improvement</li> <li>• Scottish Patient Safety Programme</li> <li>• Infection Control</li> <li>• Patient Flow / Forensic Network Report</li> <li>• Supporting Healthy Choices</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Model Implementation</li> <li>• Medical Appraisal and Revalidation Annual Report</li> <li>• Medical Education Annual Report</li> <li>• Quality Assurance and Improvement</li> <li>• Scottish Patient Safety Programme</li> <li>• Infection Control</li> <li>• Patient Flow / Forensic Network Report</li> </ul>	<ul style="list-style-type: none"> <li>• Patient, Carer and Volunteer Stories</li> <li>• Clinical Model Implementation</li> <li>• Person Centred Improvement Annual Report</li> <li>• Patient Advocacy Annual Report</li> <li>• Quality Assurance and Improvement</li> <li>• Scottish Patient Safety Programme</li> <li>• Infection Control</li> <li>• Patient Flow / Forensic Network Report</li> </ul>
<ul style="list-style-type: none"> <li>• Attendance Management – Update</li> <li>• iMatter cycle – Pulse Survey 2019/20</li> <li>• Workforce Plan 2021-22</li> <li>• Staff Wellbeing Report</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance Management Update</li> <li>• Whistleblowing – launch of INWO</li> <li>• Staff Wellbeing Report</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance Management Update</li> <li>• Safe Staffing Report</li> <li>• Staff Wellbeing Report</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance Management Update</li> <li>• Safe Staffing Report</li> <li>• Whistleblowing Quarter 1 Report</li> <li>• Staff Wellbeing Report</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance Management Update</li> <li>• Safe Staffing Report</li> <li>• Staff Wellbeing Report</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance Management Update</li> <li>• Safe Staffing Report</li> <li>• Whistleblowing Quarter 2 report</li> <li>• Staff Wellbeing Report</li> </ul>

25 February 2021	15 April 2021	17 June 2021	26 August 2021	28 October 2021	23 December 2021
<ul style="list-style-type: none"> <li>• Finance Report</li> <li>• Draft Corporate Objectives 2021/22</li> <li>• Performance Report Quarter 3 – 2020/21</li> <li>• Security Project Update</li> <li>• Corporate Risk Register</li> <li>• Resilience Reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Finance Report</li> <li>• Corporate Objectives Statement 2021/22</li> <li>• Annual Review of Standing Documentation</li> <li>• Security Project Update</li> <li>• Corporate Risk Register</li> <li>• Resilience Reporting</li> <li>• Digital Transformation</li> </ul>	<ul style="list-style-type: none"> <li>• Finance Report</li> <li>• Annual Accounts</li> <li>• Performance Annual Report 2020/21</li> <li>• PAMS Submission</li> <li>• Security Project Update</li> <li>• Corporate Risk Register</li> <li>• Resilience Reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Finance Report</li> <li>• Performance Report Quarter 1 – 2021/22</li> <li>• Communications Annual Report</li> <li>• Security Project Update</li> <li>• Corporate Risk Register</li> <li>• Resilience Reporting</li> <li>• Digital Transformation</li> </ul>	<ul style="list-style-type: none"> <li>• Finance Report</li> <li>• Security Project Update</li> <li>• Corporate Risk Register</li> <li>• Risk Management Annual Report</li> <li>• Resilience Reporting</li> <li>• Complaints and Legal Claims Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>• Finance Report</li> <li>• Performance Report Quarter 2 -2021/22</li> <li>• Information Governance Annual Report</li> <li>• Security Project Update</li> <li>• Corporate Risk Register</li> <li>• Resilience Reporting</li> <li>• Digital Transformation and e-Health Annual Reporting</li> </ul>

## THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	17 December 2020
Agenda Reference:	Item No: 22
Sponsoring Director:	Director of Security, Estates and Resilience
Author(s):	Risk Management Facilitator
Title of Report:	Risk Register Update
Purpose of Report:	To note the Risk Register update and agree new additions to the Corporate Risk Register

### 1 SITUATION

A corporate risk is a potential or actual event that:

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

This report provides the Board with an update on the current risk registers.

### 2 BACKGROUND

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

The Corporate Risk Register was subject to full review by internal audit (KPMG) in May 2015. This has subsequently been reviewed by RSM, report published in March 2019. 10 recommendations were made with 3 still to be progressed.

### 3 ASSESSMENT

#### 3.1 See appendix a.

All corporate risks are in date and those requiring action plans have them in place.

The Risk Management Facilitator is in the process of meeting with Directors to review current CRR risk assessments. The following changes have been made:



HRD112 – Compliance with Mandatory PMVA Level 2 Refresher Training - was temporarily increased to major x possible (High) due to the impact of Covid-19 on ability to provide training. This has since returned to moderate x possible (Medium) with the introduction of online modules and the restarting of PMVA training.

### **Nursing**

ND70 – Failure to utilise our resources to optimise excellent patient care and experience – has been reduced to moderate x unlikely (Medium) from moderate x likely (High) upon review of control measures.

### **Finance**

FD94 – Inadequate Data Centre – has been reduced to moderate x rare (Low) from moderate x possible (Medium) after review of control measures. Data Centre no longer classed as inadequate and have been upgraded. To discuss consideration on moving to Local Risk Register.

FD97 – Unmanaged Smart Telephone Access to TSH Information and Systems – has been reduced to major x unlikely (Medium) from major x possible (High) after review of control measures. This reduces grading from High to Medium. Smart Telephones are no longer unmanaged. Consideration to be given to monitoring of risk on Local Risk Register.

### **3.2 Proposed Risks for inclusion on Corporate Risk Register**

The Risk Management Team Leader contacted risk owners in September advising any risks that need to be escalated for inclusion in the Corporate Risk Register should go to Risk, Finance and Performance Group. No responses were received.

Work on creating updated Local Risk Registers for each department is underway. Responses have been received from most departments with the Risk Management Facilitator reviewing the registers and providing guidance where necessary. Any risks highlighted as High or Very High will be escalated if necessary as per policy.

### **3.3 Medium/High/Very High Graded Risks**

The Register currently has 1 VERY HIGH risk:

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

The Register currently has 2 HIGH graded risks.

MD30 Failure to prevent/mitigate obesity

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

The following 23 risks are graded as Medium

\*CE10 Severe breakdown in appropriate corporate governance

\*CE11 Risk of patient injury occurring which is categorised as either extreme injury or death

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

MD32 Absconsion of patients

Paper No.20/96

\*MD33 Potential adverse impact arising from clinical presentation out of hours with no doctor on site (5pm - 6pm)

\*MD34 Lack of out of hours on site medical cover

MD35 Non-compliance with Falsified Medicines Directive

\*SD50 Serious Security Incident

SD51 Physical or electronic security failure

SD52 Resilience arrangements that are not fit for purpose

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

SD54 Climate change impact on The State Hospital

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

SD56 Water Management

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

ND73 Lack of SRK trained staff

FD90 Failure to implement a sustainable long term model

\*FD91 IT system failure/breach

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

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

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

HRD110 Failure to implement and continue to develop the workforce plan

\*HRD111 Deliberate leaks of information

HRD112 Compliance with mandatory PMVA Level 2 refresher training.

\*target risk met

CE = Chief Executive

MD = Medical Director

SD = Security Director

ND = Nursing Director

FD = Finance Director

HRD = Human Resource Director

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

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

\*being reviewed weekly at present

\*Risk is at target level

### 3.4 Risks requiring review

Following agreement at Risk, Finance and Performance Group 03/12/20, ND72 - Failure to evolve the clinical model, implement and evidence the application of best practice in patient care has been removed from the Corporate Risk Register. This will be reviewed by the Medical Director if a new corporate risk is required for the clinical model.

Removal of FD95 – Lack of IT on-call arrangements.

This risk is at its target level of Low (Moderate x Rare). There are no outstanding actions from this risk and was agreed at Audit Committee that it can now be monitored on the departments Local Risk Register.

### 3.5 Risk distribution

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain				CE14	
Likely				MD30	
Possible			CE12, SD50, SD54, ND73, FD91, FD93, HRD112	ND71	
Unlikely			MD33, MD35, SD52, SD55, FD90, FD96, HRD110, ND70	MD34, SD56, HR111, SD51	
Rare			FD95, CE13, FD94	MD32, FD97	CE10, CE11, SD53

## 4 RECOMMENDATION

The Board are invited to review the current Corporate Risk Register.

**MONITORING FORM**

<p><b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b></p>	<p>The report provides an update of the Corporate Risk Register.</p>
<p><b>Workforce Implications</b></p>	<p>There are no workforce implications related to the publication of this report.</p>
<p><b>Financial Implications</b></p>	<p>There are no financial implications related to the publication of this report.</p>
<p><b>Route To Board</b> Which groups were involved in contributing to the paper and recommendations</p>	<p>Requested by Board through workplan, CMT</p>
<p><b>Risk Assessment</b> (Outline any significant risks and associated mitigation)</p>	<p>There are no significant risks related to the publication of the report.</p>
<p><b>Assessment of Impact on Stakeholder Experience</b></p>	<p>There is no impact on stakeholder experience with the publication of this report.</p>
<p><b>Equality Impact Assessment</b></p>	<p>The EQIA is not applicable to the publication of this report.</p>
<p><b>Fairer Scotland Duty</b> (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do)</p>	<p>The Fair Scotland Duty is not applicable to the publication of this report.</p>
<p><b>Data Protection Impact Assessment (DPIA) See IG 16</b></p>	<p>Tick One  <input checked="" type="checkbox"/> There are no privacy implications.  <input type="checkbox"/> There are privacy implications, but full DPIA not needed  <input type="checkbox"/> There are privacy implications, full DPIA included</p>

## Appendix A

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	RA	AP	Monitoring Frequency	Movement Since Last Report
<a href="#">Corporate CE 10</a>	Reputation	Severe breakdown in appropriate corporate governance	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/12/20	Board	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate CE 11</a>	Health & Safety	Risk of patient injury occurring which is categorised as either extreme injury or death	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/12/20	Clinical Governance	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate CE 12</a>	Strategic	Failure to utilise appropriate systems to learn from prior events internally and externally	Major x Possible	Moderate x Possible	Moderate x Unlikely	Chief Executive	Risk Management Team Leader	31/12/20	Risk, Finance & Performance Group	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate CE 13</a>	Strategic	Inadequate compliance with Chief Executive Letters and other statutory requirements	Moderate x Unlikely	Moderate x Rare	Moderate x Rare	Chief Executive	Board Secretary	31/01/21	SMT	<a href="#">Y/Y</a>	<a href="#">N/A</a>	6 monthly	-
<a href="#">Corporate CE 14</a>	ALL	The risk that Coronavirus (Covid-19) could affect The State Hospitals primary aim to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff.	Major x Almost Certain	Major x Almost Certain	Minor x Possible	Chief Executive	Chief Executive	30/11/20	SMT	<a href="#">Y/Y</a>		Weekly	-
<a href="#">Corporate MD 30</a>	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	30/11/20	Clinical Governance Committee	<a href="#">Y/Y</a>	<a href="#">Y/Y</a>	Monthly	-
<a href="#">Corporate MD 32</a>	Medical	Absconson of Patients	Major x Unlikely	Major x Rare	Moderate x Rare	Medical Director	Associate Medical Director	30/11/20	SMT	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate MD 33</a>	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	30/11/20	SMT	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate MD 34</a>	Medical	Lack of out of hours on site medical cover	Major x Unlikely	Major x Unlikely	Major x Unlikely	Medical Director	Associate Medical Director	30/11/20	SMT	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-

<a href="#">Corporate MD 35</a>	Medical	Non-compliance with Falsified Medicines Directive	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Medical Director	Associate Medical Director	31/01/21	Medicines Committee	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate SD 50</a>	Service/Business Disruption	Serious Security Incident	Moderate x Possible	Moderate x Possible	Moderate x Possible	Security Director	Security Director	28/02/21	SMT	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate SD 51</a>	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Major x Unlikely	Major x Rare	Security Director	Security Director	31/01/21	Audit Committee	<a href="#">Y/Y</a>	<a href="#">Y/Y</a>	Quarterly	-
<a href="#">Corporate SD 52</a>	Service/Business Disruption	Resilience arrangements that are not fit for purpose	Major x Unlikely	Moderate x Unlikely	Moderate x Rare	Security Director	Security Director	28/02/21	SMT	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate SD 53</a>	Service/Business Disruption	Serious security breaches (eg escape, intruder, serious contraband)	Extreme x Unlikely	Extreme x Rare	Extreme x Rare	Security Director	Security Director	28/02/21	Audit Committee	<a href="#">Y/Y</a>	<a href="#">Y/Y</a>	Quarterly	-
<a href="#">Corporate SD 54</a>	Service/Business Disruption	Climate change impact on the State Hospital	Minor x Possible	Moderate x Possible	Minor x Possible	Security Director	Head of Estates and Facilities	28/02/21	SMT/Resilience Committee	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate SD 55</a>	Service/Business Disruption	Negative impact of EU exit on the State Hospital	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Chief Executive	Security Director	28/02/21	SMT	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate SD 56</a>	Service/Business Disruption	Water Management	Major x Unlikely	Major x Unlikely	Major x Rare	Security Director	Head of Estates and Facilities	28/02/21	Infection Control Committee	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate ND 70</a>	Service/Business Disruption	Failure to utilise our resources to optimise excellent patient care and experience	Moderate x Possible	Moderate x Unlikely	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	31/01/21	SMT	<a href="#">Y/Y</a>	<a href="#">Y/Y</a>	Quarterly	Likelihood ↓
<a href="#">Corporate ND 71</a>	Health & Safety	Failure to assess and manage the risk of aggression and violence effectively	Major x Possible	Major x Possible	Major x Possible	Director of Nursing & AHP	Director of Nursing & AHP	31/12/20	SMT	<a href="#">Y/Y</a>	<a href="#">Y/Y</a>	Monthly	-
<a href="#">Corporate ND 73</a>	Service/Business Disruption	Lack of SRK trained staff	Moderate x Likely	Moderate x Possible	Moderate x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	31/01/21	PMVA Group and SMT	<a href="#">Y/Y</a>	<a href="#">N/A</a>	Quarterly	-
<a href="#">Corporate FD 90</a>	Financial	Failure to implement a sustainable long term model	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Finance & Performance Director	Finance & Performance Director	31/01/21	Audit Committee, RF&P Group & SMT	Y/Y	N/A	Quarterly	-

<a href="#">Corporate FD 91</a>	Service/Business Disruption	IT system failure/breach	Moderate x Possible	Moderate x Possible	Minor x Possible	Finance & Performance Director	Head of eHealth	31/01/21	Information Governance Group & SMT	Y/Y	N/A	Quarterly	-
<a href="#">Corporate FD 93</a>	Health & Safety	Failure to complete actions from Cat 1/2 reviews within appropriate timescale	Moderate x Possible	Moderate x Possible	Moderate x Unlikely	Finance & Performance Director	Head of Corporate Planning and Business Support	31/01/21	CMT, SMT	Y/Y	N/A	Quarterly	-
<a href="#">Corporate FD 94</a>	Service/Business Disruption	Inadequate data centre	Moderate x Likely	Moderate x Possible	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	31/01/21	SMT/Resilience Committee	Y/Y	N/A	Quarterly	Likelihood ↓
<a href="#">Corporate FD 96</a>	Service/Business Disruption	Cyber Security/Data Protection Breach due to computer infection	Moderate x Unlikely	Moderate x Rare	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	30/04/21	SMT/Resilience Committee	Y/Y	N/A	6 Monthly	-
<a href="#">Corporate FD 97</a>	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Moderate x Possible	Major x Unlikely	Finance and Performance Director	Head of eHealth	31/01/21	Information Governance Group & SMT	Y/Y	Y/Y	Quarterly	Likelihood ↓
<a href="#">Corporate HRD 110</a>	Resource	Failure to implement and continue to develop the workforce plan	Moderate x Possible	Moderate x Unlikely	Minor x Rare	Interim HR Director	Interim HR Director	31/01/21	SMT	<a href="#">Y/Y</a>	N/A	Quarterly	-
<a href="#">Corporate HRD 111</a>	Reputation	Deliberate leaks of information	Major x Possible	Major x Unlikely	Moderate x Unlikely	Interim HR Director	Interim HR Director	31/01/21	SMT	<a href="#">Y/Y</a>	Y/N	Quarterly	-
<a href="#">Corporate HRD 112</a>	Health & Safety	Compliance with Mandatory PMVA Level 2 Training	Major x Unlikely	Moderate x Possible	Major x Rare	Interim HR Director	Training & Professional Development Manager	31/01/21	H&S Committee	<a href="#">Y/Y</a>	N/A	Quarterly	Impact ↓

