NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 25 FEBRUARY 2021
at 10am, held by MS Teams

A G E N D A

No.	Item	Status	Reference
1.	**Apologies**		
2.	**Conflict(s) of Interest(s)** To invite Board members to declare any interest(s) in relation to the Agenda Items to be discussed.		
3.	**Minutes** To submit for approval and signature the Minutes of the Board meetings held on 17 December 2020	For Approval	TSH(M)20/11
4.	**Matters Arising:**		
	Actions List: Updates	For Noting	Paper No. 21/01
5.	**Chair's Report**	For Noting	Verbal
6a.	**Chief Executive Officer's Report**	For Noting	Verbal
b.	**Update on EU Withdrawal** Report by the Director of Security, Estates and Resilience	For Noting	Verbal

10.15am	COVID-19 RESPONSE		

No.	Item	Status	Reference
7.	**Covid 19 Response and Remobilisation:**		
a.	**Resilience Update** Report by the Chief Executive	For Decision	Paper No. 21/02
			Paper No. 21/03
b.	**Financial Update** Report by the Director of Finance & E-Health	For Noting	

11am	CLINICAL GOVERNANCE		

No.	Item	Status	Reference
8.	**Patient / Carer Story: Visiting Perspectives** Introduced by the Director of Nursing, AHPs and Operations	For Noting	Presentation
9.	**Supporting Healthy Choices** Report by the Medical Director	For Noting	Paper No. 21/04

10.	**Global Citizenship** Report by the Medical Director	For Noting	Paper No. 21/05
11.	**Quality Assurance and Improvement** Report by the Head of Corporate Planning and Business Support	For Noting	Paper No. 21/06
12.	**Clinical Governance Committee** Chair's Update - meeting held 11 February 2021 Approved Minutes – meeting held 12 November 2020	For Noting	Verbal CGC(M) 20/04
13.	**Clinical Forum** Chair's Update – meeting held 26 January 2021	For Noting	Verbal

	BREAK 11.30am to 11.45am		

11.45am	**STAFF GOVERNANCE**		
14.	**TSH Workforce Plan 2021/2 – Update** Report by the Interim Director of Human Resources and Staff Wellbeing	For Noting	Paper No. 21/07
15.	**Attendance Management Report** Report by the Interim Director of Human Resources and Staff Wellbeing	For Noting	Paper No. 21/08
16.	**Everyone Matters Pulse Survey 2020/ iMatter Update** Report by the Interim Director of Human Resources and Staff Wellbeing	For Noting	Paper No. 21/09
17.	**Staff Governance Committee** Chair's update – meeting held 18 February 2021 Approved Minutes - meeting held 19 November 2020	For Noting	Verbal SGC(M) 20/04

12.10pm	**CORPORATE GOVERNANCE**		
18.	**Draft TSH Corporate Objectives 2021/22** Report by the Chief Executive	For Decision	Paper No. 21/10
19.	**Perimeter Security and Enhanced Internal Security Systems Project** Report by the Director of Security, Estates and Resilience	For Noting	Paper No. 21/11
20.	**Finance Report to 31 January 2021** Report by the Director of Finance & E-Health	For Noting	Paper No. 21/12
21.	**Performance Report Quarter 3 – 2020/21** Report by the Head of Corporate Planning and Business Support	For Noting	Paper No. 21/13
22.	**Board and Committee Membership** Report by the Board Secretary	For Noting	Paper No. 21/14

23.	**Board Public Meetings and Attendance** Report by the Board Secretary	For Decision	Paper No. 21/15
24.	**Board Workplan 2021 – Update** Report by the Board Secretary	For Decision	Paper No 21/16
25.	**Audit Committee** Chair's update – meeting held 21 January 2021 Approved Minutes - meeting held 8 October 2020	For Noting	Verbal A(M) 20/04
26.	**Corporate Risk Register** Report by the Director of Security, Estates and Resilience	For Decision	Paper No. 21/17
27.	**Any Other Business**		Verbal
28.	**Date of next meeting** 15 April 2021		Verbal
29.	**Proposal to move into Private session, to be agreed in accordance with Standing Orders.** Chair	For Approval	Verbal

Estimated end at 1.10pm

THE STATE HOSPITALS BOARD FOR SCOTLAND   TSH (M) 20/11

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 17 December 2020.

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

Chair: Terry Currie

Present:

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

In attendance:

Head of E-Health	Thomas Best [Item 18]
Chair of Clinical Forum	Aileen Burnett
Person Centred Improvement Lead	Sandie Dickson [Item 8]
Information Governance and Data Security Officer	Ken Lawton
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
Interim Director of HR and Wellbeing	John White

1   APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Currie welcomed everyone to the meeting, and no apologies were noted.

2   CONFLICTS OF INTEREST

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

3   MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 22 October 2020 were noted to be an accurate record of the meeting.

<u>The Board:</u>

1. Approved the minute of the meeting held on 22 October 2020: TSH(M)09

4   ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board received the action list (Paper No. 20/82) and noted progress on the action points from the last meeting, with actions either being completed or progressed satisfactorily. It was noted that the delivery of the Clinical Model remained paused due to Covid-19, and that this matter would return to the Board for further consideration.

<u>The Board:</u>

1. Noted the updated action list.
2. Noted that the Board should receive a further update in relation to the pause on the delivery of the Clinical Model.

5   CHAIR'S REPORT

Mr Currie provided an update to the Board noting that there had been two meetings of the NHS Chairs group with the Cabinet Secretary for Health and Sport, since the date of the last Board meeting.

On 26 October 2020, the Chairs had noted that Mr Derek Feeley, a former NHS Scotland Chief Executive, had been asked to carry out an Independent review of Adult Social Care, and that this was expected to be finalised shortly.   The group had also received a presentation on active governance and Mr Currie advised that he considered that this would support the Board's ongoing work on its corporate governance plan. The NHS Chairs had been reminded of the Cabinet Secretary's current key priorities: Seasonal flu vaccination programme for the public and staff, Test and Protect, the redesign of unscheduled care, preparation for winter and Mental health and Wellbeing.

At the meeting held on 30 November 2020, it was noted that NHS Boards should be progressing work in relation to Executive Reviews for the current year. The group had also noted governance advice that the Whistleblowing non-executive director could chair any of the Governance Committees, but that he or she could not become board vice chair.

At this meeting, the Cabinet Secretary provided a further update on the re-design of urgent care. Following a pilot, this was now being rolled out across Scotland from early December. She was also focussed on the Covid-19 testing process for NHS Staff as well as the roll out of the Covid-19 vaccination. Ms Caroline Lamb, newly appointed as Director General and Chief Executive of NHS Scotland, gave a very detailed presentation on the Covid vaccination roll-out with planning at an advanced stage.   The National Clinical Director, Mr Jason Leitch gave a presentation on the up to date Covid-19 statistics for Scotland.

Mr Currie asked the Board to note that the Royal College of Psychiatrists Awards Ceremony took place virtually on the 19 November. The State Hospital won the award for the Quality Improvement Team of the Year for their work on the TSH3030 project. This was a U.K. level award and a most prestigious award to win, and Ms Clare Haughey, the Minister for Mental Health, had sent her congratulations. On behalf of the Board, Mr Currie recognised the scale of this achievement and offered sincere congratulations to Ms Monica Merson and Dr Gordon Skilling and the team for this wonderful achievement.

He also provided an update on the staff long service awards which had taken place on 14 December. Mr Jenkins and Mr Hair had also attended the virtual ceremony recognising the contribution made by staff. He reflected it was a reminder to all of us of the highly motivated staff working in The State

Hospital.

Mr McConnell then provided an update in relation to recruitment of Non-Executive Directors, confirming that this had been very successful and that recommendations had been made to Scottish Government for appointments to be made. It was hoped that these would be confirmed shortly, prior to the parliamentary recess beginning on 24 December 2020.

The Board:

1. Noted this update from the Chair.
2. Noted the update on the recruitment of Non-Executive Directors.

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, confirming that TSH remained aligned to national guidance and workstreams. NHS Chief Executives continued to work collectively to deliver the Test and Protect contact tracing service as well as the roll out of staff Covid-19 testing and vaccination programmes. He confirmed the national focus from territorial boards on the redesign of unscheduled care, and the continued focus on governance of care homes across the national framework.

Mr Jenkins also advised that the mental health agenda continued to be a key national focus, especially in relation to the delivery of services during and in response to the Covid-19 crisis. He noted that in relation to forensic mental health services, the Independent Review into Forensic Mental Health was expected to be delivered to Scottish Government in January 2021.

He advised that a one year Remobilisation Plan for 2021/22 had been requested to be submitted to Scottish Government in February 2021, and that he would this to ensure alignment with national workstreams including across the forensic network. He advised that he continued to chair the Healthcare in Custody Network, which had met in October 2020.

He advised that contact had been made with local constituency MSP Ms Aileen Campbell to provide a local link, with a meeting being arranged for January 2021.

Finally, he advised that reporting had recently been received in relation to the Everyone Matters Pulse Survey of staff' views, and that an update would be provided during this meeting with full reporting at the next Board meeting.

Mr Walker then provided the Board with a presentation on preparedness for EU Withdrawal, and actions taken within The State Hospital (TSH) including bringing together the Resilience Committee to focus on scenario planning. He advised that as resilience lead for the hospital, he continued to link with the Lanarkshire Resilience Partnership and the Scottish Government Health Resilience Unit. This focus continued to be within the concurrent risks related to Covid-19, the possibility of economic instability and supply chain challenges. For TSH, there remained a potential risk to food supplies, fuel and medicines which should be recognised although assurance could be provided that the organisation continued to be in a position of resilience in this regard.

The Board:

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

7a   RESILIENCE REPORTING – COVID 19 RESPONSE

A paper was received from the Chief Executive (Paper No. 20/83) to provide the Board with an overview of the way in which TSH was continuing to manage its response to Covid-19, and to provide

key updates to the Board on actions taken since the date of the last Board meeting.

Mr Jenkins then led the Board through the detail of the report, confirming the move to the new interim management structure was completed on 9 December 2020, and that a meeting of the newly constituted Corporate Management Team took place on this date. He asked the Board to note that the Partnership Forum had also re-commenced. Mr Jenkins underlined that the potential need to move back to incident command management was recognised, with arrangements in place to stand up the Problem Assessment Group in the event of an outbreak occurring within the hospital. However, there had been no new confirmed cases of Covid-19 within the patient population at TSH since the date of the last Board meeting

Mr Jenkins provided the Board with the updated position on the TSH Route Map document with continual review in place to ensure that any modification or adaption required was led through the TSH Scientific and Technical Advisory group (STAG), and noted the continuation of the Interim Clinical Operational Policy, the impacts of which remained under monitoring and scrutiny. The hospital was operating under version 16 of this model, with a move to a household model being managed to align with Level 3 restrictions within South Lanarkshire local authority area. He noted that this would be subject to immediate review in the event of an outbreak situation.

Mr Jenkins reminded the Board that in-person visiting had been paused at TSH during level 4 restrictions, but that it had been possible to re-commence some visits considered to be essential clinically, in the week beginning 15 December; with a tailored programme planned for the festive period on compassionate grounds and to align with national guidance during this period. The digital solution of video-visiting continued to be of enormous value and further bench-marking work was underway to evaluate this programme against services offered in high secure hospitals in NHS England.

Mr Jenkins provided a further update on the vaccination programme within TSH, due to commence on the week beginning 21 December. Mr Richards added some details on the mechanics of delivery of the vaccine within TSH, as well as planning for the roll out of the programme in line with the JCVI national guidelines. This would enable a speedy delivery of the vaccine to clinically facing staff over a period of four weeks approximately and confirmed that there would be action taken to ensure that all of the vaccine received would be used, with no wastage. Professor Thomson advised that should it be the case that some supply of vaccine remained, after delivery of a first dose to key staff, then Scottish Government colleagues had confirmed it would be appropriate to use this to vaccinate patients identified as most clinically vulnerable. In answer to a question from Mr McConnell, it was confirmed that it was expected that sufficient vaccine would be available for staff working in patient areas, both in clinical roles as well as those with social contact through non-clinical roles in these areas. Mr Hair raised the possibility of sufficient vaccine being requested to vaccinate all staff and all patients given that that the availability of the vaccine supplied would already enable it to be offered to most staff within the hospital. In response, Mr Jenkins noted the national governance led through the advice form JCVI for the supply of the vaccine.

Mr Jenkins confirmed the progress made for the roll out of staff testing in line with national guidance, and that this process for staff would be in place in the first week in January 2021, using Lateral Flow Testing (LFTs). Professor Thomson provided further background on the technical specifics of this type of testing as well as the national database set up to record results. Mr Richards advised that this type of testing would be helpful as part of the overall aim to prevent nosocomial transmission, with a total of 490 staff within TSH being encouraged to take part, and noting that participation was voluntary. A programme of orientation for staff in the use of the tests and the national reporting framework for their results was being put in place to ensure that staff were fully supported through this process.

Mr White provided further updates to the Board on wider workforce areas including the continued focus on recruitment and the success experienced in reducing the timeline for managing the recruitment process successfully. He also noted the continued positive positon on the progress of Personal Development Planning and Review. Mr White confirmed that the Staff Wellbeing Centre was permanently based within Harris, and invited Board Members to visit to experience it when

possible. He noted that it may be possible to provide a virtual visiting experience for Non-Executive Directors. Mr Jenkins outlined the continued progress made by the Recovery and Innovation Group, especially on values, behaviours and culture in the organisation and advised that work was being led through the CMT to link this workstream to staff wellbeing so that work could be taken forward in a tangible and meaningful way.

Mr Currie summarised the discussion on behalf on the Board, and encapsulated the views expressed around the table that the organisation was continuing to deliver care to patients, and to support staff, during this challenging period.

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 at this stage.

7b   COVID -19 RESPONSE - FINANCIAL GOVERNANCE

A paper was received from the Finance and E-Health Director (Paper No. 20/84) to provide the Board with an update on financial governance to date, during the Covid-19 pandemic, including reporting of specific Covid-19 related costs to Scottish Government.

Mr McNaught advised that Covid-19 costs for Quarter 2 (July to September 2020) were submitted to Scottish Government October, with the result of this expected to be allocated in January 2021. Quarter 3 reporting would be due in January 2021, and would include vaccination costs.

There was discussion in particular on the possibility of partial allocation for continuing Covid-19 costs being made, and the continuing need to keep this under careful review and align with overall trajectory for the current year, as well as well as projecting forward into the next financial period.

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

The Board:

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

8   PATIENT ADVOCACY ANNUAL REPORT

A paper from the Patient Advisory Service (PAS) was received (Paper No 20/85) and was introduced by Mr Richards. He welcomed Mr Michael Timmons (Chair of PAS) and Rebecca Carr (Interim Manager of PAS) to the meeting. Mr Richards asked the Board to recognise the contribution made by the previous service manager, Ms Ann Morton, who had recently retired.

Mr Timmons introduced himself, confirming that PAS had secured a service level agreement with TSH to delivery independent advocacy services over a three year period. Delivery continued to ensure a five day a week service and to satisfy the required key performance indicators. He underlined the contribution made by PAS to support TSH colleagues, as well as the consistent and far reaching nature of outreach with patients.

Ms Carr then led the Board through a detailed presentation, outlining the key developments made

in service delivery during the annual reporting period of 1 April 2019 to 31 March 2020, as well as providing further detail on performance to 31 July 2020, including the response to the Covid-19 pandemic. During this time, PAS had been able to follow TSH guidance on infection control and public health, making some amendments to their service to ensure that it could continue without interruption. Ms Carr also underlined the very positive and collegiate relationships formed by PAS staff and TSH colleagues. She provided detailed feedback to the Board on how PAS had approached delivery of their service to ensure that they had met all key performance indicators, and emphasised the person centred focus of this which had benefitted TSH patients.

Mr Richards noted the progress of work made to date, and asked about how digital means could be used, during the pandemic period, to allow PAS to meet virtually with patients. Ms Carr confirmed that PAS were linked into the hospital's digital inclusion workstream, noting the possibility of utilising Near-Me technology. Mr Currie asked if there were any particular restrictions in place presently that caused difficulty for patients to access the service. Ms Carr advised that to date it had been possible for advocate staff to access ward areas, adhering to infection control measures in line with TSH guidance.

Mr Moore added that it would be helpful in the future for the Board to receive further detail and feedback from patients, and Ms Carr acknowledged this point and confirmed this would be a focus in future reporting.

Mr Currie summarised for the Board, noting the assurance taken from this report and the continued focus on the need for high quality advocacy services to patients. The Board noted the content of the report, and the progress made.

The Board:

1. Noted the Patient Advocacy Service Annual Report 2019/20
2. Noted the Patient Advocacy Service Update Report 1 April 2020 to 31 July 2020.

9   QUALITY ASSURANCE AND IMPROVEMENT REPORT

A paper was received from the Head of Corporate Planning and Business Support (Paper No. 20/86) to give the Board a regular update on the progress made toward quality assurance (QA) and Quality Improvement (QI) activities during the two month period since the date of the last Board meeting.

Ms Merson provided a summary of activity including clinical audit, learning from complaints and feedback and Service Reports, asking the Board to note the detail of reporting and continued progress in these areas. This was especially the case in relation to daily and weekly monitoring work reported through the Clinical Effectiveness team, to enable monitoring of the interim clinical policy. Detailed oversight of this had been reported through the Clinical Governance Committee. She asked the Board to note the continuing focus of the Quality Improvement Forum, and echoed Mr Currie's opening remarks on achieving national recognition by winning Quality Improvement Team of the year through the Royal College of Psychiatrists. She also highlighted the key nature of the role of realistic medicine going forward into 2021, and local preparedness in this regard.

Mr Moore picked up the point on realistic medicine and how to ensure all the themes could be aligned in one report, and in response Ms Merson agreed that the Realistic Medicine Action Plan should be included in reporting in future.

Action – Ms Merson

Mr Hair note the value of the monitoring reporting on patient activity during 2020, and asked if this would continue as part of future reporting, even after the end of the pandemic. Ms Merson confirmed that clinical effectiveness now worked as a seven day a week service, and that digital improvement through business tableau could be expected to help this type of work. Professor Thomson added that this type of data driven work was a helpful tool in informing clinical practice, and supported work

considering change.

Mr Currie summed up for the Board indicating the value of this reporting was found in the detailed and comprehensive nature of it.   There were warm congratulations around the table on the team's achievement in winning a national award.

The Board:

1. Noted the content of the report.

10   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 12 November 2020, and the approved minutes of the meeting from 13 August were received and noted.

The Board:

1. Noted the content of this update, and the approved minutes of the meeting held 13 August 2020

11   ATTENDANCE MANAGEMENT REPORT

The Board received a paper from the Interim Director of Human Resources and Wellbeing (Paper No. 20/87) outlining the position on staff attendance for the period up to 30 September 2020.

Mr White summarised the key aspects pf reporting for the Board, noting that the sickness absence rate had shown an increase in September. Mr White confirmed that the data for October 2020 had just been received and indicated an improving position. The 12 month rolling average also continued to improve.

He noted the key reasons for absence as well as the split between short term and long term absences. He acknowledged that although the figure for long-term absence had improved in October 2020, this remained an ongoing area of concern. Focus was on individual management of absence, particularly around stress and anxiety, with an awareness of the additional challenge presented by the Covid-19 pandemic. Mr White also highlighted the dip in reporting levels through the EASY mechanism, and confirmed that work was being progressed to identify the reasons for this.

Mr Brackenridge commented on the very positive improvement in the overall figures for the month of October especially for short term absence. Members agreed that the data on long term absence was concerning, and discussed how to benchmark this to other NHS Boards with a view to taking lessons for improving the position.

Mr White further described the work being led through the Corporate Management Team to audit the position and make progress to improvement.   This led to reflection on the data driven nature of the report and Mr McConnell indicated that it would be helpful for reporting to be more descriptive of the background to the position as well as management actions in response. Mr White advised that Human Resources was involved as a pilot area for a Quality Improvement initiative on performance data, with the intention being to enable greater analysis and interpretation to be taken from the flow of data. Mr Jenkins added that this pilot would use real time data and would be focussed on the dynamic use of data as a reporting mechanism linked to subsequent management action. Mr Hair made the point that the focus should be on staff wellbeing overall, and there was agreement on this around the table.

Mr Currie summarised the position for the Board in that the improved position on staff attendance

was encouraging but that continued focus was required particularly on long term absences.

The Board:

> 1.   Noted the content of the report.
> 2.   Noted the pilot project underway and that reporting would follow.

12   EVERYONE MATTERS PULSE SURVEY 2020 – UPDATE

Mr White provided a verbal update to the Board, explaining that the results of the pulse survey carried out across NHS Scotland during September 2020 had been received, and that detailed reporting would be presented to the Board at its meeting in February 2021. He was able to indicate at this stage that the indicators for TSH were broadly in line with the national picture. The sample sizes for this survey were generally lower than that for the annual iMatter survey. In TSH, this had been 48% as compared to a response rate of 79% for the 2019 iMatter survey.

Mr Jenkins added that TSH had taken a multi-source approach so that in addition to the pulse survey, staff feedback was reviewed through the Recovery and Innovation workstream, as well as through a more finely directed wellbeing survey conducted within the TSH workforce.

Mr Currie noted the update on behalf of the Board, and that a further and more detailed report would come to its next meeting.

The Board:

> 1.   Noted the content of this update.

13   STAFF GOVERNANCE COMMITTEE

The Chair of the Staff Governance Committee, Mr Brackenridge, asked the Board to note the approved minutes of the meeting which had taken place on 20 August 2020, and the meeting which took place on 19 November with the minutes to be reported to the Board in due course.

The Board:

> 2.   Noted the content of this update, and the approved minutes of the meeting which took place on 20 August 2020.

14   PERIMETER SECURITY AND ENHANCED INTERNAL SECURITY SYSTEMS PROJECT

A report was received from the Director of Security, Estates and Facilities (Paper No. 20/88) in relation to the Perimeter Security and Enhanced Internal Security Systems Project.

Mr Walker asked the Board to note the continuing progress, noting completion of works as well as the status of the works underway both on and off-site. In addition, to note that the project was proceeding according to the projected cost plan, and with all quality targets being met. The projected completion date had been adjusted by six weeks, to the end of December 2021.

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

On behalf of the Board, Mr Currie noted the report and the position.

<u>The Board:</u>

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

15   FINANCE REPORT AS AT 31 OCTOBER 2020

A paper was submitted to the Board (Paper No. 20/89) by the Finance and E-Health Director, which presented the financial position to month 7 (31 October 2020).

Mr McNaught summarised the report, outlining the Board's financial position, and confirmed that TSH was reporting an underspend at this date of £0.302m. As previously advised in the update on the overall Covid response, there was continuing focus on the confirmation of Covid-19 specific costs for review through Scottish Government. He also confirmed that work was progressing on reducing the levels of unidentified savings for the coming year.

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

<u>The Board:</u>

1. Noted the content of this report.

16   PERFORMANCE REPORT QUARTER 2 – 2020/21

A report was received from the Head of Corporate Planning and Business Support, which provided a summary of organisational performance across key performance indicators, for the period of July to September 2020. Ms Merson led the Board through the detail of the report.

Mr Brackenridge asked whether it would be possible to review the data presented in relation to Healthier BMI to better indicate patient movement (in terms of admissions and transfers) as otherwise it was not clear that measurements were being taken on change over time for the same population set. He added that it would be helpful to see a comparison for BMI statistics for the TSH patient population against that of the population as a whole, presented on cumulative basis.

Professor Thomson commented on the need to be able to actively use the information presented, to improve the positon for patients. She advised that whilst 65% of Scottish society were considered as either overweight or obese, this figure was 90% for TSH patients. Mr Jenkins added that making progress in this area was of the highest importance within the organisation and that focus was on the work required to improve this. The Supporting Healthy Choices programme had re-started and further reporting would be presented to the Board during 2021.

Mr Moore asked about the measurement of staff attendance at case reviews, and how this could be related to a quality measurement of the review itself for the patient. Ms Merson advised that clinical teams had been asked to consider what the quality measure of the review should be so that further work could be progressed on how to capture that element in conjunction with quantitative measurement for staff attendance. Professor Thomson advised that at the same time it should be noted that staff attendance at the reviews was a measurement of the nature of quality of the review in of itself as attendance by a range of staff groups would lend greater understanding.

Mr Currie confirmed that the Board were content to note this paper, and would wish to see further detailed reporting especially in respect of the challenge around patient BMI, and the Supporting Healthy Choices framework.

<u>The Board:</u>

2. Noted the content of this report.

17   INFORMATION GOVERNANCE ANNUAL REPORT 2019/20

A paper was submitted to the Board (Paper No. 20/89) by the Finance and E-Health Director, to provide an overview of the work progressed to improve information governance standards at TSH during 1 April 2019 to 31 March 2020.

Mr McNaught introduced this paper underlining the increased focus in this area, and the need to meet compliance standards as set out within the report. The Board was joined by Mr K Lawton and he summarised the findings of the report for Board Members, highlighting that there had been a slight drop in performance relating to information governance standards and the expectation that this position would be recovered and improved upon in the current year. He asked the Board to note, in particular, the change made in the way that FIO requests were recorded and the further work to be progressed on self-assessment monitoring in this area. There had been a rise in subject access requests and a related issue in accessing historical data which had impact on response timescales. This was a temporary issue and performance was expected to improve.

The report was received positively by the Board, and Mr Currie summed up views around the table thanking the team, and also noting the excellent progress made across the organisation demonstrated through the random walkrounds to spot check compliance levels, in support of the Records Management Plan.

The Board:

3.   Noted the content of this report.

18   E-HEALTH ANNUAL REPORT 2019/20

The Board received a paper from the Director of Finance and E-Health (Paper No. 20/92) to provide an overview of work carried out by the E-Health Department during 1 April 2019 to 31 March 2020. Mr McNaught introduced this report and advised that the report also encompassed the scale of work undertaken rapidly over the last nine months, in response to the Covid-19 situation.

Mr Best joined the meeting and highlighted some key areas of reporting, including progress made in data storage as well as the re-fresh of patient learning facilities and the facilitation of remote working through digital means. He emphasised that the E-Health teams had responded quickly to the pandemic had presented in order to meet the demands of the organisation. He advised that the implementation of MS Teams and Office 365 had been brought forward significantly and successfully rolled out. Throughout an eventful year, Mr Best considered that the team had approached the challenges positively and constructively.

Mr Jenkins added that this had been a particularly challenging year for the E-Health team and he underlined his thanks to the efforts they had made. There was agreement around the table on this.

Mr Hair asked for reassurance that the team was involved in the e-rostering workstream and Mr Best confirmed that this was the case. Mr McConnell asked for some clarification on the National Information Security Directive relating to cyber security, and how onerous this was expected to be. Mr Best advised that it was a considerable piece of work which would impact across the whole organisation. There was an identified lead within the team for this area.

Mr Johnson asked what significant pressures were on the horizon, and Mr Best noted the key investment made in infrastructure as well as recent decision-making by the Corporate Management Team to increase staffing to meet demands appropriately. Mr Jenkins added that the recent redesign of directorate portfolios was intended to enable further focus in on the digital agenda in the coming year.

Mr Currie concluded the discussion by summarising the excellent progress made in this area as well as thanking the department for their commitment and work during very busy period. He noted that

the Board considered this area to be one that merited continued focus.

The Board:

1. Noted the content of this report.

19   ANNUAL REVIEW 2019/20- UPDATE

The Board received a paper from the Board Secretary (Paper No. 20/93) to provide an update on the Annual Review for 2019/20 for The State Hospitals Board for Scotland.

Ms Smith asked the Board to note that TSH undertook a Ministerial Review led by the Minister for Mental Health on 10 November 2020. Due to Covid-19 restrictions, this took place virtually and was attended by the Chair and Chief Executive, along with the Finance and E-Health Director and the Board Secretary. Given Mr McConnell's new upcoming role as Interim Chair, he also attended the meeting.

The format of the review included a review of performance in 2019/20 as well as the Board's response to Covid-19 during 2020. The Minister also focussed on the key issues in planning and delivery of performance for the remainder of the current financial year, as well as the risk of a resurgence of Covd-19 and the possible requirement for further remobilisation planning.

Ms Smith noted that the Minister had provided positive feedback overall on the Board's performance, and paid warm tribute to the contribution made by all staff during this difficult time. The Minister had expressed confidence in the senior leadership of the hospital, underpinned by the skills across staff groups that enabled safe delivery of care to patients. She also thanked Mr Currie for the excellent contribution he had made to the Board during his tenure as Chair.

Ms Smith advised that the Minister wrote to Mr Currie on 26 November to summarise the outcome of the review, and this would be published on the Board's website.

There was agreement that this had been a very constructive review. Mr Currie asked the Board to note the position.

The Board:

1. Noted the content of this report.

20   CORPORATE GOVERNANCE IMPROVEMENT ACTION PLAN

The Board received a paper from the Board Secretary (Paper No. 20/94) to provide an update on the restart of this workstream as part of remobilisation planning.

Ms Smith asked Members to note the updated action plan, and highlighted some key areas of focus. She noted that the national focus on how to engage stakeholders and member of the general public with public sessions of the Board, during the Covid-19 situation. Although specific national guidance had not been issued, it was noted that MS teams had been used by a number of NHS Boards to ensure virtual connection to the meeting. Ms Smith was asked to review options and provide a report to the next meeting of the Board.

Ms Smith also asked the Board to note the work being taken forward through NHS Education for Scotland through the Board Development initiative, in relation to "Active Governance". Development sessions would be available to all Boards in the new year and would be rolled out depending on demand. Although the initial intention had been to focus on the territorial boards, Ms Smith noted that there may be some scope for national boards to receive this support in early course. She advised that these sessions would be focussed on performance management tools and assurance

information systems, utilising each board's own data sources for practical application. There was agreement from the Board that this should be taken forward in the first half of the coming year.

Actions – Ms Smith

Mr Currie invited Members to contact Ms Smith should they have any input to make in respect of the action plan.

The Board:

1. Noted the content of this report.
2. Agreed that further options should be assessed in relation to public attendance at meetings.
3. Agreed to focus on the support through NHS NES through a board development session in 2021.

21   DRAFT BOARD WORKPLAN 2021

The Board received a paper (Paper No. 20/95) from the Board Secretary to outline a proposed workplan for the coming year. The plan was noted and it was agreed that this should be reviewed again in early course at the meeting in February 2021. This was to reflect the changing membership of the Board during the course of December 2020 and January 2021, and to enable the new Non-Executive Directors to input to the workplan.

Action – Ms Smith

The Board:

1. Noted the proposed workplan and agreed the business from the workplan for the February meeting of the Board.
2. Agreed that the workplan should be brought back to the next meeting of the Board to enable the new membership to review the plan.

22   CORPORATE RISK REGISTER

The Board received a paper (Paper No. 20/96) from the Director of Security, Estates and Resilience, which provided an overview of the medium, high and very high risks featuring on the Corporate Risk Register, and to provide assurance that these were being addressed appropriately. Mr Walker summarised the detail of the report for the Board.

Mr 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

23   ANY OTHER BUSINESS

Mr Moore, in his role as Whistleblowing Champion, asked colleagues to note the rescheduled date of 1 April 2021 for the implementation of the Independent National Whistleblowing Officer (INWO). The revised date was in recognition of the risk of potential pressures on Health Boards over the winter period.

Mr Moore submitted a paper to the Board outlining developments in relation to the Whistleblowing Standards that SPSO have developed as a model procedure for handling whistleblowing concerns raised by staff and others delivering NHS services. He noted that these would be formally published when the INWO went live on 1 April 2021.

He confirmed that TSH was preparing for implementation and planned to launch the revised arrangements for Whistleblowing in full from April 2021. Further, that the Cabinet Secretary had written to all Non-Executive Whistle Blowing Champions and requested an update on preparations for implementation. Mr Moore asked the Board to note the content of consider the draft response as circulated with the paper

 The Board:

1. Noted the content of this update.

Mr Currie noted that this was the last Board Meeting for both Mr Johnston and Mr Brackenridge who would each be completing their tenure as Non-Executive Directors in the coming weeks. He paid very warm tribute to them for their service, and thanked them for their valuable contributions throughout. These tributes were welcomed around the table, with those in attendance wishing to add their thanks as well as their best wishes for the future.

Mr McConnell then asked colleagues to note that this was the final meeting chaired by Mr Currie, as his extended tenure as Chair would come to an end at the end of the month. Mr McConnell noted the great contributions made by Mr Currie through his leadership, and most particularly the organisation's gratitude to Mr Currie for delaying his retirement to remain in post at a critical period. Warm congratulations were made to Mr Currie from all those in attendance, and he offered his thanks to colleagues for their support.

24   DATE AND TIME OF NEXT MEETING

The next public meeting would take place on Thursday 25 February 2021, by way of MS Teams.

25   PRIVATE SESSION

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

The meeting ended at 1.50pm

ADOPTED BY THE BOARD

CHAIR

DATE

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

ACTION NO	MEETING DATE	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	February 2020	Clinical Service Delivery Model (Item 7)	Update on key milestones for delivery – overall financial monitoring and recording on Corporate Risk Register.	R McNaught/ M Merson	April 2020 – paused	**Paused:** **For Discussion:** **Due to Covid-19 – Remobilisation Planning underway and Board to consider if this action can be reviewed as part of reporting during 2021, with any restart of clinical model as part of that process.**
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	April 2021	**In progress** **Report amended with direction of travel noted and further work in progress on format. Further update to be brought to April meeting.**
9	December 2020	Quality Assurance and Improvement Report	Board request that the Realistic Medicine Plan is added to the report in future.	M Merson	February 2021	**Complete**

20	December 2020	Corporate Governance Improvement Plan	Agreed to approach NES, to arrange board development session on active governance/ performance and assurance reporting (suggested for within first half of 2021).	M Smith	February 2021	**Complete** **NES contacted and May 2021 date TBC**
21	December 2020	Board Workplan 2021	To review the workplan further and bring reporting back to the Board at February's meeting given turnover in membership.	M Smith	February 2021	**Complete** **(on today's agenda)**

Updated – 16.02.21 – M Smith

Author:
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THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 7a
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	TSH Response to Covid 19 Global Pandemic – Update
Purpose of Report:	For Decision

1   SITUATION

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

The Board received reports at each of its meetings throughout 2020, from the start of the pandemic, to set out the actions taken.

The Board prepared an Interim Remobilisation Plan (for the period to August 2020) as well as a TSH Remobilisation Plan (for September 2020 to 31 March 2021) which were submitted to, and received approval from, Scottish Government. The State Hospital is preparing a Remobilisation Plan for the period 1 April 2021 – 31 March 2022. Scottish Government have asked that this plan provides an update and further iteration of the existing Remobilisation Plans developed, and to summarise key areas of activity for the next financial year. It includes a focus on staff wellbeing, workforce and finance plans for the year, continued management of Covid 19, as well as learning from the pandemic.

The draft plan will be submitted by 28 February, for approval by the Cabinet Secretary for Health and Sport, alongside the plans of each other NHS Board in Scotland. The draft plan will be circulated to Board Members at the same time, and further reporting will come back to the Board formally once the response from Scottish Government has been received enabling the plan to be finalised and published.

2   BACKGROUND

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

detailing the response to the two small outbreaks experienced in January and February 2021, as well as the work which continues to progress in respect of remobilisation planning.

2.1 Senior Leadership and Management Structure

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

The Board received detailed reporting throughout this period, as well as an in depth review of the interim management structure through a board development session. This enabled the process of re-aligning directorate portfolios alongside a review of the existing organisational governance structure to reflect these changes. Two new groups were also brought into being – the Human Resources and Wellbeing Group led by the Interim Director of Human resources and Wellbeing, and the Corporate Governance Group led by the Board Secretary. As this progresses, the Board Secretary will undertake review of the whole system with particular focus on how the system supports effective decision-making and the flow of actions.

During January and February 2021, the hospital experienced two small outbreaks of Covid-19; an outbreak being defined as two or more suspected or confirmed cases in one area within a 14-day period. At the onset of the first outbreak, the Corporate Management Team (CMT) arranged to meet daily as a Covid briefing session and this commenced on Monday 18 January. At the same time, a Problem Assessment Group was set up to take immediate oversight of the incident in respect to the management of infection control measures as well as the test and trace component. This shifted to being an Incident Management Team on 29 January, in line with national practice regarding the management of outbreaks.

Following the flow of events with further cases of Covid-19 being identified within the patient and staff groups, it was agreed on 29 January 2021 that the Incident Command Structure should be stood up again and this was put in place as from 30 January 2021 with a meeting of Gold Command. There was a joint meeting of Gold, Silver and Bronze Commands on Monday 1 February to ensure to single route of communication, and cohesion across the organisation. Silver Command then met daily throughout the week, with the Hospital Huddle taking place on weekends. Daily meetings of Gold Command took place from 30 January until 5 February, including the weekend periods. With a stabilising position, these meetings then reverted to daily Monday to Friday as of 8 February.

The Incident Command Structure was then stood down on 15 February, following the formal closure of the second outbreak at midnight on the evening of 14 February.

The Covid Support Team has continued to support the management structure, with dedicated advice from infection control, risk management, operational management and human resources. Further resilience in staffing resource has been agreed, and a variety of administrative staff across the organisation have formed a pool managed through the Board Secretary, given the increased activity during this period.

The process of reviewing and implementing national guidance from UK Government, Scottish Government and Professional Bodies continues to be tracked by the Covid Support Team, and reviewed through the Scientific and Technical Advisory Group (STAG). STAG reports to Gold Command or to the CMT, as appropriate.

3   ASSESSMENT

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

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

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

At its meeting on 17 December 2020, the Board was provided with a summary of *Covid-19: Scotland's Strategic Framework* which was published on 23 October, setting out the national approach to outbreak management and identifying five levels of protection introduced from 2 November. It was confirmed that the TSH Route Map had been reviewed and adjustments made in light of this to ensure alignment with South Lanarkshire Council area restrictions in Level 4.

However, from 11 December, South Lanarkshire Council moved from Level 4 to Level 3 restrictions, allowing work to progress to consider adjustment to the interim policy to ensure the delivery of care for the benefit of patients. This allowed TSH to move to a model of care where each ward is treated as a 'household' and removed specific limits on room occupancy, whilst still delivering care in a Covid safe way. The interim clinical policy was amended to encompass these changes and this was implemented on 11 December 2020.

On 8 January, the policy was amended again reflecting a change to a "mini household" model managing patients as two separate household groups (of 6 plus 6), as well as the ceasing of hospital visiting from 26 December 2020, due to the return to level four restrictions across the Scottish mainland.

The Policy was reviewed again during January 2021, in response to a confirmed outbreak of Covid-19 at the hospital. The change, and the context for this is outlined in the next section.

3.2 Response to TSH Outbreaks: 16 January to 15 February

During 16 to 18 January, two cases of Covid-19 were identified and were related to both staff and patient groups in one ward within the hospital.

On 20 January a Problem Assessment Group was initiated and this included public health and infection control colleagues from NHS Lanarkshire, a Scottish Government representative, Public Health Scotland representative, Occupational Health as well as the internal TSH management team. It was decided that all patients in the affected ward should be tested through PCR testing and that this should be repeated at intervals throughout their quarantine period. In total four cases were found within the patient group.

All staff who had worked in this area had immediately been asked to carry out Lateral Flow Tests (LFTs). During this period to 30 January, six further positive cases were identified within staff working in different areas throughout the hospital. Following the identification of positive

cases, contact tracing was undertaken within TSH using the methodology agreed and previously tested through a desk-top exercise.

On 27 January a mobile testing unit from the Scottish Ambulance Service was brought on site at TSH, and staff were invited for testing. Two staff tested positive. Patients in two wards were also tested, and three patients in the 'outbreak' ward tested positive.

In response to further transmission concerns, the testing unit attended again on 31 January. In total, 288 staff were tested during the two mass testing events.

An Incident Management Team was set up (replacing the Problem Assessment Group) on 29 January, though attended by the same wide range of expertise from colleagues. As noted above, the incident command structure was stood up on 29 January.

Gold Command reviewed the interim clinical policy in detail in meetings held on 30 to 31 January, and at that point the outbreak was limited to one specific ward area. Secondly, there was the possibility of community transmission of the virus to affected staff, rather than nosocomial transmission being established, and there was a need for a proportionate response. Gold Command reviewed the situation from all operational aspects, infection control and prevention, the physical and mental wellbeing of patients as well as anxiety on the part of staff.

A decision was taken by Gold Command to pause movement across the hospital from 1 February, insofar as was practicable, to allow a pause and review of the nature of the infection within the hospital, and to inform decision-making. Further PCR testing of staff who had worked in the affected area was immediately put in place. Through this testing exercise, an outbreak was declared within another ward on 2 February, following receipt of positive test results from staff (three staff tested positive in one ward, from a total of six positive test results).

In response to events, the interim clinical policy was amended as of 1 February 2021, with patients being cared for through a model of social distanced groups of three patients being permitted in the main ward areas at any time, and no mixing of ward or patients in social bubbles. The Skye Centre was closed to activity, and Skye staff re-allocated to specific ward areas.

Gold command agreed that this should be reviewed by the Incident Management Team which met again on 1 February and by the TSH STAG which met on 2 February 2020. The STAG confirmed that infection prevention and control measures did not mean that it was necessary for all staff movement to be restricted across hub areas. The Incident Management Team met again on 3 February and did not find conclusive evidence as to transmission route of the virus.

The initial outbreak was closed as of 10 February, and the Covid-19 positive patients in the affected ward no longer required to be nursed in isolation and their care delivery moved to the socially distant groups model. The second outbreak was then closed on 15 February, following a further meeting of the Incident Management Team.

3.3 Infection Control

Infection prevention and control remains central to the response to Covid-19 within TSH, and has informed all decision-making throughout the recent outbreaks. The Board is aware that the Senior Nurse for Infection Control is part of the internal Covid-19 response team and receives external support from the Public Health team in NHS Lanarkshire. All changes to

practice are reviewed by the STAG, and the Infection Control Committee continues to meet regularly.

Since the date of the last Board meeting, there have been four confirmed cases of Covid-19 within the patient population in TSH.

Table 1: Number of Patient tests, positive and negative results

September 2020 – February 2021

Month	Sept	Oct	Nov	Dec	Jan	Feb (to date)
Total Tests	8	10	14	9	57	32
Asymptomatic tests	6	5	12	8	52	32
Positive results	0	0	0	0	4	0
Negative results	8	10	14	9	53	32

To date, 243 members of staff have been routinely PCR tested for Covid-19, representing 37% of the total staff population.

Table 2: State Hospital Staff tests by result, for national test centre results

	Number	% of Total Staff population (n=650)
Staff tests	243	37%
Positive test results	38	6%
Negative test results	205	31%

In addition to the usual reporting of national test centre tests, mass asymptomatic testing of staff was also conducted on-site in response to the Lewis 3 outbreak, between the 28th of January and 1st of February.

Table 3: State Hospital asymptomatic staff tests by result 28 Jan – 1 Feb

	Number	% of Total Staff population (n=650)
Staff tests	286	44%
Positive test results	9	0.01%
Negative test results	250	0.38%

*27% of results awaited at time of reporting.

3.4 Virtual and In Person Visiting

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

However, in person visiting was necessarily paused on 11 September 2020, following the local restrictions put in place in South Lanarkshire local authority area followed by wider national restrictions. South Lanarkshire moved into Level 3 restrictions on 11 December. Hospital visiting guidance published on 18 November 2020 offered 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 then announced a national 5-day relaxation to geographical restrictions over the Festive period from 23-27 December 2020. There was an expectation that a compassionate approach should be taken, tailored to individual need, where it is safe and clinically appropriate to offer a visit. Work was therefore progressed to resume visiting to TSH over this festive period. However, this was paused again, as of 26 December, with the national restrictions in force at that point.

Video-visiting was introduced in TSH in April 2020 at the start of the crisis, enabling patients and their families and carers to continue to connect. It soon became very clear that this service, an innovation in a high secure setting, provided much comfort and a more valuable interaction than telephone calls alone.

With the continuation of the pandemic over an extended period of time, this service continues to provide essential contacts for patients and their carers. The Person Centred Improvement Team led an engagement exercise to help evaluate the service, and to highlight any possible 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, exploring the available options. The aim is to ensure that the best experience for our patients and carers is available, as well as meeting security requirements within the hospital as well as at the user end.

3.5 Covid-19 Vaccination Programme

As part of the national roll out of the Covid–19 vaccination programme, work has progressed well to prepare for the vaccination of State Hospital staff.

The Scottish National Blood Transfusion Service (SNBTS) distributed the Pfizer vaccine to TSH. In line with the JCVI guidelines, staff were identified who work in roles where they have direct care contacts with patients such as nursing and medical staff; and where they work in roles that require them to work in patient settings, such as housekeepers. The programme was rolled out from 21 December 2020 until 22 January, with 500 staff receiving the first dose of the vaccine. All staff who were eligible to receive the vaccine, and who wish to do so, were vaccinated. Positive reinforcement of national messaging was undertaken at a local level to encourage uptake.

In addition, 14 patients were identified as being clinically vulnerable (through their individual care plans). It was confirmed through Scottish Government colleagues that any vaccine supply provided for staff (and which was left over from the programme to vaccinate staff) could be used to vaccinate this patient cohort, and 13 patients accepted the vaccine.

There was zero wastage of vaccine supplies during this process.

3.6 Test and Protect: Test Expansion Programme

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

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

In line with all other NHS Boards, TSH nominated a LFT Lead Coordinator (the Director of Nursing, AHPs and Operations) to coordinate implementation at a local level. This has included establishing systems and processes to provide oversight and assurance on the distribution of tests, collection of data, and to share training materials with staff. Progress reporting is routed through the CMT (or Gold Command as appropriate).

The roll-out of this at TSH commenced on 28 December 2020 with all patient-facing healthcare workers being issued with LFT testing kits and being supported to conduct twice weekly testing, uploading results to the national database. A total of 548 staff were identified as being within the cohort for this self-testing programme and were issued with kits. 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.

This self-testing by staff is on a voluntary basis, with eligible staff being strongly encouraged to undertake and register their LFT test results on a twice weekly basis, highlighting the benefits to them, their families and our patients. The national guidance for healthcare staff LFT self-testing has been used to support this programme within TSH.

NHS Boards are asked to report testing levels each week, as well as positivity rates. The testing rate for is currently 37.4%, and this sits in line with the national rate. This is a dynamic picture with the uptake for self-testing improving over time. Work is also focussed on understanding the reasons for the uptake rate including the practicalities of self-testing and self-reporting, as well as ensuring that staff feel supported throughout.

In addition, TSH requires all contractors coming on site to undertake Lateral Flow Testing.

3.7 Clinical Care Guidance for COVID -19 patients

The Covid-19 TSH Clinical Care Support Documentation was developed to assist in the care of patients who have Covid-19 within The State Hospital**.**

During the initial phase of the pandemic, a six bed General Medical ward was established and which remains equipped and ready to accept any patient who requires enhanced care for symptoms of Covid-19. To date, it has not been necessary to use this facility, however, it remains on stand-by as a precautionary measure.

3.8 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.

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

At the start of the pandemic, clinical staff were individually fitted with appropriate masks. There is now a need to retest all staff who have been fitted for two models of FFP3 masks as these masks are due to expire soon, and new stock will no longer be available. An alternative mask has been sourced and a face fit testing programme commenced on 15 February, extending over a four-week period.

3.9 Patient Flow

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

The following table outlines the high level position from 1 December 2020 to 31 January 2021.

Table 4: Patient flow 1 December – 31 January

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds	108	12	120
Admissions	8	1	9
Discharges / Transfers	12	0	12
Average Bed Occupancy: Available beds/All beds			87.9% / 75.4%

3.10 Workforce

3.10.1 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.

3.10.2 Planning for Extreme Loss of Staff

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

This remains a focus to ensure that local knowledge is refreshed regularly, with specific planning in place for winter preparedness.

3.10.3 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 34 posts actively moving through the recruitment process from the following departments: eHealth, Finance, Security, Forensic Network, Estates, Housekeeping, Medical Staffing, Psychology, Infection Control, & Skye Centre Nursing.

Since the date of the last Board meeting, recruitment activity has concluded for posts within Estates, Housekeeping, Catering, Procurement, Occupational Therapy, Nursing Practice Development & HR departments.

Work is being focussed through the CMT on preparation of the TSH Workforce plan for 2021/22, and detailed reporting will return to the Board at its next meeting in April.

3.10.4 Staff Wellbeing

Staff Wellbeing has been prioritised throughout the Covid-19 pandemic, with a focus on how to support and maintain staff health and wellbeing during this difficult period. It is important to recognise that staff across all disciplines and teams have had to make changes to work practices in order to continue to provide essential care and services in new and different ways. From the outset of the pandemic the Scottish Government advised that the mental health and wellbeing support of staff during Covid-19 is of paramount importance. This is being progressed by ensuring that all employees have access to wellbeing provisions, and to enable staff to maintain their own wellbeing.

There have been significant challenges and uncertainty during this time across the whole population with the impact of the pandemic likely to affect individuals in different ways: physically, emotionally, socially and psychologically. It is normal and natural to feel increased stress and pressure as an understandable reaction to a very abnormal set of circumstances, and there is still a degree of uncertainty about the path ahead.

Within the TSH, the Professional Nurse Advisor has continued in her role as the nominated Wellbeing Champion and to co-ordinate the local response.

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

The designated Staff Wellbeing Centre is now firmly established within Harris and aims to provide a space for staff to relax and recuperate away from their work environment, and to make it as easy as possible for individuals to access the support they need. The Wellbeing Centre is open to all staff and primarily offers access to online resources, peer support, refreshments, and a quiet space to relax and reflect.

Staff who are shielding are offered a virtual online session every fortnight as a support mechanism and as a way of keeping in touch. There is a Staff Wellbeing contact email address and regular updates go out to all users containing details of upcoming online events as well as motivational messages and suggestions to enhance personal wellbeing.

As the Board is aware, TSH was successful in securing a funding grant of £35,000 from the NHS Charities Together Covid-19 Appeal. To date, £11,000 has been discharged in spending and further plans are being developed to ensure the Wellbeing Centre is fully equipped and functional, as well as to establish a private garden for hospital staff within the grounds.

The Wellbeing Centre will in the future be managed through the Healthy Working Lives Group with activities incorporated into this group's three-year strategy plan. The Healthy Working

Lives Group has a strong membership with representation from all disciplines across the hospital and governance of its activity is monitored through the Staff Governance Committee.

### 3.10.5 Personal Development Planning and Review (PDPR) compliance

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

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

As at 31 January 2021:

- The total number of current (i.e. live) reviews was 482 (80.6%).

- A total of 99 staff (16.6%) 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 January 2020 to January 2021.
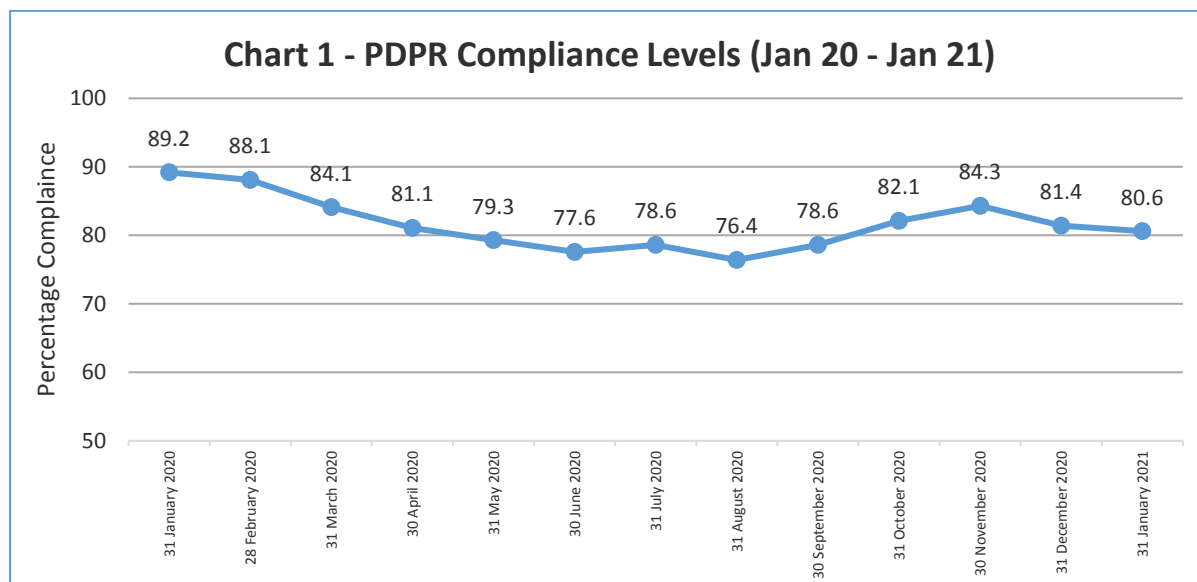
3.11 Recovery and Innovation

Through the Recovery and Innovation group, a programme of work has been prepared in anticipation of a gradual move into the recovery phase of the pandemic in 2021. Although it has not been possible to make immediate progress during the additional restrictions the hospital has experienced in the months of January and February 2021, the aim now is to refocus this workstream.

The emergent themes from the staff engagement exercise, undertaken during 2020, 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. Staff

feedback was organised into the "Temporary, Innovation, Obsolete and Paused Activity" through the Royal Society of Arts framework.

The CMT reviewed this workstream at the beginning of January 2021, with focussed reflection on the progress made to date through gap analysis.   It is recognised that most actions are localised and specifically directed to make small but important changes. This demonstrated huge progress with over 50 actions completed and more than 70 in progress. The actions not yet commenced relate to areas that are paused due to the pandemic such as the new clinical model. It was recognised that there would be benefit in linking the Recovery and Innovation workstream to the Human Resources and Wellbeing Group, in relation to those themes and activities connected to the workforce.

As the impacts of living with the pandemic continues into all of our lives in 2021, the challenge is to re-engage staff in this workstream over a longer period of time than was originally anticipated when the exercise was originally undertaken.

To do so, the first step is a roll out of communications through dedicated Staff Bulletins, to remind staff of the work they originally helped to develop and link this to how this can now be supported and developed further. This will include an initial closing off of the loop from the completed activities as well as a range of communication methods to showcase future activities. This will be supported through the directorate structure with Heads of Departments and line managers taking a leading role at a local level.

3.12 Communication

Staff Bulletins continue to provide key communication throughout the organisation, providing high level feedback to staff about national developments, as well as more focussed updates for TSH.

Directors and Heads of Department ensure that their teams are briefed regularly on key developments. During the period of Incident Command in response to the outbreak situation at TSH, Covid-19 specific bulletins were produced throughout to ensure continuity and cohesion in the information shared. Bronze Commanders were asked to provide reporting into Silver Command to confirm that they had directed a roll out of information from the Incident Command Structure, given the rapidly changing events and actions taken in response. Silver Command confirmed to Gold Command that this had been completed satisfactorily.

Further resilience was sought for Communications in 2020, with recruitment to a temporary position of Communications Officer completed in January 2021.

3.13 Digital Technology

Under the Interim Management structure, Digital transformation is being led the Finance and E-Health Director as a key area of focus. As the Board is aware, significant gains were made for both patients and staff throughout 2020.

A Digital Inclusion Group was established in 2020, led by the Skye Centre Manager, to co-ordinate and support any projects or initiatives related to digital solutions involving patients.

TSH continue to support staff to work at home whenever possible, and there are now 110 remote access tokens deployed and in use, in conjunction with mobile phones. Due to increased international demand, there are supply delays for laptops and the infrastructure team are working to refurbish older laptops to help to minimise the supply gap.

The O365 SharePoint rollout will start in March 2021 with a pilot at one NHS Board, before a national rollout. The TSH start date for a move to SharePoint is currently awaited will be confirmed through NHS National Services Scotland. The E-Health project team are working to ensure readiness within TSH including focus on the identification of the type of data stored, information asset owners and to support the Records Management Plan.

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

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

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THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Item:	Item No: 7b
Sponsoring Director:	Director of Finance and eHealth
Author(s):	Director of Finance and eHealth
Title of Report:	Financial Governance – Covid-19
Purpose of Report:	Update on current Covid financial impact

1   SITUATION

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

2   BACKGROUND

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

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

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

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

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

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

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

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

3.2.1 Covid19 specific costs

The principal revenue costs incurred in relation to Covid19 in April-December 2020, and forecast for January-March 2021, as submitted in the Board's Q3 return are as undernoted.

i.   Overtime costs Q1-3 £940k, forecast Q4 £300k – additional overtime incurred each month due principally to the increased levels of staff absence arising from Covid absences (classified as special leave), together with an element of high level clinical demands.

ii.   Nursing recruitment Q1-2 £260k – being an additional 12 student nurses on 6-month contracts. While this was initially understood to be funded by NES as part of a national initiative to support Covid pressures, this did not materialise and it was then to be regarded as provided directly through the Covid funding.

iii.   Additional deep cleaning Q1-3 £7k, Q4 £3k – being extra cleaning requirements specific to rooms for patients with positive Covid test results.

iv.   Telephony, related IT and digital costs Q1-3 £48k, Q4 £12k – being the costs of teleconferencing and other remote communication costs now being incurred.

v.   Estates/facilities costs Q1-3 £16k, Q4 £6k – including the requirement for additional lockers, trolleys, chairs etc.

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

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

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

vii. IT costs Q1-3 £20k, Q4 £20k – additional equipment (laptops, mobile phones, licences etc.) necessary in order to facilitate remote working for a number of staff and other essential IT site requirements.

viii. Other equipment costs Q1-2 £14k – including new monitors, some pandemic PPE stock, uniforms, and patient tvs/radios.

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

3.2.2 Covid19 costs – vaccinations programme 2021

In addition to the above, there are costs to the Hospital which arose from taking forward the programme of Covid-19 vaccinations for frontline staff in January 2021.

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

4   RECOMMENDATION

The Board is asked to note this report

MONITORING FORM

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

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THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 9
Sponsoring Director:	Medical Director
Author(s):	Dr Khuram Khan, Consultant Forensic Psychiatrist Frances Waddell, Lead Dietician
Title of Report:	Supporting Healthy Choices
Purpose of Report:	To update TSH Board on progress.

Situation
There is a major problem with patients being overweight or obese within TSH. TSH patients are known to have reduced life expectancy (Rees and Thomson, 2020). It is therefore important that this clinical issue is addressed.

Background
The issue of raised body mass index (BMIs) within patients has been recognised for several years. In 2016, a 15 point plan was adopted by the Board under the heading of Supporting Healthy Choices. This plan was well implemented but in spite of some radical steps such as the discontinuation of external purchasing of foodstuffs, the problem has not improved. Outcomes following the plan were presented at the Clinical Governance Committee on 14 November 2019. This plan is attached as Appendix A.

Assessment
Currently within TSH the following anthropometric data describe the patient cohort.
Prevention (Admission Group)

For the first time since 2016, the average admission weight reduced.

Time Period	Average admission weight	Average admission BMI
Nov 15 – Oct 16	77.3	25.6
Nov 16 – Oct 17	81.2	26.3
Nov 17 – Oct 18	83.9	26.8
Nov 18 – Oct 19	82	27.1
Nov 19 – Oct 20	79.1	25.7

Prevention (Admission Group)

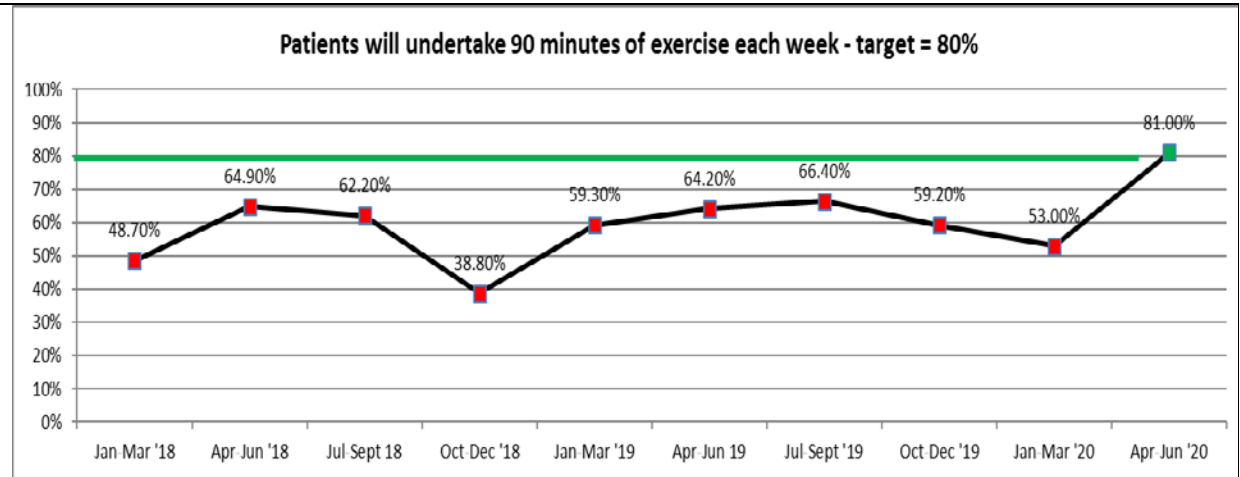| Nov 19 to Oct 20	Weight on admission	BMI on admission
Min (kg)	54	17.4
Max (kg)	144.3	44
Average (kg)	79.1	25.7

The data for 2019/20 showed that the patients that stayed for 12 months did not gain any more weight than the first 3 months of admissions

Data for patients that were admitted between 01/11/2019 and 31/10/2020	Weight Gain/Loss
Patients who were here 1-3 months (n=8)	5.6 kg (range -6.1 to 12.8)
Patients who were here 4 – 6 months (n=15)	8 kg (range -1.6 to 21.9)
Patients who were here 7-12 months (n = 8)	5.4 kg (range -8.8 to 21.6)

80% of patients will undertake 90 minutes of moderate exercise each week	In 2018 full recorded only started at the beginning at this point the target was 60% which was met. This target was increased to 80% and this target remained unachieved until 2020 This Target was achieved through Apr-June 2020 where it reached 81% of the patients population participated in 90 minutes moderate Physical Activity. This was mianly due to the number of escorted walks provided to patients as a result of Covid 19 and the reduction in normal activity services being offered at this time	**Patients will undertake 90 minutes of exercise each week - target = 80%**

Patients will undertake 90 minutes of exercise each week - target = 80%

Data points: Jan-Mar '18: 48.70%, Apr-Jun '18: 64.90%, Jul-Sept 18: 62.20%, Oct-Dec '18: 38.80%, Jan-Mar '19: 59.30%, Apr-Jun 19: 64.20%, Jul-Sept '19: 66.40%, Oct-Dec '19: 59.20%, Jan-Mar '20: 53.00%, Apr-Jun '20: 81.00%

SHS Workshop

In view of the lack of change with the previous plan, in January 2020 a work shop was held to encourage a radical rethink of this problem. An SHC project group was established in March 2020.

SHC Project Group

Mission Statement

To develop a detailed project plan to promote healthy lifestyles, and to prevent and manage obesity within the State Hospital.

Terms of Reference

1. To carry out a literature review on the prevention and management of obesity in people with major mental disorders in an institutional setting.
2. To determine actions to be completed from the 2016 Supporting Healthy Choices plan, to set out a timetable for completion of these and to incorporate them into the new plan.
3. To develop a new SHC 2020 evidence based action plan focussed on prevention and treatment of obesity.
4. To incorporate recommendations on patient activity, physical and other, into the new SHC 2020 plan.
5. To include treatments for high risk patients.
6. To determine outcome measures and frequency of measurement for this plan.
7. To establish and liaise with SHC 2020 Implementation Group.

Group Membership

Lead of Supporting Health Choices
Group Administrator
Head of Corporate Planning
Skye Centre Manager
Lead AHP
Lead Nurse
Procurement Manager
Lead Dietitian
Training and Professional Development Manager
Person Centred Improvement Lead
Head of Psychological Services
Head of Estates and Facilities
Clinical Effectiveness Team Leader

Reporting Arrangements

Sponsoring Director – Professor Lindsay Thomson
Project Lead – Dr Khuram Khan
Monthly Report to Medical Director
Quarterly Report to Corporate Management Team (CMT)
   - Subsequent reports to SMT and CGG
SHC Plan 2021 will require to be presented to CGC
SHC Plan 2021 will require TSH Board approval

Progress

Work was discontinued in March 2020 due to the COVID-19 pandemic but recommenced in August 2020. Table 1 sets out the progress against the ToR below.

Recommendation

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

Table 1   SHC Project Group Progress

	Action	Lead	Proposed Completion Date	Updated	Date Completed
ToR 1	• Literature review and collection of materials	Frances Waddell	Initially completed April 2020 (now Dec 20)	Completed April however due to Covid it was agreed to review the literature to source new materials.	15/12/20
	• Reading and analysis	Frances Waddell	Initially completed April 2020 (now Dec 20)	Completed April however due to Covid it was agreed to review the literature then reanalysis results	15/12/20
	• Report preparation	Frances Waddell	Initially completed April 2020 (now Dec 20)	To be circulated prior to Jan Meeting	30/12/20
ToR 2	• 2016 action plan review to identify items to be completed	Tracy Tait	Nov 2020	Two items remain outstanding in the 2016 action plan.	Nov 2020
	• Develop timetable for completion of 2016 actions	Khuram Khan	Nov 2020	Feedback received for outstanding actions; Literature review completed. Group agreed that points 1 & 2 still remaining from 2016 plan, no further actions could be taken.	18 Dec 2020
	• Incorporate into new 2020 Plan	All recommendations have been completed from previous actions plan			
ToR 3	• Develop new SHC evidence-based action plan focussed on prevention and treatment of obesity.	All	17 Feb 21	• Suggestion and comments to be identified by all members using the three main themes identified from literature review. • Merge all information from workshop, shop review and literature review in document • Brainstorm meeting to draft new action plan	
ToR 4	• Incorporate recommendations on patient activity, physical and other, into new SHC 2020 plan.	All	17 Feb 21		
ToR 5	• Include treatments for high-risk patients.	All	17 Feb 21		

ToR 6	• Determine outcome measures and frequency of measurement for this plan.				
ToR 7	• To establish and liaise with SHC 2020 Implementation Group.				
	SHC 2020 Plan to CGC		May 2021	Delayed due to Covid 19	
	SHC 2020 Plan to TSH Board		June 2021	Delayed due to covid 19	

APPENDIX A

Recommendation
Rec1: The Hospital should clearly communicate and monitor the standard that newly admitted patients can access off ward services and grounds when individually assessed as appropriate by the Clinical Team and not purely as a consequence of reaching a first case conference.
Rec 2: On admission every patient should be provided with a Patient Information Pack, which will include information on nutrition, physical wellbeing and the obesity risk factors at the Hospital
Rec 3: A learning module / pack on nutrition, exercise and wellbeing should be developed and made available to all patients.
Rec 4: A learning module / pack should be developed and made available to all carers and patient visitors.
Rec 5a: Every patient should have an individual analysis of intake and output to inform their healthy lifestyle plan, shopping plans and meal selections.   **Rec 5b**: On admission following nutritional screening, patients will be allocated a generic Health and wellbeing plan based on their current BMI and Nutritional Screening Tool risk score. This plan will be individualized where necessary. Prior to the admission CPA, Occupational Therapists, Key Workers and Dietetic staff (and other relevant members of the MDT where necessary) will meet with the patient (if able) and will develop the initial 'Health and Wellbeing Plan'. The plan will cover dietary intake, activity, psychological wellbeing and cessation of smoking (where necessary).
Rec 6: A Physical Health Steering Group sub group should undertake a scoping exercise to identify further methods (both group and 1:1) to support patients to engage in healthy lifestyles which include opportunities for a co-production approach, including outdoor activities / pursuits
Rec 7 The Physical Health Steering Group should set up a sub-group tasked with developing the existing 'Slim and Trim' Group and 'Healthy Living' Group for implementation within the hub / ward environment.
Rec 8a: A Hospital Shop Project Group should be established to review the service model, including stock availability; healthier options, non-food options, pricing, staffing and access   **Rec 8b**: The practice of patients ordering food items from supermarkets should stop and in conjunction review pricing and stock availability in the Hospital shop.
Rec 9: An electronic or paper system to support individual 'shopping plans' should be developed.
Rec 10 A short life project group to explore supervised patient access to the internet for purchasing non food items should be set up

Rec 11: Carers should continue to bring food items based on individual healthy lifestyle plans to which carers have contributed, within the confines of a reviewed restrictions list, and taking into account any agreed restrictions on volume and calorific content

Rec 12: A small amount of 'ward-sized' exercise and activity equipment should be purchased for each ward that allows OTs, Health Champions and nursing staff to provide / support ward based exercise groups. This should be used to supplement the facilities of the Hub gyms, not replace them and piloted in 2 wards as a 'small test of change'.

Rec 13: The current outdoor gyms should be relocated to be more visible, accessible and integrated than they are currently.

Rec 14: The Catering Service should review the current service provision with regards to assisting with weight reduction programmes; in particular it should consider:

 (i)   Calorific value notification for each menu product

(ii)The times that meals are provided for patients.

Rec 15: Patients should continue to have access to a single carryout meal once per month, in line with the new guidance from the Infection Control Committee.

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THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 10
Sponsoring Director:	Medical Director
Author(s):	Dr Khuram Khan, Consultant Forensic Psychiatrist
Title of Report:	Global Citizenship Programme
Purpose of Report:	For Noting

Background

Following the launch of the Scottish Government's Global Citizenship programme in June 2018, Dr Khan was nominated as a programme Champion representing The State Hospitals Board for Scotland with a remit to work with local colleagues to further the development of mental health services in Pakistan.

Through Scotland's International Development Strategy Dr Khan has linked the Pakistan Psychiatry Society with the School of Forensic Mental Health (SoFMH) established in 2007. International development is a key part of Scotland's global contribution within the international community, and encompasses core values of fairness and equality.

Forensic psychiatry, which is about the care and treatment of mentally disordered offenders, does not exist in Pakistan and currently there is no facility that offers education for mental health and criminal justice professionals to work effectively at the interface between law and mental disorder. There are sensitive challenges at this interface in Pakistan such as the criminalisation of attempted suicide, homosexuality and blasphemy. Dr Khan recognised that mental health professionals could play a useful role in the assessment of individuals affected by such issues and liaison with the courts in such a manner that the sanctity of human rights would be upheld.

Aims

The aim of the initiative is to link with mental health and legal professionals in Pakistan to share developments within Scottish medico-legal domains and to establish systems to provide training and expertise in order to strengthen the interface between the mental health and criminal justice systems.

An overarching objective is to establish a working partnership between the School of Forensic Mental Health (SoFMH) and the Pakistan Psychiatric Society. The use of technology will ensure the sustainability of educational initiatives and enable delivery from a range of international speakers.

<u>Short-term goals</u>

1. To educate criminal justice professionals within Pakistan on issues relating to Mental Health, Law and Human Rights.
2. To raise awareness of the training opportunities provided by the School of Forensic Mental Health to mental health professionals in Pakistan.

<u>Medium-term goals</u>

1. To explore the 'twinning' of The State Hospitals Board for Scotland and SoFMH with Sir Cowasjee Jehangir Institute of Psychiatry and Behavioural Sciences, Pakistan (Sir C. J. Institute)
2. To explore the possibility of establishing office functions of the school in Pakistan with the support of Sir C.J. Institute and Pakistan Psychiatric Society (e.g. establish a clerical point of contact for SoFMH in Pakistan).

<u>Long-term goals</u>

1. To consolidate the partnership.

Key UK Colleagues and Partners

The State Hospitals Board for Scotland, Carstairs.

School of Forensic Mental Health (SoFMH)

Key International Colleagues and Partners

Pakistan Psychiatric Society

Sir Cowasjee Jehangir Institute of Psychiatry and Behavioural Sciences, Pakistan (Sir C. J. Institute)

Progress since October 2019
Pakistan Psychiatric Society requested Dr Khan's assistance to develop a 2-day programme to teach health and criminal justice professionals about the issues of mental disorder, offending and the law. Dr Khan developed a presentation of Sindh (Pak) Mental Health Act using the methodology of NHS Education Scotland's Approved Mental Health Practitioner training programme, developed in conjunction with SoFMH.

Dr Khan and colleagues from the School of Forensic Mental Health have delivered a range of seminars, webinars and training events in the last 12-18 months. These were as follows:
- <u>Training Programme</u>: **Protecting Human and Legal Rights of Mentally Disordered Persons** – 3rd & 4th October 2019 – Karachi, Pakistan
- <u>Training Programme</u>: **Protecting Human and Legal Rights of Mentally Disordered Persons** – 1st & 2nd February 2020 – Rawalpindi, Pakistan
- <u>Webinar</u>: **A Guide for Legal and Mental Health Professionals** – 9th June 2020
- <u>Webinar</u>: **Mentally Ill Defenders and their journey through the Mental Health System** – 7th July 2020

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- <u>Webinar</u>: **Human Rights Law and Mental Health** – 4th August 2020
- <u>Webinar</u>: **Law for Mentally Ill Defenders – A Psychiatrists Plea** – 23rd August 2020
- <u>Webinar</u>: **Mental Health Legislation – A Guide for Legal and Mental Health Professionals** – 8th September 2020
- <u>Webinar</u>: **Child Sexual Abuse, Legal Medical Issues and Prevention** – 22nd September 2020
- <u>Seminar</u>: **Strengthening the Interface between Mental and Legal Systems** – 3rd & 4th December 2020

In December 2020, Dr Khan visited Sir C.J. Institute in Pakistan to explore the idea of a close working and training relationship with The State Hospital and SoFMH. He held meetings with the CEO and was provided with a tour of the Institute.

A meeting was subsequently held on 27/1/21 between CEOs and Directors of Sir C.J. Institute, the State Hospital and the School of Forensic Mental Health; and a communication group has been established.

Resources
All input from TSH and SoFMH to this Global Citizenship initiative in Pakistan has been from existing resources. No charges have been made.

Work Plan
The work plan until 2021 is attached – **Appendix A**
The proposal to link Sir CJ Institute and TSH is attached – **Appendix B.** This is at an exploratory stage with the establishment of a communication group.

RECOMMENDATION

The State Hospitals Board is asked to note the progress and work plan for the Global Citizenship initiative.

Paper No 21/05

Global Citizenship Programme Work Plan - Dec 2020 – Dec 2021 (12 months)

Goal 1: To educate criminal justice professionals within Pakistan on issues relating to Mental Health, Law and Human Rights (Short Term)				
Key Action Steps	**Timeline & Completion**	**Outcome**	**Person Responsible**	**Comments / Updates on Progress**
Arrange a training event in Islamabad with Federal Judicial Academy (In person event)	April 2021	Training for judges on medico-legal issues e.g. Risk assessment and management of Sexual Offenders	Dr Khuram Khan	
Consider future webinars on topics relevant to Mental Health, Law & Human Rights	Autumn/Winter 2021	Webinars to be delivered to educate criminal justice professionals on relevant issues.	Dr Khuram Khan	Successful series of webinars delivered across 2020. Dr Khan will liaise with key contacts in Pakistan to ascertain need for future webinars in 2021.
To explore feasibility of streaming SoFMH events online when being held in SPS College, Polmont.	Autumn/winter 2021	Streaming events online will ensure that professionals in Pakistan can access them and strengthen links between countries.	Dr Khuram Khan / SoFMH	To be explored once SoFMH events return to being held in SPS College, Polmont.
Goal 2: To raise awareness of the training opportunities provided by SoFMH to mental health professionals in Pakistan (Short Term)				
Key Action Steps	**Timeline & Completion**	**Outcome**	**Person Responsible**	**Comments / Updates on Progress**
Organise event to discuss 'Strengthening the Interface between Mental and Legal Systems' and invite speakers from SoFMH to present.	December 2020	Attendees from across medical and legal professions with Pakistan to have an awareness of training events provided by SoFMH.	Dr Khuram Khan	Event organised on 3rd and 4th December 2020. Dr Helen Walker (Consultant Nurse) presented on the SoFMH and current training courses and opportunities. Dr Patricia Cawthorne (Consultant Nurse) and Dr Natalie Bordon (Clinical Psychologist) also presented at the event on behalf of TSH/SoFMH.

Begin to advertise SoFMH training events through linking the SoFMH with Training Organisers in Pakistan.	June 2021	Mechanism agreed for the SoFMH newsletter to be distributed to relevant professionals in Pakistan to increase awareness of training events and opportunities.	Dr Khuram Khan / SoFMH	Dr Khan to provide SoFMH Adminstrator with contact details of relevant individuals to liaise with (e.g. training organiser/admin).
Establish formal links for advertising of events with Pakistan Psychiatric Society	Dec 2021	All SoFMH Training events and Courses to be advertised clearly for relevant professionals and members of Pakistan Psychiatric Society.	Dr Khuram Khan	Pakistan Psychiatric Society use Facebook and LinkedIn as part of their advertising strategy; SoFMH cannot use these platforms and will continue to advertise and arrange booking through their website / Twitter.

Goal 3: To explore the 'twinning' of The State Hospitals Board for Scotland and SoFMH with Sir C.J. Institute in Pakistan (Medium Term)

Key Action Steps	Timeline & Completion	Outcome	Person Responsible	Comments / Updates on Progress
Arrange meeting with Chief Executive of Sir C. J. Institute and TSH/SoFMH	March 2021	Meeting between CE of Sir C.J. Institute and Forensic Network/SoFMH Director, Chief Executive and Chair of TSH and President of Pakistan Psychiatric Society.	Dr Khuram Khan	Email sent to Patoli Sahib (Sir C.J. Institute) on 22nd December 2020. Meeting requested by CE of Sir C.J. Institute for January 2021. SBAR to go to TSH Board for approval (next meeting date: 25.02.21)

Goal 4: To explore the possibility of establishing office functions of the school in Pakistan with the support of Sir C.J. Institute and Pakistan Psychiatric Society (Medium Term)

Key Action Steps	Timeline & Completion	Outcome	Person Responsible	Comments / Updates on Progress
Explore secretarial support in C.J. Institute	Dec 2021	Explore possibility of having an identified staff member within the Sir C. J. Institute who collaborates and works in conjunction with SoFMH to develop and promote educational opportunities for criminal justice professionals in Pakistan.	Dr Khuram Khan / Prof. Lindsay Thomson	Progress largely dependent on outcome of Goal 3.

Long Term Goal – To consolidate and mature the partnership and inform the Scottish Government on the outcomes through Global Citizenship platform

NHS SCOTLAND

CORPORATE MANAGEMENT TEAM

Sponsoring Director:	Medical Director
Author(s):	Dr Khuram Khan, Consultant Forensic Psychiatrist Ijaz Patoli, CEO Sir CJ Institute of Behavioural Sciences and Psychiatry
Title of Report:	Twinning The State Hospital/SoFMH with Sir Cowasjee Jahangir Institute of Psychiatry & Behavioural Sciences, University of Sindh, Pakistan
Purpose of Report:	To seek permission to arrange a talk by Mr Aijaz Patoli Chief Executive Officer Sir Cowasjee Jahangir Institute of Psychiatry, in order to understand the opportunities available for collaborative working and sharing of practice to benefit the service users

SITUATION

NHS Scotland Global Citizenship Programme
https://www.scottishglobalhealth.org/

International development is a key part of Scotland's global contribution. It embodies our core values of fairness and equality. The programme reflects and supports our existing international development commitments to our partner countries (Pakistan, Malawi, Zambia and Rwanda) as set out in the Scottish Government's International Development Strategy Global Citizenship: Scotland's International Development Strategy.

The increasing role of technology also has an important part to contribute in supporting global citizenship with staff being able to contribute from Scotland and reaching more people from across the globe. What has proved to be most effective in these partnerships is when they have been developed collaboratively and using good practice principles for partnership working.

Evidence for the mutual benefits of global health work can be found in the academic literature and in the experience of health systems that have combined the development of global health work with training and service delivery. Benefits to individuals include:

- Leadership and management skills
- Communication and teamwork
- Clinical skills
- Policy awareness and experience

- Academic skills
- Personal resilience, satisfaction and interest

BACKGROUND

Following the launch of the Scottish Government's Global Citizenship programme in June 2018, Dr Khuram Khan came forward with a proposal to further the development of strengthening the interface between criminal justice and mental health services in Pakistan to address the issue of protecting human and legal rights of the people. He was nominated as a program champion representing The State Hospitals Board for Scotland.

Dr Khan has worked successfully in this role with the support of School of Forensic Mental Health (SoFMH), and the first seminar "*Protecting Human and Legal Rights of Mentally Disordered Persons*" was delivered on two days (3rd and 4th October 2019) in Karachi Pakistan. The 2nd training programme on "*Protecting Human and Legal Rights of Mentally Disordered Persons*" for legal and mental health professionals was held at Rawalpindi Pakistan on 1st and 2nd February 2020. Dr Khan's work continued throughout the COVID pandemic through delivery of a series of webinars.

ASSESSMENT

Professionals in the mental health industry in Pakistan strive to restructure their health services and look to their counterparts in developed systems such as in Scotland for information and support.

The best way to help them is through "twinning" The State Hospital/SoFMH with comparable institutions in Pakistan such as the Sir Cowasji Jehangir Institute of Psychiatry. Twinning provides a platform for the exchange of knowledge and strengthening of capacity and has previously been used successfully within organisations participating in the Global Citizenship Programme. The successful twinning demands goodwill and generosity accompanied by meticulous planning and organisation. Clear realistic objectives must be agreed by all partners – whether they relate to exchange of staff, training programmes or access to medical publications etc.

History of Sir Cowasji Jehangir Institute of Psychiatry Pakistan

A sculpture of Sir Cowasji Jehangir Readymoney by Thomas Woolner at the Old College, University of Edinburgh

Sir Cowasji Jahangir Institute of Psychiatry Hyderabad is a trust property established in 1865 as a lunatic asylum by a Parsi philanthropist to help mentally challenged people of Sindh and other parts.

Between 1795 and 1806, the East India Company (British) began establishing lunatic asylums for the care of British soldiers in Colaba, Madras, Monghyr and Bombay. It was decided that some among the Company's significant number of British as well as Indian soldiers, needed custodial care. However, a history of mental illness and its treatment in Sindh is divided into two parts. One part falls into British Sindh, and like other areas of colonial India, it can be further divided into four phases. The first phase lasted from 1784 to 1857; the second from 1858 to the early 1900s; the third between 1900s and 1920; and the last from 1920 to 1947. The second part of the institutional history of mental illness started when Pakistan came into being. At least two distinct phases here can be identified: the first phase started in 1947 and it continued till the passing of the 18th Amendment on the 8th of April, 2010. Afterwards, a second phase started and is continuing at the moment. These phases have witnessed the establishment of lunatic asylums, their transformation from asylums to hospitals, and the transformation of mental health patients' image from harmful individuals to unwell people.

https://www.thefridaytimes.com/the-state-and-mental-health-in-sindh/

Dr Khan visited Sir C.J Institute in Pakistan in December 2020 to explore the idea of a close working and training relationship with The State Hospital and SoFMH. He held meetings with the CEO and was provided with a tour of the Institute.

Paper No 21/05

RECOMMENDATION

To arrange a virtual tour and briefing from the CEO of the Sir C. J. Institute to the Chief Executive of The State Hospital and the Director of the Forensic Network / School of Forensic Mental Health in order to explore any potential links between the organisations.

OFFICE ORDER

SUBJECT: WORKING GROUP FOR ENGAGMENT STATE HOSPITAL SCOTLAND NHS UK UNDER GLOBAL CITIZENSHIP PROGRAM.

Ref: Online Meeting on 27-01-2021.

Following working group is nominated to liaise with the counterpart of State Hospital Scotland.

1. Dr. Ahsan Illahi   Lead
   Focal Person for Institute Security Affair

2. Dr. Jamil Junejo   Psychiatrist
   Astt: Prof. LUHMS Jamshoro   (Forensic Psychiatry)

3. Dr. Huma Agha   Rep: of Chairperson Psychology
                                        Department University of
                                        Sindh

4. Dr. Pushpa   Rehab Team, SCJIPBS
                                        Hyderabad

5. Dr. Hina Aziz   Focal person for Nursing &
                                        Community Mental Health,
                                        SCJIPBS Hyderabad

They will maintain all records regarding the Collaborative Activities / Meetings and update Head of the Institute.

CHIEF EXECUTIVE OFFICER
SIR C.J. INSTITUTE OF PSYCHIATRY
& BEHAVIORAL SCIENCES
HYDERABAD

Copy to:
1. The Secretary Health, Government of Sindh
2. The Chairman Sindh Mental Health Authority
3. The Registrar, LUHMS University
4. Prof: Irfana Shah, Chairperson Psychology Department University of Sindh
5. The Deputy Medical Superintendent, SCJIPBS Hyderabad
6. all concerned
7. Office file

CHIEF EXECUTIVE OFFICER
SIR C.J. INSTITUTE OF PSYCHIATRY
& BEHAVIORAL SCIENCES
HYDERABAD

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 11
Sponsoring Director:	Medical Director
Author(s):	Head of Corporate Planning and Business Support
	Clinical Effectiveness Team Leader
Title of Report:	Quality Assurance and Quality Improvement
Purpose of Report:	For Noting

1   SITUATION

This report provides an update to The State Hospital Board on the progress made towards quality assurance and improvement activities since the last Board meeting in December 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

MONITORING FORM

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

QUALITY ASSURANCE AND IMPROVEMENT IN THE STATE HOSPITAL

FEBRUARY 2021

INTRODUCTION

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

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- Evaluating and disseminating our results;
- Building improvement knowledge, skills and capacity.

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ASSURANCE OF QUALITY

Clinical Audit

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

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

- Observation Policy Sub Heading Audit
- Record Keeping Audit
- Post Physical Intervention Audit
- Clozapine Audit
- Compliance with "Consent to Treatment Form" Audit

Findings and actions from these included:

Observation Policy Sub Heading Audit
- Medical must improve their use of the observation review note type on RiO. This has been highlighted to medical staff.
- Nursing must improve their use of the observation review note type on RiO. This has been highlighted and will be taken forward through Practice Development
- Consideration to be given to the use of note types to be included in all medical and nursing staff induction programmes. This has been highlighted to Medical and Practice Development.
- Posters are being designed to further highlight the improvement areas to ward staff

Record Keeping
- Excellent improvement with all patients 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 suspended for February due to the additional Covid restrictions within the hospital.

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

Clozapine Audit
- Overall we see improvement in the monitoring of the physical health of patients being treated with Clozapine
- Paperwork requires further improvement for initiation stage in line with the national standard for monitoring the physical health of people being treated with Clozapine.
- Monitoring of Bowel Functions remains low at all stages
- Side Effects monitoring remains low at all stages
- Further improvements required for baseline monitoring – The average number of checks completed per patient at baseline remained at 7 (target 14).

Audits currently underway, or due to commence include Seclusion, IM Haloperidol, Medication Trolley, POMH Clozapine (national benchmarking) 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:
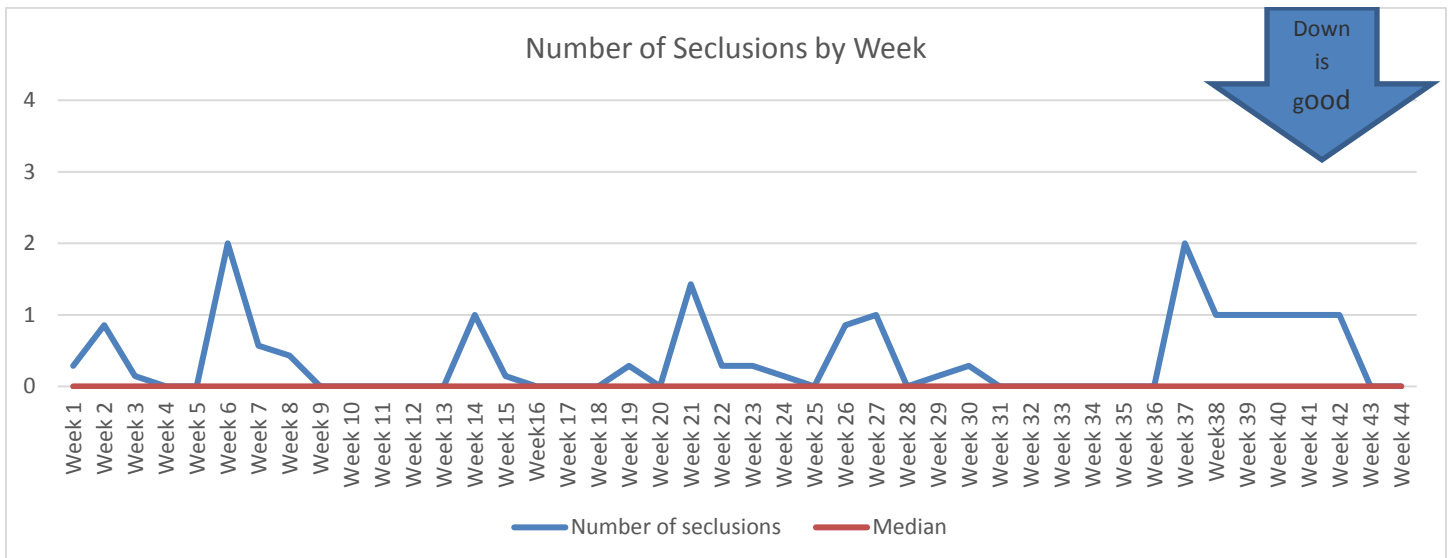
Datix assaults, attempted assaults and behaviour

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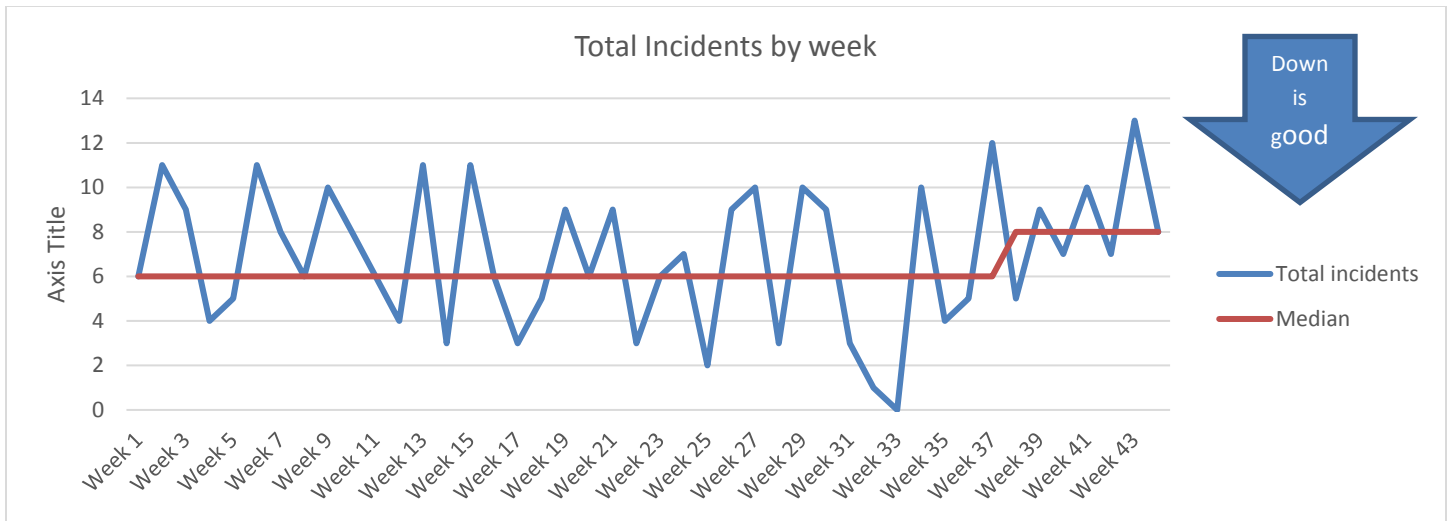
Seclusions

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

Patient not accessing Fresh air or Physical Activity
This indicator has seen the median being moved once due to a shift in the data in week 31. Since then random variation has been reported.
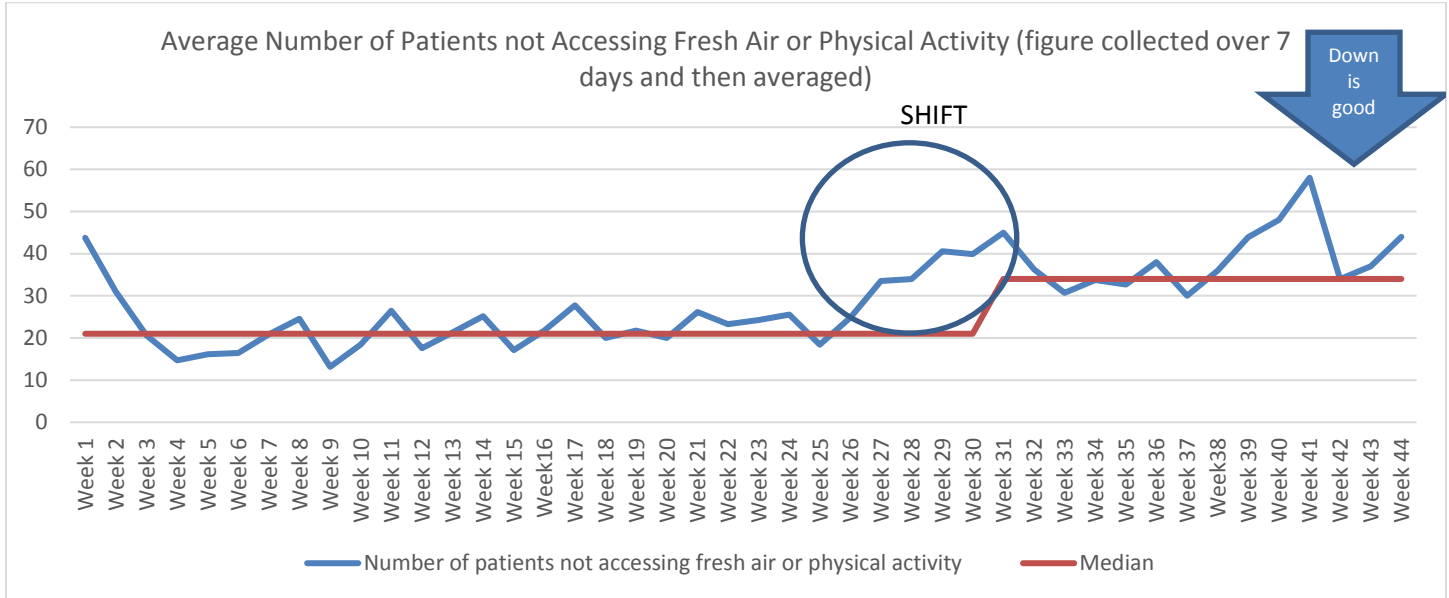
Patients not engaging with fresh air, physical activity or timetable sessions
As can be seen there have been 3 shifts in the data since data collection commenced. The most recent was a positive shift in the data from
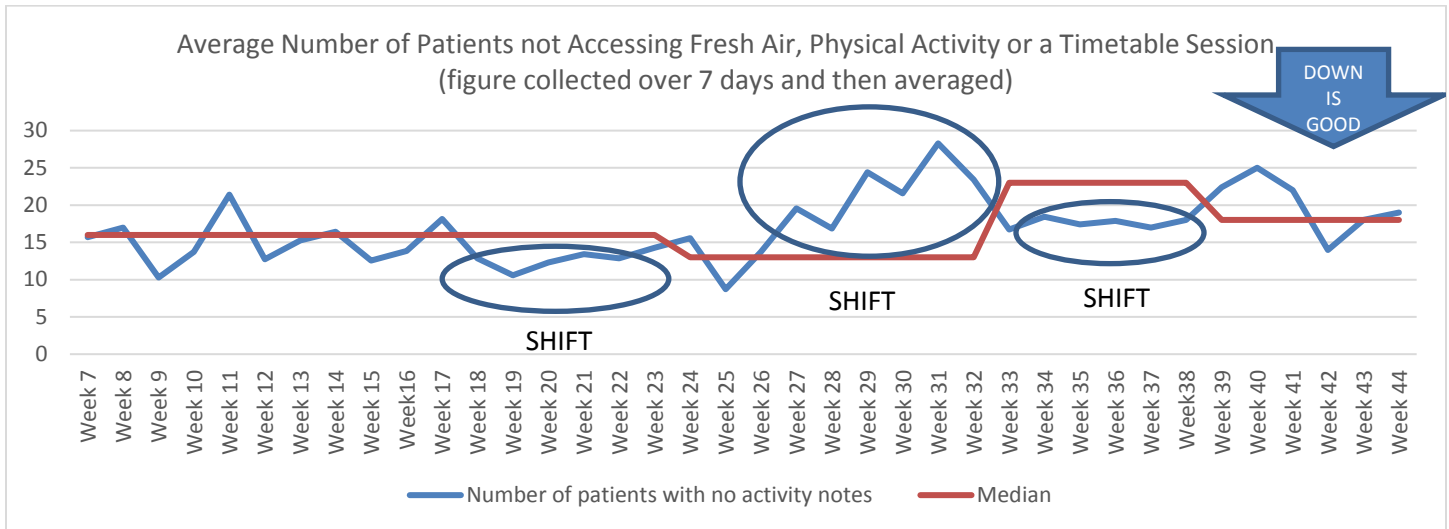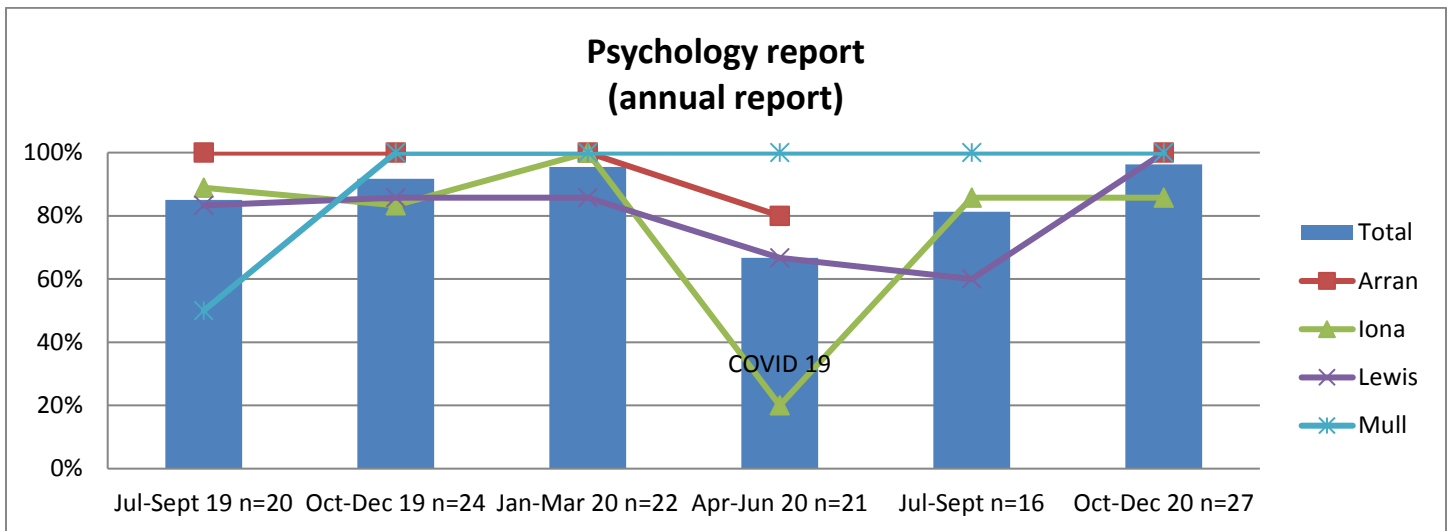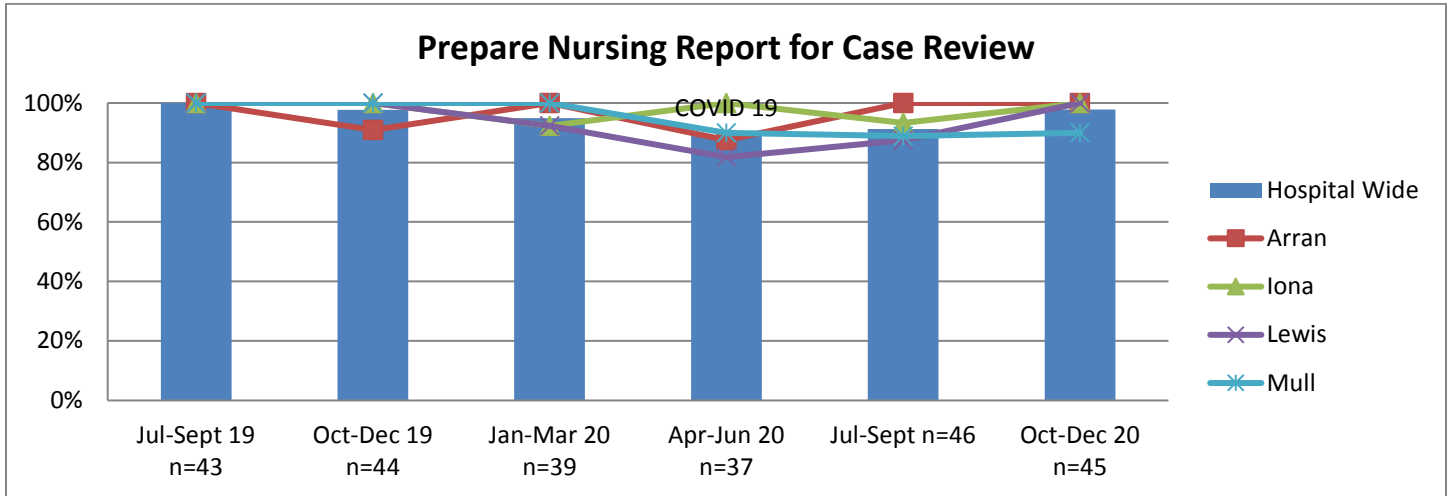

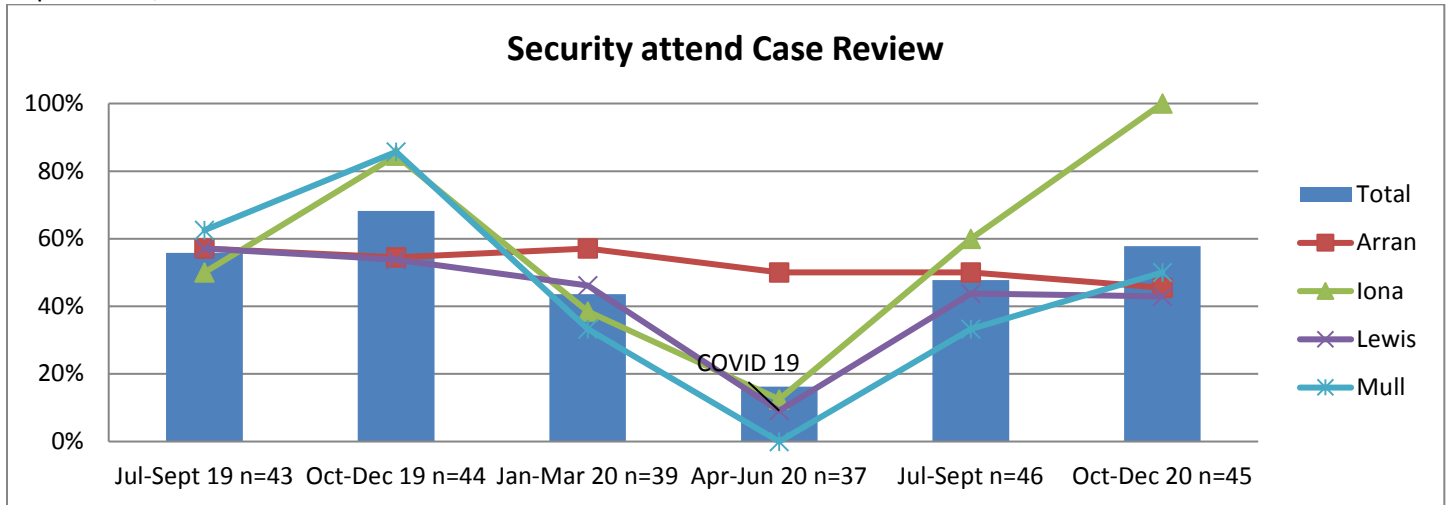**Variance Analysis Tools – October to December 2020**

Areas of good practice

- Nursing completion of the VAT and carrying out of interventions continues to be good.
- Medical VAT form completion has shown improvement over the quarter. Please note that there were issues with completion on Lewis and Mull in October and November which were rectified in December.

In particular Lewis Medical completion increased from 55% in November to 100% in December and Mull increased from 50% to 100% over the same time period.

- Psychology VAT form completion has improved over the quarter – this is in part due to a new process for completing the data collection spreadsheet being introduced for December's data.
- Security attendance at the patient's case review continues to increase from 48% to 58%. This is just slightly below the 60% LDP attendance target.
- Dietetics discussing their report with the patient continues to increase from 31% to 70%.
- Carer attendance has improved from 17% to 31%

Prepare Nursing Report for Case Review

Legend: Hospital Wide, Arran, Iona, Lewis, Mull

X-axis: Jul-Sept 19 n=43, Oct-Dec 19 n=44, Jan-Mar 20 n=39, Apr-Jun 20 n=37, Jul-Sept n=46, Oct-Dec 20 n=45

Psychology report (annual report)

Legend: Total, Arran, Iona, Lewis, Mull

X-axis: Jul-Sept 19 n=20, Oct-Dec 19 n=24, Jan-Mar 20 n=22, Apr-Jun 20 n=21, Jul-Sept n=16, Oct-Dec 20 n=27
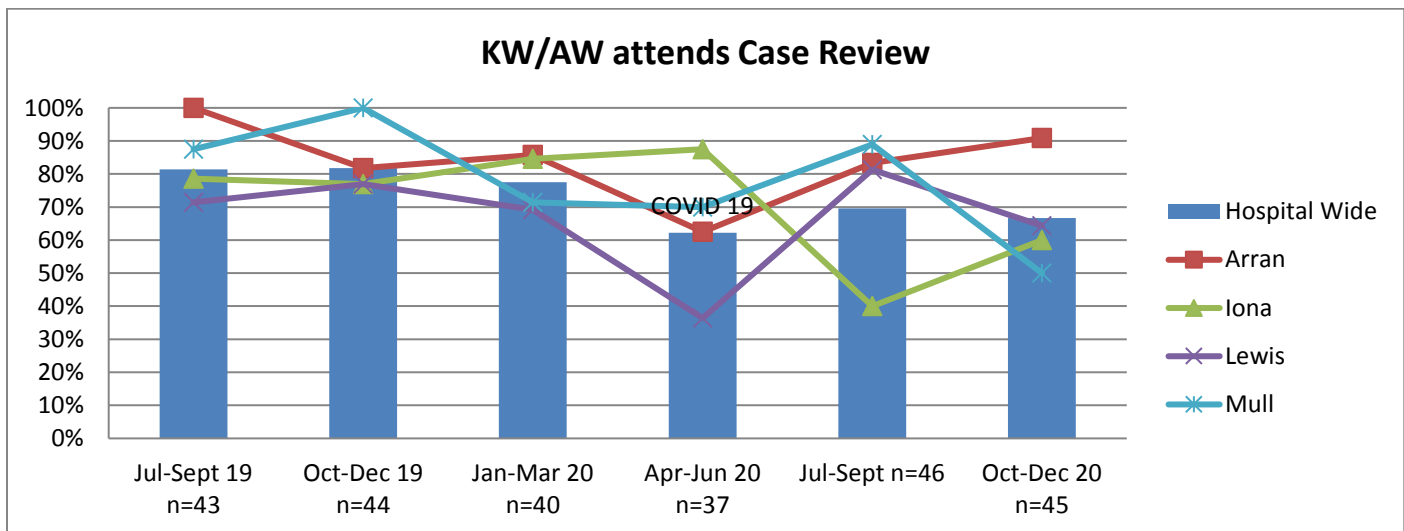
Security attend Case Review
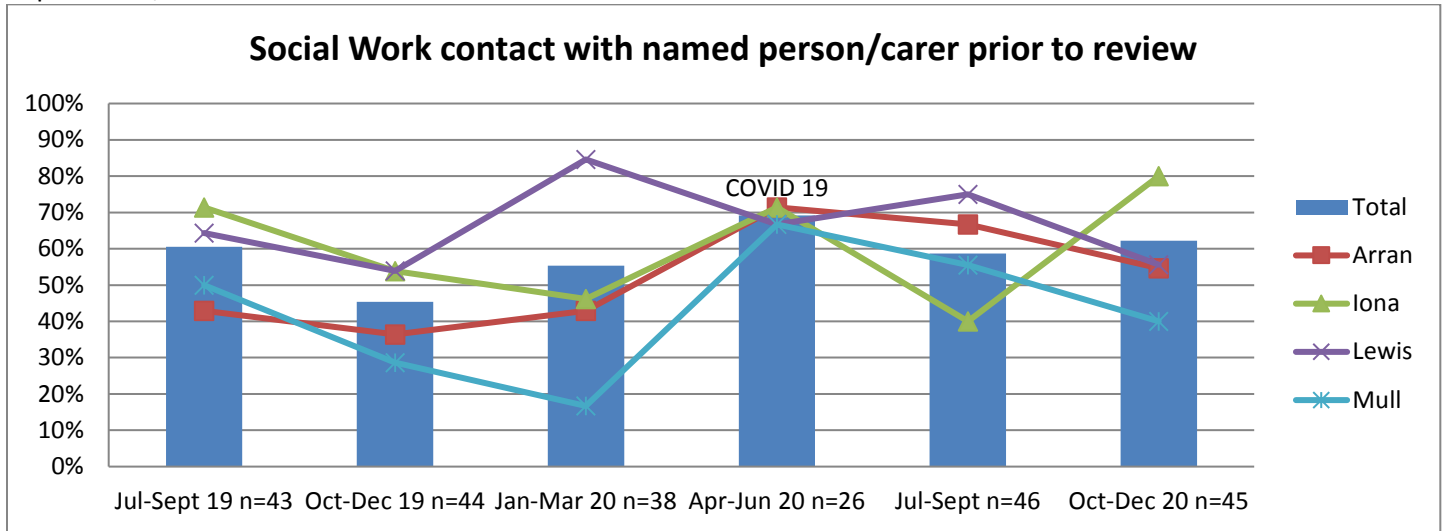

Points to Note
- Although OT interventions being carried out is lower than normal this is due in the main to the new Occupational Therapists being within their induction period.
- Completion of the PANSS assessment continues to be low - please not due to staffing pressures the Medical Staff Group have agreed that for the time being the PANSS will only be completed when clinically indicated. This will be decided by the patient's RMO.

Areas for Improvement
- Key Worker/Associate Worker attendance was 67% - below the 80% LDP target. It should be noted however that 91% KW/AW attendance was achieved on Arran.
- Eight weeks before a patient's case review the medical secretary will inform the relevant Social Worker that they should meet with the patient and obtain consent from their carer or named person to be invited to the case review. Although this happens it is often not carried out within agreed timescales. The process will be re-issued to Social Work and the Medical Secretaries to ensure this is carried out eight weeks in advance of the case review.

KW/AW attends Case Review

Social Work contact with named person/carer prior to review

COVID 19

Legend:
- Total
- Arran
- Iona
- Lewis
- Mull

X-axis: Jul-Sept 19 n=43, Oct-Dec 19 n=44, Jan-Mar 20 n=38, Apr-Jun 20 n=26, Jul-Sept n=46, Oct-Dec 20 n=45

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 Patent 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 engage 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, the start date for January 2021 has been delayed, due to Covid 19 impact, we are awaiting confirmation of a rescheduled start date.

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

Realistic Medicine

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

The six key themes of RM are:

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

Scottish Government 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. The State Hospital's Realistic Medicine Action Plan can be located within Appendix 1 of this report.

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 December 2020 and 31st January 2021, 23 guidance documents have been reviewed.

Body	Total No of documents reviewed	Documents for information	Evaluation Matrix required
Healthcare Improvement Scotland (HIS)	6	6	0
Mental Welfare Commission (MWC)	1	1	0
SIGN	1	1	0
National Institute for Health & Care Excellence (NICE)	15	15	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 recommended 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 framework for acutely unwell people in mental health care	MHPSG (via Patient Safety)	Evaluation matrix completed with 28 outstanding recommendations Patient Safety meeting took place mid-September. Gap analysis to be revisited upon creation of updated draft Clinical Engagement Policy.	January 2019
MWC	The use of seclusion	MHPSG (via Patient Safety)	Work ongoing. Draft Seclusion/Clinical Engagement Policy being drafted with seclusion tier 1 and 2 being taken into consideration.	October 2019

SIGN	Management of Osteoporosis and the prevention of fragility fractures	PHSG	Awaiting communication from the GP to arrange meeting to complete gap analysis (GP 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

The State Hospital
Realistic Medicine Action Plan 2020-2021

Introduction

Realistic Medicine (RM) is the Chief Medical Officer's (CMOs) strategy for sustaining and improving the NHS in Scotland. Originally published in 2016 as the CMOs annual report, RM has become something of a brand and a social movement. In 2017 the Chief Medical Officer noted her vision for the 'realisation of realistic medicine' in Scotland as being.

"By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine."

So, what is realistic medicine?
Realistic medicine puts the person receiving health and social care at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to you so that the care of your condition fits your needs and situation. Realistic medicine recognises that a one size fits all approach to health and social care is not the most effective path for the patient or the NHS.
Realistic medicine is not just about doctors. 'Medicine' includes all professionals who use their skills and knowledge to help people maintain health and to prevent and treat illness. This includes professions such as nursing, pharmacy, counsellors, physios and social work.

The development of this Realistic Medicine action plan for the State Hospital both demonstrates the commitment of the organisation to incorporating an RM approach into all appropriate areas of practice, and provides the mechanism through which progress towards this aim is measured and monitored.

Aims and Objectives

The aims and objectives of this action plan will be directly linked to the CMOs aim of **"By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine."** The objective of the action plan is to provide the mechanism through which the implementation of the principles of Realistic Medicine will be monitored within the organisation.

Realistic Medicine in Forensic Mental Health

However, it is important to understand the context of the State Hospital and high secure Forensic Mental Health care in relation to the implementation of the principles of RM. For example, while the hospital strives to ensure that at every possible opportunity patients are actively involved in a shared decision making (SDM) process, given the nature of our patient population, this is not always as easy to ensure. All TSH patients are detained under mental health legislation. The State Hospital also employs a different understanding of the term Risk in relation to patient care, than that intended within the principles of RM. . Our focus is on risk of harm to others and a major part of our work is on developing individual violence risk and assessment and management plans. All other forms of medical risk such self harm or iatrogenic complications are also relevant to our patients. So, while it is important to note these differences, the State Hospital are clear in our view that these differences should not be considered insurmountable barriers to as full an implementation of the principles of RM as is possible, and accept that in some cases a more innovative approach may be needed to affect positive change within a secure environment.

It is also important that this action plan recognises the ongoing Review of Forensic Mental Health Services being undertaken by the Scottish Government. How the outcome of the review will affect the provision of Forensic Mental Health services in Scotland is as yet unclear, but whatever the outcome both the State Hospital and wider Forensic Managed Care Network will ensure that a Realistic Medicine approach is embedded within the provision of Scottish Forensic Mental Healthcare.

State Hospital Realistic Medicine monitoring outputs

As noted above within the Aims and Objectives section, some of the principles of realistic medicine need careful consideration within the context of high-secure Forensic Mental Healthcare. The table below sets out the overarching range of outputs that the State Hospital will consider in relation to providing evidence of progress against the actions outlined in this plan. Each individual area of work will also have specific outcomes to be measured and monitored and these are included in the action plan itself on page 5.

RM Principle	Range of outputs to be considered	Example
Shared Decision Making	Patient Feedback experience which evidence a personalised approach to care.	Patient engagement in Clinical Model review.
Personalised approach to care	Patient Feedback. Patient involvement in SDM. Case Studies.	Pre-Admission Needs process. CPA Review. CARE questionnaires.
Reduce Harm and Waste	Improvement in existing process.	CPA Review. PoMH audits (Prescribing Observatory for Mental Health)
Reduce unwanted variation	Audit of measurable outcomes noted in action plan to identify variation.	Clinical Pause form audit to identify variation and inform improvement approach.
Manage Risk better	Process changes	HEPMA system reducing medication errors. Grounds Access process change to reduce risk of delay in patients being granted unescorted grounds access.
Become Improvers and Innovators	Increasing QI Capacity and Capability.	QI, RM, VBH training uptake by staff. QI project case studies demonstrating innovative approaches and improvements achieved.

State Hospital Realistic Medicine Communications Plan
Communication plan to ensure that staff understand how we are supporting the practice of realistic medicine in the hospital.

Month	Communication action	Person Responsible	Target Audience
January 2021	Use general staff bulletin to circulate short article on Realistic Medicine, plans to recruit RM Programme Manager, and aspects of ongoing RM work.	RM Lead	All TSH staff
January 2021	Existing Forensic Network communication processes will be used to promote a Realistic Medicine approach across the Forensic Managed Care Network	FN Manager	All FN sites will be included with a request to cascade the communication

			across all FN staff.
From RM Programme Manager appointment	RM Programme Manager to commence programme of meetings with professional groups, clinical teams, and other appropriate groups to promote RM activity and training.	RM Programme Manager	All staff but targeted approach to specific groups
March 2021	Use specific RM focused staff bulletin or 'Vision' article to introduce RM programme manager and their role, provide more detail on RM activity within TSH, the planned activity as outlined in the action plan, and the training opportunities available to support staff in using an RM approach.	RM Programme Manager	All TSH staff
From June 2021	Provide a regular quarterly RM update to all staff through bulletin.	RM Programme Manager	All TSH staff
All RM related communication	The RM Team will ensure the use of Case studies within the RM related communication to staff. This will provide a link between the principles of RM, and practical examples of work ongoing within the hospital.	RM Programme Manager	All TSH staff

State Hospital Realistic Medicine Governance Process

The State Hospital has a robust existing governance framework for RM, which will be expanded through the addition of the Realistic Medicine Programme Manager role. Realistic Medicine work streams are overseen by the hospital's monthly Mental Health Practice Steering group (MHPSG) which is co-chaired by Dr Gordon Skilling (RM Lead).

Action:

- MHPSG Review of the Action plan as part of work plan
- Communications plan – both initial communication and subsequent communication around progress being made against the RM actions identified.

The MHPSG in turn reports directly to the Hospital's Clinical Governance Committee of the TSH Board.

Action:

- Clinical Governance Committee oversight of RM through submission of RM updates/MHPSG annual report/ QI report.

Case Study: TSH3030

Introduction
The hospital's QI Forum was formed in May 2018 and identified an initiative, originally developed in NHS Ayrshire and Arran, which enabled and engaged staff in quality improvement. This initiative was adopted and became TSH3030. The TSH3030 approach invites teams to form and spend 30 minutes a day for 30 days on a quality improvement project. In October 2018, the TSH3030 initiative was initially launched and teams were invited to put forward ideas for QI and commit to take 30 minutes a day for 30 days to develop and test ideas for making improvements. Teams were supported by mentors from the QI Forum, and feedback from the initial event was very positive;
Feedback from staff included:
- *'The buzz around TSH3030 was very positive within the hospital'*
- *'People were motivated to get involved and TSH3030 allowed the opportunity to do something positive'*
- *'The QI tools we used really helped us to make improvements and understand factors affecting us'*
Feedback from patients included:
- *'I learned to work in a group and how to organise', 'Fine wee group, enjoyed it'*
The TSH3030 initiative was then run again in 2019.

Outcomes:
- TSH3030 was delivered across the whole system building QI capacity and capability.
- In 2018; Twenty three teams registered and **21 completed** the 4 week initiative, supported by 7 QI mentors. In 2019; 38 teams registered to participate with 28 completing the 4 week challenge.
- **In 2018: 111 multidisciplinary members of staff and 30 patients** worked together to improve the quality of our services. In 2019: 146 staff and 64 patients were engaged.
- **After feedback from the 2018 event, 2 days of QI training was offered to staff before the start of the 2019 event, and many teams benefited from team members taking part in this. Projects got off to a flying start with mentors reporting that many teams were focused on their QI methods and had aims statements.**
- QI methods and approaches became more accessible; teams used more than **20 different QI methods** including process mapping, run charts, patient's feedback surveys and fishbone analysis charts.
- **A number of projects over the 2 years of the initiative have noted that their TSH3030 project** resulted in improved and meaningful therapeutic engagement.

Award:
In 2020, TSH3030 was nominated for, and won, the Royal College of Psychiatry Quality Improvement Team of the year award. The team was delighted to win this prestigious award and receive feedback from the Minister for Mental Health who described the initiative as 'an exemplar model of staff and patients collectively working together to drive forward quality improvement.'.

Action:
While TSH3030 has been a huge success over both 2018 and 2019, the QI forum has been very keen to ensure that QI activity is seen as something that should be embedded within day to day practice at all times, and not be solely linked to a specific time limited initiative. Subsequently the QI forum aims to move from a TSH3030 model to a TSH365 model which will aim to continue to increase our QI capacity and capability, and further embed a culture of quality improvement across the hospital.

State Hospital Realistic Medicine Action Plan

Quality Improvement: Becoming Innovators and Improvers				
Initiative	**Summary of Action**	**Measurable Outcomes**	**Person Responsible**	**Timeframe**
TSH3030/TSH365	See TSH3030 Case Study as above.	Monitor the number of QI initiatives in place under a TSH365 model when compared to success of TSH3030.	QI Forum	2021
Improving Observation Policy (IOP)	The Improving Observation Practice (IOP) work was initially focused on the identification of practice, provision of a consistent approach, investigating what could be considered a restrictive practice for patients, and looking into the staffing requirements with specific focus on level 3 observations. That initial work resulted in the development of a new Observation policy. The IOP team are now taking a QI approach to implementing the new Observation policy within the hospital.	Patient Days on Level 3 Observation. Staff days working on Observation. Days between episodes of Level 3 Observation.	Nursing Practice Development IOP lead	2021
Clinical Pause	The use of the Clinical Pause is now embedded across all four Hubs and is being used regularly as a care planning/risk management process. The next steps are to complete the data entry into RiO and to conduct an in depth audit of all the Clinical Pause meetings to identify any variation across the site and potential areas for improvement. The IOP project is also building the Clinical Pause into the new Continuous Intervention policy to support decision making and least restrictive practices.	Identify any variation in Clinical pause across the site. Use identified variation to support quality improvement approach to clinical pause use. Monitor the use of the clinical pause as part of the IOP Continuous Intervention.	RM Lead	2021
Skye Centre Activity redesign	This project is taking a QI approach to developing the processes used within the hospital to support patient access to opportunities for activity within the hospitals Skye Centre, wards and Hubs. The project will be live for 90 days and will utilise a review of literature, process mapping, and expert interviews to initially develop a project driver diagram. The project will then develop prototypes and pilot to inform the development of a Skye Centre Activity Implementation plan.	Development of implementation plan.	Head of Corporate Planning and Business Support	April 2021
Pre admission specific needs form	The ongoing development of the Pre admission specific needs form and associated process is aimed at ensuring a person	The process should ensure clinical teams have an early understanding of the specific needs of all newly admitted	MHPSG	2021

	centred approach to care, and anticipating any communication difficulties which may impact on the shared decision making aspect of care prior to a patient being admitted to the hospital.	patients to support the early implementation of a personalised approach to care.		
CPA process review	The hospital's Mental Health Practice Steering group have been asked to conduct a wide ranging review into the patient's annual and interim CPA (Care Programme Approach) review process. The CPA reviews are the main process by which clinical teams, the patient and the patients carers review the patients progress over the previous 6 month period and put in place a management plan to support the patients ongoing care. The process involves both a meeting to discuss progress and the planning of ongoing care, and the completion of required paperwork documenting both progress and future care plans. The CPA review will employ basis QI principles, conducting small tests of change to focus on the development of a more patient centred approach.	The aim of the review is to support a more co-productive approach to all aspects of CPA care planning. The project will need to consider the changes that may be brought about by the planned revision of the hospital Clinical Model, and the opportunity for the level of patient involvement and shared decision making to be dependent on the stage at which the patient is in their journey through high secure forensic care.	MHPSG	2021
Reduce Restrictive Practice: Grounds access	Work has been ongoing to identify and address issues relating to a perceived delay in patients being granted full unescorted access to the hospital grounds. This work aims to move the Grounds Access permission process onto an electronic system, reducing the risk of misplaced forms and reducing delays caused by the collation of the necessary range of authorisations.	Timescale from the point of submitting an application for grounds access to the approval of grounds access will be reduced.	MHPSG	Early 2021
Hospitals Electronic Prescribing and Medicines administration system (HEPMA)	The State Hospital is engaged with the national programme to implement HEPMA systems across all NHS Scotland Boards. TSH is working in regional collaboration with NHS Lothian to introduce the system with the aim of reducing harm, and better managing clinical risk.	Full implementation of HEPMA system into practice. HEPMA benefits realisation monitoring will also be in place.	HEPMA Project Manager	Go live roll out aimed for July 2021
Clinical Outcomes Monitoring process	The outcomes process has been in place for some time, providing a high level summary of TSH patient outcomes across a range of outcomes areas specific to FMH care. Engaging staff in the use of this data for improvement has been difficult and work is now focused on identifying ways in which	More effective engagement of frontline clinical staff in utilising the wide range of available data to inform and support clinical decision making.	R&D Manager	Link in with SS data review work and implement multi-level Clinical Outcomes Monitoring data approach by July 2021

Initiative	Summary of Action	Measurable Outcomes	Person Responsible	Timeframe
	frontline staff can be more effectively engaged in the use of data for improvement.			
Continuous Quality Improvement Framework Reviews (CQIF)	The Forensic Network supports independent quality peer reviews across the forensic estate and into the community. The third round of the Continuous Quality Improvement Framework Reviews is due to commence in 2021.	The CQIF Reviews provide the opportunity for consistent benchmarking and auditing across the forensic mental health estate. Production of standards within the review process which incorporate the principles of realistic medicine where appropriate.	Forensic Network Manager	2021 – 2023

Staff and Patient Engagement: Shared Decision making				
Initiative	**Summary of Action**	**Measurable Outcomes**	**Person Responsible**	**Timeframe**
Safety Survey	The staff safety survey was conducted in the Hospital in response to a period with high levels of inpatient violent incidents. The survey was aimed at engaging staff in conversation over factors seen to support a high level of violent incident and identify mitigations or changes that could be introduced to make the environment safer for staff and patients, with a view to informing the discussions over any change to the hospital's clinical model. The survey was prefaced by analysis of incident data to identify any patterns. The analysis revealed that the majority of incidents involved a small number of patients, and the introduction of Complex Case Reviews supported a reduction in assaultative behaviour. This survey should be repeated once clinical model changes have been introduced.	Monitor the impact of Complex Case Reviews on behaviour of specific patients.	Medical Director	Revisit safety survey once new Clinical Model is in place and staff have had time to assess the impact of the change.
Clinical Model consultation	Once the decision to review the existing Clinical model was made a wider ranging consultation was undertaken with all staff throughout the hospital. Specific innovative approaches were taken to support the staff engagement given the difficulties experienced in reaching all ward-based staff. Consultation included electronic survey, presentations with Q&A as part of nursing handover process, and access to the ward staff training slots on Saturday mornings. Once this period of initial consultation was completed the hospital conducted a rigorous Options	Once the new model is in place it will be crucial that an ongoing engagement, monitoring and feedback process is in place to support staff engagement in the shared decision-making aspects of the ongoing continuous improvement approach.	Medical Director	This is dependent on the timeframe for the implementation of the new clinical model which will in turn be impacted upon by the status of the pandemic.

	Appraisal process to identify the most important factors to consider when revising the Clinical Model, this was again conducted in a consultative way engaging staff from across the organisation.			
Staff Wellbeing survey	The State Hospital staff wellbeing survey was initially conducted in September. The survey was focused on both general assessment of staff mental wellbeing and included validated measure the Warwick Edinburgh Mental Wellbeing scale (WEMWBS), and engaging staff to feedback their experience off the staff support services that were put in place specifically to support staff through the pandemic. The survey will be re-run to assess any change in overall wellbeing, and to continue to inform the ongoing development of staff support services.	Data generated on staff wellbeing from 2 different time points will be analysed. Changes will be made to the Staff wellbeing service within the hospital based on staff feedback.	Staff Wellbeing Survey Principal Investigators	2nd staff wellbeing survey will be conducted in January 2021
Advance Statements	The Advance Statement is a process by which Mental Health patients can make a statement about their wishes regarding their future care. The MHPSG has conducted an audit of Advance statements and further work is ongoing to try and ensure that any advance statement put in place is going to be helpful in ensuring that the patient's wishes can be enacted. Recent data has indicated that the proportion of patients awaiting transfer without an Advance statement has increased, and clinical teams will be asked to address this.	The Advance Statement is a key aspect of supporting a personalised approach to care within Mental Health. The main outcome of the review will be that all Advance Statements in place will have been developed in a co-productive way to ensure they are actionable within the context of high secure care but provide clear advance information on a patient's wishes should their illness affect their capacity to consent to treatment. Monitoring of the proportion of patients who do not have an advance statement will continue with feedback sought from those patients who have made the decision that they do not want an advance statement. This feedback can be used to inform development of the Advance statement process and ascertain how this can be improved.	MHPSG	2021
Carers Clinic	A small project to improve the contact with relatives and carers by conducting a regular carer led carers clinic. This is starting within Mull hub on a pilot basis.	Number of carers attending. Feedback from Carers as to benefit of the clinic.	Mull Hub Project Lead	2021
Citizens Jury Recommendations event	The RM lead had planned a Forensic Network event to discuss the recommendations	The objective of the FN event will be to review the Jury's recommendations	RM Lead / RM Programme Manager	2021

	of the Citizen's Jury on SDM for April 2020. Unfortunately, due to the pandemic the event had to be cancelled but a further event will be arranged for early 2021.	and to develop an action plan to address the issue of SDM within the FN.		
What Matters To You activity	The WMTY agenda is inextricably linked to a range of other initiatives including Realistic Medicine and also the Equalities agenda. The hospital Board has been consistently supportive the value and importance of fully engaging with both patients and carers in a meaningful way. The indicators around this area reflect a co-productive SDM focus, and allow flags to be raised on occasions when appropriate engagement may not be in place. This work will continue to gather evidence from both patients and carers.	Examples of work include the Triangle of Care. This process is designed to support patients and their carers in being explicit with Clinical Teams in relation to what is being asked of them in relation to CPA engagement. This in turn supports proactive carer input in relation to the carer view on the patients progress and what can be done better, ensuring a co-productive approach.	Person Centred Improvement Lead	Ongoing throughout 2021
Forensic Network Carer Co-ordinator Group	The Carer Co-ordinator Group is a professional group facilitated by the Forensic Network which aims to bring together carer co-ordinators from across all NHS Health Boards. The group aims to address the needs of forensic carers, share initiatives from all health board areas and be a platform for information sharing and good practice. The Person Centred Improvement Lead for TSH is a member of this group.	Formalised links between services and processes for sharing information when patients move on. Consideration of how to engage carers in a meaningful way. Collaborative work to avoid duplication and provide a joined up service to better meet the needs of carers and patients within forensic services.	Forensic Network Manager	2021

Staff Training				
Initiative	Summary of Action	Measurable Outcomes	Person Responsible	Timeframe
QI Training	The State Hospital is committed to utilising available national QI training as is evidenced through our continuing link to the ScLIP and ScIL programmes. However the hospital has also developed and provided its own 'Essentials of QI' training programme for staff. The programme is based on the SIFS course and provided by members of the QI forum. The hospital intranet also includes the 'QI Zone', a QI dedicated area that includes links to a wide range of QI information and training resources. RM will be included as a clear component of the wider QI training initiative. The hospital will also encourage all appropriate staff to undertake the VBH training modules provided through Scottish Government.	7 SCN's on ScLIP 3 staff on ScIL Number of staff on Essentials of QI training and plans for online delivery in 2021. Number of 'hits' on QI Zone. Number of staff to complete VBH training modules.	QI Forum	Continuous ongoing aim to increase TSH QI capacity and capability.

Shared Decision Making online module	Shared Decision making online module to be added to the TSH Learnpro platform as a module available for all staff.	Number of staff who have completed the SDM module.	Learning and Development Dept.	March 2021
Forensic Network Professional Groups	The Forensic Network supports a number of professional groups across the estate to allow colleagues to consider discipline specific issues (e.g. AHP Leads, Forensic Clinical Psychology, Social Work, Pharmacy). The groups offer the opportunity for the RM team to engage with staff to promote RM activity and training across all disciplines in the forensic estate.	Number of staff engaging with RM opportunities through Professional groups.	RM Lead / FN Manager	2021
SoFMH short course training opportunities	The School of Forensic Mental Health (SoFMH) offer a varied range of short courses to forensic practitioners from across Scotland and Northern Ireland. The course list currently includes a QI Training course, but the SoFMH course list offers an opportunity to provide Rm focused training to staff from across the FN.	Use Training Needs analysis data and links to Professional Group leads to ascertain desire for RM focused course.	FN Manager	2021

Impact of Covid and Remobilisation plans				
More personalised approach to patient activity	The various Impacts of the covid-19 pandemic have affected patient care in a number of ways. However, one of the positive outcomes has been the necessity for more of a focus on a personalised approach to care due to the suspension of group work and the household model reducing any mixing between wards.	It is important that any positive benefits of the ongoing restrictions are maintained once the impact of the pandemic has ceased (or at least reduced). The TSH Remobilisation plan will include focus not only on reducing waste and unwanted variation, but also on maintaining some of the innovative aspects of good practice that have been introduced.	Head of Corporate Planning and Business Support	2021 but will depend on progress of pandemic and completion of remobilisation planning.
Better use of technology for patients and staff, and wider Digital Transformation	The impact of the Covid-19 pandemic has resulted in the need to take innovative approaches. The pandemic has resulted in the cessation of all face to face visits to patients. Subsequently a Video visiting protocol has been put in place to support patients in having contact with families over this difficult period. However given the remote location of the State Hospital and the National nature of the patient group (also including Northern Ireland), video visiting will become an important aspect of patient contact with family. The ongoing programme of improvement to the Hospital's eHealth infrastructure is	It is important that any positive benefits of the ongoing restrictions are maintained once the impact of the pandemic has ceased (or at least reduced). The TSH Remobilisation plan will include focus not only on reducing waste and unwanted variation, but also on maintaining some of the innovative aspects of good practice that have been introduced. The Forensic Network Communications and Technology short life working group has been developed with the aim of supporting the ongoing Digital Transformation agenda.	Head of Corporate Planning and Business support	2021 but will depend on progress of pandemic and completion of remobilisation planning.

	designed to support both staff and patients. It is important to note the limitations in place for patients within a high secure environment in regard to digital technology with limited access a major issue. Patients do not have the opportunity to have IPads, and are also unable to use other systems such as MS Teams. However again the RM team see this as rationale for further innovative approaches.			
Staff wellbeing centre	As noted within the section on the staff wellbeing survey the hospital has put in place a staff wellbeing centre to support staff throughout the pandemic period. This has been an invaluable resource and given the high stress nature of forensic mental healthcare the staff wellbeing centre will be maintained beyond the end of the pandemic period to provide support and advice to staff on ways to support and improve their own mental health and wellbeing.	Number of staff attending Wellbeing Centre See an improvement in Staff wellbeing through the results of the Staff wellbeing survey. Compare WEMWBS scale mean scores across each run of the wellbeing survey.	Staff Wellbeing Group (Monitored through MHPSG)	In place and ongoing. Further development will be informed by 2nd run of wellbeing survey.

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THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the Clinical Governance Committee Meeting held on Thursday 12 November 2020 at 9.45am via MS Teams **CG(M)20/04**

CHAIR:
Non Executive Director   Nicholas Johnston

PRESENT:
Non Executive Director   David McConnell
Non Executive Director   Brian Moore

IN ATTENDANCE:

Chair	Terry Currie
Interim Head of Social Work	David Hamilton (part)
Chief Executive	Gary Jenkins
Consultant Forensic Psychiatrist	Khuram Khan
PA to Medical & Associate Medical Directors	Jacqueline McDade
Head of Corporate Planning and Business Support	Monica Merson (part)
Director of Nursing and AHP	Mark Richards
Board Secretary	Margaret Smith
Medical Director	Lindsay Thomson
Lead AHP	Catherine Totten (part)

1   APOLOGIES AND INTRODUCTORY REMARKS

Nicholas Johnston welcomed those present to the meeting. Apologies for absence were noted from Monica Merson though she later joined the meeting.

Terry Currie advised the Committee that this was Nicholas Johnston's last meeting after 8 years as Chair and expressed his thanks on behalf of the Committee for making it an enjoyable, interesting and rewarding experience.

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
         AUGUST 2020**

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

4   PROGRESS ON ACTION NOTES

All actions are progressing or have been completed.

Infection Control Annual Report - Hand Hygiene Compliance
Mark Richards advised that a revised audit process has been introduced which includes monitoring of compliance in relation to PPE in response to Covid-19 that has been rolled out across the site. The first suite of reports is awaited. Any infection control issues will be reported through the Covid-19 report but should there be anything significant or of concern, the next Infection Control Annual Report will be brought forward.

Mental Health Practice Steering Group
Gary Jenkins advised that work has been done to reprioritise and develop a revised digital agenda and this is being driven by Robin McNaught. Nicholas Johnston advised that a decision can be taken after the meeting if this action is closed off.

Action: Gary Jenkins / Nicholas Johnston

5 MATTERS ARISING

There were no matters arising 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.

Incident Command Structure
The incident command structure is still in place, however there are plans to introduce the new structure which was discussed at the Board Seminar on 4 November 2020.

National Guidance
National guidance continues to be developed and is closely monitored and logged.

There was a move from the routemap which was published on 21 May 2020 to Scotland's Strategic Framework on 23 October 2020. The Framework brings in the 5 tier approach which is outlined in the report; geographically we are currently at tier 3.

Test and Protect
Agreed strategies for track and trace have been agreed through STAG and Gold. Track and trace has been undertaken for both staff and patients and identification and isolation of contacts has worked effectively.

Infection Control
To date, there have been 8 positive patient tests, the last of which was at the beginning of April 2020.

Patient Flow
There have been 11 admissions over the period of 1st May – 31st October 2020. There have also been 15 discharges during this period.

Primary Care
The GP and practice nurse are holding clinics in person within TSH.

NHS Lanarkshire Emergency Department Liaison
Links remain with Dr Alison Pollock who has also helped with the updating of the TSH Clinical Care Support Documentation.

Identification of Patient Comorbidities and Shielding Cases
3 new vulnerabilities have been added. We have one case of sleep apnoea, no-one with Downs Syndrome and 3 cases of kidney disease.

Individual Patient Physical Health Summaries
Patient health summaries were updated in October 2020.

Hospital Transfer Plan
Transfer plans agreed in advance with the Scottish Government for patients who require to be transferred. These are currently being updated as there may be changed to a patient's clinical presentation that may require a different package.

Coronavirus (COVID-19) TSH Staff Guidance on Management of Patients
The guide for what ward staff should do if any suspected case remains in place

Interim Clinical and Support Services Operational Policy (version 15)
The most recent change to the policy include:

- Up to 8 patients may be in day room at same time.
- Re-opening of ward dining rooms.
- Patients being offered a minimum of 4 activity slots per day.
- Reopening of Skye Centre Sports Hall and Patient Learning Centre.
- Increase in number of patients permitted in Skye Centre Gardens to 6.
- Outdoor gyms reopened.
- Change to escort numbers (increased to up to 3).

Quality of life and protecting mental health continue to be monitored daily and reported on fortnightly to the Interim Model Monitoring Group.

Weekly data reported include:

- Complaints
- Staff shortages
- Number of Patients with Increased DASA scores
- Number of patients unable to tolerate isolation
- Access to fresh air, physical activity and timetabled activity
- Ongoing concern over winter months with grounds access ending at 3.00pm. Active steps are being taken with the model in terms of what patients have to do. Discussions have taken place at Gold Command on treating wards as a household of 12 which will allow patients to move en masse to different activities and interact with others to include playing board games, etc.

TSH COVID-19 Clinical Care Support Documentation
The documentation has been updated to Version 3 and takes us clinically through all steps from primary care, secondary care, end of life care, etc and the use of steroids and Remdesivir in the treatment of COVID-19. The document has been updated as a result of the recent increase in cases and the possibility that we may have to implement this within TSH.

General Medical Ward
This ward has not been used. It moved to Arran 3 due to the security upgrade in October 2020 and will remain there.

Personal Protective Equipment
315 clinical staff have been fit mask tested in case there is a requirement to do resuscitation or aerosol generating procedures.

Overnight Duty Room
The use of this room has not yet been required.

Visiting
Visiting had been reintroduced using designated space in the family centre, however, due to guidance from the Scottish Government, this has been discontinued unless it is end of life or exceptional circumstances.

Scientific & Technical Advisory Group (STAG)

STAG continues to meet weekly. Through STAG the following changes have been implemented:

- Increased number of patients in ward day room to 8
- Re-opening of dining rooms
- Skye Centre resumption of some indoor activity – patient learning centre, sports
- Re-opening of outdoor gyms
- Re-commencement of PTS group work on a ward basis – Ward Talking Groups, Life Minus Violence
- TSH Standardised approach for change to clinical practice and training during C-19 pandemic developed
- Recommendations on pre-transfer visits to Scottish Government
- Updated staff contact tracing paper
- Updated TSH C-19 Clinical Care Support Documentation V.3
- All patient Clozapine levels reviewed and updated in light of literature on changes during C-19
- Sleep apnoea added to vulnerabilities list
- Re-commencement of training – PMVA breakaway, PMVA level 2, PMVA SRK, Health and Safety, nursing supervision, reflective practice
- Update of TSH Route Map to reflect 5 tiers introduced by Scottish Government on 2/11/20 and local position in tier 3.

Nicholas Johnston stated that the reports shows the impact on patients and what we are doing to mitigate and protect them so it is a very helpful report.

Brian Moore stated that it is pleasing to know that we are looking at alternatives to physical activity to counter winter months which is appreciated and important in terms of patient welfare.

David McConnell asked what the thoughts were in terms of planning for the Pfizer vaccine.

Lindsay Thomson advised that this was discussed at STAG and we know it is 90% efficacious but work has still to be done on safety data before it is approved. The Chinese and Brazilian vaccination trial has stalled due to a significant adverse event. Once it goes through the safety aspects and approval, the next step is the Scottish Government's plans for the administration to priority groups based on age, vulnerability, health and social care workers. There are some serious logistical problems with this vaccine as it needs to be stored at -80 degrees. We are awaiting national guidance in terms of logistics. Discussions are taking place to ensure our staff and patient cohort receive the vaccine sooner rather than later due to the nature of the establishment we are.

Terry Currie stated that approximately 50% of staff had taken the flu vaccine, which was a slight increase from approximately 43% last year but was still lower than the Board target which was set at 60% and asked if there was something we were not seeing around the reluctance of staff to be vaccinated and if we are not going to utilise the full supply there will be a time when we need to hand this over to other boards and asked when that point in time would be.

Mark Richards advised that we have made better progress than in any previous year and are at around 51 or 52% for staff and 68.5% for patients. A peer vaccination model was introduced to increase capacity for front line staff and information was communicated through staff bulletins to encourage uptake as much as possible. 500 vaccines were ordered and if numbers are dropping off we will go back to SALUS to see if NHS Lanarkshire can use the stock as we are unable to return them.

Sheila Smith asked if we knew if staff were getting the vaccine elsewhere. Lindsay Thomson replied that we do not ask staff this but it still would not address the point made by Terry Currie on why we have a lower uptake than other Health Boards.

Gary Jenkins advised that he will have a discussion with Mark Richards and Lindsay Thomson outwith the meeting in terms of compliance for the staff cohort. He assured members that there have been long discussions at Chief Executive meetings on the vaccine and the challenges it brings. 22 November 2020 is when the final regulatory component will come through for the covid vaccine, with supplies being available in early December; this vaccine requires 2 doses and we need to work out what the numbers would look like between the 2 doses.

Action: Gary Jenkins / Mark Richards / Lindsay Thomson

The Committee noted the report.

Catherine Totten joined the meeting at this time.

7   REHABILITATION THERAPIES 12 MONTHLY REPORT

Members **received** and **noted** the Rehabilitation Therapies 12 monthly report presented by Catherine Totten, Lead AHP. The report covers the period from 1 October 2019 to 30 September 2020.

Catherine Totten stated that this has been a challenging year, particularly over the last 8 months with not being able to meet face to face whilst still trying to balance the needs of patients; she remains proud of her team who have worked outwith their roles and worked weekends to improve the service offered to patients during this time. Despite these challenges there are many improvements in the service including:

- improvement in percentage of reviews attend by Occupational Therapists and Dietitians and
- an increase in reports available by Occupational Therapists
- improvement on function occupational therapy brings using the AMPS standardised assessment.

These are areas that Catherine Totten would like to develop in the coming year.

There have been improvements on the annual MOHOST assessment with the first 6 months achieving 91.5%, however changes to staffing have reduced this to 55.3%.

There has been an impact on the AMPS assessment as a result of no access to therapeutic kitchens.

Work has been undertaken in Lewis on the impact of Occupational Therapy using the AMPS standardised assessment and it is hoped that this will be developed in the current year.

There is a Service Level Agreement in place with NHS Lanarkshire for physiotherapy and podiatry and Near Me was used for physiotherapy sessions.

There have been no complaints in relation to the AHP Service during the reporting period.

The Choir is still being offered to patients in individual wards, with particular interest from Iona 2 patients.

The service was fully staffed for some of the reporting period. We were also able to fill the AHP support worker role. Core times of activity provision was analysed, and rather than fill 2 posts of 37.5 hours we employed 3 staff for 25 hours all covering the peak hours' activity was delivered. Currently exploring joint Speech and Language Therapy post with other health boards.

Work continues around Quality Improvement Activity with staff involved in teams such as:

- improving access to sports and fitness by 10% - Straight off the couch
- increasing knowledge of 400 yards' campaign – The Proclaimers
- increasing understanding of the AHP roles – AHP Post winner of site wide award
- increasing patient access to fruit – Going bananas winner of word of the week
- introducing patient learning community – APEL winner of the patient involvement award
- building relationships and cohesion in teams – Mull's mealtime mafia winner of staff wellbeing award
- streaming events planning – The party planners' winner of best MDT working

Hannah Connor is undertaking a digital leadership programme and it is hoped that we will be able to deliver more treatment groups using this format, such as talking mats

Nicholas Johnston thanked Catherine Totten for her report which has seen improvement year on year.

Terry Currie stated that the reaction of staff to the impact of Covid has been first class and Catherine's area has been producing great performance improvement year on year down to her leadership and expressed his thanks for that.

Brian Moore stated that the last paragraph on page 3 of the report states that "rehabilitation is not a whole system" but it does deliver outcomes. Catherine Totten replied that there is a case to be made for it to be made a whole system as many services contribute to rehabilitation and there is a focus nationally on recovery and rehabilitation framework which is let by OTs and which she would like to look at more. A national lead has been appointed and they will be meeting with staff soon and NHS Lanarkshire have invited Catherine to look at the work around the framework. The rehabilitation strategy could be led across departments.

Mark Richards advised that we can make improvements on how we consider leadership and management of rehabilitation services within the Hospital as there is a significant overlap with rehabilitation and skye centre areas of work. This report is testament to the leadership provided to the service within the hospital and he is grateful for the work people have done over the Covid period. He highlighted digital access as an increasing area of focus and thought should be given to where we would see digital development to support rehabilitation efforts for patients.

Catherine Totten advised that Jacqueline Garrity is leading on the digital strategy and the work Hannah Connor is doing through the national digital leadership programme will be helpful and they will look at the digital function of the patient group before they have an understanding of how best to target what their needs are. This does not need to be around virtual groups and platforms but how we use learning in the room. Most patients have televisions in their room so we can look at learning connectivity.

Gary Jenkins highlighted the high turnover of staff reported and suggested that discussions should take place with John White, Interim HR Director. Catherine Totten advised that this is due to move through grades and before Agenda for Change there was scope to use discretion to move through the grades; the staff who have left would have stayed if we had promoted posts for them to move into.

The Committee noted the report and good practice and flexibility and commitment of the staff group during this period.

Catherine Totten left the meeting at this time.

David Hamilton joined the meeting at this time.

8   CPA / MAPPA 12 MONTHLY REPORT

Members **received** and **noted** the CPA / MAPPA 12 monthly report presented by David Hamilton, Interim Head of Social Work. The report covers the period from 1 October 2019 until 30 September 2020.

David Hamilton highlighted to the Committee that the LDP target of 100% completion was made for another year.

23 patients were transferred or discharged during the review period; this was a reduction on the previous year. There have been no significant reduction in the amount of meetings held as we continue to plan for moving patients on. There were 10 Pre-CPA, 28 CPA, 1 CPA Review and 5 Contingency Planning meetings.

The Early Discharge Protocol was used on 2 occasions, which ensured a prompt and effective response from partner agencies with one positive outcome for a patient to be discharged to the community.

Carer engagement continues to be low and a continued effort to promote carer participation remains a focus for the coming year. The current set of Equality Outcomes include one outcome dedicated to supporting meaningful involvement of patients and carers within the CPA process. Social Work has engaged with the Person Centred Improvement Team to identify opportunities to enhance involvement in the CPA process and will continue to support work in relation to the development of the Carer's Strategy.

Stakeholder feedback is positive.

A total of 36 patients were admitted to The State Hospital during the reporting period – an increase of 7 from the previous reporting period. 19 of those patients admitted were restricted upon admission. The relevant Community Justice Authorities (CJAs) have been notified of those patients who became restricted patients during the reporting year.

There have been no MAPPA referrals during the reporting period.

Areas of Good Practice
Patient involvement in the CPA process continues to be good. The Patients Advocacy Service continues to support patients' participation when they are requested to do so. The Patients Advocacy Service attended 21 of the scheduled Transfer / Discharge CPAs during the reporting period.

Inter agency working has been good with positive attendance from receiving services and community partnerships.

Future Areas of Work

- National MAPPA Health Group agreed that a Learnpro module should be available within all health boards. Liaison with Learning and Development Manager has taken place and a module is to be developed relevant to TSH.
- Further work is required to promote Carer involvement in the CPA process. Work is required to monitor the impact of Covid-19 on carer engagement.
- Review CPA processes and paperwork to ensure an inclusive and person centred approach is utilised. This is being progressed via the Mental Health Practice Steering Group
- Multi-disciplinary reports to be available 7 days prior to Transfer/Discharge CPAs
- A specific MAPPA policy and DPIA for The State Hospital to be developed and adopted.

Brian Moore referred to the advocacy attendance outlined in figure 2 on page 4 of the report and asked if the drop in attendance related to Covid. David Hamilton advised that every patient is offered the opportunity to have Advocacy input to the CPA and this is down to patient choice; this is a possible area to look at further to see if there is an ongoing trend.

Mark Richards advised that we are about to undertake monitoring of the Advocacy contract he will explore if there are any particular issues.

Action: Mark Richards

Lindsay Thomson suggested adding the 100% LDP target as an area of good practice. She stated that the use of the EDP is extreme but has been functioning really well.

The committee noted the report and agreed to add the 100% LDP target to the log of good practice as a significant achievement.

Action: Jacqueline McDade

David Hamilton left the meeting at this time.

9   PHYSICAL HEALTH STEERING GROUP 12 MONTHLY REPORT

Members **received** and **noted** the Physical Health Steering Group 12 Monthly Report summarised by Dr Khuram Khan, Consultant Forensic Psychiatrist. The report provides detail on the work that has been carried out by the Physical Health Steering Group over the last year. The report includes key pieces of work undertaken, areas of good practice in 2020, key challenges for the next 12 months. It also provides an update on the recommendations identified in the 2019 report.

Seasonal Influenza Vaccination Programme uptake for the Autumn/Winter 2019
There has been a slight increase in patients accepting the flu vaccination to 75% from 70%. There are 33 patients who fall into the additional "at risk" group, of this 27 (90%) of patients consented to flu vaccination which is a significant rise from last year. Flu Vaccination will again be offered to all patients for 2020, during October and November.

Colorectal Screening:
All screening has been suspended due to COVID-19, therefore no kits have been issued since March 2020. NHS Lanarkshire have requested that GP's put forward plans on how to reintroduce this practice.

Abdominal Aortic Aneurysm Screening
5 patients over the age of 65 were invited to be screened, 3 of these patients have attended for screening with negative results. 1 patient refused to attend despite advice and support on screening. 1 patient is outstanding for screening; AAA Screening will be contacted once COVID-19 pandemic has eased restrictions on out-patient appointments.

Cardiovascular Risk Assessment
Within the hospital there is one patient with confirmed Coronary Heart Disease (CHD). We have 8 patients with hypertension. 29 patients (32.8%) continue on Statin/Fibrate lipid lowering therapy to support reduction in cardiovascular risk.

External Clinical Outings
The Health Centre is responsible for arranging and coordinating external clinical outings. There have been 156 external clinical outings planned for 121 patients. 51 clinical appointments did not proceed.

Unscheduled/Emergency Clinical Outings
13 patients attended Accident and Emergency on 16 occasions. Of the 16 attendances, 13 of these resulted in overnight stays, whilst 3 were discharged immediately following treatment

intervention.

NHS24/Out of Hours/Urgent Care
There has been 8 telephone advice calls to NHS24 and NHS Lanarkshire OOH's Service compared to last year where there were The usage of NHS 24 and NHS Lanarkshire OOH's Service has remained minimal with 7 telephone advice calls to NHS24

Dental Service
Due to COVID-19 restrictions the dentist was not available in the clinic for routine appointments from 17th March 2020 until 20th July 2020, though would visit for emergency appointments only.

Clozapine Monitoring Clinic
The Health Centre, in conjunction with Pharmacy, provides monitoring and support for the 39 patients (34.2%) on Clozapine.   Patients have the opportunity to discuss any concerns with the pharmacy technician. Patients have their BP and pulse monitored, identifying patients with raised heart rates and BP potentially due to medication. This ensures patient's physical health is monitored and recorded as per national guidelines for anti-psychotic therapy**.**

Near Me web based platform
"Near Me" was introduced into the hospital earlier this year. This allows clinics to take place virtually. Since the introduction of this service there have 53 GP video consultations and 31 Physiotherapy consultations.

Trainee Health psychologist
A new Trainee Health Psychologist has now been in post since March 2020.   The scope for training in 2020/22 focuses on barriers and facilitators to weight loss maintenance in secure setting and health and wellbeing of staff.

Comparison with Last Year's Planned QA/QI Activity
5 of the recommendations remain incomplete.

Point 3 - Deliver 9 Health Improvement events - The Skye Centre is closed at present and all Health Improvement events have been postponed until further notice. The Onelan system is still developed to promote the sharing of Health Promotion information

Point 6 - NHS Lanarkshire Dental Service has requested to use Kodak Carestream R4 (patient records software system) to bring the Hospital in line with the Public Dental Service - NHS Lanarkshire have now advised the Kodak system will now only run on windows 10 computers. We need to replace the computers in the dental centre and have two ready to go as soon as NHSL advised when they can come back on site. The NHSL technician is on annual leave until 24 August and once back they will be able to advise on a date for their visit.

Point 7 - Review the current system for decontaminated of equipment within the Health Centre and look at the implications and costing of this upgrades in line Falkirk Area Sterilisation and Decontamination Unit's traceability programme - A CAT 2 was undertaken and approved in July and the recommendations are currently being undertaken by different departments throughout the hospital.

Point 8 - A learning module / pack on nutrition, exercise and wellbeing should be developed and made available to all patients - Exercise and wellbeing booklet completed and is available for patients in the Hospital Library.   Nutritional booklet is currently in draft.

Point 10 - Continue to develop, supporting and monitoring the Supporting Healthy Choices agenda - SHC met in July and October 2020. Internal review of the hospital shop has been completed and submitted to the SHC meeting for approval. Further meeting being arrange for 27 November 2020.

Performance against Key Performance Indicators
In 2020 the number of patients offered an annual physical health review decreased to 93.94% between Jan – Mar 20 although did not fall under the target of 90%. This reason for decrease was

due to Covid 19.

The target of patients who will undertake 90 minutes of moderate exercise each week was achieved through April to June 2020 where it reached 81% This was mainly due to the number of escorted walks provided to patients as a result of Covid 19 and the reduction in normal activity services being offered at this time

Through 2020 patients in the heathier BMI category has increased and between April to June reached 13%. This KPI continues to be unachieved.

Khuram Khan gave an overview of the quality improvement work undertaken and the plans for the coming year.

Brian Moore asked if there was an information gap around physical health and activity requirement within clinical teams. Khuram Khan advised that there are 2 elements; the first is physical activity data which is reported through RiO and accurately presented on a weekly basis to the clinical team; the second issue is around physical health information from the GP and Health Centre which is recorded on the Vision system. The aim is to have vision reports electronically forwarded to the CTM but this is proving to be difficult. This is being looked at by the Digital Inclusion group, who will hopefully find a solution.

Gary Jenkins asked if there are still barriers in how we do things in relation to security and restrictions. Khuram Khan a workshop took place earlier in the year where there was a renewed enthusiasm for the work around the supporting healthy choices agenda. Lindsay Thomson stated that there are assurances that the health care systems are functioning and that she and Khuram Khan have discussed in detail the issues around supporting health choices and working on a new plan. The previous 15 point plan was well implemented but did not make a difference to BMI for example. Lindsay Thomson will be joining the meeting on 27 November to consider where we are, to look at the aims and makeup of the group, and working methods to rethink and revitalise and come up with a new plan, similar to the 2016 plan. She would like this plan to go to the Board as there is a need to give major support to Khuram Khan and his team to take this agenda forward. Gary Jenkins offered to join the meeting on 27 November if it was felt that this would be helpful.

Mark Richards stated that we can take assurance as the report covers a broad range of areas and it is clear lots of people are working hard to address the complex needs at times our patients present with. With regards to data available to clinical teams and real time data that supports clinical decision making, there is a vast amount of information provided on a weekly basis around physical activity and there have been previous discussions around tableau so perhaps more work can be done there.

David McConnell stated that this was a useful report but as a result of patient numbers being lower than a general hospital the impact of change of small numbers of patients could have an effect on statistics and this is addressed in some parts of the report. David McConnell asked if there may be a way of consistently including relevance of movement on patient basis on changes in numbers. Khuram Khan agreed to take this point forward.

Action: Khuram Khan

Gary Jenkins suggested the KPI matrix be revised under the balanced secure care approach using the physical health dataset on standard reporting so we see trends.

10   ADULT SUPPORT AND PROTECTION FORUM 12 MONTHLY REPORT

Members **received** and **noted** the Adult Support and Protection Forum 12 monthly report summarised by Mark Richards, Director of Nursing and AHPs. The report covers the period 1 October 2019 until 30 September 2020.

Mark Richards highlighted that one patient falls under the definition of corporate parenting duties for whom there is ongoing contact between staff within The State Hospital and the relevant local authority. The TSH Corporate Parenting Plan will be reviewed in 2021.

There has been a decline in keeping children safe activity over the last 12 months, largely related to Covid-10, though good progress has been made with child protection paperwork with Child Contact Assessments, Reviews and Child Protection Summaries being recorded and stored on RiO.

We have 3 patients who are parents who have contact with children with 28 child visits taking place in the past 12 months. There have been 2 notifications of child protection concerns: 1 relating to a telephone call and the other regarding unsupervised children in the car park.

There were 12 Adult Support and Protection enquiries over the last 12 months, which was a reduction from the last reporting period, this is as a result of patients spending more time in their rooms. There were 8 issues relating to patient on patient interactions and no referrals moved beyond the enquiry stage as no further action was required.

Online training shows high completion rates for modules under the Child and Adult Support and Protection remit.

Policy review remains ongoing, this has been delayed due to Covid-19 which also delayed the publication of national guidance relevant to completion of these reviews which was received in September 2020.

Further work to be done with e-Health on migration of Child and Adult Protection related templates etc from word based documents to RiO.

A report on Corporate Parenting Plan is due to be submitted to the Scottish Government in 2021.

The Committee noted the report.

11   **PATIENT MOVEMENT 6 MONTHLY REPORT**

Members **received** and **noted** the Patient Movement 6 monthly report presented by Lindsay Thomson, Medical Director for the period 1 April to 30 September 2020.

There have been 11 admissions and 11 discharges since 1 April 2020. This leaves us with 113 occupied beds.

There were no exceptional circumstances admissions. There are 5 patients admitted previously under exceptional circumstances: 4 are awaiting beds in medium secure facilities and one is awaiting transfer to prison.

5 patients are currently over the time limits set by their excess security hearings. Transfers have been delayed due to visits not being possible due to the current situation.

There are currently 17 patients on the transfer list, which is less than the position at the beginning of April 2020. The majority of patients on the list continue to be from Greater Glasgow and Clyde. It should be noted that there are 14 patients overall who are awaiting transfer and have been fully assessed/agreed with the local service.

The Committee noted the report.

12   LEARNING FROM FEEDBACK

Members **received** and **noted** the Learning from Feedback report summarised by Mark Richards, Director of Nursing and AHPs for the period 1 July to 30 September 2020.

There are a number of themes emerging from feedback shared:

- Frustrations around the restricted visiting model due mainly to national guidance.
- Dissatisfaction with the change to lunch and evening meal formats – reverted Sept 2020.
- A feeling of being disconnected from peers in other hubs.
- Importance of access to activity including Spiritual & Pastoral Care – Activity and Digital Inclusion Project Groups have commenced.
- Challenges with video visiting technology.
- General desire to see services resumed which continue to support the recovery journey, enabling patients to progress and transfer to step-down services.
- Acknowledgement of changes made to interim operating model directly attributable to patient feedback.

Creative approaches have been used by the Patient Partnership Group to engage with the ID patients with the use of emojis to share their feedback. Engagement with the group takes place in the ward. Examples of positive feedback were contained within the report and included evidence of how feedback transferred into action by providing TVs for patients' bedrooms.

A substantial piece of work has been undertaken around visiting with the majority of responses supporting visiting within the family centre rather than the previous model within wards. Additional feedback is being sought around video visiting which will inform what we do in the future.

Nicholas Johnston asked that the TV example and hire purchase scheme go in to the good practice log.

Action: Jacqueline McDade

Concern has been expressed around the CCTV installation with patients asking what it was about and not seeming to be informed; this could be as a result of patient turnover so we need to ensure they are included in the communication strand. Gary Jenkins advised that he was happy to do this and will have discussions at the project board on what the communications plan is.

Action: Gary Jenkins

Terry Currie stated that the move to family centre visiting seems to have met with widespread approval and will eliminate the long wait for transport to wards and from suggestions made by carers and staff it would seem reasonable to consider keeping this in place. He asked if arrangements could be made for key workers to get away from the wards to ensure visibility if visits no longer take place in the ward.

Mark Richards advised that he would fully expect the family centre model to be held on to as the feedback has been positive and the family centre is a more appropriate and conducive environment to have visits and every effort will be made to ensure the key worker makes contact with the family.

Lindsay Thomson stated that she would not want it to be that relatives can never go to the ward as they found it reassuring to see the environment in which their relative lived and to meet care team; we could ensure a visit to the ward initially to allow relatives to see the location, then we could give an element of choice.

The Committee noted the report.

13   LEARNING FROM COMPLAINTS

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

During the reporting period:

- 16 new complaints were received in this quarter;
- 6 complaints received were reported by PAS;
- Staff Attitude/Behaviour/Conduct and Catering accounted for the majority of issues raised;
- 17 complaints were closed in this quarter;
- 13 complaints were resolved at Stage 1;
- 4 complaints were investigated at Stage 2, two of which were escalated from Stage 1;
- 2 complaints were Upheld and 3 were Partially Upheld in this quarter;
- 12 complaints were Not Upheld during the quarter;
- The average time taken to respond to a complaint at Stage 1 was 3 days, the same as in the previous quarter;
- The average time taken to respond to a complaint at Stage 2 was 15 days, similar to the previous quarter;
- No new complaints were escalated to the SPSO in this quarter.

14   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 July to 30 September 2020.

During the reporting period there were no 'high' graded incidents reported.

- PAA activations have increased in August due to higher clinical activity in Iona.
- There have only been emergency clinical appointments and ECT appointments taking place during this quarter. During July 1 patient required handcuffs to be used to go on an emergency clinical suspension of detention.
- 1 patient was nursed using SRK's during July and August. Another patient was nursed in SRK during August.
- The number of 'finally approved' incidents decreased this quarter from 248 to 223: a decrease of 25.
- *Behavioural*' incidents increased from 45 to 48. 1 incident resulted in the Incident Command structure being enacted with a Category 1 review commissioned thereafter. This is due 3 November 2020.
- '*Assault'* incidents decreased from 13 to 6. 3 incidents were 'patient to staff' and 3 were 'patient to patient'. 1 patient in Iona 3 was responsible for 2 of the incidents
- *'Attempted Assault'* decreased from 19 incidents to 11. All 11 incidents were recorded as 'patient to staff'.
- *'Sexual'* Incidents increased from 2 to 8 in Q2. 7 of these incidents came from a patient in Iona 3.
- *'Verbal Aggression/Abuse'* increased from 1 to 5 in Q2.
- '*Self-Harming Behaviour*' decreased from 31 to 19: 10 patients were reported as having self-harmed in this quarter up from 10 in Q1. 10 occurred in Iona 2 with 1 patient accounting for all of the incidents.
- *Staff Resource'* incidents reported decreased from 34 to 27.

The above incidents are being continually monitored due to the Covid-19 situation

- Security Breaches increased from 3 to 7 incidents in this quarter. The incidents reported included doors being left open (2), loss of item (4) and patient running from patio.
- '*Control of Patient Whereabouts'* increased from 0 to 4.
- The *'Patient Physically Unwell'* incidents increased from 3 to 7. There were 5 instances of patients collapsing (ambulance attended on 3 occasions), 1 of patient choking and 1 instance where there was a slight delay in recognising the cause of a patient's ill health.
- '*Equipment Malfunctions'* remained the same at 16: the incidents reported related to pagers not working (7); PAA issues (2); faulty door locks (2); radio (2); air lock (2) and door stop failing.
- '*Damage*' increased from 2 to 6. Incidents include PID cable broken by contractors (2), patient removing wooden facing from room, screw protruding from wardrobe in room, patient breaking CD and wear and tear of chair leaving metal exposed.
- *'Documentation'* incidents increased from 0 to 10. This is due to the reporting of delayed SARs over 6 months.
- The '*Breach of Staff Confidentiality*' incidents increased from 1 to 3. Incidents included confidential information being sent to wrong distribution list, a member of staff receiving mail that had been opened and a member of staff claiming information had been passed to second employer without consent.
- *'Breach of Patient Confidentiality'* remained the same at 2 incidents. This involved a patient joining a video call of another patient and solicitor in error and another member of staff receiving patient documents in error.
- Cat 2 Self Harm 20/01 has been approved and is awaiting redaction and publication.
- Cat 1 Incident Command 20/01 has been approved and is awaiting redaction and publication
- Cat 1 Incident Command (Lewis) 20/02 is underway and is due 3 November 2020.
- There were 4 patients secluded over the quarter resulting in a total of 6 seclusions. This is an increase of one from the previous quarter.

The Committee noted the report.

15   SAFE STAFFING REPORT

Members **received** and **noted** the Safe Staffing report presented by Mark Richards, Director of Nursing and AHPs. During the period 1 July to 30 September 2020 there were no occasions when business continuity arrangements required to be enacted.

Terry Currie stated that the report refers to significant reduction in staff due to the impact of Covid and that he has not seen anything to raise the red flag around the reporting of sickness absence; sickness absence levels are around 6.9% and it may be that there are more people absent but the actual figure is not being reported.

Gary Jenkins advised that this will be reported at the Staff Governance meeting next week and John White will be asked to aggregate data sets together.

Action: Gary Jenkins

The Committee noted the report.

16   DISCUSSION ITEM

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

17   AREAS OF GOOD PRACTICE / AREAS OF CONCERN

The Committee **noted** 3 areas of good practice:

Staff flexibility and accommodating as evidenced from AHP report
100% LDP target for CPA
Example of feedback -   tangible outcome of TV Hire Purchase Scheme routed through PPG

18   WORKPLAN

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

19   ANY OTHER BUSINESS

Terry Currie once again thanked Nicholas Johnston for his exceptional chairing of the Clinical Governance Committee and the encouragement he gave to members to participate in discussions; everyone who has ever presented to the Committee has valued the experience as a result of the tone, atmosphere and acceptance.

Lindsay Thomson also expressed her thanks to Nicholas for being extremely helpful and supportive.

20   DAY, DATE, TIME AND VENUE FOR NEXT MEETING

The next meeting will be held on Thursday 11 February 2021 at 9.45am via MS Teams

The meeting concluded at 12.00 noon.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 14
Sponsoring Director:	Interim Director of HR & Wellbeing
Author(s):	Interim Director of HR & Wellbeing
Title of Report:	Update on Revised Workforce Planning Guidance
Purpose of Report:	For Noting

1   SITUATION

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

2   BACKGROUND

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

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

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

3   ASSESSMENT

The Scottish Government recognised that the Covid-19 pandemic radically altered the planning environment for health and social care services from that envisaged at the time of publication of the revised workforce planning guidance. The pandemic will continue to influence the demand for, and deployment of, the health and care

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workforce for the foreseeable future. This will shape the way in which services are delivered over the longer term as the implications of Covid -19 for the workforce become more fully understood.

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

Actions for Health Boards

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

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

The Short Life Working Group planned to issue a template workforce plan in December 2020 for completion and submission by Health Boards and IAs no later than 31st March 2021. The Workforce Planning template is not yet available and the revised issue date is unconfirmed.

Actions for NHS Boards

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

 Future Actions

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

4   RECOMMENDATION

Members of the Board are invited to note the update and delay in the provision of a template workforce plan for completion and submission by Health Boards.

APPENDIX A

DL(2020) 27 Update
to Revised Workforce

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Links to the National Guidance for Workforce Planning set by the Scottish Government
Workforce Implications	Positive measure in support of Staff Governance Standards.
Financial Implications	N/A
Route to Board Which groups were involved in contributing to the paper and recommendations.	Via CMT
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	Failure to adopt would undermine the principles of Workforce planning model.
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One **X There are no privacy implications.** ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 15
Sponsoring Director:	Director of HR and Wellbeing
Author(s):	Head of Human Resources
Title of Report:	Attendance Performance Summary
Purpose of Report:	For Noting

1   SITUATION

This report provides information on sickness absence within the State Hospital for the period up to 31 December 2020.
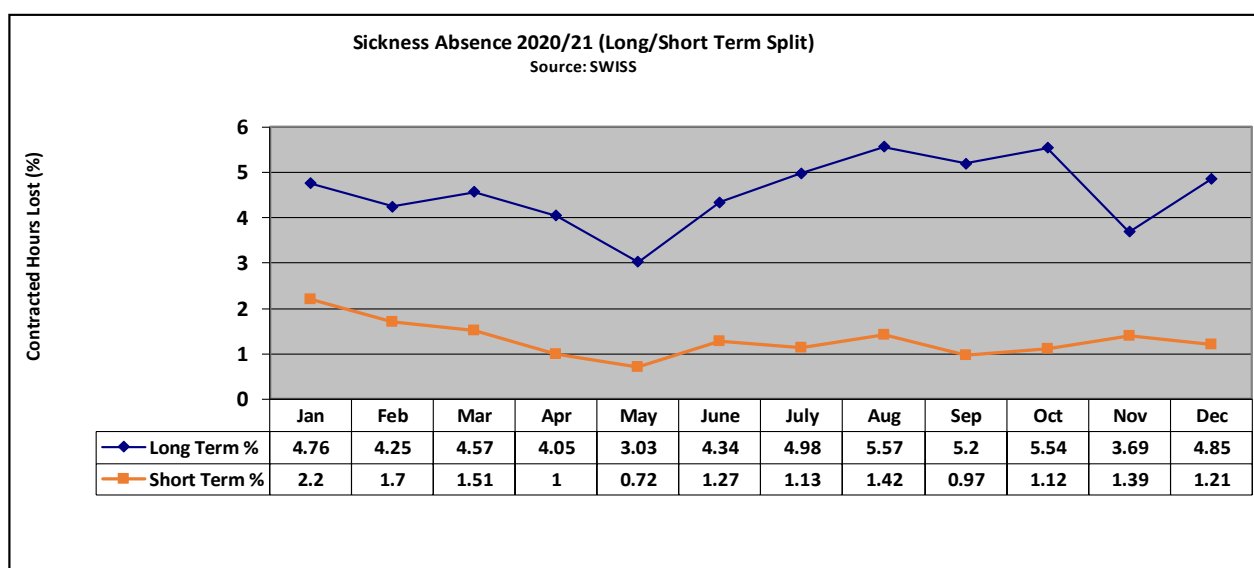
2   BACKGROUND

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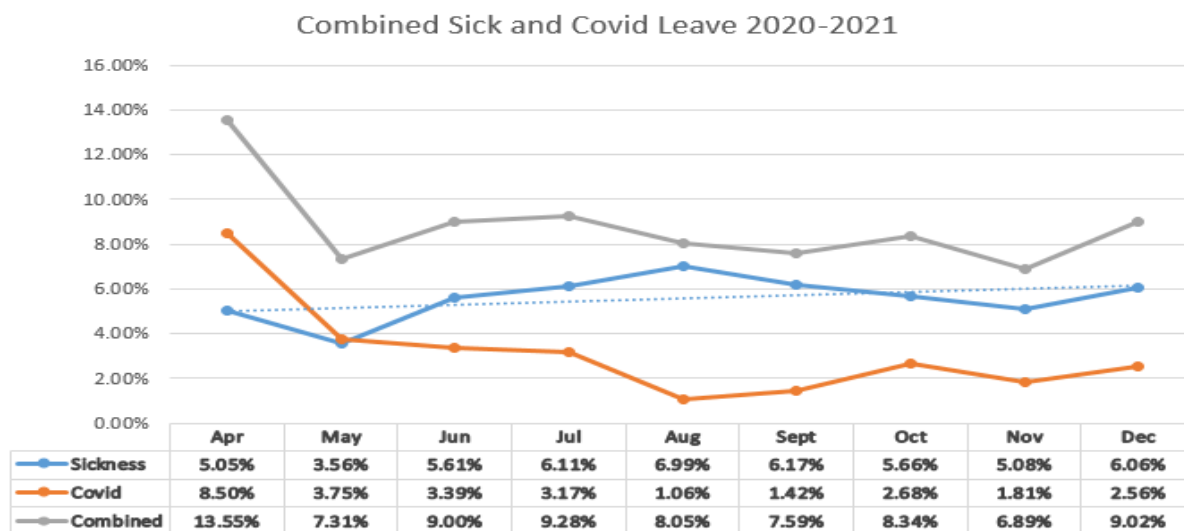
3   ASSESSMENT

The sickness absence rate from 1 December 2020 to 31 December 2020 is **6.06%** with the long/short term split being 4.85% and 1.21% respectively. The total hours lost for this period is 5,766.33 which equates to 35.43 WTE.

Table 1 2020/21 Performance

Sickness Absence 2020/21 (Long/Short Term Split)
Source: SWISS

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Long Term %	4.76	4.25	4.57	4.05	3.03	4.34	4.98	5.57	5.2	5.54	3.69	4.85
Short Term %	2.2	1.7	1.51	1	0.72	1.27	1.13	1.42	0.97	1.12	1.39	1.21

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

Combined Sick and Covid Leave 2020-2021

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Sickness	5.05%	3.56%	5.61%	6.11%	6.99%	6.17%	5.66%	5.08%	6.06%
Covid	8.50%	3.75%	3.39%	3.17%	1.06%	1.42%	2.68%	1.81%	2.56%
Combined	13.55%	7.31%	9.00%	9.28%	8.05%	7.59%	8.34%	6.89%	9.02%

Table 3 National Performance Comparator

1st December 2020 - 31st December 2020		Total	Long Term [1]	Short Term [2]
Scotland		**5.09**	**3.66**	**1.43**
NHS Ayrshire & Arran		4.71	3.44	1.27
NHS Borders		5.08	3.42	1.66
NHS National Services Scotland [4]		3.30	2.37	0.94
NHS 24		7.83	5.36	2.47
NHS Education For Scotland		1.04	0.91	0.13
Healthcare Improvement Scotland		2.30	1.50	0.79
NHS Health Scotland [4]		-	-	-
Public Health Scotland [4]		1.79	1.20	0.59
Scottish Ambulance Service		7.04	5.38	1.66
The State Hospital		6.06	4.85	1.21
National Waiting Times Centre		4.58	3.15	1.43
NHS Fife		5.49	3.97	1.52
NHS Greater Glasgow & Clyde		5.58	4.20	1.38
NHS Highland		4.75	3.38	1.37
NHS Lanarkshire		6.07	4.80	1.27
NHS Grampian		3.97	2.47	1.51
NHS Orkney		4.53	3.48	1.05
NHS Lothian		4.51	2.82	1.69
NHS Tayside		5.19	3.78	1.41
NHS Forth Valley		6.07	4.67	1.41
NHS Western Isles		5.66	4.41	1.25
NHS Dumfries & Galloway		5.07	3.54	1.53
NHS Shetland		2.30	0.95	1.35

4   RECOMMENDATION

Board members are invited to note the contents of this performance update.

MONITORING FORM

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

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 16
Sponsoring Director:	John White, HR & Wellbeing Director
Author(s):	Jean Byrne, Organisational Development Manager
Title of Report:	Everyone Matters Pulse Survey 2020 and iMatter Update 2021
Purpose of Report:	For Noting

1   SITUATION

In September 2020, the Everyone Matters Pulse survey was issued to 22 health boards and 30 HSCPs (Health and Social Care Partnerships) to ask how staff were coping during this very challenging period. This survey replaced the annual iMatter survey for 2020 which is hopefully set to resume sometime in 2021. In the meantime, a timetable and questionnaire set will be discussed in January at the National Staff Experience Group and SWAG before any dates are agreed. This report summarises the key themes of the Everyone Matters Pulse survey and provides a short analysis of the findings as they relate to us at The State Hospital. It is important to note that the survey gives a snapshot in time and covers a period of great challenge.

2   BACKGROUND

The national report with the results of the Pulse Survey was issued on 4th December. The outcomes will be used to support and inform wider staff experience, health and well-being, culture, dignity at work and work on equalities, diversity and inclusion
programmes. Boards also received more individualised reports. In total, each board received:
- At a national level, the National Well-being Pulse Survey results, qualitative themes, wordles and demographics;
- At board level, a board report showing staff responses to 12 questions with staff comments on change plus a second report with more qualitative themes and wordles;
- At a directorate level, Well-being Pulse Survey results plus a second report with more qualitative themes and wordless.

All reports can be accessed by directors and should be shared within the directorates.

3   ASSESSMENT

Our response rate was good comparatively speaking (48%), although we had fewer responses than for iMatter in 2019 (79%). In fact, each board had a lower response rate than for iMatter in 2019. Overall, we had the 9th highest response rate among the boards. Our lower response rate most likely reflects the challenges we faced at this time, with many staff either unwell or self-isolating.

- Survey Questions

The survey asked 12 questions about our well-being and staff experience during the Covid-19 pandemic. There were also some questions on staff worries, staff support, the work environment and demographics. It is important to keep in mind that these results relate to how people have fared during the pandemic and are a snapshot in time.

- Wellbeing/Anxiety Questions

The first four questions centre on wellbeing, with the fourth focussing particularly on levels of anxiety. The national report tells us that Health and Social Care staff score higher for their sense of Worth than for Life Satisfaction or Happiness compared with the general population where scores across measures are more consistent. The following table compares results from The State Hospital with the national response for NHS/Social Care.

	The State Hospital	NHS/Social Care
Life satisfaction	6.9	6.8
Your life is worthwhile	7.5	7.4
How happy yesterday	6.9	6.8
How anxious yesterday (lower scores are more positive in this question)	4.1	4.4

Both the national and The State Hospital averages vary between high (yellow 7,8) and medium (orange 5,6). For the first three questions, higher scores are more positive. For the last question, lower scores are more positive, with 4.1 being a medium score. We are showing a very similar trend to NHSScotland on the wellbeing questions and a better than average response on the anxiety question. In a letter to NHS Boards, Anna Gilbert, Head of Workforce Practice Unit, said reassuringly that 'Individual Boards do not identify as a significant risk due to the minimal differences against the national average'. This is good news and reflects positively on our personal resilience.

- Remaining questions

There are two indicators of overall staff experience - the thermometer and the 12th survey question which asks if you would recommend your organisation as a good place to work (shaded in light blue below) The State Hospital scored less positively on overall staff experience. On the final survey question, we scored four points lower than the national average. This is interesting as our wellbeing/anxiety appear scores appear either similar to or slightly higher than the national average.

The following table compares our results with those of NHS Scotland. The 2019 results are shown in brackets. For more detailed information, refer to Appendix 10 of the national report.

	TSH (2019)	NHS/Social Care
5. I feel my direct line manager cares about my health and well-being	78 (87)	79 (84)
6. I feel my organisation cares about my health and well-being	66 (69)	69 (70)
7. I am treated with dignity and respect as an individual at work	73 (84)	77 (83)
8. I am treated fairly and consistently at work	70 (82)	75 (81)
9. My work gives me a sense of achievement	75 (80)	78 (81)
10. I get the help and support I need from other teams and services within the organisation to do my job	71 (72)	73 (71)
11. I feel appreciated for the work I do	67 (77)	70 (74)
12. I would recommend my organisation as a good place to work	69 (73)	73 (74)
Thermometer	6.76 (6.92)	6.8 (76)

As the table shows, each board scored less well on each item apart from in question 10, where more people were positive about the help and support they got from their organisation to do their job. The State Hospital dropped one point on question 10 from 2019. Overall, our performance in this question set was less positive compared with previous years, with scores falling below the national average.

This begs the question – why is this the case and how should we respond to the survey result? It might be argued that 2020 was not a time for surveys, with resources sorely challenged by the pandemic. Staff were working to their physical and psychological limits to keep the show on the road. It would have been acceptable to question the reasons for asking how staff were managing when it was obvious that people were finding the situation very challenging. However, it is worthwhile thinking carefully over the results and using this data to help inform future plans in terms of health and wellbeing.

- Staff experience of change

Across NHSScotland, unsurprisingly, 73% of staff say they have experienced some form of change during the pandemic. Medical and Dental Support have come out highest in this category (85%), followed by AHPs/senior managers/personal & social care (78%). At the State Hospital, 64% of our staff say they have experienced change. Our staff have seen the biggest changes in the areas of working from home more than usual (35%), providing support for a vulnerable relative living elsewhere (29%) and change brought about by having school age children at home (25%).

- Staff worries

No comparisons have been made between individual boards in relation to what worries staff most or least. However, each board has received this individual information in their

board reports. These scores can be compared with the overall national scores (in brackets) and mirror almost exactly the same highest/lowest scoring issues.

On a work-related level	On a personal level
Our staff were most worried about: • Patient care current 13% (15%) • Excessive workload 13% (15%) • IT support 11% (15%) • Feeling Covid-19 safe in the workplace 11% (12%)	Our staff were most worried about: • Second wave of covid-19 41% (41%) • Covid-19 36% (35%)
They were least worried about: • Not utilising skills 0% (4%) • Public transport 0% (1%) • Career progression 1% (3%) • Morale 1% (2%) • Work-life balance 3% (2%) • Treatment at work 4% (3%)	They were least worried about: • Everything 1% (1%) • Government/Economy 2% (1%) • Financial 2% (2%)

- How TSH Staff Were Supported (national results in brackets)

It is interesting to note that TSH reflects the national response in terms of rating particular items highest and lowest. All of the following responses were similar across NHSScotland, although TSH scores were often higher.

Staff said that the top sources of work-related support came from:
- Colleagues   42%   (36%)
- Being able to go to work   21%   (20%)
- Team   20%   (19%)
- Manager   18%   (19%)

7% claimed that working from home provided them with support.

They also said that the top sources of personal support came from:
- Family (this heavily outweighed every other source of personal support 22% (26%)
- Self-help 11% (13%)

- **Staff stories**

The national report provides us with qualitative feedback and wordles and contains numerous stories from the different boards. 18 boards submitted stories; some submitted several. The State Hospital submitted a story from the Nursing & AHP Directorate and the Psychology Directorate. This story was about promoting positive staff health and wellbeing – it describes the numerous measures taken to promote both physical and mental health and how we are measuring the impact. It is heartening to read and provides evidence that we are doing our utmost to promote wellbeing.

4   RECOMMENDATIONS

This report was submitted to the Staff Governance Committee for detailed consideration at their meeting held on 18 February 2021.

The committee endorsed the following:

- The results of this survey must be triangulated with other organisational surveys/data over the past year and the learning fed back before the next iMatter run.
- This learning should include an investigation into the discrepancy between what the organisation believes it is doing and what staff perceive as outcomes.
- The iMatter Operational Lead should work with team managers to coordinate a response from teams across the organisation and communicate these responses to this group, Healthy Working Lives and the Wellbeing Champion for discussion.
- The Healthy Working Lives Group, in collaboration with TSH Health Champion, should agree how to take forward key concerns in this survey.
- The organisational response must inform our organisational recovery plan.

The Board is asked to note the progress in this workstream.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support 2020 Workforce Plan and roll out I Matter.
Workforce Implications	Considered in this report
Financial Implications	None identified
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board requested
Risk Assessment (Outline any significant risks and associated mitigation)	Fully outlined and considered in the report
Assessment of Impact on Stakeholder Experience	Fully outlined and considered in the report. It is well evidenced that a good workforce morale is directly linked to a more positive patient and staff experience
Equality Impact Assessment	Screened and no implications identified for reporting.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	There are no identified impacts.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the meeting of the Staff Governance Committee held on Thursday 19 November 2020 at 9.45am via MS Teams, The State Hospital, Carstairs.

Present:

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

In attendance:

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

(In attendance – part):

Training and Professional Development Manager	Sandra Dunlop

1   APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Bill Brackenridge welcomed everyone to the meeting that took place via MS Teams.

2   CONFLICTS OF INTEREST

Brian Moore advised that due to being on the Board with NHS Lanarkshire that he will not participate in the discussion at agenda item 14, Occupational Health, SLA due to this currently sitting under SALUS, NHSL. Bill Brackenridge acknowledged this and confirmed that Brian Moore will not participate in the discussion.

3   MINUTES OF THE PREVIOUS MEETING HELD ON 20 AUGUST 2020

The Committee approved the Minutes of the previous meeting held on 20 August 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 work plan for future meetings. However verbal updates were provided at;

Staff-side Representation – Tom Hair confirmed he is compiling a cohort of representatives going forward.

OH Annual Report – John White advised he has met with Sandra Dunlop, Lynn Clarke, Senior PMVA Trainer/Advisor and Kay Japp, Principal OH Advisor/Contract Manager to prepare a proposal going forward to the next Health, Safety and Welfare Committee to discuss taking forward future PMVA screening. This will free up time to allow additional work to be carried out around the Case Management (Mental Health) to encourage an increase in uptake of this service together with progressing with work to reduce DNAs and cancellations within the Occupational Health service.

Staff Charter – The committee were advised this document is now obsolete further to agreed discussions held at an earlier meeting. The Partnership Forum will be made aware with clear communication around the reasons for withdrawal at their next meeting.

STANDING ITEMS

5   ATTENDANCE MANAGEMENT REPORT – SEPTEMBER 2020

Members of the Committee received and noted the reports up to 30 September 2020, as presented by John White, Human Resources Director. An additional slide was shared with members that illustrates the combined action points from the last Board meeting.

It was recognised that the Hospital is consistently performing well with short-term absence but are struggling with the long-term absences, however this is being worked through. Further exploration work continues around the dip in EASY compliance.

Future reports will include this combined information from the slide shared. This allows members to see the trajectory of improvement from Covid and provides a picture of combined leave.

Terry Currie took assurance from the figures shown in the combined slide and acknowledged the high levels of Covid absence across the National Boards.

There was a lengthy discussion around the Flu Vaccines and the uptake of this across the organisation. Currently this was being reported around 51%, a further emphasis is being placed on this vaccination as the winter months' approach.

Brian Moore realises that there are interventions being put in place for staff absent due to anxiety/stress/depression and other psychiatric illness however he feels that real scrutiny is required in this area due to the high number of staff affected.

There was assurance given around the ongoing work and support provided by the Human Resources staff and Occupational Health Service together with the additional measures put in place with the Staff Wellbeing Centre. There is a dedicated team who provide on-site support and web-based support. A further change includes the Human Resources Director being tasked with taking forward HR and Wellbeing. A new group is being established that will meet monthly ensuring this is an area of key focus for the Hospital.

It was noted that a report will be provided to the Board on the Covid Vaccination Programme.

Members noted the reports and discussions advising this area remains a high priority with emphasis required around flu vaccinations and Mental Health and Wellbeing for all staff.

6   HR PERFORMANCE – EMPLOYEE RELATIONS ACTIVITY

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

Members were updated on some of the reasons associated with the lengthy delays being reported, however John White provided assurance to the Committee that there is an understanding of the people involved behind these cases and that these need to progress in line with policies with a fair approach.

Gary Jenkins confirmed discussions have taken place to ensure robust systems are put in place. These discussions were inclusive of joint staff side colleagues. Tom Hair agreed these had been very useful and this should be a two-way process with the inclusion of partnership working.

The Committee noted the report and welcomed the assurances given.

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7   PERSONAL DEVELOPMENT PLAN REPORT

Members of the Committee received and noted the Personal Development Planning & Review (PDPR) update report, presented by Sandra Dunlop, Training and Professional Development Manager.

As at 31 October 2020 the total number of current reviews was 499 (82.1%), an increase of 3.5% from 31 July 2020.

▪ A total of 91 staff (14.9%) have an out-of-date PDPR (i.e. the annual review meeting is overdue) – a decrease of 2% from 31 July 2020.

▪ A further 18 staff (2.9%) have not had a PDPR meeting – a decrease of 1.6% from 31 July 2020. Staff in this group are predominantly new staff with an initial set-up review meeting overdue.

It was agreed this is a positive report particularly due to the current situation. Members welcomed knowing that meetings are continuing between Manager and Staff member, allowing dialogue between them both and the opportunity to ensure everything is being done to support staff during these ongoing difficult times.

Members agreed this is a great achievement and recognise the pressures that staff are facing across the organisation and the support being provided by Sandra Dunlop and her team was welcomed and appreciated by the Committee.

Members noted the report.

ITEMS FOR DISCUSSION

8   STATUTORY AND MANDATORY TRAINING COMPLIANCE (APR-SEPT)

Members of the Committee received and noted the Statutory and Mandatory Training Compliance update presented by Sandra Dunlop, Training and Professional Development Manager.

Statutory and mandatory training within the State Hospital is delivered through a combination of online training and attendance at off-job training courses. It includes training that must be completed by all staff (e.g. fire safety awareness training), plus training that targets specific disciplines or staff groups (e.g. blood borne virus awareness training for clinical staff).

It is evident from the data presented in the report that although there has been a reduction in compliance levels in a number of areas of statutory and mandatory training over the past 6 months, overall compliance remains generally high.

The current COVID-19 pandemic, and associated restriction on face-to-face training delivery has had an impact on compliance and restrictions on training are likely to remain in place for the foreseeable future.

Work is in progress to build the capacity and capability required to support introduction of live online training using new web conferencing technology. This will assist in addressing areas where compliance levels have reduced and also help 'future-proof' against the potential impact of training restriction having to remain in place for some time, or further lockdowns/restrictions occurring due to COVID-19.

Further to discussion it was agreed that Sandra Dunlop will select a few areas and provide further information around evaluation.

ACTION: S DUNLOP

There was discussion on compliance levels across other Boards with members asking what the comparison was with them. Gary Jenkins asked that as a one-off exercise a confidential paper is

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presented here for information and comparison. John White will collate information provided from Gary Jenkins from GGC, Brian Moore from NHSL and Bill Brackenridge from Borders and prepare a report to be presented to the Committee at a future meeting.

ACTION: J WHITE

Bill Brackenridge thanked Sandra Dunlop for her and her team's efforts in ensuring compliance levels remain a priority across the organisation.

Due to this being the final Staff Governance Committee for Terry Currie, Nicholas Johnston and Bill Brackenridge, Sandra Dunlop took the opportunity to thank them for their support and challenge over the years and in particular to Bill Brackenridge for his tremendous contribution to the Committee.

Sandra then left the meeting.

9 iMATTER UPDATE 2020 CYCLE

Members received and noted the iMatter update 2020 Cycle as presented by John White, Human Resources Director. The report provides an update on the current status of iMatter for the 2020 cycle at The State Hospital. The report provides and update on iMatter since May 2020 taking into account changes that have happened due to the current pandemic. The information on which this is based is the feedback from the interim report from the Everyone Matters Pulse Survey that was issued to 22 health boards and 30 HSCPs (Health and Social Care Partnerships) to ask how staff were coping during this very challenging period. The survey replaced the annual iMatter survey for 2020 which is expected to make its return in 2021. The national report will be issued early December 2020. The outcomes will be used to support and inform wider staff experience, health and wellbeing, culture, dignity at work and work on equalities, diversity and inclusion programmes.

Members noted this interim report and hope to receive the full report at the first meeting of the Committee in the New Year.

ACTION: J WHITE

10 HEALTHY WORKING LIVES UPDATE

Members received and noted the HWL Update at November 2020 as presented by John White, Human Resources Director. The report provided an update on the status of the group since May 2020. Since 2008 The State Hospital has achieved and continues to maintain the Healthy Working Lives (HWL) Gold Award. Each year, a report is submitted to the national team for assessment against the gold award criteria. This year there was a delay in submitting the report due to the pandemic. However, we again achieved a Gold Award based on an extraordinary amount of work by staff during the year. This report is an update on the status of the group since May 2020

The HWL Group's mission is to provide a forum where health, safety and wellbeing issues can be identified, and strategies put in place to create improvements that result in a happier, healthier and more highly engaged workforce. The group's aim is to improve the health, safety and wellbeing of all our employees, particularly in the following areas: supporting mental health awareness and education, improving physical health and promoting links / networking within and outside of the organisation.

This year, submission for the Gold Award took place later than usual due to current constraints arising from the pandemic. However, this was not an obstacle and The State Hospital was again awarded the Gold Award. In addition, an Employee Wellbeing Survey matching tool was submitted successfully.

Members noted again the continued success story in achieving the Gold Award and thanked everyone involved for their dedication and support to this group. It was recognised that this group will link in with the HR and Wellbeing Group which is an important step for the HWL Team as they will reach out to a wider group. Overall a very positive story for The State Hospital.

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11   STAFF GOVERNANCE WORKPLAN 2021

Members received and noted the draft Work plan presented for information and endorsement. It was agreed to add Wellbeing as a standing item together with Whistleblowing quarterly reports.

ACTION: R PRESTON

Brian Moore suggested a specialised Board Seminar is held to raise awareness and to discuss the National Whistleblowing Standards that come into effect on 1 April 2021.

ACTION: M SMITH

Members agreed these additions and subsequently endorsed the Work plan for 2021.

ITEMS FOR INFORMATION

12   UPDATE ON REVISED WORKFORCE PLANNING GUIDANCE, DL(2020)27

Members of the Committee received and noted the update as presented by John White, Human Resources Director. Members were advised that the working group has been established for 1-year workforce plan that will secure the foundations for the three-year workforce plan that then follows, this is in line with the changes to the published timescales for local NHS Board Workforce Plans laid out in the Revised Workforce Planning Guidance published by the Scottish Government.

Members noted the update provided together with DL(2020)27 and acknowledged that a challenge to this work could be the outcome of the Forensic Review which is due at the end of January 2021.

13   INDEPENDENT NATIONAL WHISTLEBLOWING OFFICER (INWO)

Members of the Committee received and noted the update in INWO as presented by John White, Human Resources Director who advised that the Scottish Public Services Ombudsman (SPSO) have notified that the role of the Independent National Whistleblowing Officer (INWO) will be implemented with effect from the 1 of April 2021.

This new role, the first of its kind in the UK, provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing case. As advised in the Pausing of Work During Coronavirus, letter dated the 30 of March 2020, the implementation date that was originally scheduled for Summer 2020, was revised in view of the current pandemic. The rescheduled date of 1 April 2021 is in recognition of the risk of potential pressures on Health Boards over the winter period. The Whistleblowing Standards that SPSO have developed as a model procedure for handling whistleblowing concerns raised by staff and others delivering NHS services, will be formally published when the INWO goes live on 1 April 2021. For NHS Scotland staff, these will form the 'Once for Scotland' Whistleblowing Policy that will go-live at the same time.

The Whistleblowing Policy will be available as a 'soft launch' approximately 3 months, in advance of the INWO go live date to enable Boards to prepare. SPSO are working with NHS Education Scotland (NES) to develop training materials that are expected to be available for the 'soft launch' period, through the Turas Learn website.

The Scottish Government have worked with the Datix User group to consider Datix and similar systems to meet the recording requirements set out in the Standards. The group have developed a template that can be used to upload the required data fields onto the Datix system or where the Board doesn't have Datix, onto an alternative system.

The State Hospital are now preparing for adoption of the Whistleblowing Standards and the national policy. This includes testing of the Datix template which will used to meet the recording requirements of the INWO. The Turas learn platform is expected to be utilised as the foundation for staff training complimented by a targeted communications exercise.

Brian Moore advised members that the State Hospital are reasonably well placed in terms of practice. He is attending the Staff Governance Committee at NHS Lanarkshire where Rosemary Agnew will be in attendance, Brian Moore will provide any further updates from the meeting direct to John White.

14   OCCUPATIONAL HEALTH SLA

Members of the Committee received and noted the update provided on the current Occupational Health SLA that is scheduled to end by 31 July 2021. Bill Brackenridge had asked previously for information and thought to be given around the provision of this service, in terms of what is currently provided against what service is required moving forward.

The State Hospital Board has in place a Service Level Agreement for the provision of Occupational Health and Safety Services with SALUS - NHS Lanarkshire. This agreement was signed in August 2018 for a period of 36 months and with an opportunity to extend this by mutual agreement.

The State Hospital have a specific requirement for the provision of Occupational Health and Safety Services to support our statutory obligations as a service provider and an employer. The Service Level Agreement in place describes in practical terms the responsibilities of both parties and specifies the arrangements for the provision of services. It primarily relates to the interface of services provided between SALUS and The State Hospital premises or SALUS clinical sites as agreed.

The service level agreement commenced on 1 August 2018 and is scheduled to end on 31 July 2021. The agreement does allow for an extension subject to agreement by both parties no later than 30 April 2021.

Following a lengthy discussion around the various services provided members agreed to extend the SLA for a further 12 months but with the agreement to be mindful of the costs involved and that work should commence to determine the service that the Hospital require moving forward. There was suggestion of a short-life working group being established in the next few months to work through what service is required.

ACTION: J WHITE

15   HEALTH, SAFETY AND WELFARE COMMITTEE APPROVED MINUTE FROM 6 AUGUST 2020

Members noted the approved minute however the Committee agreed that a better mechanism is required to be put in place that will update the Committee on Health and Safety issues.

ACTION: G JENKINS

ANY OTHER COMPETENT BUSINESS

16   ANY OTHER BUSINESS

Terry Currie thanked Bill Brackenridge for being an excellent Chair of the Committee and bringing a wealth of knowledge and expertise and for always encouraging everyone to participate in the meetings and in particularly staff side colleagues.

Members of the Committee echoed these comments and also thanked Bill for his chairing techniques and continued support to all involved.

Bill thanked everyone for these kind words and expressed his own thanks to the members for their input and support throughout. He highlighted the work carried out that will continue around Attendance Management and is confident the achievements will continue. He wished the new Chair the very best in their new venture and knows they will receive the best support from all involved.

17   DATE AND TIME OF NEXT MEETING

The next meeting will take place on Thursday 18 February 2021 at 9.45am via MS Teams.

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NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 18
Sponsoring Director:	Chief Executive Officer
Author(s):	Board Secretary
Title of Report:	Corporate Objectives 2021-22
Purpose of Report:	For Decision

1   SITUATION

The Board undertakes a review of its corporate objectives annually. This document sets out the draft Corporate Objectives for The State Hospitals Board for Scotland for the period 1 April 2021 until 31 March 2022.

2   BACKGROUND

The intention of the corporate objectives is to provide a summary of the priorities across the for the organisation, and to group key aims around the themes of Better Care, Better Health, Better Values and Better Workplace.

3   ASSESSMENT

The Corporate Objectives align with the operational business model for The State Hospital supporting its mission and values.

The performance management framework underpinning delivery of these objectives is through:

- Individual performance within the senior leadership team, measured against objectives.

- Directorate/ team performance against objectives.

- Board review of performance and accountability of Executive leadership

- Annual Review process

Board Paper 21/10

The Corporate Objectives set out to:

- Improve the quality of care for patients by targeting investment and focus at improving services with the high security environment and for providing the most effective support for all. **(Better Care)**

- Improve health and wellbeing by promoting and supporting healthier lives and choices, addressing inequality and adopting an approach based on recovery, care and treatment. **(Better Health)**

- Increase the value from, and financial sustainability of, care by making the most effective use of available resources through efficient and effective service delivery **(Best Value)**

- Improve the engagement of staff and opportunity for development through effective values based leadership resulting in a culture of quality and accountability **(Better Workplace)**

The Draft Corporate Objectives are attached at Appendix A.

4   RECOMMENDATION

The Board is asked to review the draft corporate objectives and recommend any changes required before providing approval.

Appendix A	**TSH Draft Corporate Objectives 2021/22**
Better Care	- Response to the Covid-19 pandemic and continued safe delivery of care within this context with sustained organisational resilience, and the ability to identify and respond to risk - Deliver the Remobilisation Plan for 2021/22 - Review and implement the Interim Clinical Policy, in changing Covid -19 landscape - Implement the Clinical Model when it becomes safe to do so in the context of Covid-19, enabling TSH to provide a progressive care approach for patient treatment and recovery - Ensure the principles of the patient active day are delivered across all service areas, within context of continuing Covid 19 restrictions - Deliver care and treatment within the framework of least restrictive practice - Monitor the use and recording of seclusion practice in accordance with the revised definitions published by the Mental Welfare Commission - Collaborate with the Forensic Network in the delivery of quality care guidance and standards applicable to the Forensic Mental Health Environment - Be accessible to patients, their family and visitors whilst accessing care and treatment at TSH - Work with stakeholders and Scottish Government representatives to enhance the reputation and develop the healthcare profile of TSH - Take forward national collaboration with the newly formed Health in Custody Network - Deliver a programme of Infection Control related activity in line with all national policy objectives, and focus on the response to Covid-19
Better Health	- Tackle and address the challenge of obesity within TSH - Improve the Physical Health opportunities for patients under the care of TSH - Ensure the delivery of tailored mental health and treatment plans individualised to the specific needs of each patient - Address the overall social wellbeing issues for patients

	undergoing treatment
	▪ Ensure the organisation is aligned to the values and objectives of the Mental Health Strategy
	▪ Utilise connections with other health care systems to ensure patients receive a full range of healthcare support
	▪ Align TSH with the aims and ambitions of Medium Secure and other treatment pathways to provide cohesive care and treatment for patients transferring to other services
Better Value	▪ Meet the key finance targets set for the organisation and in line with Standard Financial Instructions
	▪ Develop a sustainable finance model which supports the sustainability of the organisation
	▪ Enhance and strengthen the digital innovation programme
	▪ Deliver the security upgrade for the safety of staff, patients and the general public
	▪ Work collaboratively across public sector bodies to ensure that best value is achieved in service planning, design and delivery
	▪ Strengthen the corporate governance blueprint to ensure transparency and clear direction, within and external to, the organisation
	▪ Ensure quality improvement is embedded within TSH
	▪ Deliver review of performance management framework
	▪ Engage with delivery of the Independent Review of Forensic Mental Health
Better Workforce	▪ Promote and deliver the culture change framework emerging from the Recovery and Innovation workstream
	▪ Continue with the Healthy Working Lives programme and activities for the benefit of staff, aligning this with the Staff Wellbeing agenda.
	▪ Building on i-matter and staff governance principles to deliver an inclusive staff engagement programme in partnership to support the wellbeing of all employees
	▪ Agree an assurance model to support the implementation of the

Health and Care (Staffing) (Scotland) Bill (2019) across TSH, following national rollout.

- Sustain a safe working environment for staff with a focus on risk management across all aspects of the organisation

- Ensure accessibility to support to internal and external services for staff who require them

- Review and action absence related issues and staff wellbeing measures throughout the continuing pandemic crisis

- Continue to provide flexible working patterns for staff including 'retire and return' and prospective employees wishing to work at TSH

- Continue to support training and development for all staff across the organisation

- Ensure partnership working is embedded across the organisation

- Support the implementation of the Independent National Whistleblowing Officer, and support this workstream locally.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To present the draft corporate objectives 2021 to the NHS Board for their consideration and approval.
Workforce Implications	No specific considerations as part of this paper
Financial Implications	No Specific considerations as part of this paper
Route To Board Which groups were involved in contributing to the paper and recommendations.	Corporate Management Team
Risk Assessment (Outline any significant risks and associated mitigation)	No specific risk assessment made, this supports the organisational delivery of key objectives.
Assessment of Impact on Stakeholder Experience	Key stakeholders and the need to align the corporate objectives to these is outlined in the paper.
Equality Impact Assessment	Not required
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	No issues identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 19
Sponsoring Director:	Director of Security, Estates and Facilities
Author(s):	Programme Director/ Head of Estates and Facilities
Title of Report:	Perimeter Security and Enhanced Internal Security Systems: Project
Purpose of Report:	For Noting

1. SITUATION

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

2. BACKGROUND

a) Governance

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

The Board meets monthly, with an interim internal meeting taking place between full meetings. The POB last met on 18 February 2021 and is scheduled to meet again on 18 March 2021.

The Programme Director provided an update on the current status on the project and the financial details. The risk of project overspend was reviewed and updated due to the impact of COVID delays. A risk was added relating to the potential impact of COVID on the Factory Acceptance Testing demonstration in Swindon.

b) General Project Update:

This current phase of the project is proceeding according to plan. A summary of planned and completed works during the period of February 2020 to date include:

i) On-site works:

Works Completed:

Item	Completion
Installation and testing of Fibre Network across site	June 2020
Tubestile replacement	July 2020
Installation of CCTV in Skye Centre	July 2020
Installation of CCTV in Arran Hub	October 2020
Installation of CCTV in Mull hub	Dec 2020
Installation of CCTV in Family Centre	Dec 2020

ii) Works underway (adjusted for COVID impact):

Item	Due date
Replacement of Fence detection systems	May 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)	April 2021
Hostile Vehicle Mitigation Design	May 2021

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):	£6,458,918

Project Costs
The project is proceeding according to the projected cost plan.

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

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

Actual spend to date – in line with Stanley planned schedule of works   £ 6.459m

Breakdown of actual spend to date –

Stanley	£ 4.731m
Thomson Gray	£ 0.496m
Doig & Smith	£ 0.007m
VAT	£ 1.047m
Staff Costs	£ 0.179m
	£ 6.459m

RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Update paper on previously approved project
Workforce Implications	N/A
Financial Implications	N/A
Route to the Board Which groups were involved in contributing to the paper and recommendations?	Project Oversight Board
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included.

NHS SCOTLAND

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 20
Sponsoring Director:	Finance and eHealth Director
Author(s):	Deputy Director of Finance
Title of Report:	Financial Position as at 31 January 2021
Purpose of Report:	For Noting

1   SITUATION

The Board is asked to consider the Revenue and Capital Resources spending plans, and monitor financial outturn.   This report provides information on the financial performance to 31 January 2021, which is also issued monthly to Scottish Government (SG) along with the statutory financial reporting template. It is also normally reported to the Board, Corporate Management Team and Partnership Forum.   There have been alterations to this in 2020/21 due to the Covid crisis, although this is now returning to schedule through the SG and Board remobilisation plans.

2   BACKGROUND

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

Having been delayed by the Covid-19 crisis, monthly financial performance reporting to SG resumed at the end of August 2020.
Quarterly reviews by SG have been undertaken with Boards with notification of levels of reimbursement of Covid costs, with further discussions taking place in February 2021 with the likelihood of some handback due to come potential Covid-related costs not materialising to forecast levels, including contingency assumptions on the potential cost of delays in the Perimeter Project.

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

The annual budget of £39.886m is primarily the Scottish Government Revenue Resource Limit allocation, and anticipated allocations.

3   ASSESSMENT

3.1   Revenue Resource Limit Outturn

The Board is reporting an under spend of £0.526m to 31 January 2021 (prior year - £0.236m to 31 January 2020). Most of the favourable movement in month was around ongoing vacancy management and some earlier eHealth spend being reclassified as Capital.

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

3.2   Key financial pressures / potential benefits.

2020/21 PRESSURES	Risk	annual estimate £k	Included in Reserves
Clinical Model Review	Low	50	Y
Office 365	Med	250	N
2020/21 BENEFITS			
Travel underspend re Covid (ex. Patient travel) ytd		49	Apr-Jan

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

There remain, however, potential unidentified 2020/21 costs yet to be determined subject to addressing any steps required to prepare for the implementation of the model, albeit the likelihood of these costs now occurring in-year is low.

Office 365
NHS Scotland are directing all Boards to the implementation of Office365 in 2020/21. This requires input from all directorates and much staff commitment. While the plan was originally scheduled for early 2020, it is now underway and any potential additional costs will be evaluated and, should additional funding be required to meet the demands of this, a specific business case will require to be raised.

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

Covid-19
There are additional costs now incurred which are regarded as being specifically due to the Covid-19 crisis, ongoing through 2020/21, as monthly recurring costs, as the Hospital operates under new ways of working.
SG have made the initial allocation to Boards via a September 2020 allocation letter, which is being released monthly to match actual spend, and is being monitored for reporting to SG on any variances.

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

Directorates	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 10	Budget WTE	Actual WTE
Nursing And Ahp's	20,553	17,240	16,805	435	379.10	389.52
Security And Facilities	5,950	4,974	5,003	(28)	118.64	113.01
Medical	3,992	3,330	3,021	309	37.13	32.43
Chief Exec	1,861	1,553	1,577	(24)	22.27	21.24
Human Resources Directorate	844	705	656	49	13.45	14.40
Finance	3,091	2,583	2,424	159	38.39	34.32
Cap Charges	2,857	2,381	2,363	18	0.00	
Misc Income	(600)	(500)	(459)	(41)	0.00	0.00
Central Reserves	1,338	(350)	0	(350)	0.00	0.00
	39,886	31,916	31,389	526	608.98	604.92

Highlights:

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

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

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

HR – The underspend arises from vacancies, with some to compensate for the overspend in PAs noted above.

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

Finance – The underspend is principally from vacancies.

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

Central reserves
Savings unidentified are now phased year to date.

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

3.3.1 Nursing & AHPs

Nursing And Ahp's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 10	Budget WTE	Actual WTE
Advocacy	147	123	120	2	0.00	
AHPs & Dietetics & SLAs	694	579	513	66	13.33	11.78
Hub & Cluster Admin & Clinical Operations	844	706	705	1	23.17	24.05
NPD & Infection Control & Clin Gov	412	344	340	4	5.80	4.99
PCI & Pastoral	231	193	158	35	3.40	3.60
Skye Centre	1,681	1,401	1,304	96	38.33	32.29
Ward Nursing	16,542	13,894	13,665	229	295.07	312.81
	20,553	17,240	16,805	435	379.10	389.52

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

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

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

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
(65)	April 20	15,874	1,323	1,405	(82)	295.07	328.61
(58)	May 20	15,889	1,324	1,272	52	295.07	314.80
3	June 20	15,889	1,324	1,302	22	295.07	314.24
(1)	July 20 (PAIAW)	15,889	1,324	1,340	(16)	295.07	326.96
(6)	August 20	15,889	1,324	1,301	23	295.07	322.36
(8)	September 20	16,168	1,603	1,567	36	295.07	313.95
23	October 20 (PAIAW)	16,239	1,395	1,386	9	295.07	319.85
78	November 20 (PAIAW)	16,334	1,419	1,370	49	295.07	314.78
34	December 20 (PAIAW)	16,444	1,434	1,361	73	295.07	317.06
15	January 21 (PAIAW)	16,542	1,422	1,362	60	295.07	312.81
15	Cumulative YTD		13,893	13,667	225		

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

Bands	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Grand Total £'s
Band 3	£ 48,241	£ 27,440	£ 30,554	£ 47,290	£ 36,079	£ 32,140	£ 36,589	£ 36,440	£ 43,926	£ 41,099	£ 379,799
Band 4	£ 3,618	£ 830	£ 1,180	£ 3,931	£ 3,115	£ 985	£ 1,958	£ 1,325	£ 3,495	£ 2,393	£ 22,829
Band 5	£ 60,299	£ 27,774	£ 31,541	£ 54,405	£ 44,494	£ 44,050	£ 44,887	£ 38,721	£ 53,067	£ 50,199	£ 449,436
Band 6	£ 16,831	£ 3,192	£ 7,464	£ 11,945	£ 11,964	£ 11,574	£ 7,254	£ 5,359	£ 6,209	£ 5,521	£ 87,312
Band 7	£ 389	£ 360	£ 97	£ 347	£ -	£ 712	£ -	£ 1,431	£ 853	£ 59	£ 4,248
Band 8A	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
	£ 129,378	£ 59,595	£ 70,835	£ 117,918	£ 95,652	£ 89,461	£ 90,688	£ 83,276	£ 107,548	£ 99,272	£ 943,624

Bands	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Grand Total £'s
Band 3	£ 43,783	£ 36,940	£ 32,759	£ 26,398	£ 39,768	£ 40,068	£ 23,521	£ 30,347	£ 19,537	£ 22,351	£ 315,471
Band 4	£ 2,006	£ 2,152	£ 1,667	£ 1,321	£ 1,457	£ 1,775	£ 869	£ 1,836	£ 714	£ 1,628	£ 15,425
Band 5	£ 50,679	£ 44,228	£ 39,994	£ 31,272	£ 38,287	£ 44,835	£ 23,752	£ 22,393	£ 21,924	£ 19,661	£ 337,025
Band 6	£ 20,263	£ 13,166	£ 9,971	£ 11,610	£ 14,452	£ 17,189	£ 8,493	£ 5,680	£ 4,255	£ 3,593	£ 108,672
Band 7	£ -	£ 384	£ 646	£ -	£ -	£ -	£ -	£ 256	£ -	£ -	£ 1,287
Band 8A	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
	£ 116,731	£ 96,872	£ 85,038	£ 70,600	£ 93,964	£ 103,867	£ 56,635	£ 60,511	£ 46,431	£ 47,232	£ 777,880

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 10	Budget WTE	Actual WTE
Facilities	4,314	3,611	3,548	63	78.87	75.66
Security	1,635	1,363	1,450	(87)	39.77	37.35
Perimeter Security	0	0	5	(5)	0.00	0.00
	5,950	4,974	5,003	(28)	118.64	113.01

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

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

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

4   ASSESSMENT – SAVINGS

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

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

Cumulative Savings	Savings - Annual Target	Achieved to date	(Still to be achieved) / over achieved	Memo - savings already in base
Directorate	£'k	£'k	£'k	£'k
Chief Executive	(143)	110	(33)	0
Finance	(49)	103	54	(30)
Nursing & AHP's	(315)	313	(2)	0
Human Resources	(15)	0	(15)	0
Medical	(144)	279	135	(55)
Security & Facilities	(235)	204	(32)	0
Unidentified (phased 1/12ths ytd)	(421)	351	(70)	0
Total	(1,322)	1,359	37	(85)

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

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

National Boards Contribution

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

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

5 CAPITAL RESOURCE LIMIT

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

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

CAPITAL CRL 2020/2021 AS AT JANUARY 2021	ANNUAL PLAN £'k	YTD SPEND £'k
PERIMETER SECURITY		
STANLEY SECURITY SOLUTIONS LTD		5,407
SECURITY CONTRACTING SERVICES LTD		101
DOIG & SMITH		-2
THOMSON GRAY LTD		206
TSH STAFFING APR - NOV 20		141
PERIMETER SECURITY TOTAL (Yr 1 of 2)	**6,562**	**5,852**
CAPITAL		
IM&T		99
OTHER		48
COVID		35
CAPITAL	**369**	**182**

6 RECOMMENDATION

Revenue
Year-to-date position is £0.526m underspend. A year-end break-even position is anticipated, with full achievement of savings.

Capital
While this is not currently scheduled evenly through the year, and the timing is being reviewed on this basis, a breakeven outturn is anticipated. Planned funding will be aligned to actual spend for monthly breakeven.   Furniture and gym equipment purchases are agreed in the remaining period.

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

MONITORING FORM

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 21
Sponsoring Director:	Chief Executive
Author:	Head of Corporate Planning and Business Support Clinical Effectiveness Team Leader Corporate Planning and Risk Project Support Officer
Title of Report:	Performance Report Q3 2020/2021
Purpose of Report:	For Noting

1. SITUATION

This report presents a high-level summary of organisational performance through the reporting of Key Performance Indicators (KPI's) for Q3: October - December 2020. Trend data is also provided to enable comparison with previous performance. 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. Board planning and performance are monitored by Scottish Government through the Annual Operational Plan for 2020-21 which was submitted to Scottish Government to outline the priority areas of development. Due to the Coronavirus pandemic, this was updated by a Remobilisation Plan submitted to Scottish Government in September, to cover the period September 20 – March 21.

The Board is asked to note that this report covers the unprecedented period of operation due to the Coronavirus pandemic. During this period, an Interim Clinical Operational Policy (ICOP) was introduced in March 2020 to ensure infection prevention and control measures are prioritised. The ICOP is supported by daily and weekly monitoring of key data to review the impact of the care model on the health and well-being of patients. This ensures that variations and trends are identified in a timely fashion and improvements made through multi-disciplinary discussion. The data gathered to inform decision making is listed below:

- Number of assaults/attempted assaults and verbal aggression
- Complaints and feedback
- Safe staffing
- Observation levels and seclusion
- Predictive data re violence and aggression
- Numbers of patients who cannot tolerate care in more isolated model
- Access to fresh air, physical activity and timetable sessions
- Participation in sessional activities such as those delivered by AHPs and Psychology.

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

The following sections contain the KPI data for Q3 and highlight any areas for improvement in the next quarter through a deep dive analysis for KPI's that have miss their targets.

There are four KPI's which have missed their target this quarter, these are:

- Patients will be offered an annual physical health review
- Patients will undertake 90 minutes exercise each week
- Patients will have a healthier BMI
- Sickness absence rate (national HEAT Standard is 4%) TSH standard is 5%

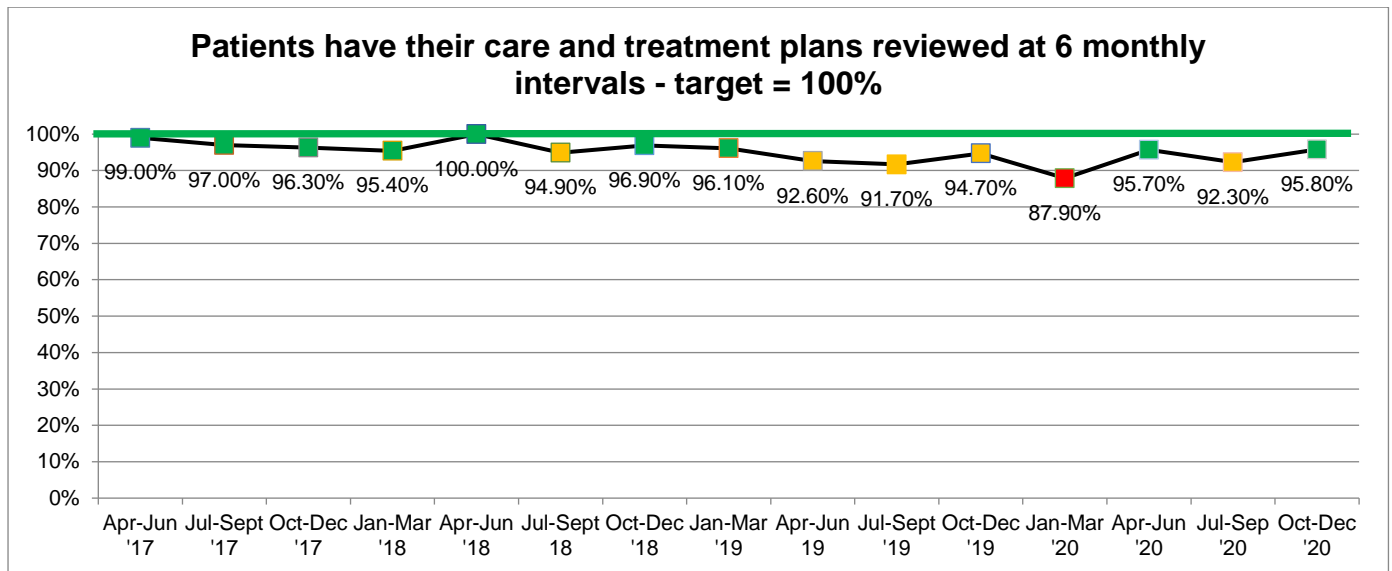| Performance Indicator	Target	RAG Q4 19/20	RAG Q1 20/21	RAG Q2 20/21	RAG Q3 20/21	Actual	Comment
Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	R	G	A	G	95.80%	This indicator moves into the green zone for quarter 3 of 2020/21.
Patients will be engaged in psychological treatment	85%	G	G	G	G	85.21%	Figure is an average of 86.23% in October, 86.40% in November and 83.01% in December 2020.
Patients will be engaged in off-hub activity centers	90%	G	R			-	This indicator was closed in June 2020 to accommodate engagement in off-hub activities during the pandemic.
Patients will be engaged in off-hub activity centers during COVID-19	90%			R	G	85%	This figure includes drop-in sessions which took place in hubs, grounds and the Skye Centre.
Patients will be offered an annual physical health review	90%	G	G	G	R	26.66%	Only four patients out of 15 were offered an annual health review. Due to move from green to red for this indicator, more information can be found under the individual indicator.
Patients will undertake 90 minutes of exercise each week	80%	R	G	G	A	72%	A 10% decrease in this indicator moves physical activity into the amber zone for Q3. Due to the move in the indicator, further information can be found in after the individual indicator.
Patients will have a healthier BMI	25%	R	R	R	R	8%	The amount of patients within the hospital with a healthy BMI has dropped by 5% to 8% this quarter. Further detail can be found under the individual indicator.
Sickness absence rate (National HEAT standard is 4%)	** 5%	R	G	R	A	5.52%	October's figure was 5.51%, November's was 5.02% and December's was 6.04%.
Staff have an approved PDR	*80%	G	G	G	G	82.60%	This indicator has been within the green zone March 2019.
Patients transferred/discharged using CPA	100%	G	G	G	G	100%	14 patients were transferred during this quarter all using CPA.
Patients requiring primary care services will have access within 48 hours	*100%	G	G	G	G	100%	This indicator remains 100% in Q3.
Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	G	G	98.09%	4 patients in total waited beyond the estimated 18-week target.
Patients have their clinical risk assessment reviewed annually.	100%	G	G	G	G	95.80%	106 patients: 10 new admissions; 102 patients with current risk assessments and 4 risk assessments out of date. 3 were due to section date changes (new relevant date so they were rearranged) and the remaining one was not accounted for.
Refer to Appendix 1.							

No 1: Patients Have their Care and Treatment Plans Reviewed at 6 Monthly Intervals

Target: 100%

Data for current quarter: 95.5%

Performance Zone: Green

This is a Mental Health Act requirement for any patients within high secure settings. This indicator measures the assurance of patients receiving intermediate and annual case reviews. Care and Treatment Plans are reviewed by the multidisciplinary teams at case reviews and objectives are set for the next 6 months.
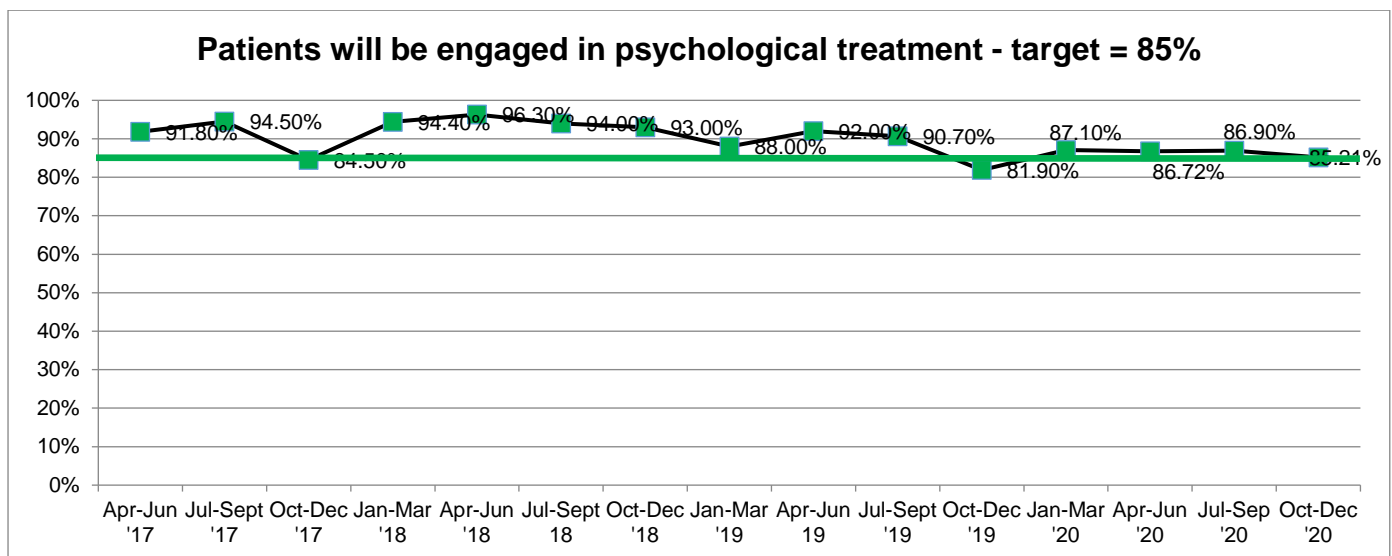
Patients have their care and treatment plans reviewed at 6 monthly intervals - target = 100%

Quarter	Value
Apr-Jun '17	99.00%
Jul-Sept '17	97.00%
Oct-Dec '17	96.30%
Jan-Mar '18	95.40%
Apr-Jun '18	100.00%
Jul-Sept 18	94.90%
Oct-Dec '18	96.90%
Jan-Mar '19	96.10%
Apr-Jun 19	92.60%
Jul-Sept 19	91.70%
Oct-Dec '19	94.70%
Jan-Mar '20	87.90%
Apr-Jun '20	95.70%
Jul-Sep '20	92.30%
Oct-Dec '20	95.80%

No 2: Patients will be Engaged in Psychological Treatment

Target: 85%

Data for current quarter: 85.21%

Performance Zone: Green

This indictor is a main priority of National Mental Health Indicators. This indicator measures the percentage of patients who are engaged and involved in psychological treatment.

Patients will be engaged in psychological treatment - target = 85%

Quarter	Value
Apr-Jun '17	91.80%
Jul-Sept '17	94.50%
Oct-Dec '17	84.50%
Jan-Mar '18	94.40%
Apr-Jun '18	96.30%
Jul-Sept 18	94.00%
Oct-Dec '18	93.00%
Jan-Mar '19	88.00%
Apr-Jun 19	92.00%
Jul-Sept 19	90.70%
Oct-Dec '19	81.90%
Jan-Mar '20	87.10%
Apr-Jun '20	86.72%
Jul-Sep '20	86.90%
Oct-Dec '20	85.21%

No 3: Patients will be Engaged in Off-Hub Activity Centres

Target: 90%

Data for current quarter: 85%

Performance Zone: Green

This is a local priority linking with patient objectives within their care plans and measures the same.
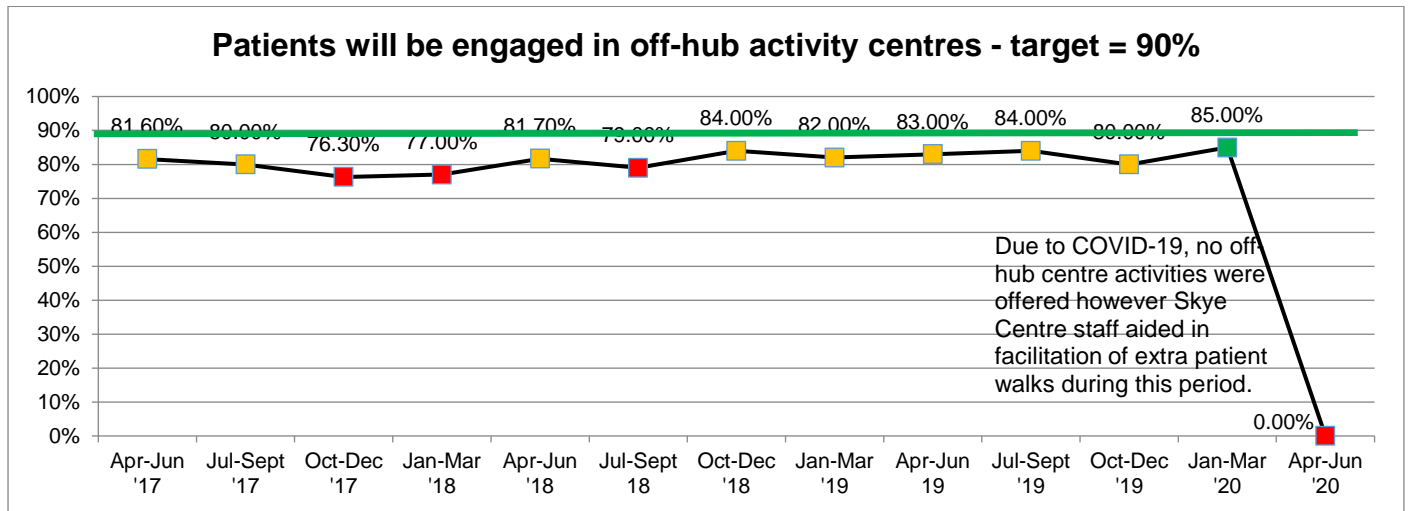
*This indicator was closed off in June 2020 to accommodate the changing nature of engagement in off-hub activity centers during the coronavirus pandemic as all scheduled / timetabled sessions were paused.

No 3.1: Patients will be Engaged in Off-Hub Activity Centers during COVID-19

Target: 90%

Data for current quarter: 85%

Performance Zone: Green

We acknowledge that the objectives in the care plans cannot always be delivered at this time. However, as a hospital, we strive to ensure patients are not confined to their rooms or in wards. This measures the number of patients who are engaging in some form of timetable activity. This will continue to be reported through the Operating Model Monitoring Group (OMMG).
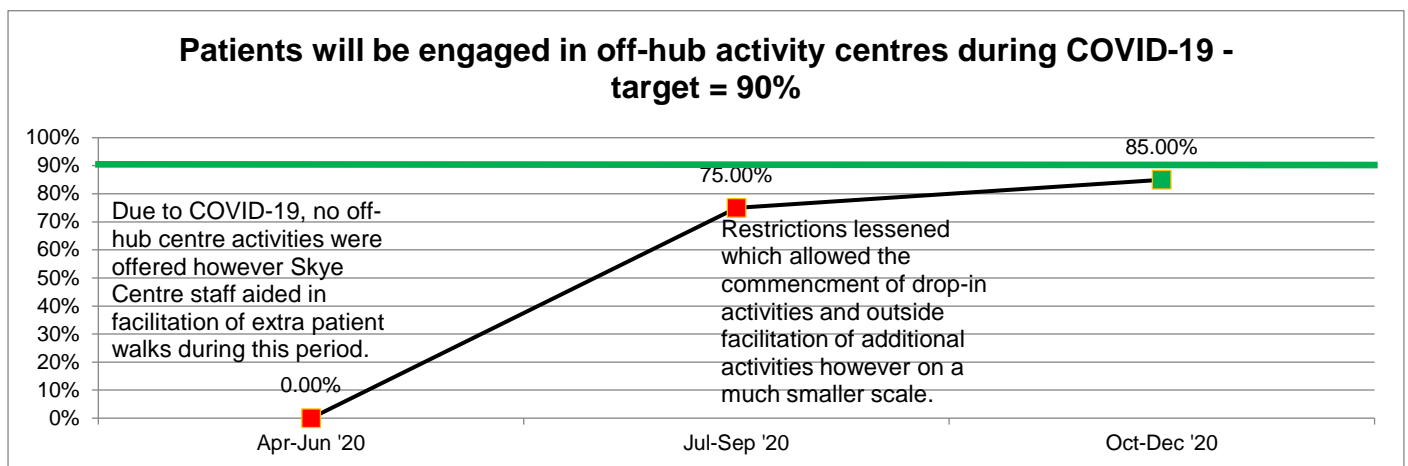
*This indicator includes data gathered pertaining to non-timetabled sessions and drop-in rates at the Skye Centre from July 2020 onwards.

No 4: Patients will be Offered an Annual Physical Health Review

Target: 90%

Data for current quarter: 26.66%

Performance Zone: Red

This indicator is linked to the National Health and Social Care Standards produced by Healthcare Improvement Scotland (HIS). The indicator measures the offer of an annual health review and not the uptake.
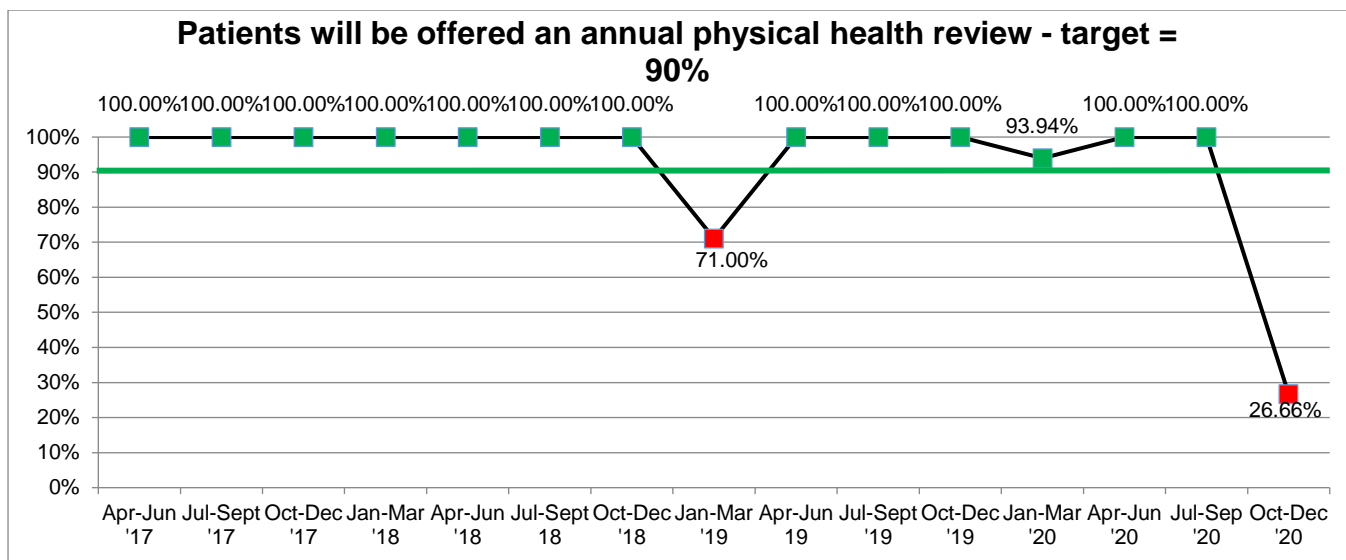
This indicator has fallen into the red zone for the first time since March 2019 with a figure of 26.66%. A total of 4 patients out of 15 were offered an annual health review during this quarter. Due to GP sickness and further COVID-19 restrictions throughout December 2020, the remaining 11 patients were not offered their annual health review. These 11 patients were anticipated to be followed up in January however due to ongoing COVID-19 restrictions, Advanced Nurse Practitioners are not seeing patients on site. E-Health are in the process of facilitating remote sessions, but internet access at the practice is causing problems in connecting into the servers.

The delivery of Primary Care services within The State Hospital reflects practices in the community. For considerable periods during the pandemic, primary care and routine appointments were paused on Government advise. The Health Centre devised plans to review patients who have a chronic disease by the Practice Nurse from the Medwyn Practice however with the move to Level 4, these plans were not progressed. Discussions are underway with the Practice Manager to determine the possibility of conducting these reviews through the 'Near Me' facility. This would, furthermore, be dependent on staff resourcing and the management of individual clinics.

No 5: Patients will be Undertake 90 Minutes of Exercise Each Week

Target: 80%

Data for current quarter: 72%

Performance Zone: Amber

This links with national activity standards for Scotland. We acknowledge that the national standard is 150 minutes per week however, 90 minutes of exercise was chosen due to this being a challenging target for the hospital with the addition of an obesity issue within the patient group. This measures the number of patients who undertake 90 minutes of exercise each week.

Patients will undertake 90 minutes of exercise each week - target = 80%
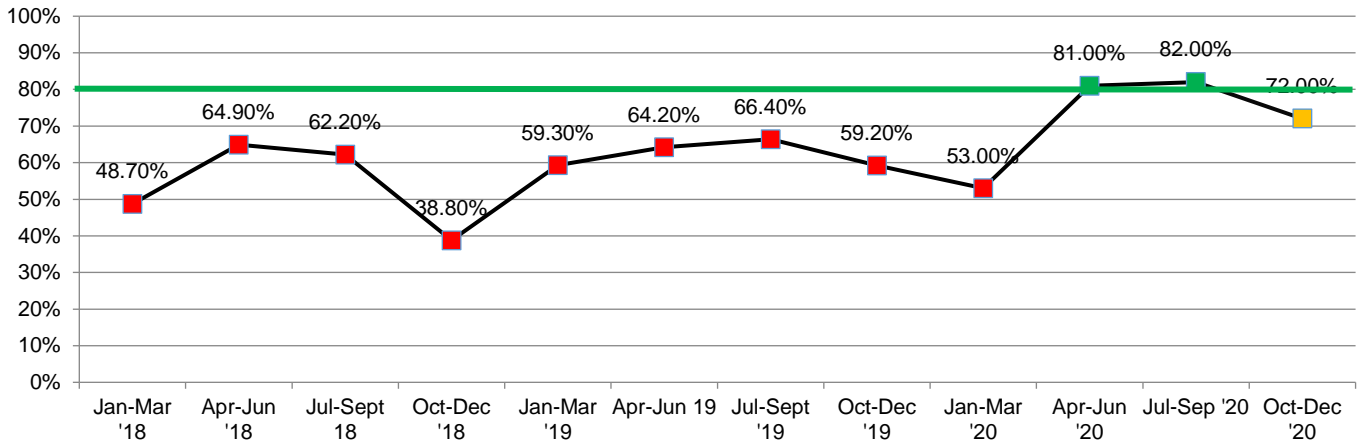
This indicator has fallen by 10% this quarter which moves this indicator into the amber zone. The Physical Activity levels over the third quarter have averaged 72%. The reason for this decrease was due to: the reduction in grounds access hours as we entered the winter months; public holidays over the Christmas and New Year period which had an impact on the levels of physical activity and the reintroduction of activities not related to physical activity which resulted in a reduction of the number of patient walks.

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.

This will continue to be reported through the Operating Model Monitoring Group (OMMG). Quarterly reporting is also provided to the Physical Health Steering Group (PHSG) who review the trend data and suggest possible ways of improving the uptake of Physical Activity.

No 6: Patients will have a Healthy BMI

Target: 25%

Data for current quarter: 8%

Performance Zone: Red

This correlates towards the national target from the care standards. This, in addition, is a local priority due to the obesity issue of our patient group.

Percentage of patients with a healthy BMI - Target is 25%
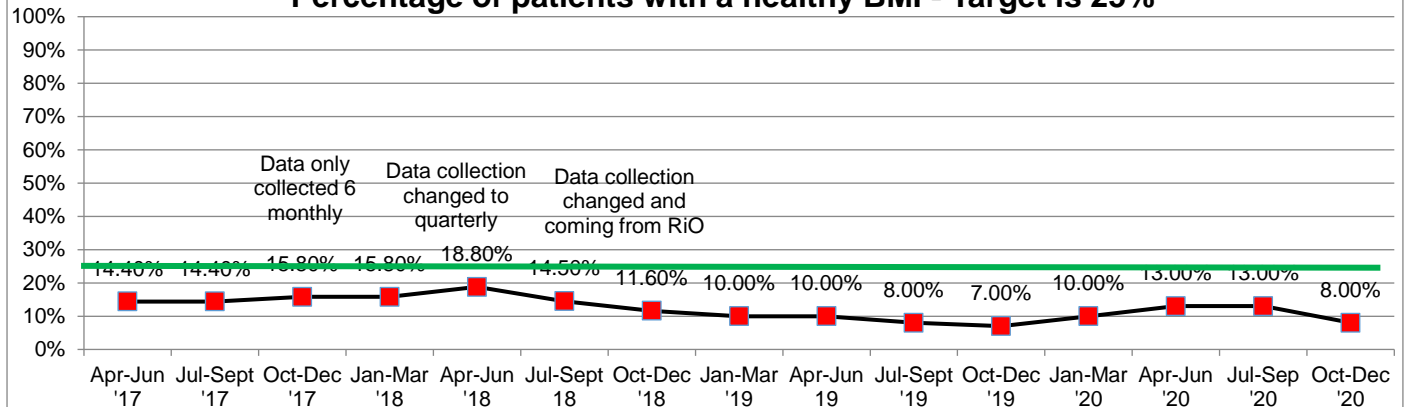
The RiO reports show that 8% of patients have a healthy BMI. This is a decrease of 5% from last quarter's figures. This is the first instance where this figure has fallen under this measurement since December 2019. This indicator remains in the red zone.

The reduction in the figure for Q3 can possibly be attributed to a range of circumstances. The decline in physical activity over the quarter was noted within the daily and weekly monitoring data collated for the Interim Clinical Operational Policy. The data is a snap shot per month of the population, taken on the 12th of the month. There were 8 admissions and 15 discharges within this period and this can have a significant effect on changing the number of patients within BMI ranges.

Dietetics are currently following the Weight Management Pathway (Version 5) which lays out potential treatments and inventions for patient's dependant on their BMI. Limitation with the full implementation of this at present relates to the postponement of groups like Slim and Trim and the Healthy Living Group due to COVID 19. Psychology are offering support to high risk individuals. The 'Counterweight Plus' programme has continued with 8 patients assigned to this in January 2021.

Going forward, The PHSG and Supporting Healthy Choices Group (SHCG) remits both strive to change the culture in TSH for maximising physical activity and promoting healthier lifestyles; including dietary changes where appropriate. The SHCG has restarted with two meetings held to analyse the feedback from the obesity review in January 2020 adopting a QI approach to prevention, reduction and the management of obesity going forward. National interventions supported alongside the PHSG to aim to achieve national guidelines such as the Daily Mile and the 400m challenge. Compliance with the FFN care standards and the National Catering Specification ensure patients receive healthy meals, and it is hoped this will be returned to by the summer of 2021. Options to consider how small group, ward based weight loss interventions may be delivered are being discussed. Shop purchasing is being reviewed to ascertain the percentage of items purchased which fall in the health / unhealthy category and devise ways in which we can promote healthier purchases.

Weight Range BMI	Q3 Oct - Dec 2020 N=106	Q2 Jul - Sep 2020 N=111	Q1 Apr - Jun 2020 N=110	Q4 Jan - Mar 2020 N=107
<18.5 Underweight	0%	1%	1%	0
18.5-24.9 Healthy	8%	13%	14%	10%
25-29.9 Overweight	35%	43%	38%	41%
30-34.9 Obese (Class 1)	38%	26%	30%	30%
35-.39.9 Obese (Class 2)	15%	15%	13%	14%
>40 Obese (Class 3)	3%	2%	4%	5%

*N.B. The N number equates to how many patients we hold BMI data for during the specific quarter. Missing data relates to those patient who refuse or are too unwell to undertake a BMI check.
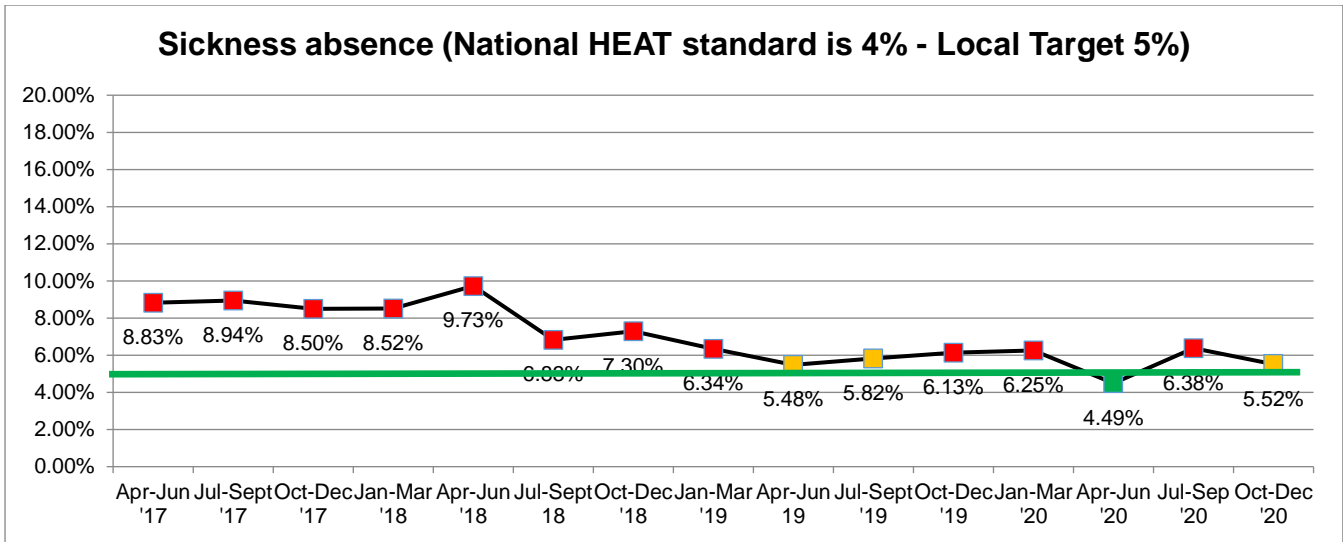
No 7: Sickness Absence (National Heat Standard is 4% - Local Standard Is 5%)
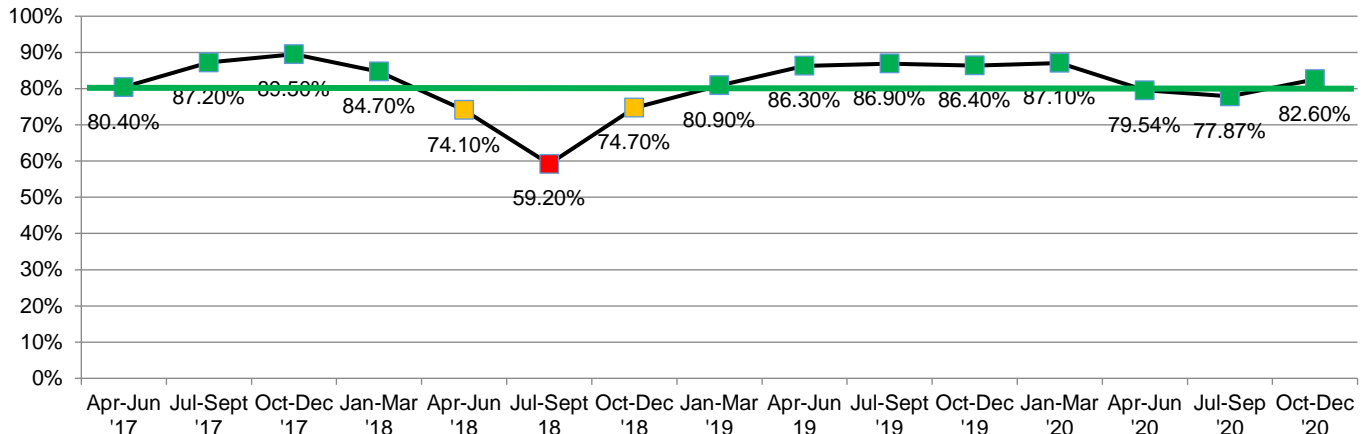
Target: 5%

Data for current quarter: 5.52%

Performance Zone: Amber

This relates to the National Workforce Standards and measures how many staff are absent through sickness. This excludes any COVID-19 related absences which are measured / reported separately.

Sickness absence (National HEAT standard is 4% - Local Target 5%)

Data points: 8.83% (Apr-Jun '17), 8.94% (Jul-Sept '17), 8.50% (Oct-Dec '17), 8.52% (Jan-Mar '18), 9.73% (Apr-Jun '18), 6.88% (Jul-Sept 18), 7.30% (Oct-Dec '18), 6.34% (Jan-Mar '19), 5.48% (Apr-Jun 19), 5.82% (Jul-Sept '19), 6.13% (Oct-Dec '19), 6.25% (Jan-Mar '20), 4.49% (Apr-Jun '20), 6.38% (Jul-Sep '20), 5.52% (Oct-Dec '20)

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 COVID-19 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 (%)
October 2020	2595.90	2.68%
November 2020	1716.17	1.82%
December 2020	1584.49	1.62%

No 8: Staff have an Approved PDR

Target: 80%

Data for current quarter: 82.60%

Performance Zone: Green

This indicator relates to the National Workforce Standards; measuring the percentage of staff with a completed PDR within the previous 12 months.

Staff have an approved PDR - target = 80%

Data points (Apr-Jun '17 to Oct-Dec '20):
80.40%, 87.20%, 89.50%, 84.70%, 74.10%, 59.20%, 74.70%, 80.90%, 86.30%, 86.90%, 86.40%, 87.10%, 79.54%, 77.87%, 82.60%
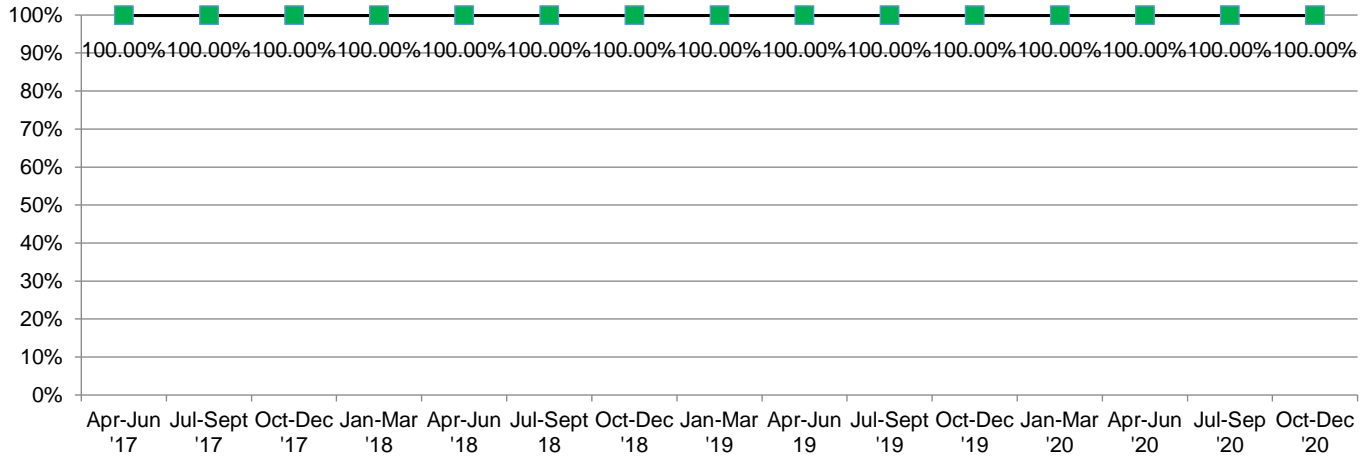
No 9: Patients are Transferred/Discharged using CPA

Target: 100%

Data for current quarter: 100%

Performance Zone: Green

The indicator is linked to the Mental Health Act, 2003 and the streamlining of discharges and transfers. The number of patients transferred out using CPA process are measured through this indicator.

Patients transferred/discharged using CPA - target = 100%

Data points: 100.00%, 100.00%, 100.00%, 85.70%, 100.00%, 87.50%, 100.00%, 100.00%, 100.00%, 100.00%, 100.00%, 100.00%, 100.00%, 100.00%, 100.00%
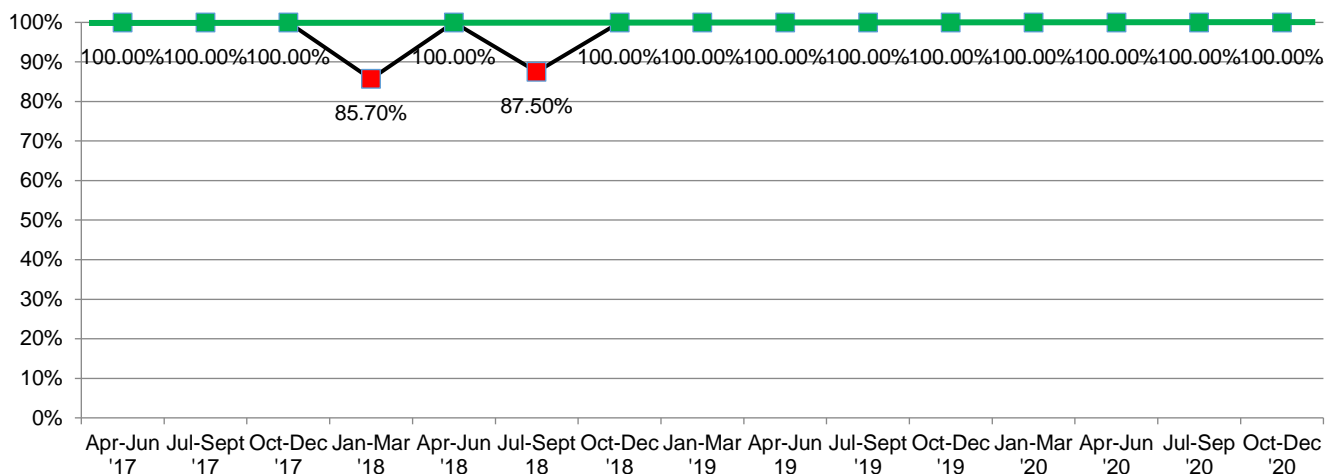
No 10: Patients Requiring Primary Care Services Will Have Access within 48 Hours

Target: 100%

Data for current quarter: 100%

Performance Zone: Green

This indicator is linked to National Health and Social Care Standards as published by Healthcare improvement Scotland (HIS). Primary care services include any service at our Health Centre including triage.

Patients requiring primary care services will have access within 48 hours - target = 100%

Chart showing 100.00% for each quarter from Apr-Jun '17 through Oct-Dec '20.

Quarters: Apr-Jun '17, Jul-Sept '17, Oct-Dec '17, Jan-Mar '18, Apr-Jun '18, Jul-Sept 18, Oct-Dec '18, Jan-Mar '19, Apr-Jun 19, Jul-Sept '19, Oct-Dec '19, Jan-Mar '20, Apr-Jun '20, Jul-Sep '20, Oct-Dec '20

No 11: Patients will Commence Psychological Therapies <18 Weeks from Referral Date

Target: 100%

Data for current quarter: 98.09%

Performance Zone: Green

The indicator correlates to National Mental Health Indicators for Scotland to ensure that no patient waits more than 18 weeks to commence some form of psychological therapy.

Patients will commence psychological therapies <18 weeks from referral date - target = 100%

Chart values: 100.00%, 100.00%, 99.00%, 100.00%, 100.00%, 94.00%, 100.00%, 100.00%, 100.00%, 100.00%, 100.00%, 99.11%, 97.39%, 97.32%, 98.09%

Quarters: Apr-Jun '17, Jul-Sept '17, Oct-Dec '17, Jan-Mar '18, Apr-Jun '18, Jul-Sept 18, Oct-Dec '18, Jan-Mar '19, Apr-Jun 19, Jul-Sept '19, Oct-Dec '19, Jan-Mar '20, Apr-Jun '20, Jul-Sep '20, Oct-Dec '20
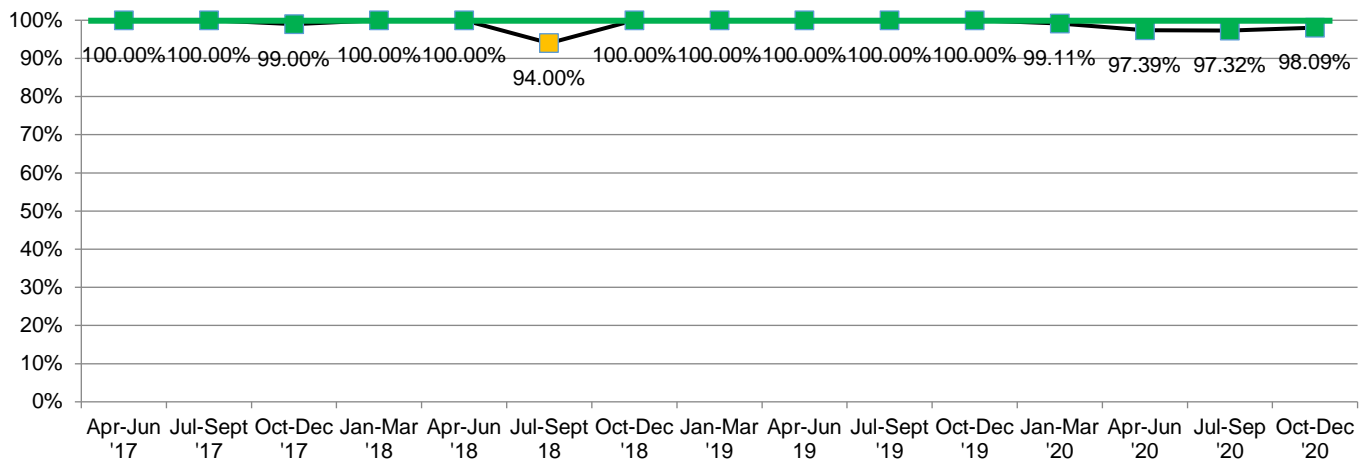
No 13: Patients have their Clinical Risk Assessment Reviewed Annually

Target: 100%

Data for current quarter: 95.8%

Performance Zone: Green

The indicator links with the Mental Health Care and Treatment Act Scotland, 2003. Examples of clinical risk assessments would be a HCR20 / SARA.

Patients have their clinical risk assessment reviewed annually - target = 100%

96.00% 98.00% 97.20% 99.10% 100.00% 98.10% 98.10% 99.00% 97.90% 97.90% 98.90% 96.00% 95.50% 95.19% 95.80%

(Quarters: Apr-Jun '17, Jul-Sept '17, Oct-Dec '17, Jan-Mar '18, Apr-Jun '18, Jul-Sept 18, Oct-Dec '18, Jan-Mar '19, Apr-Jun 19, Jul-Sept '19, Oct-Dec '19, Jan-Mar '20, Apr-Jun '20, Jul-Sep '20, Oct-Dec '20)
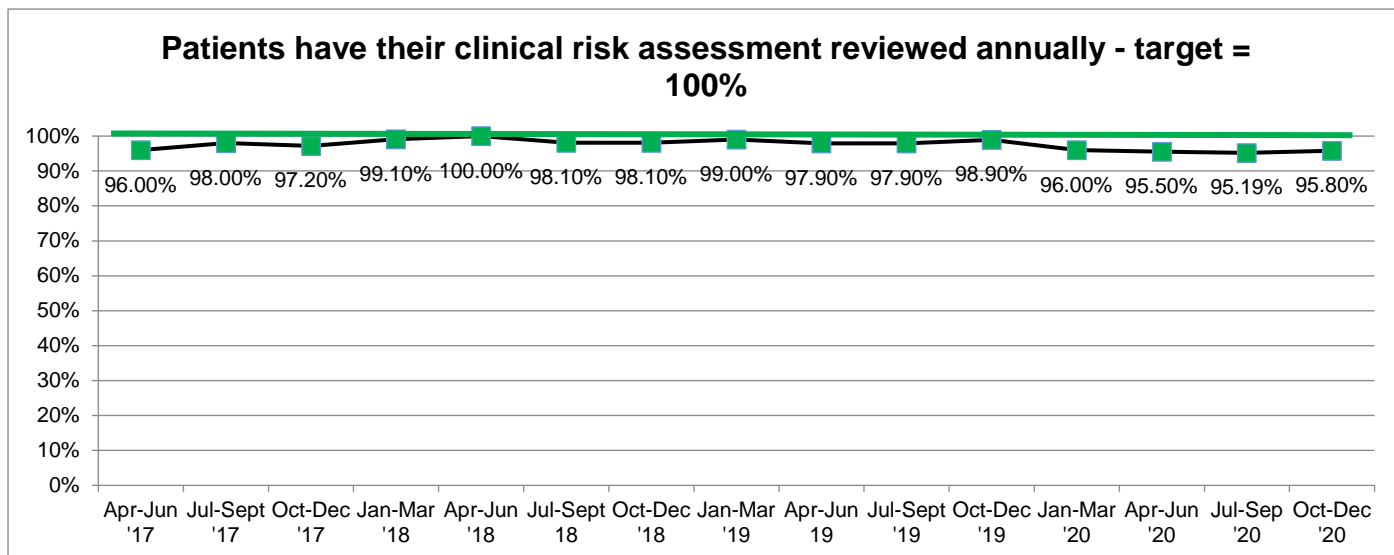
No 15: Professional Attendance at CPA Review

Target: Individual for each profession

Local priority area set out in within CPA guidance. The reasoning behind this indicator is that if patients have all of the relevant and important professions in attendance, then they should receive a better care plan overall.

Professional Attendance at CPA Reviews

Categories: RMO, Medical, Key Worker/Assoc Worker, Nursing, OT, Pharmacy, Clinical Psychologist, Psychology, Security, Social Work, Skye Activity Centre, Dietetics

Legend: Apr-Jun '17, Jul-Sept '17, Oct-Dec '17, Jan-Mar '18, Apr-Jun '18, Jul-Sept 18, Oct-Dec '18, Jan-Mar '19, Apr-Jun 19, Jul-Sept '19, Oct-Dec '19, Jan-Mar '20, Apr-Jun '20, Jul-Sep '20
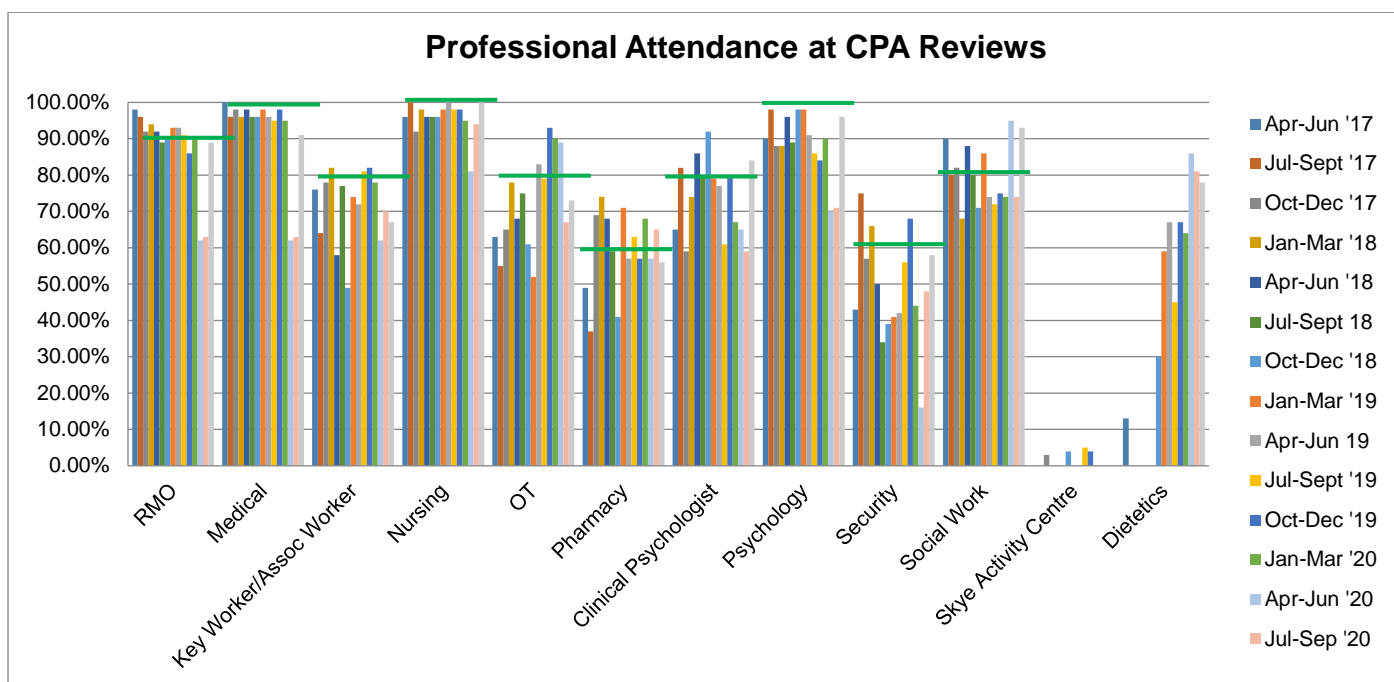
Attendance at case reviews was recorded as both physical and virtual attendance.

RMO – attendance for this profession rose to 89% in Q3. This indicator moves into the green zone for this quarter.

Medical – this profession moves into the amber zone from red during this quarter with 91% attendance.

Key Worker/Associate Worker – attendance figures decreased to 67% in Q3 from 70% in Q2. This moves this profession into the red zone. When a Key Worker/Associate Worker was unable to attend, a nursing representative attended in their place.

Nursing – during Q3, attendance from Nursing has increased to 100% from 94% in Q2. Nursing moves into the green zone for this quarter.

OT – attendance has risen during Q3 to 73% from 67% in Q2. This moves OT into the amber zone for this quarter.

Pharmacy – attendance for this quarter has slightly fallen from 65% to 56%. This profession remains within the green zone.

Clinical Psychologists – this profession's attendance has increased in Q3 to 84%. This indicator moves into the green zone this quarter.

Psychology – there has been a 25% increase in Q3 for this profession with a 96% attendance rate. This profession now sits in the green zone.

Security - attendance from security has risen again in this quarter – from 48% to 58%. Security moves into the green zone for this quarter.

Social Work – attendance has risen by 19% in Q3 from 74% to 93%. This moves this profession into the green zone for this quarter.

Dietetics – during Q3, attendance from dietetics has slightly fallen to 78% from 81% in Q2. There is no target for this profession as of yet.

4. RECOMMENDATION

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

MONITORING FORM

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

Appendix 1

Item	Code	Principles	Performance Indicator	Profession (Lead)	Target	RAG Q2	RAG Q3	Overall attendance Oct – Dec 2020 (n=45)	Overall attendance Jul – Sep 2020 (n=46)	Overall attendance Apr - Jun 2020 (n=52)	Overall attendance Jan-Mar 2020 (n=42)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO **(LT)**	90%	R	G	89%	63%	62%	90%
				Medical **(LT)**	100%	R	A	91%	63%	62%	95%
				Key Worker/Assoc Worker **(MR)**	80%	A	R	67%	70%	62%	78%
				Nursing **(MR)**	100%	A	G	100%	94%	81%	95%
				OT**(MR)**	80%	R	A	73%	67%	89%	90%
				Pharmacy **(LT)**	60%	G	G	56%	65%	57%	68%
				Clinical Psychologist **(JM)**	80%	R	G	84%	59%	65%	67%
				Psychology **(JM)**	100%	R	G	96%	71%	70%	90%
				Security **(DW)**	60%	R	G	58%	48%	16%	44%
				Social Work **(KB)**	80%	A	G	93%	74%	95%	74%
				Skye Activity Centre **(MR)** (only attend annual reviews)	tbc			0%	0%	0%	0%
				Dietetics **(MR)** (only attend annual reviews)	tbc			78% (n=27)	81% (n=16)	86% (n=21)	64% (n=22)

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 22
Author(s):	Board Secretary
Title of Report:	Board/ Committee Membership
Purpose of Report:	For Noting

1   SITUATION

Following a recruitment exercise concluded in December 2020, confirmation was received from Scottish Government that three new Non-Executive Directors appointments had been made to The State Hospitals Board for Scotland.

Each has been appointed for a four-year term. In the usual way, and upon successful completion of their first term, each new Non-Executive Director will have the option of a further four-year term.

2   BACKGROUND

Given these appointments, there was an urgent requirement to confirm membership of the Board's standing governance committees. Therefore, the Board was asked to consider and agree the proposed membership by way of electronic circulation of papers.

3   ASSESSMENT

On 11 January 2021, Ms Pam Radage and Ms Cathy Fallon commenced their tenures as Non-Executive Directors on The State Hospitals Board for Scotland. Details of their tenures and governance committee membership was circulated to the Board on 15 January, and agreed as outlined therein.

In addition, Mr Stuart Currie commenced his four-year term on 1 February 2021. On 4 February, details of his tenure and governance committee membership was circulated and agreed by the Board.

All three newly appointed Non-Executive Directors will be members of the Remuneration Committee.

The Board is reminded that it is expected that a further appointment will be made to the Chair's position, on a permanent basis, later this year.

4   RECOMMENDATION

The Board is asked to:

- Note the approved the changes to governance committee membership, as previously agreed, to ensure that each standing committee of the Board continues to have the required range of skills and experience in its membership.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support board business and scrutiny through its standing committee structure.
Workforce Implications	Not applicable
Financial Implications	Not applicable
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board Secretary
Risk Assessment (Outline any significant risks and associated mitigation)	No specific risk assessment required as this ensures appropriate membership and chair appointments to the committee structure
Assessment of Impact on Stakeholder Experience	No specific assessment of this required
Equality Impact Assessment	Not required
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	Not relevant
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

The State Hospitals Board For Scotland

BOARD AND STANDING COMMITTEE MEMBERSHIP

MEETING	MEMBERSHIP
BOARD	**Interim Chair – David McConnell** **Non-Executive Directors:** **Stuart Currie** **Cathy Fallon** **Tom Hair** **Brian Moore** **Pam Radage** **Executive Directors:** **Gary Jenkins** **Robin McNaught** **Mark Richards** **Lindsay Thomson**
AUDIT COMMITTEE	**Interim Chair – Brian Moore** **Stuart Currie** **Tom Hair** **Pam Radage**
CLINICAL GOVERNANCE COMMITTEE	**Chair – Cathy Fallon** **Stuart Currie** **Brian Moore**
STAFF GOVERNANCE COMMITTEE	**Chair – Pam Radage** **Stuart Currie** **Cathy Fallon** **Tom Hair** **Brian Moore**
REMUNERATION COMMITTEE	**Interim Chair – David McConnell** **Stuart Currie** **Cathy Fallon** **Tom Hair** **Brian Moore** **Pam Radage**

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 23
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Public Board Meetings – Covid-19 Safe Arrangements
Purpose of Report:	For Decision

1   SITUATION

As a public body, The State Hospitals Board for Scotland has an obligation to ensure that members of the public have access to, and can freely attend, its public sessions. This obligation must be assessed within the context of the ongoing Covid-19 pandemic, and the national restrictions in place relating to movement across the country as well as attendance at public events.

2   BACKGROUND

Prior to the Covid-19 pandemic, and as part of its overall corporate governance improvement plan, the TSH Board had noted an ongoing challenge experienced in encouraging members of the public to attend Board Meetings. It was felt that this was related in particular to the need to arrange to come within the secure setting to be physically present at the meeting.

Work was developed at the start of 2020 to improve this position, and the first meeting of the Board in 2020 was held locally in Lanark Memorial Hall. Despite considerable effort being made to promote the event including local leafleting, reach out invites to elected representatives and mental health stakeholders, this effort was unsuccessful in bringing in members of the public.

This took place on 28 February, just prior to the Covid-19 situation bringing in necessary restrictions for public gatherings for reasons of public health.

3   ASSESSMENT

There has been a rapid programme of digital upgrades within TSH during the past year, in response to the Covid-19 pandemic, which has recognised the need to consider new ways of working. This has seen a move towards remote working for staff who are able to do so, as well as a move to a virtual platform to facilitate meetings.

In its review of governance at its meeting on 22 October 2020, the Board noted that virtual meetings had helped to support the continuation of governance arrangements throughout the pandemic with excellent attendance noted for both board and committee meetings.

Across NHS Scotland, during the ongoing public health crisis, all Health Boards have been considering how to meet their obligations to hold meetings in public, using digital means. Experience to date points to some technical difficulty being experienced with hosting live events, without pre-arranged contact with anyone wishing to attend. Recording of meetings presents additional challenges around information governance and the appropriate storage of recordings.

At present, all public meetings are advertised via the TSH website, and the Board Secretary is the point of contact. There have not been any requests made to date to attend a virtual meeting. It would now further support the aim of further public engagement if this possibility was actively promoted to carers and families of patients, the media, elected representatives and wider metal health stakeholders. Anyone interested in attending should contact the Board Secretary's office and would be asked to provide their email address, thus allowing them to be invited into the meeting. This is the most common pathway in place across other NHS Boards presently.

As TSH is a national board, and also offers care to patients from Northern Ireland, travel to a physical meeting either in the hospital or in the local area, could be a further obstacle even with a return to previous norms. The shift to a digital platform could help to reduce this obstacle. At the same time, the existence of digital poverty is acknowledged and this proposal should be considered as linked to the work around digital inclusion already being progressed for carers and families of patients.

As with any new practice, any members of the public attending can be supported when they link to the meeting, with a clear note of guidance from the Chair as to meeting etiquette; and that attendance to observe the meeting does not necessarily lend an opportunity to actively participate.

4   RECOMMENDATION

The Board is asked to consider and offer its view on the proposal to enhance public engagement through actively promoting the opportunity for attendance through digital means.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support board business and scrutiny, engaging the public and providing means for scrutiny
Workforce Implications	Not applicable
Financial Implications	Not applicable
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board Secretary
Risk Assessment (Outline any significant risks and associated mitigation)	No specific risk assessment required - this is to support key role and obligation of board.
Assessment of Impact on Stakeholder Experience	Report outlines support to stakeholders and possible obstacles to participation.
Equality Impact Assessment	Not required
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	Not relevant
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 24
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. The Board reviewed the workplan at its meeting in December 2020, and considered that this item should be brought back for further review at this meeting due to the change in Non-Executive membership in the intervening period.

3   ASSESSMENT

The proposed Board Workplan for 2021 is attached.   In accordance to the review of 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 has been developed to encompass the key focus areas for the Board in the coming year.

The workplan includes presentation of the Board's Corporate Objectives for 2021/22 at this meeting, though the Annual Operational Plan remains paused to date. Therefore, the plan includes submission of the Board's Remobilisation Plan for the coming financial year, and reporting updates in relation to the Remobilisation Plan throughout 2021/22.

The workplan 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.

Proposed changes are for the Patient Learning Report and Skye Centre 12 monthly reports to be routed into the Clinical Governance Committee. In addition, that reporting updates regarding the Scottish Patient Safety Programme should also be routed through 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, although this is currently included within the regular Covid-19 Resilience Report.

The Board will receive the draft workforce plan at its April meeting, 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. The Board will also receive newly focussed reporting on staff wellbeing through the Human Resources directorate reflecting the development of this within TSH. Currently this is reported through the Covid-19 Resilience Report. 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

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support the Board's Corporate Objectives and strengthen reporting to and oversight by the NHS Board
Workforce Implications	There are no implications as a result of this report
Financial Implications	There are no impacts to consider.
Route To Board Which groups were involved in contributing to the paper and recommendations.	Requested by the Board as part of workplan, and directed through the Corporate Management Team.
Risk Assessment (Outline any significant risks and associated mitigation)	The workplan is developed to provide assurance to the Board, and there are no additional risks to consider
Assessment of Impact on Stakeholder Experience	This is considered by the Board in setting its workplan
Equality Impact Assessment	Not required
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	Not relevant
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND: BOARD BUSINESS 2021

25 February 2021	15 April 2021	17 June 2021	26 August 2021	28 October 2021	23 December 2021
• Board Minute and Actions • Chair's Report • CEO Report	• Board Minute and Actions • Chair's Report • CEO Report	• Board Minute and Actions • Chair's Report • CEO Report	• Board Minute and Actions • Chair's Report • CEO Report	• Board Minute and Actions • Chair's Report • CEO Report • Annual Schedule of Board/Committee meetings	• Board Minute and Actions • Chair's Report • CEO Report
• Governance Committee Minutes • Clinical Forum Minutes	• Governance Committee Minutes • Clinical Forum Update • Corporate Governance Blueprint Update	• Governance Committee Minutes • Clinical Forum Update • Governance Committee Annual Reports • Clinical Forum Annual Report	• Governance Committee Minutes • Clinical Forum Update • Corporate Governance Blueprint Update • Annual Review Planning Update – 2020/21	• Governance Committee Minutes • Clinical Forum Update	• Governance Committee Minutes • Clinical Forum Update • Corporate Governance Blueprint Update • Annual Review 2020/21 Feedback
• Covid Response and Remobilisation	• Covid Response and Remobilisation • Recovery and Innovation Update	• Covid Response and Remobilisation	• Covid Response and Remobilisation • Recovery and Innovation Update	• Covid Response and Remobilisation	• Covid Response and Remobilisation • Recovery and Innovation Update

25 February 2021	15 April 2021	17 June 2021	26 August 2021	28 October 2021	23 December 2021
• Quality Assurance and Improvement • Supporting Health Choices • Infection Control * • Patient Flow / Forensic Network Report *	• Patient, Carer & Volunteer Stories • Nurse and AHP Revalidation Report • Quality Assurance and Improvement • Infection Control * • Patient Flow / Forensic Network Report *	• Quality Assurance and Improvement • Infection Control * • Patient Flow / Forensic Network Report *	• Patient, Carer and Volunteer Stories • Implementation of Specified Persons Annual Report • Duty of Candour Annual Report • Quality Assurance and Improvement • Infection Control * • Patient Flow / Forensic Network Report * • Supporting Healthy Choices	• Clinical Model Implementation (*subject to Covid-19*) • Medical Appraisal and Revalidation Annual Report • Medical Education Annual Report • Quality Assurance and Improvement • Infection Control * • Patient Flow / Forensic Network Report *	• Patient, Carer and Volunteer Stories • Clinical Model Implementation (*subject to Covid-19*) • Person Centred Improvement Annual Report • Patient Advocacy Annual Report • Quality Assurance and Improvement • Infection Control * • Patient Flow / Forensic Network Report *
• Attendance Management – Update • iMatter cycle – Pulse Survey 2019/20 • Workforce Plan 2021-22 • Staff Wellbeing Report *	• Attendance Management Update • Whistleblowing – launch of INWO • Staff Wellbeing Report *	• Attendance Management Update • Safe Staffing Report (*tbc subject to Covid-19*) • Staff Wellbeing Report *	• Attendance Management Update • Safe Staffing Report (*tbc subject to Covid-19*) • Whistleblowing Quarter 1 Report • Staff Wellbeing Report *	• Attendance Management Update • Safe Staffing Report (*tbc subject to Covid-19*) • Staff Wellbeing Report *	• Attendance Management Update • Safe Staffing Report (*tbc subject to Covid-19*) • Whistleblowing Quarter 2 report • Staff Wellbeing Report *

25 February 2021	15 April 2021	17 June 2021	26 August 2021	28 October 2021	23 December 2021
• Finance Report • Draft Corporate Objectives 2021/22 • Performance Report Quarter 3 – 2020/21 • Security Project Update • Corporate Risk Register • Resilience Reporting *	• Finance Report • Corporate Objectives Statement 2021/22 • Annual Review of Standing Documentation • Security Project Update • Corporate Risk Register • Resilience Reporting * • Digital Transformation	• Finance Report • Annual Accounts • Performance Annual Report 2020/21 • PAMS Submission • Security Project Update • Corporate Risk Register • Resilience Reporting *	• Finance Report • Performance Report Quarter 1 – 2021/22 • Communications Annual Report • Security Project Update • Corporate Risk Register • Resilience Reporting * • Digital Transformation	• Finance Report • Security Project Update • Corporate Risk Register • Risk Management Annual Report • Resilience Reporting * • Complaints and Legal Claims Annual Report	• Finance Report • Performance Report Quarter 2 -2021/22 • Information Governance Annual Report • Security Project Update • Corporate Risk Register • Resilience Reporting * • Digital Transformation and e-Health Annual Reporting

*Currently reported through Covid-19 resilience reporting.

THE STATE HOSPITALS BOARD FOR SCOTLAND

APPROVED Minutes of the meeting of the Audit Committee held on Thursday 8 October 2020 at 9.45am via Microsoft Teams **A(M) 20/04**

PRESENT:

Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
Non-Executive Director	David McConnell **(Chair)**
Non-Executive Director	Brian Moore

IN ATTENDANCE:

Internal

Chair Person	Terry Currie
PA to Finance and Performance Management Director	Fiona Higgins **(Minutes)**
Chief Executive	Gary Jenkins
Finance and Performance Management Director	Robin McNaught
Head of Human Resources	Linda McWilliams
Head of Corporate Planning and Business Support	Monica Merson
Board Secretary	Margaret Smith
Director of Security, Estates and Facilities	David Walker

External

Director, Azets	Chris Brown *(excluding item 20)*
Director, Azets	Karen Jones *(excluding item 20)*
Head of Internal Audit, RSMUK	Asam Hussain *(excluding item 20)*
Client Manager, RSMUK	Sue Brookes *(excluding item 20)*

1   APOLOGIES

David McConnell chaired the meeting and welcomed those present.

There were no apologies for absence.

2   CONFLICTS OF INTEREST

Members noted a conflict of interest at agenda item 20 for Asam Hussain and Sue Brook where the committee will receive a paper on Internal Audit Review and members agreed that this item would be heard following the main meeting and would be held in private with Audit Committee members and State Hospital officers only in attendance.

3   MINUTES OF THE PREVIOUS MEETING OF 18 JUNE 2020 AND 2 JULY 2020

The Minutes of the previous meetings held on 18 June 2020 and 2 July 2020 were **approved** as accurate records.

As noted in the minute of the 18 June 2020 meeting Robin McNaught again assured members that there remains no adverse impact whilst the Hospital awaits the final version of the SLA for creditor payments undertaken by NSS on our behalf, this has been delayed due to workload issues at the NSS.

4 MATTERS ARISING - ACTION NOTES UPDATE

Members **noted** that all actions were either complete, on the agenda for further discussion, not due or were delayed as a result of Covid 19 priorities.

INTERNAL AUDIT

5 PROGRESS REPORT 2020/21, INCLUDING TRACKING REPORT

Members received and noted a Progress Report on 2020/21 Internal Audit work for the period to date, which was presented by Asam Hussain, Head of Internal Audit, RSMUK. The report provided an update on progress against the internal audit plan, approved at the Audit Committee in June 2020.   Members noted that 3 reports have now been finalised and are on today's agenda for discussion. All 3 audits produced positive opinions. Scope and timings for the Sickness Absence Trends and Patterns audit is currently being discussed with John White, Human Resources Director and Linda McWilliams, Head of Human Resources.

Work continues on progressing actions from previously agreed audit management actions and a status update on these actions is provided within the Tracking Report which accompanies the Progress Report.

Members noted the Progress Report and Tracking Report.

6 UPDATED INTERNAL AUDIT PLAN AND STRATEGY 2020/21

Members received and noted an updated Internal Audit Plan and Strategy for the period 2020/21 which was presented by Asam Hussain, Head of Internal Audit, RSMUK. As requested at the previous meeting a cover report was provided which summarised the proposed changes as detailed within the plan.

Members agreed that, following discussions at the Hospital Board and the pausing of new Clinical Model implementation, the timing was not yet appropriate for the review of the implementation of the Model and agreed that this be substituted with a review of eHealth with the scope and timing of the audit to be agreed with Thomas Best, Head of eHealth.

Members discussed proposed inclusions for the 2021/22 plan including Workforce Planning, which had been paused in light of Covid19 and asked if the timing of this for March 2021 was realistic and agreed that this be deferred. A discussion took place on the benefit of continuing to audit Attendance Management, which had seen significant improvement, and members agreed to discuss this further following the completion of a trends and pattern audit which will be available at the January Committee.

7 CRITICAL PLANNING AND BUSINESS CONTINUITY AUDIT

Members received and noted the finalised report following the internal audit of Critical Planning and Business Continuity which was presented by Asam Hussain, Head of Internal Audit, RSMUK. The report provided the Audit Committee with a conclusion of Reasonable Assurance, however Asam Hussain advised that it was just outwith the "Substantial" category and noted 5 low priority actions in relation to housekeeping / enhancements.

David Walker welcomed the positive feedback from the audit and advised that a significant amount of work had been undertaken in the preceding 18 months on critical planning and business continuity. During this period there were 3 incident command events which required police involvement. The Hospital is currently working under incident command structure in response to Covid19 and this allows for review of the suite of business continuity plans following this real life response. Lessons learnt are being incorporated into an action plan which is currently being implemented.

Members noted the positive report and noted the recommendations within the audit.

8   JOB EVALUATION AUDIT

Members received and noted the finalised report following the internal audit of Job Evaluation which was presented by Asam Hussain, Head of Internal Audit, RSMUK. The report provided the Audit Committee with a conclusion of Reasonable Assurance and recommended 4 management actions, assessed as medium (3) and low (1).

Members noted that whilst policies and procedures are in place to support the Job Evaluation process these require updating to ensure appropriate audit trails are in place. Further concern was raised in relation to the length of time which some job evaluation requests take. There was also comment on the reliance on NHS Lanarkshire for supporting the process, whilst noting that this arrangement had ceased in April 2020.

Linda McWilliams, Head of Human Resources advised that she was content with the report and informed members that resourcing issues and Covid 19 priorities and restrictions had caused process delays however this was now being addressed. A new collaborative arrangement with NHS Greater Glasgow and Clyde is currently being taken forward in order to address the outstanding evaluations. Changes to triage process should also assist with this.

Gary Jenkins reminded members that as the Hospital is a small board, and in order to ensure transparency and following advice contained with the Sturrock Report, both staff side and management at the Hospital agreed that partial outsourcing provides a robust process for Job Evaluation.

Tom Hair advised that staff side had been critical of the process in the past however a plan of action, taking into account the audit recommendations, is now in place and moving forward positively.

Members expressed their preference for the complete Job Evaluation process to be outsourced however they also noted that an agreement between management and staff side had not been reached, but were reassured that the audit did not highlight any areas of concern in relation to independence. Members also noted that they expected the timescale for job evaluation to improve. They also noted that the audit would also be presented to the Staff Governance Committee..

9   BOARD PACK QUALITY ASSESMENT AUDIT

Members received and noted the finalised report following the internal audit of a Board Pack Quality Assessment which was presented by Asam Hussain, Head of Internal Audit, RSMUK. The report provided the Audit Committee with a conclusion of Reasonable Assurance and noted that whilst many elements of good practice were evident 19 management actions, assessed as low, were recommended.

Terry Currie advised that the report provided helpful suggestions, particularly in relation to benchmarking. Members also noted that whilst very few reports are verbal, the requirement for occasional items not to be committed to a report is acceptable for reasons of sensitivity.

Members acknowledged the generally positive audit which affirms that appropriate arrangements are in place overall and noted that work is underway nationally on governance standards and templates and noted the recommendations. The audit outcome would be presented to the Hospital Board and to the upcoming Board Seminar Day for discussion and action following which an update will be provided to the Audit Committee.

OTHER ISSUES

10   FRAUD UPDATE

Members received and noted an update on fraud allegations and notifications received from Counter Fraud Services, which was presented by Robin McNaught, Finance and Performance Management Director.   Members noted that since the previous Audit Committee a significant number of alerts had been received, particularly in relation to procurement and finance, these continue to be circulated for awareness. The allegation highlighted at the October Committee has now been resolved internally with no action required and one new allegation has been received which is currently under investigation.

Members noted the content of the alerts circulated by Counter Fraud Services in the last quarter and the update on fraud allegations.

11   FRAUD ACTION PLAN

Members received and noted an update on the Board's approach to countering fraud and the level of engagement with Counter Fraud Services based on the discussions from the annual customer engagement visit. The update was presented by Robin McNaught, Finance and Performance Management Director, who advised that a remote annual meeting with Counter Fraud Services is expected in 2021 and that quarterly virtual meetings are ongoing with Board Fraud Liaison Officers and Counter Fraud Services. The Cybercrime Presentation to State Hospital staff is currently on hold due to Covid19 restrictions.

Members noted the progress on engagement activities; noted the update on Communication; reviewed the Fraud Action Plan (appendix 1) and noted the review of the top ten risks identified from the FRAM (appendix 2).

12   PROCUREMENT ANNUAL REPORT

Members received and noted the Procurement Annual Report for the period 2019/20 which was presented by Tom Hair, Procurement Manager, who advised that the report is required by the Scottish Government in order to ensure there is a continuous drive across all Boards to achieve excellence in procurement activities and focusses on the Regulated Procurement of purchases and contracts in excess of £50k. Members noted that in light of the small size of the organisation and its minimal requirement for procurement purchases over £50k that in the main the return is not highly reflective of the work undertaken by the department.

The Annual Report provided a summary of the regulated procurement expected to be undertaken in the next two years, including:

- Refurbishment of Harris Building
- Replacement of eHealth Wireless Network Infrastructure
- Biomass Fuel Supply (National Contract)
- Staff Rostering System
- Security Vehicle refresh

The report also detailed the collaborative work undertaken by the department with the National Health Boards Procurement Group which focusses on collective targeted savings through joint working across the National Procurement community. Being part of this has allowed the Hospital to benefit from the ability to purchase unique products at competitive prices.

Robin McNaught commented on the significant amount of work undertaken by a small Procurement Department across various areas of work, particularly, though not specific to the reporting period, the department's continued response to the provision of PPE and the significant challenges of maintaining the service during these exceptionally difficult circumstances and offered his thanks to the department for their commitment and efforts throughout the year under Tom Hair's leadership.

Members agreed it was a detailed and useful report and thanked Tom Hair for the presentation to the Committee.

Tom Hair advised that normally the Procurement Strategy would be presented for approval however as the State Hospital is not required by the Scottish Government to publish its Strategy, though it would normally undertake this as an exercise of good practice, it was agreed that it would be more beneficial to draft this on the conclusion of Covid19 restrictions when the strategy can be informed by any relevant lessons learnt.

Members noted Annual Report for the period 2019/20.

12   RISK MANAGEMENT ANNUAL REPORT

Members received and noted the Risk Management Annual Report for the period 2019/20 which was presented by Robin McNaught, Finance and Performance Management Director and Nicola Watt, Risk Management Team Leader. The report provided a summary of the work undertaken by the Risk Management team over the reporting period and provides information relating to proposed pieces of work for the 2020/21 period.

Robin McNaught highlighted the teams involvement in the Covid19 response, with particularly emphasis on resilience and the extensive changes to the working pattern of the department during this period and noted his thanks to the team for their continued contribution and commitment.

Following a detailed presentation of the report members commented on the introduction of Stage 1 and Stage 1 process for Complaints, with the majority of complaints being resolved at the local stage 1 of the process, providing an early resolution. From those complaints which were subsequently dealt with at Stage 2 an increase in the "not upheld" category was recorded and members asked that this be monitored/reviewed going forward.

ACTION: NICOLA WATT

Members commented on the unsatisfactory length of time taken to conclude the investigation of adverse events. Nicola Watt advised that this can be due to staff availability either through leave/absence and also as a result of complex circumstances and noted the Committee's concerns and will continue to underline the urgency and importance of timescales with reviewers.

Members noted the content of the report and the significant amount of work undertaken by the department during the reporting period.

13   POLICY UPDATE REPORT

Members received and noted a report on policy implementation across the Hospital, which was presented by Monica Merson, Head of Corporate Planning and Business Support. The report detailed the progress made since the policy process was resumed on 9 June 200 following suspension on 31 March 2020 due to Covid19. Members were advised that the second phase of the national Once for Scotland Programme has been delayed until March 2021.

The report detailed that as at 23 September 2020 of the 136 policies currently in place across the Hospital 29 are outwith the agreed review date, an increase of 6 since the previous report to the Committee in March 2020. A full breakdown of the position of all policies is also contained within the report.

Members noted that a Policy Approval Group has now been established and held its first meeting on 22 September 2020 and noted the content of the report.

15   CORPORATE RISK REGISTER UPDATE

Members received and noted a report on the Corporate Risk Register, which was presented by Nicola Watt, Risk Management Team Leader. The report provided an update on the current risk registers, including any changes made and provided assurance to members that all corporate risks are fully reviewed, with one exception ND72 which requires reallocation to the Medical Director and reworded to reflect the current risk related to the Clinical Model proposals, this is currently being taken forward by Nicola Watt. There are no proposals for any additions to the Corporate Risk Register. Weekly review of the Covid19 risk continues via Gold Command.

Members noted the content of the report and reflected on the impact that Covid 19 risk may have on a range of risks.

16   SICKNESS ABSENCE UPDATE

Members received and noted a report on sickness absence for the period up to 31 July 202 which was presented by Linda McWilliams, Head of Human Resources. The report detailed the sickness absence percentages with a current rolling 12 month absence of 5.63% which represents a decrease of 1.18% when compared to the same period last year. Absence reasons remain similar with Anxiety/Stress and Musculoskeletal remaining the larges cause of absence.

Members noted that absences related to Covid19 whether shielding; isolation or illness were not included within the above statistics these are recorded separately under specific Covid19 special leave categories. Members asked that an update on Covid absence be provided within the next absence update.

ACTION: LINDA McWILLIAMS

Members noted the continued progress being made around sickness absence and noted the content of the report.

EXTERNAL AUDIT

17   EXTERNAL AUDIT FINAL ANNUAL REPORT 2019/20

Members received and noted the final external audit report for 2019/20 Annual Audit Report to the Board and the Auditor General for Scotland, normally presented to the June Meeting of the Committee and provided a conclusion to the audit work undertaken across 2019/20 across the key areas of:

- Annual Accounts
- Financial Sustainability
- Financial Management
- Governance and Transparency
- Value for Money

A draft of the report was presented to the June and July Committees, there are no changes to the content of the report as presented to the July meeting.

Members noted the change of company name to Azets following the move of Scott Moncreiff to a larger group in September 2020, there are no operation or structural changes so there will be no impact on the delivery of services to the State Hospital.

Members thanked the External Auditors, noted the content of the report and acknowledged the delay in its presentation to the Committee was in light of Covid19.

OTHER ISSUES

18   EFFECTIVENESS OF AUDIT COMMITTEE

Members received a report from Robin McNaught, Finance and Performance Management Director, which provided advice on the requirement for self-assessment by the Committee, as outlined by the Scottish Government Audit Committee Handbook. The Committee had completed the Self Assessment Checklist, in line with the Scottish Government Handbook in September 2020, with additional guidance in the context of the challenges posed by coronavirus.

The report provided an overview of the feedback received and members noted that no areas of concerns were raised with an overall positive response received.

Members discussed and considered the 4 proposals detailed on page 3 of the report and agreed:

Proposal 1   Consider whether appointment of members should be on a fixed term basis

Not agreed.

Committee would not benefit from fixed term appointments due to size of Board.

Proposal 2   Develop specific induction material for new members

To be considered

Changes are anticipated to non executive directors in 2021 when induction material would be helpful. Guidance available on NES platform for Non Executive Directors provides informative material. Particularly key at the moment with meetings being held virtually and limited site access.

Proposal 3   *Consider the challenges of potential conflicts of interest where members serve on multiple committees*

Not agreed

It would not be practical to ringfence committee membership effectively in a small board whilst maintaining an appropriate level of member scrutiny..

Proposal 4   *Consider revised arrangements for review of the draft Annual Governance Statement*

To be considered

Draft proposal to be presented to March meeting for discussion.

ACTION: ROBIN McNAUGHT

Robin McNaught also brought forward a report from Audit Scotland "Covid 19 – A Guide for Audit and Risk Committees". Robin McNaught's report highlighted what arrangements were in place at the State Hospital to address the areas of focus recommended by Audit Scotland. Members commented favourably on these assurances and recognised the helpful nature of the guidance in the Audit Scotland report and its continuing usefulness as a series of prompts during the current pandemic.

The Committee agreed the proposals as detailed above and noted the content of the reports.

19   DRAFT AUDIT COMMITTEE WORKPLAN 2021/22

Members **approved** the Audit Committee Workplan for the period 2021/22 subject to minor amendments and additions.

ACTION: FIONA HIGGINS

20   INTERNAL AUDIT REVIEW

Item held in private.

21   ANY OTHER BUSINESS

Patient Funds Annual Accounts 2019/20
Robin McNaught advised members that due to the Covid19 restrictions the Patient Funds auditors, Wylie and Bisset, have been unable to attend the site to undertake the full scope of the audit, once restrictions allow the audit will be undertaken. There is no statutory timeline for undertaking the audit it as it is not published and is undertaken for internal assurance.

22   DATE AND TIME OF NEXT MEETING

The next meeting is proposed to take place on Thursday 21 January 2021 at 9.45am via Microsoft Teams.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 February 2021
Agenda Reference:	Item No: 26
Sponsoring Director:	Director of Security, Estates and Facilities
Author(s):	Risk Management Facilitator
Title of Report:	Risk Register Update
Purpose of Report:	For Decision

1   SITUATION

A corporate risk is a potential or actual event that:

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

This report provides The Board with an update on the current risk registers.

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.

3.2 Proposed Risks for inclusion on Corporate Risk Register

Nothing to add at this time.

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 22 risks are graded as Medium

*CE10 Severe breakdown in appropriate corporate governance
*CE11 Risk of patient injury occurring which is categorised as either extreme injury or death
CE12 Failure to utilise appropriate systems to learn from prior events internally and externally
MD32 Absconsion of patients
*MD33 Potential adverse impact arising from clinical presentation out of hours with no doctor on site (5pm - 6pm)
*MD34 Lack of out of hours on site medical cover
*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

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

Several risks on the CRR are out of date. Directors have been contacted with a reminder to ensure risks are updated in a timely fashion.

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, and decide if any further amendment or additional should be made.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	The report provides The Board with an update of the Corporate Risk Register.
Workforce Implications	There are no workforce implications related to the publication of this report.
Financial Implications	There are no financial implications related to the publication of this report.
Route To Board Which groups were involved in contributing to the paper and recommendations	CMT
Risk Assessment (Outline any significant risks and associated mitigation)	There are no significant risks related to the publication of the report.
Assessment of Impact on Stakeholder Experience	There is no impact on stakeholder experience with the publication of this report.
Equality Impact Assessment	The EQIA is not applicable to the publication of this report.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do)	The Fair Scotland Duty is not applicable to the publication of this report.
Data Protection Impact Assessment (DPIA) See IG 16	Tick One ✓ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

Appendix A

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	RA	AP	Monitoring Frequency	Movement Since Last Report
Corporate CE 10	Reputation	Severe breakdown in appropriate corporate governance	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/03/21	Board	Y/Y	N/A	Quarterly	-
Corporate CE 11	Health & Safety	Risk of patient injury occurring which is categorised as either extreme injury or death	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Chief Executive	31/03/21	Clinical Governance	Y/Y	N/A	Quarterly	-
Corporate CE 12	Strategic	Failure to utilise appropriate systems to learn from prior events internally and externally	Major x Possible	Moderate x Possible	Moderate x Unlikely	Chief Executive	Risk Management Team Leader	31/03/21	Risk, Finance & Performance Group	Y/Y	N/A	Quarterly	-
Corporate CE 13	Strategic	Inadequate compliance with Chief Executive Letters and other statutory requirements	Moderate x Unlikely	Moderate x Rare	Moderate x Rare	Chief Executive	Board Secretary	28/02/21	SMT	Y/Y	N/A	6 monthly	-
Corporate CE 14	ALL	The risk that Coronavirus (Covid-19) could affect The State Hospitals primary aim to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff.	Major x Almost Certain	Major x Almost Certain	Minor x Possible	Chief Executive	Chief Executive	22/02/21	SMT	Y/Y		Fortnightly	-
Corporate MD 30	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	28/02/21	Clinical Governance Committee	Y/Y	Y/Y	Monthly	-
Corporate MD 32	Medical	Absconsion of Patients	Major x Unlikely	Major x Rare	Moderate x Rare	Medical Director	Associate Medical Director	28/02/21	SMT	Y/Y	N/A	Quarterly	-
Corporate MD 33	Medical	Potential adverse impact arising from clinical presentation out of hours with no doctor on site (5pm - 6pm)	Moderate x Unlikely	Moderate x Unlikely	Moderate x Unlikely	Medical Director	Associate Medical Director	28/02/21	SMT	Y/Y	N/A	Quarterly	-

Corporate MD 34	Medical	Lack of out of hours on site medical cover	Major x Unlikely	Major x Unlikely	Major x Unlikely	Medical Director	Associate Medical Director	28/02/21	SMT	Y/Y	N/A	Quarterly	-
Corporate SD 50	Service/Business Disruption	Serious Security Incident	Moderate x Possible	Moderate x Possible	Moderate x Possible	Security Director	Security Director	28/02/21	SMT	Y/Y	N/A	Quarterly	-
Corporate SD 51	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Major x Unlikely	Major x Rare	Security Director	Security Director	30/04/21	Audit Committee	Y/Y	Y/Y	Quarterly	-
Corporate SD 52	Service/Business Disruption	Resilience arrangements that are not fit for purpose	Major x Unlikely	Moderate x Unlikely	Moderate x Rare	Security Director	Security Director	28/02/21	SMT	Y/Y	N/A	Quarterly	-
Corporate SD 53	Service/Business Disruption	Serious security breaches (eg escape, intruder, serious contraband)	Extreme x Unlikely	Extreme x Rare	Extreme x Rare	Security Director	Security Director	28/02/21	Audit Committee	Y/Y	Y/Y	Quarterly	-
Corporate SD 54	Service/Business Disruption	Climate change impact on the State Hospital	Minor x Possible	Moderate x Possible	Minor x Possible	Security Director	Head of Estates and Facilities	28/02/21	SMT/Resilience Committee	Y/Y	N/A	Quarterly	-
Corporate SD 55	Service/Business Disruption	Negative impact of EU exit on the State Hospital	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Chief Executive	Security Director	28/02/21	SMT	Y/Y	N/A	Quarterly	-
Corporate SD 56	Service/Business Disruption	Water Management	Major x Unlikely	Major x Unlikely	Major x Rare	Security Director	Head of Estates and Facilities	28/02/21	Infection Control Committee	Y/Y	N/A	Quarterly	-
Corporate ND 70	Service/Business Disruption	Failure to utilise our resources to optimise excellent patient care and experience	Moderate x Possible	Moderate x Unlikely	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	30/04/21	SMT	Y/Y	Y/Y	Quarterly	Likelihood ↓
Corporate ND 71	Health & Safety	Failure to assess and manage the risk of aggression and violence effectively	Major x Possible	Major x Possible	Major x Possible	Director of Nursing & AHP	Director of Nursing & AHP	28/02/21	SMT	Y/Y	Y/Y	Monthly	-
Corporate ND 73	Service/Business Disruption	Lack of SRK trained staff	Moderate x Likely	Moderate x Possible	Moderate x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	30/04/21	PMVA Group and SMT	Y/Y	N/A	Quarterly	-
Corporate FD 90	Financial	Failure to implement a sustainable long term model	Moderate x Unlikely	Moderate x Unlikely	Moderate x Rare	Finance & Performance Director	Finance & Performance Director	31/01/21	Audit Committee, RF&P Group & SMT	Y/Y	N/A	Quarterly	-

						Finance & Performance Director	Head of eHealth	31/01/21	Information Governance Group & SMT	Y/Y	N/A	Quarterly	-
Corporate FD 91	Service/Business Disruption	IT system failure/breach	Moderate x Possible	Moderate x Possible	Minor x Possible	Finance & Performance Director	Head of eHealth	31/01/21	Information Governance Group & SMT	Y/Y	N/A	Quarterly	-
Corporate FD 93	Health & Safety	Failure to complete actions from Cat 1/2 reviews within appropriate timescale	Moderate x Possible	Moderate x Possible	Moderate x Unlikely	Finance & Performance Director	Head of Corporate Planning and Business Support	31/01/21	CMT, SMT	Y/Y	N/A	Quarterly	-
Corporate FD 94	Service/Business Disruption	Inadequate data centre	Moderate x Likely	Moderate x Possible	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	31/01/21	SMT/Resilience Committee	Y/Y	N/A	Quarterly	Likelihood ↓
Corporate FD 96	Service/Business Disruption	Cyber Security/Data Protection Breach due to computer infection	Moderate x Unlikely	Moderate x Rare	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	30/04/21	SMT/Resilience Committee	Y/Y	N/A	6 Monthly	-
Corporate FD 97	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Moderate x Possible	Major x Unlikely	Finance and Performance Director	Head of eHealth	31/01/21	Information Governance Group & SMT	Y/Y	Y/Y	Quarterly	Likelihood ↓
Corporate HRD 110	Resource	Failure to implement and continue to develop the workforce plan	Moderate x Possible	Moderate x Unlikely	Minor x Rare	Interim HR Director	Interim HR Director	31/01/21	SMT	Y/Y	N/A	Quarterly	-
Corporate HRD 111	Reputation	Deliberate leaks of information	Major x Possible	Major x Unlikely	Moderate x Unlikely	Interim HR Director	Interim HR Director	31/01/21	SMT	Y/Y	Y/N	Quarterly	-
Corporate HRD 112	Health & Safety	Compliance with Mandatory PMVA Level 2 Training	Major x Unlikely	Moderate x Possible	Major x Rare	Interim HR Director	Training & Professional Development Manager	31/01/21	H&S Committee	Y/Y	N/A	Quarterly	Impact ↓