



2022/23 Annual Operating Plan

THE STATE HOSPITALS BOARD FOR SCOTLAND

The State Hospital Annual Operating Plan 2022/23

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

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

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

The vision of The State Hospital is to:

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

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

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

The twin aims of The State Hospital are:

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

Contents

- 1. Introduction 3
- 2. Future of Forensic Mental Health Services in Scotland..... 5
- 3. The State Hospital Governance and Accountability Framework 5
- 4. Corporate Objectives 7
- 5. The State Hospital Covid Response 8
- 6. Staff Wellbeing 11
- 7. Recruitment and Retention of our Workforce 12
- 8. The Clinical Model..... 13
- 9. Health Inequalities 16
- 10. Physical Health..... 17
- 11. Digital Health and Care..... 19
- 12. Realistic Medicine 19
- 13. Resilience and Security..... 20
- 14. Climate Change 21
- 15. Sustainability and Value..... 21
- 16. Financial Planning 22
- 17. Performance Management and Review 23

1. Introduction

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

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

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

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

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

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

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

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

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

- Sustainability and value

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

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

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

Whole system working

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

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

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

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

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

2. Future of Forensic Mental Health Services in Scotland

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

3. The State Hospital Governance and Accountability Framework

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

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

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

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

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

- In relation to clinical governance, the Clinical Governance Group (CGG), chaired by the Medical Director, has a standing agenda section devoted to action planning and progress of clinical governance aims and ambitions. The CGG provides reporting to the Clinical Governance Committee to ensure issues arising from clinical quality activities are implemented and actioned in an appropriate and timely manner. The Committee has a comprehensive work plan which ensures that all aspects of clinical governance are scrutinised.
- Staff Governance is defined as 'a system of corporate accountability for the fair and effective management of all staff'. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve the fair and effective management of

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

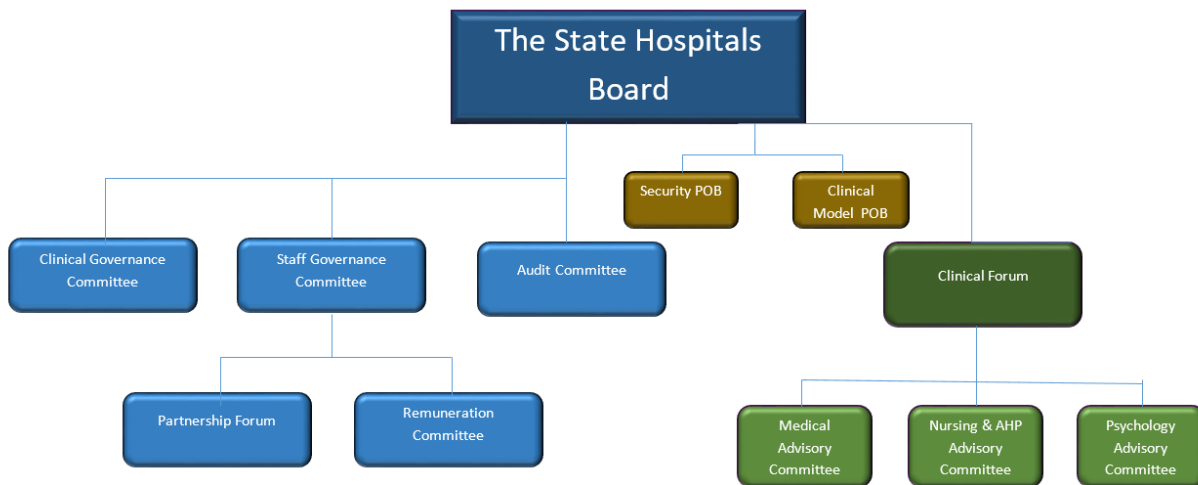
- Well Informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

The Staff Governance Committee receives reporting from the Partnership Forum, at each quarterly meeting.

The Remuneration Committee meets regularly to take oversight of the performance of the Executive and Senior Manager cohort, as well as the allocation of Consultants Discretionary Points.

The Audit Committee provides the Board with assurances that organisation acts within the law, regulations and code of conduct applicable to it, and those effective systems of internal control are maintained. Internal and external audits are represented on this Committee, as well as a full range of assurance risk reporting. We will continue to work alongside internal and external audit to progress audit actions and areas for improvement.

Diagram 1 demonstrates the reporting routes to the Board:



3.5. The Board works actively to review its corporate governance arrangements, taking direction from the Blueprint for Good Governance in NHS Scotland, and developing its approach to delivering this governance model. It is recognised that the developing work in this respect during 2022/23, will assist TSH to construct an assurance framework and implement an integrated governance system, that is interconnected to the AOP, and operational guidance.

3.6. The Board will take forward regular development sessions covering a wide range of activities throughout the year. The programme is regularly reviewed by the Board, as a dynamic means through which to explore key issues for the Board as they arise. The programme for 2022/23 includes consideration of national developments in the delivery of forensic mental health services, including the

female pathway, as well as the implementation of the new clinical model within TSH. There will be sessions on risk appetite and assurance reporting as well as the continued digital transformation of the organisation. This year's programme also includes a dedicated session with the Independent National Whistleblowing Officer, to help support this work stream.

4. Corporate Objectives

The Corporate Objectives set out to:

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

- Safe delivery of care within this context with sustained organisational resilience, and the ability to identify and respond to risk
- Learn locally and nationally from adverse events to make service improvements that enhance the safety of our care system
- Ensure organisational resilience and ability to respond to any increase in risk to care delivery due to the continuing Covid-19 pandemic
- Deliver the Operational Plan (Year 1) within the overall three-year planning framework for 2022/25
- Implement the Clinical Model, enabling TSH to provide a progressive care approach for patient treatment and recovery
- Ensure the principles of rehabilitative care maximizing opportunity for patient activity and ensure delivery across all service areas
- Deliver care and treatment within the framework of least restrictive practice
- Monitor the use and recording of seclusion practice in accordance with the definitions published by the Mental Welfare Commission
- Collaborate with the Forensic Network in the delivery of quality care guidance and standards applicable to the Forensic Mental Health Environment
- Be accessible to patients, their family and visitors whilst accessing care and treatment
- Work with stakeholders and Scottish Government representatives to enhance the reputation and develop the healthcare profile of TSH
- Take forward national collaboration with the Health in Custody Network
- Deliver a programme of Infection Control related activity in line with all national policy objectives
- Engage with development of national work stream and respond to nationally led change in the framework for the delivery of forensic mental health services across NHS Scotland through the Independent Review of Forensic Mental Health Services

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

- Tackle and address the challenge of obesity, through delivery of the Supporting Healthy Choices programme
- Improve the physical health opportunities for patients
- Ensure the delivery of tailored mental health and treatment plans individualised to the specific needs of each patient
- Address the overall social wellbeing issues for patients undergoing treatment
- Utilise connections with other health care systems to ensure patients receive a full range of healthcare support
- Align with the aims and ambitions of medium secure provision and other treatment pathways to provide cohesive care and treatment for patients transferring to other services

- Ensure the organisation is aligned to the values and objectives of the wider mental health strategy and framework for NHS Scotland

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

- Meet the key finance targets set for the organisation and in line with Standard Financial Instructions
- Develop a sustainable finance model which supports the sustainability of the organisation
- Enhance and strengthen digital innovation and inclusion programme
- Deliver the security upgrade for the safety of staff, patients and the general public
- Work collaboratively across public sector bodies to ensure that best value is achieved in service planning, design and delivery as well as procurement for services
- Strengthen corporate governance to ensure transparency and clear direction, within and external to, the organisation
- Support quality improvement approaches, embedding a cohesive approach
- Ensure delivery of the performance management framework, linked to the principles of 'Active Governance'
- Ensure delivery of a cohesive approach to information governance standards
- Engagement with the climate change agenda through evidence of sustainability programmes and focus in service delivery

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

- Agree 3-Year Workforce Plan and deliver Year 1 Plan within the context of the planning framework and guidance from Scottish Government
- Agree an assurance model to support the implementation of the Health and Care (Staffing) (Scotland) Bill (2019) across TSH, following national rollout
- Deliver a program of supplementary staffing, ensuring this is implemented in partnership
- Promote and deliver a framework of culture change within the framework of a Staff Wellbeing Strategy
- Continue with the Healthy Working Lives (HWL) programme and activities for the benefit of staff, aligning this with the Staff Wellbeing Strategy.
- Building on i-matter and staff governance principles to deliver an inclusive staff engagement programme in partnership to support the wellbeing of all employees
- Sustain a safe working environment for staff with a focus on risk management across all aspects of the organisation
- Implement the 'Once for Scotland' suite of Human Resources policy, aligning with the national rollout
- Ensure accessibility to support to internal and external services for staff who require them, including a cohesive Occupational Health Service.
- Review and action absence related issues and staff wellbeing to provide staff and line managers with the support required to help staff return to work where possible.
- Continue to support training and development for all staff across the organisation
- Ensure partnership working is embedded across the organisation
- Support the Independent National Whistleblowing Policy and support this work stream locally including promoting awareness for staff.

5. The State Hospital Covid Response

5.1. Throughout the Covid pandemic the Board has been able to maintain all aspects of board governance, including its regular schedule of Board and Committee meetings, except for a short

postponement of the Audit Committee originally scheduled in January 2022 to March 2022, due to systems pressures.

5.2. The organisation has demonstrated experience of managing the impacts of Covid-19 on service delivery. It has embedded expertise in standing up Incident Command in response to fast moving global and local developments. The focus has been on a return to extant governance arrangements as quickly as is safely possible within this risk framework, led through the Corporate Management Team (CMT) and its wider reporting groups. The organisation will continue to recognise the potential to respond quickly to specific risks within 2022/23.

5.3. The Board is kept advised on decision-making for the delivery of care within TSH through adjustment of the Interim Clinical and Support Services Operational Policy. This has included scrutiny and review of the data gathered by the Clinical Quality team, focused on impacts on patients. This is kept under review by the CMT to ensure continued focused consideration of how best to ensure that patient activity is delivered most effectively, and there was a return to the pre-pandemic model of patient activity on 9 May 2022.

5.4. TSH will likely continue to experience outbreaks of Covid-19 over 2022/23. Outbreaks are managed through the standing up of an Incident Management Team (IMT) with colleagues from NHS Lanarkshire and representatives from Scottish Government. TSH recognises that there will be cyclical peaks in infection possibly on a 3-month period. There are various models of care that will be implemented during these periods of infection. The actions taken included patient testing and isolation of wards, reinforcement of the message regarding PPE compliance, as well as continuation of the enhanced cleaning measure in place by both housekeeping and ward staff. Ward closures are managed throughout the course of the period in line with well-established practice for infection prevention and control.

5.5. Covid-19 Vaccination Programme

All newly admitted patients continue to be offered vaccination, depending on their individual stage within the vaccination cycle. Uptake is monitored and patients are supported and advised on the importance of vaccination.

5.6. Test and Protect

TSH follows national guidance in line with the Test and Protect Transition Plan, including voluntary self-testing by Lateral Flow Device (LFD) and registration of test results.

5.7. Patient Flow

TSH links regularly with medium and low security care providers for contingency planning for transfer of patients between secure mental health services as part of the Forensic Network Capacity Plan. There have been continued pressures due to capacity challenges within the medium secure setting.

Table 1 outlines the high-level position from 1 April 2022 to 31 May 2022.

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds	108	12	120
Admissions	7	0	7
Discharges/Transfers	3	0	3
Average Bed Occupancy			
Available beds/All beds			97.5% / 83.6%

Prior to the pandemic, the Board received dedicated reporting on patient flow across the forensic estate and it is proposed to return to this reporting at each meeting.

Improving visiting experience

5.8. Patient visiting will remain a key area of focus due to the changes made to the model throughout the pandemic. The current model of in-person visiting allows most visits to take place in the Family Centre, with a limited number taking place in the ward environment due to the identified need of individual patients. Volunteers continue to support those patients who do not have designated visitors. TSH follows national guidance on hospital visiting, to ensure compliance with infection control guidelines. Visitors are encouraged to undertake LFD Testing, on a voluntary basis to help support infection control within the hospital. There are two development work streams underway presently, for in-person and for virtual visiting.

5.9. A SLWG has been commissioned by the CMT to consider the re-purposing of the Family Centre as the main visiting area (2021-TSH23). This re-purposing will provide a person centred approach to visiting and involves a number of security enhancements to create a safe and secure environment for patient visits. The SLWG is progressing this through consideration of the scope of recommended works and an agreed reporting timetable. This will produce a report recommending design and technical specification by mid-July so that an 'Outline Business Case' can be developed. Once detailed costings have been obtained, the TSH Capital Group will review the cost and advise on timescale aligned with budget availability.

5.10. Virtual visits continuing to take place through video-conferencing and this is a valued means of keeping in contact for many patients and carers. At the same time, the eHealth Team is progressing an evaluation of virtual visiting packages to help establish the most optimal digital platform. This includes scoping functionality and viability, and the team visited another high secure area during June 2022 to see this working at first hand.

Covid Reporting to the Board

5.11. The Board has received a specific report on Covid-19 management throughout the pandemic. This has provided a detailed summary of governance and the operational response led by TSH in response to the emergency footing of NHS Scotland throughout the pandemic. Although this position has substantially changed as of 1 May 2022, it is recognised that learning can be taken from this streamlined form of reporting. Further, that there has been benefit from raising the profile of risk reporting to the Board within its agenda.

5.12. In light of this, the "Risk and Resilience" section of the Board agenda will be retained and will include the following reports:

- Corporate Risk Register
- Infection Prevention and Control (including Covid Incidence/Outbreaks, Vaccination and PPE updates as presented here)
- Patient Flow/ Forensic Network Contingency Planning

5.13. In addition, there should be high level reporting within "Staff Governance" section of the Board agenda for workforce reporting including: Attendance Management, Recruitment and On-boarding and PDPR compliance. There is a framework in place for specific update reporting on the Staff and Volunteer Wellbeing Strategy.

Recovery and service redesign

5.14. Service transformation of the communications function has been agreed at the Board meeting in June 2022. The transformation will increase the remit and scale of the communication function with the responsibility and accountability for electronic communications returning to the Communications function

from eHealth. This will include the redesign and development of TSH website with a focus on content management and creation of visually appealing content (2021-TSH16). The focus of communications expertise on social media channels and creation of content will also be an area of growth and development. The Board will be updated on progress towards this and the development of the communications function throughout the year 2022/23.

Creating the conditions for leadership and management following the pandemic response

5.15. The experience of the pandemic has had an impact on many aspects of organisational functioning. As TSH emerges and recovers from the crisis response and the command model of operating, there is an opportunity to review and sense check on culture, organisational structure and functioning, and staff and patient experience. This will aim to support progressive and innovative ways of working and rebase how we deliver services. All directors have engaged teams in a 'check in' exercise to understand how the experience of the pandemic experience has been for staff and the impact on culture. The feedback from these sessions has fed into the plans for prioritisation of management training for new and emerging leaders.

5.16. The senior leadership and management structure was reviewed during Covid and a management meeting structure was established of Corporate Management Team (CMT), Organisational Management Team (OMT) and Hospital Management Team (HMT). Following a governance review in 2021, feedback suggested this structure should be revised in 2022.

5.17. At a CMT development session in May 2022, it was identified that there is a need to improve the "Floor to Board" connectivity. A review on the role and function of the Hub Leadership Teams was requested as there is considerable variation regarding how these function. It was agreed that Hub Leadership Teams (HLTs) will be reviewed to ensure a standardized approach across the four Hubs and Skye Centre, localized decision making where this is appropriate and to formalise their operational responsibility. Clear reporting and escalation processes will be detailed, with identified work/action plans delivering the key priorities they have identified within their Hubs as well as those delegated to them by AOG (OMMG), CGG or OMT. There is often a need for frontline representation for various groups or key pieces of work, the HLTs will be responsible to ensure that their staff are engaged.

5.18. TSH is committed to working in partnership. Partnership development continues as part of the ongoing progression of the partnership agenda. A Joint Staff Side Development Day was held in March 2022 and this will continue to be built on throughout the 2022/23 period.

6. Staff Wellbeing

6.1. TSH has continued with its strong focus on staff health and wellbeing throughout the pandemic. The Wellbeing Centre continues to be developed with new resources available for all staff and volunteers (2021-TSH18, 19, 20, 21). This is currently facilitated and supported by part time 2 Wellbeing Coordinators and a Staff Care Specialist.

6.2. A Staff and Volunteer Strategy 2022/24 was approved at the April 2022 Board meeting along with the Action Plan. This will link into the HR & Wellbeing Group, which was established during Covid-19 to consider the future wellbeing developments within TSH and also approvals of any future wellbeing funding.

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

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

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

6.5. The strategy is supported by an annual action plan. It is important to highlight that the eight dimensions of the strategy are supported by existing pieces of work across the organisation e.g., HWL action plan, corporate training plan and occupational health services. The HWL action plan itself already incorporates many elements of the dimensions and is being updated for 2022/23.

6.6. The Strategy and Action Plan will undergo ongoing scrutiny through evaluation using local data, set KPIs and feedback from stakeholders.

7. Recruitment and Retention of our Workforce

7.1. TSH is committed to delivering high quality services and recognises that a robust and efficient recruitment process can significantly contribute to the delivery of these services. Failure to ensure a robust recruitment process can lead to an increase in labour turnover, increased costs for the organisation and lowering of morale in the existing workforce.

7.2. This strategy is for all potential staff and staff who work for TSH who are directly employed under NHS Terms and Conditions, or under schemes developed to provide routes to employment. The purpose is to ensure that we recruit the right people, in the right place at the right time.

7.3. Therefore, a Recruitment Strategy has been developed to meet our Organisational objective of recruiting and retaining an effective and modern workforce.

7.4. In particular, the aims of the Strategy include:

- Support the provision of high quality, effective and safe care
- Improve our Social Media presence highlighting vacancies and the good news stories from across the TSH
- Ensure clear progression pathways
- Improve retention levels and reduction in staff turnover
- Through inclusive recruitment, fill workforce gaps, create a sustainable pipeline of talented staff and better retain its people
- Make full use of the technologies available to us to ensure that we maximise efficiencies in the recruitment process and can report fully on

Diagram 2: Recruitment Strategy



7.5. A Workforce Governance Group (2022-TSH04) will be established to consider the ongoing workforce issues and to ensure that TSH continues to develop its services and staffing, consideration of the current workforce challenges, gap analysis (as per the 3-year Workforce Plan).

8. The Clinical Model

8.1. The Clinical Model (2021-TSH15) describes how clinical care is structured and delivered at TSH. Planning for implementation of the Clinical Model was at an advanced stage prior to the Coronavirus pandemic. Work was paused in March 2020. Planning was restarted in June 2021 to consider: the current context, the work undertaken in 2020, the ongoing validity on the model, and any new issues worthy of consideration prior to any relaunch of the project.

8.2. A Project Initiation Document (PID) was prepared and presented to TSH Board at its June 2022 meeting. This outlined the current context and additional consideration that the pandemic has presented in relation to planning and implementation of the Clinical Model. The paper provided an outline plan for implementation over the financial year 2022/23. The PID is available on request from TSH.

8.3. The new model of care is patient centred, it enables individuals to feel a sense of progress through the clinical stages of their treatment journey. The model takes cognisance of their needs, risk, physical and mental health factors.

8.4. The Clinical Model comprises of four clinical sub-specialty areas. These definitions were developed and agreed by The Clinical Forum:

- 1) Admission and Assessment Wards
- 2) Treatment and Recovery Wards
- 3) Transitions Wards
- 4) Intellectual Disabilities Wards

The Board approved the Clinical Model and its definitions in October 2019.

The current context and considerations for the new clinical model implementation

8.5. When restarting planning for implementation of the Clinical Model, new factors have arisen that require consideration on how they may impact on delivery.

There are current and residual considerations to address:

8.6. During the Covid-19 pandemic, TSH implemented a model of care which supported the public health advice and infection prevention and control measures throughout the pandemic. The number of contacts within wards and hubs, and between patients, were kept to a minimum.

→ *Those measures, and any new measures, can be applied within the new model should there be any resurgence of the pandemic.*

8.7. The approach taken to implement the Clinical Model will now specifically consider infection prevention and control mechanisms to limit risk from Covid-19.

→ *A phased approach to implementation is being considered; regular infection prevention and control guidance will be followed and audited.*

8.8. From the time of Board approval in October 2019, the number of patients has increased by just under one fifth. The planning assumptions are based on pre-pandemic bed occupancy, averaged over a five-year period.

→ *It is anticipated that a greater flow of patients will be achieved as the forensic system recovers overall from the impacts of the pandemic.*

8.9. If patient numbers remain above 107 when the model is fully enacted, some MMI patients will be cared for in the ID wards. Careful consideration should be given by clinical teams on how care and treatment will be provided.

→ *The current number of patients should not be considered a barrier to progressing with the new model.*

8.10. There is a need to review the risk of potential multiple moves for patients and the impact this could have on their mental health.

→ *The phasing and method of ward moves is currently under clinical consideration.*

8.11. The profile of patients in TSH recognises more patients experiencing frailty and other issues associated with ageing. This factor was considered previously by the Clinical Forum as part its work on the definitional types of wards that would most benefit patients.

→ *Clinical teams are aware of the specific complexities of each patient and will consider how clinical care is best achieved to support both physical and mental health needs. All wards have single room en-suite accommodation.*

8.12. The provision of high secure care for female patients in Scotland has been under review. Currently a small number of female patients requiring high secure forensic mental health care have this provided in Rampton in England.

→ *The Board will receive a specific update on female patients in August 2022.*

8.13. There are recruitment challenges across the system at this point in time.

→ *TSH will continue to focus all efforts in attracting and retaining its workforce. The HR team are connected to workforce planning nationally and organisational specific recruitment initiatives remain a key priority.*

8.14. There is a major upgrade to the security systems underway.

→ *The security upgrade will be completed by September 2022.*

8.15. The above issues will remain under review and be considered at each stage of the transition process to the new model.

Clinical Model aims and desired outcomes

8.16. The overall aim of the Clinical Model Project is to safely transition from the current service model to the new Clinical Model by the end of financial year 2022/23.

The delivery aims are:

- More tailored security based on risk and clinical presentation, aligned with the least restrictive practice principles
- A sense of progression for patients through their clinical care journey in high security
- Streamlined integration between sub specialty wards and the Skye Centre, enabling best use of resources to support physical health, therapeutic activity and treatment goals
- Meeting the ID specific patient need through a more tailored and specialised environment. This involves distribution of patients across 2 wards rather than 1 to improve the therapeutic milieu

- Improved clinical case mix, with admissions accommodated in specified wards
- The ability for staff to specialise in sub specialty areas of care and practice

Outcomes to be achieved are:

- An enhanced treatment environment with a more tailored and individualised approach
- Effective use and deployment of available resources
- Increased patient activity for the betterment of their physical health
- Feeling of progression for patients
- Management of patients with similar risks together with adequate staffing levels
- Staff feeling of improved safety within the workplace
- More positive recognition of staff and the support available to them

Scope, exclusion, constraints and assumptions:

The principles and assumptions for the Clinical Model are as follows:

- Clinical assessment determines patient placement within the sub specialty wards
- The physical structure of the wards does not require major modification
- All patients will be admitted to the admission wards, but can be discharged from any ward
- All ID patients should be admitted and cared for in ID wards
- If the MMI patient population exceeds bed numbers, MMI patients can be 'boarded' in the ID wards (*this may be required initially whilst the overall forensic estate re-balances post pandemic*)

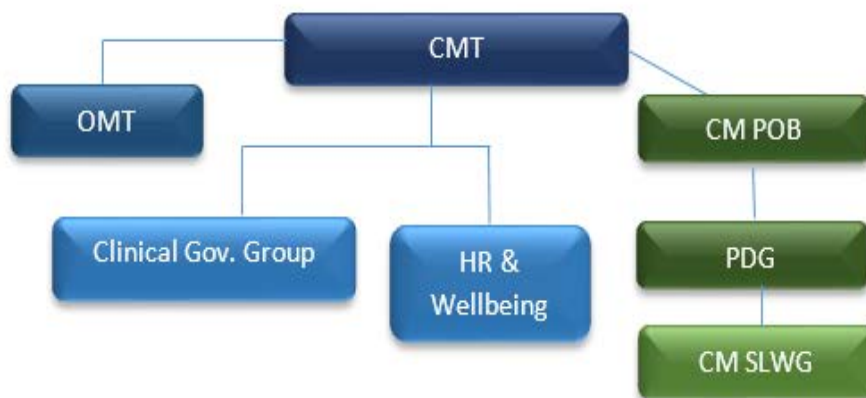
8.17. The multidisciplinary Mental Health Practice Steering Group (MHPSG) have a commitment to review and propose changes to the Care Programme Approach (CPA) (2021- TSH 22). This will align with changes to the Clinical Model to ensure that CPA's co-align with the Clinical and Security Guidance for each ward.

Clinical Model: Project approach and structure

8.18. The move to the clinical model is complex and involves multiple internal stakeholders. It will result in changes for staff and patients in the newly configured service environment. Staff engagement in the planning cycle, working processes, care delivery, and organisational effectiveness, are all integral to ensure the benefits of the new model are realised.

8.19. The project structure for the Clinical Model delivery is as follows:

Diagram 3: Project Structure for the Clinical Model



- **Clinical Model Project Oversight Board (CM POB)** - The CM POB has responsibility for ensuring that there is continued business justification of the project. The Chief Executive, in conjunction with Executive Directors, will provide strategic oversight and direction on the CM POB. They will connect with the project team on a regular basis across the implementation period
- **Project Delivery Group (PDG)** - A PDG will oversee and deliver the project at operational level
- **Clinical Model Implementation 'Short Life Working Group' (CMI SLWG)** - CMI SLWG will advise and develop the necessary change approaches for the Clinical Model

Governance and oversight

8.20. The Board will be updated on progress at regular reporting intervals. It will be expected the governance committees will also have oversight especially in relation to clinical and staff governance. The Partnership Forum and Clinical Forum will receive regular update reports. There will be continued transparency and full partnership engagement throughout the duration of the project.

8.21. The CMT will ensure strategic and organisational alignment across all areas of business as usual whilst the project is underway.

Clinical Model: Essential Planning Elements

8.22. There are essential planning elements to be developed through the project structure to enable the effective transition to the new clinical model. These elements are categorised and described as follows:

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

Project Closure

8.23. The Clinical Model Implementation Project will be completed when all patient and staff moves have taken place. The CM POB will determine this, based on a recommendation from the PDG, including a project closure report. This will be reported to the Board for agreement that the project can be considered complete.

8.24. Post implementation, there will be a phase of evaluation of the impacts. A detailed proposal will be presented to the Board encompassing the key performance indicators and monitoring mechanisms to support assurance reporting going forward under the new model.

9. Health Inequalities

9.1. Health inequalities for the population of patients within the TSH are extensive. The research evidence and rationale below provide the context for the continued focus for TSH on physical activity, weight and food choices for patients.

9.2. National rates of obesity have been rising with the Scottish male average currently around 65% (Scottish Health Survey 2015). Projections forecast UK figures rising to 60% of men and 50% of women being clinically obese (BMI>30kg/m²) by 2050, which will cost the NHS almost £50b per year (Foresight report 2007). In Scotland, adult obesity levels are predicted to surpass 40% by 2030 (Scottish Government 2010).

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

9.4. Nutritional interventions improve anthropometric measures by reducing weight, BMI and waist circumference (Teasdale et al, The British Journal of Psychiatry 2017). A 2013 audit showed that on average, patients will gain 15% of their body weight within the first year of admission to TSH; this figure rises to a 25% gain within three years of admission.

9.5. TSH became 'smoke free' in 2011. As a result, with patients having a greater disposable income to spend on additional food items, a further audit highlighted a 2-3kg weight gain (per patient – including non-smokers) within the first year of being a smoke free environment.

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

9.7. Diabetes is the most common metabolic disorder and its increasing prevalence is a major health issue for Scotland and within TSH. At the end of 2015 there were 284,122 people with known diabetes in Scotland, which represents a crude prevalence of 5.3% of the population, (Diabetes Survey 2015). Within TSH, the current prevalence rate is 20%, (31st April 2017) which is significantly higher than all other Health Boards within Scotland.

9.8. Evidence reflects a significant percentage of patients are diagnosed with Diabetes at a younger age than NHS Lanarkshire. Also results reflect higher levels of obesity in our Diabetic population, especially in those with a BMI over 40 in comparison with NHS Lanarkshire. 'World Mental Health Surveys' have shown several reasons for patient weight gain including:

- one's own health and 'make up' (genetics)
- more sedentary lifestyles
- 'modern' working/types of employment
- changing economics of food and global food opportunities
- societal and peer pressures
- rising energy intake

9.9. In patients with mental health conditions, striking a fine balance between treating mental health needs and physical needs can lead to patient weight gain via various factors including medication, disordered eating, lack of food knowledge, and factors affecting overall physical activity engagement. Research supports that good physical health improves mental health and well-being, in turn reducing depression, anxiety, negative symptoms, improving self-esteem and cognitive functioning.

9.10. A significant contributing factor to TSH's high levels of obesity is the manner in which the hospital provides patients with increased opportunities to access excess food and fluids. In addition to the hospital meals, which adhere to the 'Food in Hospital's National Catering and Nutritional Specification (2008), patients are able to increase their calorie intake by undertaking a weekly visit to the Hospital shop and receiving gifts of food during visits and via the post.

9.11. There is a major programme of work in place to address the physical health needs of TSH patients and a further plan to tackle the issue of obesity.

10. Physical Health

10.1. The physical health of our patients is a major priority within TSH. We know that patients die from natural causes approximately 16 years early (Rees and Thomson, 2021). TSH therefore has in place primary care services to provide physical health care and prevention programmes. All patients are

extensively monitored on at least an annual basis. All relevant SIGN guidelines are implemented. Appropriate clinics are held within TSH or patients travel to NHS Lanarkshire to access these.

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

Activity Oversight Group

10.3. Throughout the Covid-19 pandemic, the impact of the Interim Clinical Operational Policy on patient wellbeing and access to activity and fresh air was monitored through daily and weekly reporting on a set of key performance indicators. This was reported and reviewed at the Operating Model Monitoring Group (OMMG).

10.4. The range of indicators are below, some of which are unique to forensic mental health:

- Assaults / Attempted Assaults / Aggression / Self Harm
- Complaints and Feedback
- Staffing shortages
- Enhanced observations
- Increases in DASA (Dynamic Assessment of Situation Awareness)
- Number of seclusions
- Incidents
- Patients unable to tolerate isolation
- Use of mechanical restraints
- Access to physical activity, Fresh Air and Walks
- Activity drop-in interventions

10.5. As we transition to business as usual, this data set will be reviewed and the OMMG will be transitioned into an AOG from August 2022 (2022-TSH05). The priority to focus on physical health in TSH will be taken forward through the AOG with the aim to maintain close oversight of patient activity and how performance in this area can be measured and reported through existing governance structures. The group will provide focus to explore opportunities to maximize the availability and uptake of activities. A terms of reference for the group is in development and a Driver Diagram to provide overview of the work streams and focus on activities for improvement will guide the implementation of activity.

Supporting Healthy Choices

10.6. This is a complex issue with high rates of being overweight and obesity persisting in patients despite numerous changes to operational practices within TSH.

10.7. A new action plan has been produced and this was submitted to the Board in August 2021, with agreement on the need for a consultation process given the requirement to consider personal choice within the legal framework of Article 8 of the Human Rights Act. The action plan focuses on changes in supporting activity, aspects of daily living, education and training, and food choices; and focuses on the need to monitor data closely. The Board fully supported the need to recruit a project manager to ensure that this work stream is strongly supported. Governance of the plan will be through the Clinical Governance Committee as well as oversight directly from the Board in view of the importance of this work stream.

10.8. This work stream was necessarily paused during the period of incident command in January 2022, but was re-started in February 2022 and the Board received an update to this effect at its meeting on 24

February (2021-TSH14). The Project Manager post has been approved, and is now being advertised for recruitment.

11. Digital Health and Care

11.1. Digital transformation continues to be a key priority and focus for the Hospital, being monitored through the eHealth Group and the Digital Inclusion Group, through which existing and new initiatives are raised, prioritised and monitored to bring benefits to both patients and staff. Key aspects for 2022/23 include:

- Office 365 Project (fronted by NSS), including implementation of SharePoint (2021-TSH02). The Hospital has had a significant uptake on Teams use, but SharePoint and OneDrive capabilities have yet to be fully delivered and will be monitored through the national-led programme. Further discussion regarding the benefit realisations of the program and the suitability of licensing are being arranged through the national eHealth Digital Leads Group, and the next implementation stages and timings will be scheduled accordingly
- Electronic Prescribing – the new HEPMA electronic prescribing system has gone live in April 2022, in partnership with NHS Lothian. Training plans were progress in parallel
- The eRoster implementation programme (2021-TSH06) is projected in line with the national timetable, being led locally by the hospital's HR and Nursing Directorates as a hospital-wide project
- The hospital's patient electronic catalogue access (2021-TSH05) is in place and will be further assessed as part of a wider-scope review of the patient experience and available systems for enhancement, including digital media options (2022- TSH06)

Legislative requirements

11.2. As a public body the Board has several legislative responsibilities. Significant among these are GDPR (General Data Protection Rules), NISD (National Information & Security Directive) and the National Records Management Plan. TSH are actively working toward meeting these requirements.

11.3. TSH will be audited annually for compliance with the Network Information Security Directive and associated audit (NIS audit) confirm that digital security processes are considered as well as the procedures and policies for and storing digital information (2022 -TSH06). TSH plan in 2022/ 23 to create an appropriate approach for next year's assessment and will require further input from all departments within the hospital providing critical services.

11.4. TSH Records Management team will develop a new submission of TSH Records Management Plan by end 2022. The plan will ensure all records are legally held by the Board and only used for the original intention when they were created. It will also provide a retention date for different document types, and information on when this date has expired – plus disposal procedures and guidelines to ensure we meet our legislative requirements.

12. Realistic Medicine

12.1. TSH has continued to enhance its Realistic Medicine (RM) profile by striving to implement the six RM principles into our clinical interactions, systems and processes. Our commitment to the national RM movement has remained a clear focus since our appointment of an RM Clinical Lead in 2018 and a Project Manager from August 2021 with both positions remaining funded for another fiscal year. To provide further insight on this work stream, there is now a dedicated intranet-landing page solely focused on RM and we have continued to upload resources and consistently engage staff through targeted bulletins and meetings.

12.2. Since the first action plan was drafted in 2020, TSH has made good progress on each of the projects and have strived to align these to as many of the RM principles within their context. An updated version of the action plan was submitted and approved by Scottish Government for 22/23 alongside a dedicated communications plan; with the sole aim of highlighting our present and future involvement towards achieving the national vision of “By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine”.

12.3. One of the RM Team’s main priorities is to encourage all staff to complete the Shared Decision Making module that has been adapted to be accessible via the Learnpro platform. To date 57 members of staff have successfully completed this module from a wide range of professions across both clinical and non-clinical settings. Our intention is to remind staff at quarterly intervals of this module as stated in our communication plan. Within our action plan, there are three main projects, which will have a primary focus of the RM team in the coming year; these are the Clinical Model; Improving Observation Practice and Learning into Practice system. All three projects will require TSH to undergo organisational change in terms of the way we provide care and treatment and will need significant engagement surrounding the cultural change that will occur as we progress and complete these projects in the coming year.

12.4. There are a few challenges that remain with this work stream surrounding Shared Decision Making and the use of BRAN (Benefits, Risks, Alternatives and do Nothing) questions within our service. Due to the nature of our forensic setting and the services we provide, it remains unclear the extent of utilizing these tools in practice, taking into consideration our existing mechanisms that support decisions around treatment.

13. Resilience and Security

13.1. TSH continues to develop plans to support a resilient Incident Command Structure. The interim Covid Model has now been formalised and agreed to remain as part of the Incident Command. The model will support Incident Commanders through dedicated Loggists, Negotiators and Scene Commanders during the initial stages of an incident. The hospital continues to deliver Incident Command Training across the site at all levels.

13.2. Working alongside our partner agencies, Police Scotland have agreed to assist in the production and delivery of a negotiator package tailored specifically for our environment. Joint working has commenced and a timetable for delivery is currently being constructed.

13.3. The Prevention and Management of Violence and Aggression (PMVA) remains a priority for the hospital and following adverse event review a recommendation was to provide staff with the appropriate training and personal protective equipment (PPE) to manage violence and aggression. In June 2022, PPE equipment was received on site and staff from Rampton Hospital in England attended to deliver a nationally agreed standard of training (PMVA Level 3) to support staff to use the PPE, as well as, intervention techniques and tactics. The Hospital are currently developing the PMVA policy to reflect the use and authorisation of the PPE equipment.

13.4. Partnership development continues with external agencies. There is now an agreement with Police Scotland that a single point of contact is in place for general policing matters at the hospital. Tactical plans and primacy agreements have been developed with other strategic and tactical departments within Police Scotland. Additionally, TSH and PSOS are currently finalising a new Memorandum of Understanding to help develop our relationship and understanding of our interoperability with each other

MSR Redesign project

13.5. The redesign of the seclusion rooms (2022-TSH02) is now complete. The planned start date for the project is w/c the 25th of July 2022, with a programmed duration of 26 weeks (about 6 months) and all

completed for the end of January 2023. The work will commence in Iona 2 and then move across the wards.

Key Vend Upgrade Project

13.6. The tender process for this project (2022-TSH01) is now complete and Deister Electronic (UK) Ltd have been appointed as the successful bidder. An initial implementation meeting is scheduled for July 2022. This meeting will outline a timeframe for implementation and installation of a new key vend management system across the hospital.

Security Upgrade Project

13.7. The Security Upgrade Project (2021-TSH24) continues. The current programme (version 39) has a planned completion date of 12 September 2022. Upcoming impacts for the hospital will be the introduction of the new radios and work within the grounds to install 3 new camera columns.

13.8. Weekly look ahead reviews provide communications across site in regard to organisational impacts including potential grounds access changes. The Project Oversight Board provides monthly governance with a dedicated report provided at each of the Hospital's Board meetings.

13.9. Following completion of the security upgrade project an assurance framework will be developed to detail systems and processes for ongoing audit of security infrastructure.

14. Climate Change

14.1. A further area of key development is the TSH response to policy for NHS Scotland on the climate emergency and sustainable development - DL (2021) 38. This is led by the Executive Team through the Director of Security, Estates and Resilience. The TSH Sustainability Development Group has been established (2022-TSH03). Its purpose is to ensure that appropriate measures are taken in order to implement the Scottish Government's Sustainable Development Policy for TSH. The group report into the Audit Committee on a quarterly basis.

14.2. TSH is currently developing its climate change risk assessment and adaptation plan and these will be reflected in the Corporate Risk Register.

14.3. TSH is already progressing a range of sustainable initiatives including:

- Introduction of electric vehicles and charging points
- Biomass heating system.
- Use of surplus land for green energy initiatives.

14.4. The TSH Board has appointed a Non-Executive Director as Champion, which will ensure that the Board will be able to link with the framework of assurance reporting being established.

15. Sustainability and Value

15.1. All directorates are now actively reviewing and challenging remaining and ongoing projected Covid-19 costs and ensuring that any remaining spend aligns to essential planning assumptions. This includes assessing areas where outstanding Covid-19 activity can cease, be reduced or form part of reformed business as usual. There are a number of processes now being put in place with individual budget-holders so that the pressures of Covid related costs which will continue to be incurred will to be met within the specific Directorates as we return to "business as normal" in 2022/23.

15.2. The Hospital has established local saving initiatives to meet the financial challenge set out in our 2022/23 financial plans and while an improved level of recurring saving remains a national and audit

focus, it should be noted that of the hospital's budget only 15% of costs are non-pay related while by comparison, many territorial boards have a non-pay cost element of around 65% and other National boards have non-pay costs ranging from around 80% to 30/40%. Savings reviews across all directorate budgets have currently set out plans for approximately 80% of our savings for 2022/23, with the remainder to be addressed within ongoing reviews.

15.3. The hospital's finance team continues to engage with the Financial Improvement Network, which continues to provide support to NHS Boards through sharing best practice and identifying areas where efficiencies can be delivered.

16. Financial Planning

16.1. The draft base budgets have been established (pending notification of the AFC Pay Circular for 2022/23) and these forecast a breakeven year end position, set on achieving a current target of £0.811m efficiency savings. This could be subject to change once there is notification of 2022/23 pay circulars from Scottish Government.

16.2. The capital resource budget, which was fully utilised for 2021/22, has now been set for 2022/23 including some items for which additional funding was agreed last year and has carried forward due to the project timings – specifically regarding security work required on the MSRs and the hospital's main Key Safes. The budget is expected to be fully utilised, and we are now looking at capital demands for 2023/24 and beyond.

16.3. There are a number of pressures facing the hospital over the coming year, highlighted as follows:

- Workforce Plan Numbers and Skill mix - due in part to the fall in staff turnover, it has not yet been fully possible to achieve the planned workforce. The full workforce plan aligned to the clinical service delivery model and safe staffing legislation is linked to the Clinical Model and approved by the Board in June 2022
- Pressure from any unfunded element of increased payroll costs that are not met centrally
- Payroll impact continuing from the 2019 outcome of the legal case "Locke vs British Gas" and the potential liability for additional shift payments required
- Unfunded costs relating to ongoing Covid related activity
- Potential increases in rates
- Utility costs continuing to rise, giving an expected significant price and usage pressure in 2022/23
- A number of costs associated with the hospital estate upkeep, all monitored closely and outturns adjusted accordingly. Ongoing evaluation of this impact over the coming years is assessed for budgetary pressures to be controlled
- The requirement for the National Boards to provide additional savings of £15m on a recurring basis in 2022/23
- Savings plans – a savings plan around the workforce, capital charges and supplies may need to be extended if the on-going costs of the new Clinical Model are more than forecast. Also year on year it gets harder to identify workforce savings without impacting on patient care or security. The staffing costs for TSH are 84% of the total revenue budget. If plans fall behind the financial balance could be at risk unless other non-pay savings can be found, and currently a proportion of the savings for 2022/23 is still to be identified
- The lack of any increase in capital funding potentially leaves equipment replacement at risk, as the formulae allocation will require close control and review to be able to cover any major equipment replacement programmes

17. Performance Management and Review

17.1. The AOP and Delivery Plan Template will be reviewed quarterly with Scottish Government. These review meetings will include key leaders from TSH and Mental Health Directorate and will provide the opportunity to review quarterly performance and discuss future and emerging issues. TSH, along with all NHS Scotland Board will participate in an Annual Review process with Scottish Government

17.2. TSH has an established programme of Strategic Planning and Performance Meetings. These take place quarterly and provide the opportunity to review in detail performance and planning issues. In addition, TSH will introduce quarterly Directorate performance meetings to enable Directors and Heads of Departments protected time to review KPIs and performance metrics to review performance and identify areas for improvement and good practice.