

Oct 2021 – Mar 2022



The State Hospitals Board for Scotland

REMOBILISATION PLAN VERSION 4

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1. Introduction

This plan describes The State Hospitals Board for Scotland (TSH) approach to remobilisation for the period October 2021 to March 2022. It provides a 6-month update on progress from plans outlined in the Remobilisation Plan Version 3 (RMP3) which described the full year plans for 2021/22.

All aspects of the Boards remobilisation are aligned and reflective of the key principles outlined in The Framework for NHS Scotland: 'Re-mobilise, Recover, Redesign.' In addition to treating the mental health needs of patients our priorities for 2021/22 are:

- Address the 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 including Scottish Government and NHS Boards, as part of an overall system approach to improve the bed capacity for across the forensic mental health estate
- Improve digital capability and resilience

The core clinical function of TSH 'providing high secure care and treatment' has remained unchanged throughout the Covid 19 pandemic. Any patient who required admission for high security mental health care and treatment has been accepted and admitted. Referral routes from the judiciary, prisons and other NHS providers have been maintained.

Throughout the pandemic, the major change in TSH related to how care and treatment was delivered, supported by a safe clinical environment, where infection prevention and control has been central to all decision making.

2. Pandemic Response

2.1. Infection Prevention and Control

The delivery of care throughout the pandemic has been managed through the TSH Route Map and the Interim Clinical and Support Services Operational Policy (ICOP). The aim of ICOP has been to affect a phased remobilisation to support rehabilitative and therapeutic activity for TSH patients, whilst planning service delivery in line with the Scottish Government Route Map.

At 15 June 2021, there had been 22 versions of the ICOP reflecting the changing nature of restrictions and dynamic response to the pandemic. Version 22 supported the re-introduction of patient mixing across the site as well as the reinstatement of rehabilitative and compassionate outings.

Throughout the pandemic, focused leadership for infection prevention and control has been at the centre of the approach taken at TSH. External support has been provided in collaboration with the Public Health team in NHS Lanarkshire. TSH continues to adhere to national guidance on infection prevention and control. To support compliance a programme of Covid 19 audit work is conducted as part of the wider programme of infection control audit. TSH has recruited to a new post of Clinical QI Facilitator to add resilience for the organisation in this specific area.

Across the timeframe of the pandemic, incidence of Covid 19 in the TSH patient population has been relatively low. Robust plans are in place should any patient be symptomatic and require testing. TSH practice follows national guidance in respect of contacts who have been double vaccinated. TSH has six clinical operating models in place based on the prevalence of infection in the patient population. These have been successfully implemented across TSH throughout the duration of the pandemic and have proven successful.

2.2. TSH Living with Covid 19

The requirement to manage the risk posed to TSH from Covid 19 has been transferred to the Corporate Management Team (CMT). The following integration into business as usual practice was agreed from September 2021:

- The Scientific and Technical Advisory Group (STAG) will stand down replaced with Covid 19 related intelligence being assessed through the refreshed Terms of Reference of the Infection Control Committee.
- CMT will receive an exception report from the Infection Control Committee to actively monitor compliance and respond to Covid related issues.
- The process for outbreak management is aligned to the national model of the PAG (Problem Assessment Group) and the IMT (Incident Management Team) with external support from national specialist advice.
- TSH will participate in the Horizon Scanning Group led by NHS Lanarkshire to assess and advise on emerging pandemic intelligence locally and nationally.
- The CMT will receive local monitoring reports and surveillance intelligence as well as national modelling advice at each meeting.
- The dedicated Covid 19 support team is in abeyance with support being managed through existing structures. The Covid 19 support team and command structure can be stood up urgently, should this be required. The CMT have an additional post in place to coordinate any resilience response that may be required.

2.3. Covid 19 Vaccination Programme

TSH has undertaken a programme of vaccination for both patients and staff as part of the national roll out.

As of 31 July 2021, all eligible staff had been offered the vaccine with 88% of staff in this cohort having been fully vaccinated. This figure does not include staff who have been vaccinated by their local NHS Board through the national vaccination programme.

Within the patient cohort the uptake has been high with over 90% of patients fully vaccinated. Measurement of the data in this regard changes continually to reflect the patient flow through admissions in and transfers out of the hospital. All newly admitted patients are offered two doses of the vaccination if they have not already received it.

A group was established to plan for the roll out of Covid 19 booster and flu vaccinations for patients and staff. A delivery plan is in place to offer Covid 19 booster and flu vaccinations to front line staff and patients, starting on 1 October 2021. Staff have also been signposted to community vaccination clinics, which are accessible via NHS Inform.

2.4. Test and Protect

In line with all other NHS Boards, TSH began a programme to coordinate implementation of Lateral Flow Devise (LFD) testing at a local level. The programme commenced in December 2020. This was initially focussed on patient-facing healthcare workers, but has now been extended to all staff. This self-testing is on a voluntary basis, and all staff are encouraged to participate and register their test results on a twice weekly basis. Work continues in partnership to encourage staff to upload the results of their LFD tests.

TSH requires all contractors coming on site to undertake LFD testing. Auditing and reporting is in place. No issues have been noted with uptake and management of this control measure. All relatives

and visitors are encouraged to undertake a LFD test prior to their visit to TSH. Testing facilities are available for visitors if required.

3. Key Risks and Mitigations

There remains challenges and risks in the following areas:

3.1. Covid 19 infection outbreaks

The risk of Covid 19 infection remains high. However, the impact of the infection on staff and patient health has been mitigated to a certain extent by the roll out of the vaccination programme, as noted in section 2.3. Adaptability and flexibility will continue across the organisation in order to respond to any specific outbreak, to ensure safety and continuity of service.

Consideration is being given to re-opening the medical ward within TSH to provide care for patients should they become physically unwell. This will be undertaken in collaboration with NHS Lanarkshire Emergency Department with pre-agreed escalation points for medical intervention. Bed availability in NHS Lanarkshire will continue to be monitored to assess demand and capacity risks.

3.2. Workforce

Like all public sector organisations, there has been periods of increased staff absence associated with isolation and Covid 19 infection. Business continuity measures have been implemented in relation to the delivery of clinical service provision during reduced staffing availability. These have been tested on several occasions and will continue to be implemented should circumstances determine.

Staff recruitment activities continue in order to mitigate voids created by staff retirements. Seasonal illness continues to be a risk; however, the flu vaccination rollout is planned for all staff and patients as part of TSH annual cycle. Furthermore, work will continue to explore how enhanced resilience can be achieved within the highly specialist mental health workforce in TSH.

3.3. Management of Violence and Aggression

The management of violence and aggression continues to be a risk in TSH. This is mitigated by a range of specialist care and treatment approaches. The Care Programme Approach (CPA) reviews key clinical metrics which are monitored daily to understand how these risks are being managed and mitigated. Patients displaying escalating episodes of violent behaviour are specifically reviewed at key trigger points.

3.4. Obesity

Patient physical health remains a key clinical priority, obesity is recognised as a high risk to patient's overall health status. The Board has recently agreed a revised action plan to support healthier lifestyle choices for patients. The refreshed Supporting Healthy Choices strategy will be introduced over the next six months. A recruitment process is underway for a dedicated Programme Manager to provide focused resource and improvement for this priority area of work.

3.5. Finance

There is a risk in relation to the year-end revenue position dependant on the ongoing Covid 19 revenue funding. Funding has been received for quarters 1 and 2 – however there is no confirmation at this stage that this will continue into quarters 3 and 4. Further detail is provided under section 15 on Finance.

3.6. Clinical Model

The implementation of the Clinical Model remains at risk due to the average higher number of patients which is greater than at any other point in the last 5 years. Work is underway in collaboration with the Forensic Network and NHS Boards to find innovative solutions in the short term to alleviate bed pressures across the forensic estate.

4. National Opportunities

The Programme for Government 2021-22 was published in September 2021. This outlined that the Scottish Government will publish a formal response to the Independent Review into the Delivery of Forensic Mental Health Services later this year.

TSH together with other NHS Boards will continue with their existing plans for Forensic Mental Health Services until the policy position is determined. In the meantime, TSH will work with the Forensic Network in scoping solutions associated with improving bed flow and capacity across the NHS Scotland estate.

5. Collaboration with wider organisations

TSH continues to work collaboratively across the wider forensic system, and with NHS Scotland Boards, Scottish Government and Public Sector. Key areas of work include:

- Input to the National Secure Adolescent inpatient pathway
- Development of the use of digital technology, including extending use to enable access within judiciary services
- Working with HMP Perth, as part of the Scottish Prison Service, to explore care and treatment pathways for a small number of highly complex personality disordered prisoners
- TSH continues to collaborate with the three high secure hospital in NHS England
- TSH will continue with its work in the Global Citizenship Programme, collaborating with colleagues in Pakistan on models for forensic mental health care
- Continued participation in the Scottish Patient Safety Programme and learning from adverse events with Healthcare Improvement Scotland

6. Planning Assumptions

6.1. Staffing Assumptions:

The plan for the remaining 6 months of the year assumes that staffing levels are consistent, and there is no major business disruption due to additional pandemic surges. Should there be a pandemic surge, the organisation will revert to incident command procedures to manage the emerging circumstances.

6.2. Sustainability and Environmental Management:

TSH has agreed to establish a Sustainability Management Group (SMG). This will ensure an integrated approach to sustainable development, harmonising environmental, social, and economic issues, and embed sustainability best practice within TSH. In addition, the Scottish Government has mandatory requirements for climate change reporting, biodiversity reporting, to which all public bodies (including NHS Boards) must adhere.

COP 26

Whilst there are significant planning scenarios underway for the COP 26 Conference, TSH is not a level 1 responder for this event. The assumption therefore is that there should be no associated consequence on the admission profile at TSH.

6.3. Patient Flow

TSH has consistently experienced higher numbers of patients since the onset of Covid -19 pandemic. The Mental Directorate has commissioned the Forensic Network to advise Scottish Government of possible actions to free up beds across the forensic estate ensuring patients receive treatment in the correct level of security related to their risk profile.

TSH continues to be linked with this work whilst the key focus is on medium and low security care. This includes admission to, and transfer between, secure mental health services, suspension of detention and preparation for moving patients into the community.

TSH is working to support the Forensic Network to develop a Draft Delivery Plan. This will be submitted by the Forensic Network to Scottish Government by 28 September 2021.

7. Winter Planning

The clinical function of TSH remained constant throughout the year, admissions and discharges tend not to show seasonal variation and are not affected by normal NHS winter demand pressures. In line with previous years and in agreement with Scottish Government, TSH has not completed a winter planning checklist. Winter planning in TSH reflects the specific organisational issues that can be experienced. Areas of challenge can be:

Staff attendance during severe weather and other resilience planning

A business continuity plan is in place to mitigate the effect of reduced staffing, and other plans exist to maintain essential service, utilities, and the supply chain. These plans are regularly reviewed and tested. TSH is aligned with the Lanarkshire Resilience Partnership (LRP).

Staff absence

Staff absence at TSH is monitored daily. There is a safety huddle in place to review service delivery and any onsite challenges. Decision making is escalated to CMT if pre-determined trigger points are reached in relation to loss of staff. There is a business contingency plan for mass loss of staff. This determines core business functions for the organisation if such an event is experienced.

Annual flu vaccination

A hospital wide Winter Flu and Covid 19 vaccination programme will take place across the hospital in line with national guidance. A pandemic influenza plan exists and is regularly reviewed.

Norovirus or Viral Infection

A policy on the "Management of Patients with Loose Stools" is in place and is regularly reviewed by the Infection Control Committee (ICC). The frequency of the ICC can be increased depending on any infection outbreak, at a minimum it meets monthly.

8. Recovery and Transformation

The Scottish Government published the NHS Recovery Plan 2021- 2026 in August 2021. This plan outlines the intention of Scottish Government to deliver sustainable recovery through a series of headline ambitions and actions including care programmes. Although TSH does not directly interface with many of the clinical areas laid out in the Recovery Plan. It does recognise the ambitions and aligns with the principles of focus on the entire system, ensuring quality and patient centred care, sustainability, valuing and supporting the workforce and reducing inequalities.

TSH Directors and the Board will continue to interact with the developments laid out in the Mental Health Transition and Recovery Plan 2020 through attendance and participation in national groups. They will continue to ensure alignment of organisational strategy with the principles of co-design, holistic service design and delivery which puts the needs and rights of those who use our services at the heart of our decision making.

8.1. Delivery Plan Progress Report Template

Appendix 1: The Delivery Plan Progress Report Template details the milestones, targets and deliverables outlined from TSH RMP3. The appendix details the progress made in the first 6 months of the year against those commitments. These were specifically:

- Digital Transformation
- Physical Activity to Improve Physical health
- Organisational and Clinical Effectiveness
- Staff Health and Wellbeing
- Building a Personalised Approach to Care
- Safety and Security

8.2. Recovery and Transformation specific to TSH

Key strategic areas of development include:

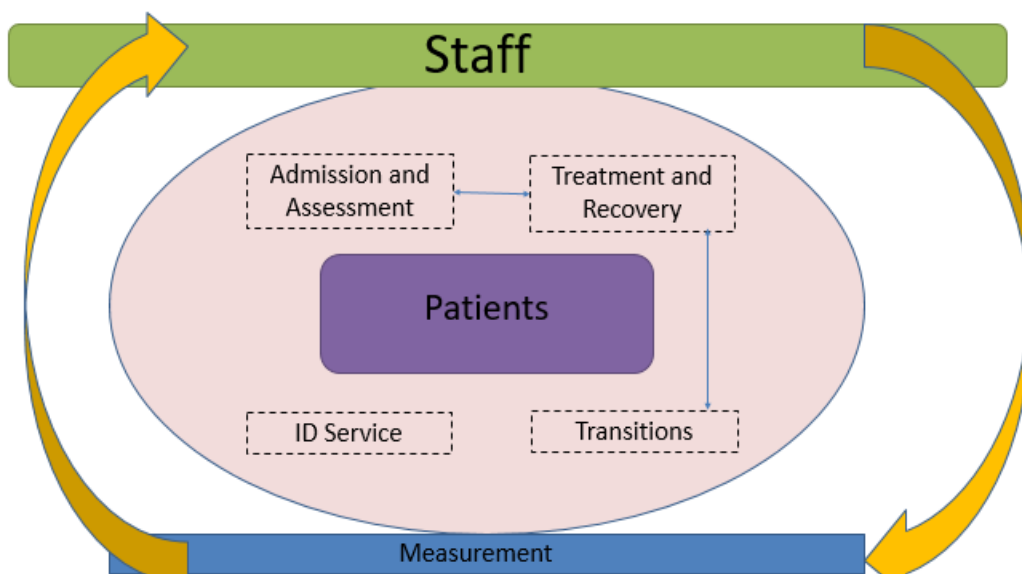
- Clinical Model and activity pathway redesign
- Digital Inclusion
- Staff Health and Wellbeing
- Performance Management and Continuous Improvement

9. Clinical Model and activity pathway redesign

The Clinical Model aim is to achieve a more focused recovery journey through TSH for patients and a safer working environment for staff.

The average length of stay for a patient in TSH is 6 years. Therefore, it is vital that patients experience a sense of progression and achievement through their clinical journey from admission to discharge. This will be achieved by changing the function of wards into Admission and Assessment, Treatment and Recovery and Transitions for major mental illness patients, together with 2 Intellectual Disability wards.

Engagement work has recommenced, and initial mapping has been carried out to check model fidelity. This is a restart of previously paused work where the evidence and intention were approved by the Board. The diagram below aims to have patients central to the core clinical function of the organisation.



The activity pathway redesign is integral to supporting all patients at each stage of their recovery journey as part of the new model.

Using Quality Improvement approaches and methods, TSH have identified barriers to change, mapped processes to understand patient and staff experience of the current systems and will design tests of change to develop innovative approaches and solutions to the activity pathway design.

Further work is underway to address the synergy and relationship between the clinical model and activity pathways to support patient progression and their physical health needs.

10. Digital Inclusion

The Scottish Government has set out a Digital Inclusion Strategy for all its citizens, and this is underpinned by a Digital Participation Charter. TSH is committed to ensuring its patients' needs are supported in this.

10.1. Virtual Platforms:

Virtual platforms are presently used for a range of interventions including virtual visiting, physical health interventions and clinical groups. A digital process has been successfully established with the Parole Board for Scotland.

The video conferencing facility is presently available for the provision of clinical groups with patients in attendance. To continue with our expansion of this digital innovation, 5 Polycom units and associated equipment has been purchased for each Multifunction zone and the Vocational Activity Suite in the Skye Centre, this enables access for all patients across the site. Patients, families and carers have welcomed this innovation in the use of technology at TSH.

The use of Microsoft Teams as a platform for the provision of patient groups, is still being considered and a local DPIA is being progressed. A national Data Protection Impact Assessment (DPIA) is awaited for the use of this platform for clinical groups.

10.2. Tableau:

A Quality Improvement project is underway to investigate how TSH can increase Tableau use. Business Tableau is a digital interface that enables the presentation of a range of real time data. The overall aim of this project is to increase the number of staff using the system and their confidence in using digital technologies. There are currently 8 dashboards which are live on the system, 5 under development and 2 project proposals accepted for future scoping and development.

10.3. Near Me

The Near Me platform is used widely across the NHS and within TSH for the delivery of physical health consultations and clinical interventions. This platform is a suitable option for the delivery of clinical groups due to the controls and security measures that are already in place. The present functionality of this platform however is considered to be limited for what our clinicians would like to achieve, developments are being progressed with an expected release date for the upgrades in October 2021.

10.4. Technology and Communications Short Life Working Group:

Scottish Government requested that a Communications and Technology Short Life Working Group (SLWG) was convened in Dec 2020 to reconsider work carried out in 2018. The SLWG aimed to balance support for patients to maintain social and family ties whilst maintaining security, safety, and privacy. The group reconsidered the original piece of work, revisited the themes contained within the report and refreshed the recommendations for use in forensic mental health settings in Scotland. Approval is awaited from Scottish Government Mental Health Directorate.

In addition to the work cited above Appendix 1, The Delivery Plan Progress Report Template, details additional digital projects that TSH are progressing. These include (* indicating national projects subject to national timescales and budgets):

- Second stage roll out of windows 10*
- Office 365 Implementation of SharePoint*
- RiO upgrade
- NIS Implementation of audit recommendations
- Patient Electronic Catalogue Access
- ERostering*
- HEPMA implementation (linked to NHS Lothian)
- Cyber security

11. Staff Health and Wellbeing

TSH has adopted a tiered support model, based on the principles of psychological first aid (care, protect, comfort, support, provide, connect, and educate) as part of staff health and wellbeing approaches.

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. TSH have embedded a Staff Wellbeing Centre, which has Wellbeing Facilitators available for staff to provide in person support. TSH have committed to development of a Staff Health and Wellbeing Strategy with the intention of:

- Promoting a culture of care and concern for staff, which demands that everybody accepts responsibility for their own and others' wellbeing
- Promoting a culture of open conversation so that we talk about our wellbeing and mental health and make support available when colleagues may be experiencing challenge
- Providing support and signposting aimed at encouraging colleagues to use tools for managing total wellbeing, including mental health
- Ensuring working environments are healthy, safe, secure, and fit for purpose

The aim is to have a healthy, happy, engaged and thriving workforce. The plan is to evolve TSH health and wellbeing offer in line with the emerging and dynamic needs of staff.

12. Performance Management and Continuous Improvement

The Strategic Planning and Performance Group (SPP) met for the first time on 11 August 2021. The SPP supports the development and review of strategy in planning and performance and reports to the CMT.

As TSH engages on recovery and develops plans for the future, management of performance is vital in enabling clear direction underpinned by performance measurements. TSH has recently developed a Performance Workbook which provides a comprehensive overview of the data collected across the organisation, aligned to the corporate objectives, and the commitments of the Remobilisation Plan. TSH has recently used the Performance Measurement Blueprint approach (PuMP) with teams in HR and e-health to develop performance measures and track performance results in these areas. This approach based on continuous improvement will continue to be developed across TSH as more teams are trained in the use of this methodology.

13. Business Continuity and Resilience Planning

Resilience and emergency planning is reported through the Security, Risk and Resilience and Health and Safety Group to the CMT. There is also an annual report to the Board's Audit Committee. Resilience priorities for 2021/22 include:

- Continue to review, test, and update all Level 2 plans
- Re-introduce Incident Command Training at all levels
- Continue to develop and grow TSH relationships with partner agencies
- Increase compliance with NHS Standards for Organisational Resilience
- Finish Level 3 multiagency plan review

TSH connects with the West of Scotland Regional Resilience Partnership to network and share best resilience practice. TSH Director of Security, Resilience and Estates chairs the Contingency Planning Liaison Group which is a multi-agency group that oversees emergency planning arrangements and reports to the Lanarkshire Resilience Partnership (LRP). The LRP is chaired by the South Lanarkshire Council Emergency Planning Officer. The LRP is the lowest level of the national structure for emergency planning and reports to the West of Scotland Regional Resilience Partnership, which we link with. TSH is also linked into the NHS Resilience Forum, hosted, and chaired by Scottish Government NHS Resilience.

Shared learning and understanding continues to come from the Scottish Government Emergency Response and Preparedness Group. Lessons learned allow TSH to adapt, change and modify how we operate.

TSH continue to work closely with the Scottish Prison Service, sharing of information is key in this process, especially around those patients that come into the care of TSH from the prison setting. It is important that once the patient is admitted that relationships are maintained with the referring establishment. TSH also look to utilise training opportunities from the prison service in line with Incident Command

Relationships with Police Scotland are established. Close links have ensured there is a strengthened understanding and shared operating practice. We now have specific Police Liaisons Officer in place to maintain and develop TSH local and national relationship.

TSH's relationship with the Scottish Ambulance Service is maintained via joint working on our response plans, ensuring that both parties are up to date with specific needs and requirements.

Relationships with the Scottish Fire and Rescue Service remain strong. This is maintained via joint working on response plans ensuring that both parties are up to date with specific needs and requirements. A drive to restart regular visits is underway to allow the local responders to have an awareness and understanding of what to expect on arrival at TSH.

13.1. Business Contingency

Business Continuity Plans (BCP) are being reviewed and have been updated where required. Throughout the year, plans are in place to continue to test TSH Level 2 plans and ensure resilience. Work has also been undertaken to reconfigure the pandemic resilience plan as a result from Covid 19 and adapted to new lessons learned. We continue to engage with resilience partners to set out a plan to live test TSH multi-agency plans in the forthcoming year.

14. Workforce Plan

TSH submitted an interim Workforce Plan to Scottish Government in July 2021. This plan reiterates that the most valuable asset in TSH is our workforce. Individuals and teams across the organisation play a pivotal role in maintaining the safety and security of the site whilst delivering front line care to patients in sometimes challenging and complex circumstances. The Interim Workforce Plan outlines

stakeholder engagement, supporting staff physical and psychological wellbeing, short and medium-term workforce drivers and supporting the workforce through change.

The Interim Workforce Plan 2021/22 sets out anticipated workforce challenges due to planned retirements and outlines the range of actions planned to mitigate risks. This remains a live issue for TSH with safe staffing levels being a key priority to ensure safe delivery of care and staff wellbeing.

The configuration of TSH workforce has changed in response to Covid 19. In light of the pandemic, colleagues have been redeployed from non-ward based roles to support the ICOP and the provision of Covid 19 care, alongside a targeted recruitment exercise to increase TSH available nursing workforce.

A HR and Wellbeing Group has been established, meeting monthly, to assist in identifying and addressing local needs. This includes representation from clinical and support services, staff-side, psychological services, organisational development, and human resources. Input from the occupational health service and other relevant services is sought as and when required. Within TSH there is a nominated Wellbeing Champion who has a lead role in the co-ordination of the local response and will support the development of a staff wellbeing strategy for TSH for 2022

The Health and Care (Staffing) (Scotland) Bill 2019 has been produced with the aim to enable safe and high-quality care by making the provision of appropriate staffing in health and care statutory, resulting in better outcomes for service users. Formal work on safe staffing recommenced as in August 2021, and the local workforce lead is liaising with the Programme Advisor Healthcare Staffing Programme to identify and agree local priorities with a focus on real time staffing informed through the development of local business intelligence reporting. TSH will comply with the progression of this national work stream.

Work has commenced on the 3 year Workforce Plan which is due for submission to the Scottish Government by the 31 March 2022. This will be developed in partnership across TSH staff groups, and will include assessment of any impact from the development of the new Clinical Model. Work is also ongoing, linking into the West of Scotland HRD Group to discuss the requirements of the Region and how TSH can support the agenda to contribute to NHS Scotland's overall Workforce Plan.

14.1. Potential Female High Secure Provision

The Independent Review into the Delivery of Forensic Mental Health Services was published on 26 February 2021. The review recommended that a high secure service for women be established at TSH. At present, there are no high secure female beds in Scotland for either mental illness or intellectual disabilities. At this point, it is not known if Scottish Ministers will accept this recommendation.

A costing exercise has been completed and submitted to the Mental Health Directorate. Further discussions will determine if a female service was to be established in Scotland, where this might be sited. If TSH should become the host site for this new service, recruitment of a dedicated workforce for female high secure provision will be required.

15. Finance Plans

Due to the Covid 19 pandemic, additional specific costs are being incurred on an ongoing basis. These costs have been identified since the onset of the pandemic in March 2020, as the Hospital operates under new ways of working. Reporting and forecasting is in line with SG expectations and a next follow-up meeting is expected in October 2021.

While TSH budget for 2021/22 was drafted with an assumption that Covid 19 related costs would continue though Q1 and Q2 only, TSH monitor this position on a month-by-month basis for reporting and forecasting. This will ensure all relevant costs are included for consideration in the new year's

Covid 19 allocation process, and currently await national guidance on the approval of costs expected to be ongoing into Q3 and Q4.

Continuing in the main from 2020/21, the principal revenue costs incurred in relation to Covid 19 in 2021/22, as submitted in the Board's Q1 return and Q2 forecast are as undernoted:

- Overtime costs Q1 £130k – additional overtime incurred each month due principally to the increased levels of staff absence arising from Covid 19 absences (classified as special leave), together with an element of high-level clinical demands. (This is principally re Nursing but includes £10k re Infection control and Security).
- Nursing recruitment £150k – these costs are to be confirmed with Scottish Government regarding the correct allocation of costs of additional student nurses to confirm if these are to be funded directly through the Covid 19 funding as in 2020/21.
- Additional deep cleaning £5k – being extra cleaning requirements specific to rooms for patients with positive Covid 19 test results.
- Telephony, related IT, and digital costs £3k – being the costs of teleconferencing and other remote communication costs now being incurred – this is now much reduced due to the wider use of teams.
- Estates/facilities costs £15k – including the requirement for additional food container for the appropriate provision of safe catering.
- “Dual running” staff costs – £12k – relating to Covid 19 support posts ongoing. This expenditure will be kept under review and discussions are active with the Scottish Government Finance Directorate.
- Perimeter project contingent costs - while an element of delay was incurred due to the site restrictions in late January / early February 2021, the final value is under evaluation for final agreement as the actual cost, while relating to this period, will be charged in 2021/22.

Looking beyond 2021/22, TSH budgeting forecast for 2022/23 is set on the basis that Covid 19 related costs will no longer be ongoing by that time, and that the Hospital will have reverted to normal ways of working. As noted elsewhere, TSH are due to implement the new Clinical Model by then, the forecast will include assessment of any potential financial impact of that process.

TSH continue to set longer-term forecasts on a three-year rolling basis in order to identify any future financial pressures at the earliest opportunity in order that these can be notified to Scottish Government finance.

16. Corporate Governance Blueprint

16.1. Board Update:

Three Non-Executive Directors were appointed to the Board at the beginning of the year following a recruitment programme led by Scottish Government. A new Board Chair was appointed in July 2021, and in September 2021 a new Employee Director was appointed.

These changes have opened a vacancy for Non-Executive Whistleblowing Champion. Interim arrangements are in place for any Non-Executive Director to act as a contact in relation to concerns raised through the whistleblowing process, until this vacancy is filled.

An induction programme has been implemented locally to support new board members and to align with national board development initiatives led through NHS Education for Scotland.

16.2. Board Governance Framework:

Throughout the Covid 19 pandemic, TSH Board has been able to continue to follow its existing standing orders, offering a strong governance framework through which its response to the continuing crisis has been managed. This has been kept under close review by the Board, and the existing arrangements are working effectively to provide a strong governance framework for the conduct of board business. It is recognised that the continuing risk presented by Covid 19 is high, but there are no significant risks on the horizon to suggest that this will not remain the position during the next six months, and it is the intention of the Board to continue with this framework.

Board and Committee meetings are planned to continue with the established schedule of meetings during 2021, and the schedule for 2022 will be presented to the Board at its meeting on 28 October 2021. At present meetings are being held virtually, and the Board is reviewing hybrid approaches with a mix of in-person and virtual attendance for the future. This will support the role of the Board as a national board, particularly in relation to public board meetings.

The Board has re-started focussed work on its Corporate Governance Improvement Action Plan, with progress updates being considered at its meetings in April and August 2021. Most actions have now been closed as completed, with work re-started on the remainder. The Board considers that this will be a strong basis upon which to engage with the Active Governance framework being led nationally by the Board Development Team in NHS Education for Scotland. Links have been established to plan for a board development session planned for November 2021, tailored to the unique requirements of TSH.

The Project Oversight Board for the Perimeter Security and Enhanced Internal Security Systems has continued to function and reports regularly to the TSH Board.

The advisory committee structure has continued to function led by the Clinical Forum. The Chair of the Clinical Forum is a standing invitee to both the CMT and the Board.

16.3. Management Structure:

Following the phased move out of incident command into an interim management structure on 9 December 2020, this structure was formally reviewed and agreed as a permanent structure in April 2021.

The management group structure is now well established and continues to be developed further, supported through structured approaches led by the Board Secretary through governance self-assessment tools, as well as by the Organisational Development team. This will be a continued area of focus in the next six months, particularly further development of the Hospital Management Team to support and strengthen opportunities for dispersed leadership throughout the organisation. Partnership working continues to be integral. The Employee Director is a member of the CMT, and joint staff side colleagues are involved at every level of governance.

TSH continues to recognise the risk that Covid 19 presents to the safe delivery of care to our patients, and that the incident command structure may have to be stood up in response to significant change.

Appendix 1 The Delivery Plan Progress Report Template

The attached document is The Delivery Plan Progress Report Template which provides details on the milestones, targets and deliverables outlined from TSH RMP3. The paper details the progress made in the first 6 months of the year against those commitments.



TSH Remobilisation
Plan Delivery Template