THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 23 AUGUST 2018
9.45am

The Boardroom, The State Hospital, Carstairs, ML11 8RP

A G E N D A

1.	**Apologies**		
2.	**Conflict(s) of Interest(s)** To invite Board members to declare any interest(s) in relation to the Agenda Items to be discussed.		
3.	**Minutes** To submit for approval and signature the Minutes of the Board meeting held on 28 June 2018	For Approval	TSH(M)18/06
4.	**Matters Arising:**		
(a)	**Actions List**	For Noting	Paper No. 18/48
5.	**Chair's Report**	For Noting	Verbal
	CLINICAL GOVERNANCE		
6.	**Implementation of Specified Persons Regulations – Annual Report** Report by the Security Director	For Noting	Paper No. 18/49
7.	**Fairer Scotland Duty** Report by the Chief Executive	For Noting	Paper No. 18/50
8.	**Request for Approved Medical Practitioner** Report by the Medical Director	For Approval	Paper No. 18/51
9.	**Clinical Governance Committee** Chair's Report following meeting - 9 August 2018	For Noting	Verbal
	STAFF GOVERNANCE		
10.	**Medical Appraisal & Revalidation** Report by the Medical Director	For Noting	Paper No. 18/52
11.	**Staff Governance Committee** Approved Minutes – 31 May 2018	For Noting	SG(M) 18/02

CORPORATE GOVERNANCE

12.	**Finance Report to 31 July 2018** Report by the Director of Finance & Performance Management	For Noting	Paper No. 18/53
13.	**Service Transformation and Sustainability - Update** Report by the Director of Nursing & AHPs	For Noting	Paper No. 18/54
14.	**LDP Performance Report to 31 July 2018** Report by the Director of Finance & Performance Management	For Noting	Paper No. 18/55
15.	**Communications - Annual Report 2017/18** Report by the Head of Communications	For Noting	Paper No. 18/56
16.	**Audit Committee** Draft Minutes - 28 June 2018	For Noting	A(M)18/03
17.	**Chief Executive's Report**	For Noting	Paper No. 18/57
18.	**Board and Sub- Board Meetings – Draft Schedule for 2019**	For Noting	Paper No. 18/58
19.	**Any Other Business**		

DATE & TIME OF NEXT MEETING

20. Thursday 25 October 2018, 9.45am in the Boardroom, at The State Hospital, Carstairs ML11 8RP

21. EXCLUSION OF PUBLIC AND PRESS

To consider whether to approve a motion to exclude the Public and press during consideration of the items listed as Part II of the Agenda in view of the confidential nature of the business to be transacted.

THE STATE HOSPITALS BOARD FOR SCOTLAND ***TSH(M)18/06***

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 28 June 2018 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Chair:	Terry Currie
Present:	
Non Executive Director	Elizabeth Carmichael
Chief Executive	James Crichton
Employee Director	Anne Gillan
Non Executive Director	Nicholas Johnston
Finance and Performance Management Director	Robin McNaught
Director of Nursing and AHPs	Mark Richards
Medical Director	Lindsay Thomson
Non- Executive Director	Maire Whitehead
In attendance:	
Head of Social Work	Kathy Blessing
Security Director	Doug Irwin
Head of Communications	Caroline McCarron
Head of Corporate Planning and Business Support	Monica Merson
Board Secretary	Margaret Smith
Interim HR Director	John White

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Currie welcomed everyone to the meeting, and noted apologies from Mr Bill Brackenridge.

NOTED

2 CONFLICTS OF INTEREST

There were no declarations of conflicts of interests from Members in respect of the business to be discussed at this meeting.

NOTED

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 26 April 2018 were noted to be an accurate record of the meeting.

AGREED

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board noted progress on the action points from the last meeting. Mark Richards advised that

an update in relation to the post of Gardener within the Skye Centre would be provided during Item 9 [Skye Centre Annual Report].

NOTED

5 CHAIR'S REPORT

Mr Currie updated members in regard to the most recent meeting of the NHSScotland Chairs Group which had met on 21 May 2018. He advised that Ms Aileen Campbell MSP, Minister for Public Health had attended the meeting on behalf of the Cabinet Secretary for Health and Sport.

The Minister had underlined recognition of improvement made in meeting waiting times targets as well as the need to maintain momentum in this area. She had advised that a new approach to public health will be published in June 2018 and that this would include updated policy advice in respect of smoking. There had also been particular emphasis from the Minister on seeking improvement across the mental health arena in relation to young people in particular.

The group had received a presentation from Ms Christine McLaughlin, Director of Finance Scottish Government Health and Care Directorate, in respect of the five year financial plan for NHS Scotland.

There had also been a discussion on the potential impacts of Brexit on NHS Scotland, and it was noted that HR Directors should prepare to update their Boards on this in relation to workforce planning. All Boards should be actively planning for the operational implications of Brexit and this should be led through consideration of Board readiness for potential operational impacts of EU withdrawal. Each NHS Board should consider whether some impacts were already underway and had been identified. If so, Board should consider what mitigation had been put in place. Boards should also consider what further action may be necessary to ensure operational readiness.

Boards should also review risk in the context of Brexit and EU withdrawal i.e. how these risks were being recorded and what mitigation had been put in place. Boards had a responsibility to ensure that they had sufficient data to enable planning for the impact of EU withdrawal on their workforce as well as on the services provided. This should include communication with and support of EU27 staff as well as the future immigration status of non-UK EEA staff.

Mr Currie noted that Mr Paul Gray, Chief Executive of NHSScotland had circulated a copy of the Ladder of Escalation document, and that Ms Smith would circulate this to Members of the Board.

Action – Ms Smith

Mr Currie updated Members on the Sports Awards Dinner which had taken place on the evening of the 20 June 2018, and had been a positive and successful event.

Along with other members of the Board, Mr Currie had attended the NHSScotland Event which took place on 18 and 19 June 2018.

Mr Currie advised that an event would take place at the National Museum of Scotland on the evening of 5 July as part of the NHS 70th Anniversary celebrations. Along with the Chief Executive, six other staff members had been nominated from different areas throughout the hospital. They had been selected in recognition of the excellent contribution they had made to the NHS through their working lives at The State Hospital (TSH).

Mr Currie noted the appointment of a new Cabinet Secretary for Health and Sport, in Ms Jeane Freeman MSP as well as Ms Clare Haughey MSP as Minister for Mental Health, who it was noted had considerable clinical experience in nursing within this remit. Mr Currie also noted the promotion of local MSP, Ms Aileen Campbell to the position of Cabinet Secretary for Communities and Local Government.

NOTED

6 CLINICAL GOVERNANCE ANNUAL REPORT FOR YEAR ENDED 31 MARCH 2018

The Board received a paper from the Chair of the Clinical Governance Committee, Mr Johnston, which outlined the wide range of activity overseen by the Committee during 2017/18 – this included the Committee's Terms of Reference, Reporting Structures and Work Programme.

Mr Johnston highlighted the key points of the report, underlining the priorities of the Committee within clinical governance at TSH, e.g. Supporting Health Choices; as well as areas of good practice which had been reviewed. He asked Members to note the content of the report, and to give approval on the basis that the Committee had fulfilled its terms of reference.

Mr Currie thanked Mr Johnston for a very thorough and comprehensive report. Mrs Carmichael noted that the Patient Activity report provided by internal auditors had been noted at the Audit Committee, and would be brought to the Clinical Governance Committee going forward for separate discussion on the clinical issues raised.

Board Members noted and approved the Annual Report of the Clinical Governance Committee for the year ended 31 March 2018.

APPROVED

7 SERVICE TRANSFORMATION AND SUSTAINABILITY – UPDATE

A paper was received from the Director of Nursing and AHPs which provided Members with an update on the work of the Service Transformation and Sustainability Group, and included an update on the priority actions agreed by the Board in its development session which took place on 31 May 2018 as well as the workstreams put in place to take these priorities forward. He brought Members' attention to the examples provided of the work being considered within each workstream as well as providing an overview of activity.

Mr Currie thanked Mr Richards for this update, and noted this paper should be for discussion by the Board.

Mrs Carmichael noted appreciation of the amount of work involved as well as the need for this work to be progressed within a short timescale, and asked whether a timescale could be presented which would demonstrate to the Board, the period in which benefits could be expected to be realised. Mr Richards picked up this point in reference to three workstreams; testing the 9 to 5 model, clinical observation practice and the development of electronic rostering within nursing.

The 9 to 5 model had been discussed within Partnership Forum, who had requested some further detail. This would be reviewed again at Partnership Forum in July to enable immediate engagement with staff, with a view to implementation in August 2018. Clinical Observation Practice was being progressed with the appointment into post of one staff member for one day per week. Electronic rostering for nursing staff would be taken forward as an investment proposal and, if agreed, this would entail a three month implementation phase. Mr McNaught picked up the point that the system could be managed manually at present, in readiness for this change.

Mrs Carmichael understood from internal auditors that they would seek a more detailed project plan with concrete milestones in place and evidence of this through implementation. The Board should have oversight here in terms of governance. Mr Richards advised that a timeline was in place and that an update would be brought to the Board in this regard in August.

Action – Mr Richards

Ms Blessing asked for clarification that implementation of the 9 to 5 model would be with cognisance of individual patient need to provide seamless through care. Mr Richards and Professor Thompson both agreed that this should be the case.

Mr Johnston asked for further consideration of those points signalled as "potential unintended consequences" as really being expected but undesirable rather than unintended consequences. Mr Richards took this point on board for reflection and amendment.

Action – Mr Richards

Mr Currie raised the issue of attendance management and acknowledged the work already being progressed in this regard. At the same time consideration should be given to what other actions could be taken to tackle the issue. He sought assurance around the robustness of the policy and diligent implementation of the policy. At the same time, and whilst attendance management may be the most important issue facing the organisations as a whole, each of the other priorities agreed by the Board should also be progressed.

Mr Currie asked Mr Richards to share the feedback collated from staff through the staff survey carried out. The key messages had been – concerns in respect of safety, regarding the need for a further savings plan, and the need for a single admissions ward.

Action – Mr Richards

Mr Currie asked Mr Johnston (as Chair of the Clinical Governance Committee) to liaise with Professor Thomson regarding the review of the clinical model.

Action – Prof. Thomson

Mrs Carmichael noted the advice from the external auditor of the urgency for action to underpin resilience within TSH now, and Mr Currie underlined this point.

Mr Crichton provided assurance that each member of the Executive Team shared the drive to progress this work. The 9 to 5 model was progressing but did require further engagement with staff, and this would be led through the Partnership Forum as Mr Richards had outlined. In terms of attendance management, short term absence rates had improved. In answer to a point from Mr Curie about the level of support line managers needed to implement policy, Mr White noted that although there had been difficulty in resilience within HR, work was being progressed to implement the recommendations from the internal audit report on sickness absence- e.g. automated trigger point reporting to line managers. To support this work, an HR advisor and an HR Manager had been seconded from NHS Lanarkshire as well as utilising their bank administration support. A follow up visit would be arranged with internal auditors. Mr Crichton advised that he and Mr White were reviewing the model of service delivery within HR.

Mr Gillan raised the issue of staff concerns on safety within the hospital, and highlighted that there was a feeling among staff that there was a need for an acute ward. Mrs Whitehead asked for clarification around why the Patient Active Day had not been progressed fully, and asked if this was linked to the issue of patients who were more acutely ill meaning that wards could not be closed as those patients were too unwell to participate in the Active Day.

Professor Thomson noted that there had been reference in discussion to both an admissions ward and an acute ward, and clarified that these were not the same thing. The Patient Active Day model was predicated on being able to close wards as the patients were all in attendance. There would be a need to plot out the needs of each patient and this was difficult to do. It would also require consistent staffing as a lack of consistency could impact the most unwell patients the most.

Mr Richards added that there had been compelling narrative from the staff feedback on two points: that staff felt less safe, and that the clinical model was not fit for purpose.

Mr Currie summed up the discussion emphasising the need for progress on each of the priority areas determined at the Board Development Session. The Board noted this update and that a further update would be brought to the next meeting in August.

Action – Mr Richards

NOTED

8 SAFE AND EFFECTIVE STAFFING

A paper was received from the Director of Nursing and AHPs which proved the Board with an update on new legislation in the form of The Health and Care (Staffing) (Scotland) Bill which was introduced to parliament on 23 May 2018. The Bill would provide the statutory basis for the provision of appropriate staffing to enable safe and high quality care and improved outcomes for patients. Mr Richards led Members through the detail of the legislation and the particular implications for TSH as a high secure hospital. The legislation would not put in place prescriptive minimum staffing levels, and a multi-disciplinary approach could be beneficial at TSH.

Mr Irwin asked if this was in relation to clinical staffing in particular and Mr Richards confirmed that this was the case. Mr Irwin thought that this could be used as an opportunity across the site to consider safe staffing in all areas.

Members were content to note this paper.

NOTED

9 SKYE CENTRE ANNUAL REPORT

A paper was received from the Director of Nursing and AHPs, which provided an update on patient activity services within the Skye centre for the period June 2017 to May 2018. Ms Garrity was in attendance to lead Members through the report. Before she did so, Mr Richards asked her to update the Board on the issue of recruitment of a gardener as this had been raised under Matters Arising. Ms Garrity confirmed that recruitment into this position had been problematic, and that the job description had been revised and was being re-advertised. The advert was being targeted within horticultural publications as well as the local authority to try and engage interest.

Ms Garrity highlighted the work carried out in the Skye Centre during the past year, as well as the challenges faced e.g. staff turnover leading to vacancies as well as the contribution made to the savings action plan with staff being redeployed to ward areas.

Ms Garrity advised Members that the although the Patient Active Day had been a key piece of work undertaken by the Skye Centre during the past year, this had not resulted in as much support for the centre as had been hoped for, and was an ongoing piece of work.

Mrs Carmichael asked about progress toward a single system to capture all patient activity; as well as clear milestones for monitoring impact. Ms Garrity advised that a sub-group had been set up to take this forward through RiO – the aim was to be able to produce individualised reports for patients for attendances at Skye, which could be shared with clinicians.

In answer to a question from Mr Currie about the speed of implementation of the Patient Active Day, Mr Richards advised that the scheme had been piloted and had faced some difficulties. Mr Crichton advised that the model was rolled out three years ago on the basis of learning as we go. Implementation had raised some issues that the hospital had not been previously sighted on and this would be reviewed by the Clinical Governance Committee. It should be recalled that internal audit had been targeted at complex clinical issues and would therefore be challenging and would demonstrate the level of complexity of factors at play.

Mr Richards asked Ms Garrity to clarify the impact of the change in induction process at the Skye centre, and Ms Garrity confirmed that a more pro-active approach had meant that patients could attend more quickly.

Professor Thomson asked for clarification around the number of interventions as the data appeared to suggest a drop in the past year. MS Garrity confirmed that the no of referrals had reduced due to inductions but would need to re-consider the detail of the data to see if this presented an answer to the underlying reasons for the drop in interventions. It was noted that there was an error in the wording on page seven in terms of the numbers of incidents reported which should be corrected. It was also agreed that it would be helpful for the items under Future Work to have timescales indicated for implementation, and this would form part of the next report for the Skye Centre.

Actions – Ms Garrity

Mr Currie congratulated Ms Garrity for the improvements made to the report and thanked the team for their work.

NOTED

10 SUPPORTING HEALTHY CHOICES

The Board received a report from the Medical Director on the work of the Supporting Health Choices Implementation Group, with an action plan to indicate progress in each area.

Professor Thomson underlined the very good progress made on the fifteen point plan, which had been approved by the Board in June 2016, and underscored the progress in relation to each point in the plan which had been progressed and was going in the right direction of travel.

Mr Richards stated that this was a very positive report. He suggested that it would be helpful to note the specific impact resulting from the implementation of each action point. He also added that the recent carer event at the Skye centre had given him pause for thought in terms of whether it would be possible to introduce the concept of patient roles models within this context.

Members were content to note this report.

NOTED

11 CLINICAL GOVERNANCE COMMITTEE

The Board was asked to note the draft Minutes of the Clinical Governance Committee meeting held on 10 May 2018. These minutes would be brought to the next Clinical Governance Committee for approval.

NOTED

12 DRAFT WORKFORCE PLAN

A paper was received from the Interim Human Resources Director, which outlined the progress made to March 2018 on the five year Workforce plan (2016-2021). The plan identified key workforce work streams to improve service delivery. Mr White also updated the Board on the new three year pay award put forward by the Scottish Government for agreement, and confirmed that a further update would be brought to the Board in due course.

Mr White provided Members with a summary of the report and the Board noted this updates and approved the priorities for 2018/19 and the proposal to update the Staff Governance Committee at routine intervals.

APPROVED

13 STAFF GOVERNANCE ANNUAL REPORT FOR YEAR END 31 MARCH 2018

The Board received a report from the Chair of the Staff governance Committee, Mr Brackenridge, and noted the key work of the Committee throughout the year including an update on the 2020 Workforce Vision, Dignity at Work and Mandatory and Statutory training.

There was a question over the number of meetings and this was clarified as the meeting scheduled for 1 March had been deferred to 5 April due to very inclement weather. An amendment should be made to the report on page 2 to list "attendees" rather than "ex-officio" members. On this basis, the report was approved.

Action – Ms Smith/ Mr White

APPROVED

14 ANNUAL REPORT OF THE REMUNERATION COMMITTEE FOR YEAR ENDED 31 MARCH 2018

A report was received from the Chair of the remuneration committee, Mr Currie.

It was noted that on page two of the report, it should be listed that the Committee had met four times. In addition, an amendment should be made to list "attendees" rather than "ex-officio" members. On this basis, the report was approved.

Action – Ms Smith/ Mr White

NOTED

15 STAFF GOVERNANCE COMMITTEE

The Board was asked to note the Minutes of the Staff Governance Committee meeting held on 5 April 2018.

NOTED

16 REPORT ON THE ANNUAL ACCOUNTS FOR YEAR ENDED 31 MARCH 2018

A report was submitted to the Board, from the Finance & Performance Management Director, which invited the Board, based on the recommendation from the Audit Committee, to adopt the Annual Accounts for the year ended 31 March 2018 and approve submission to the Scottish Government Health and Social Care Directorate.

The Board was asked to authorise:

- the Chief Executive to sign the performance report
- the Chief executive to authorise the Accountability report
- the Chief Executive and the Director of Finance and Performance Management to sign the Statement of Financial Position.

The Board provide appropriate authorisation to take forward all of the above.

Actions – Mr Crichton/ Mr McNaught

APPROVED

17 ANNUAL REPORT OF THE AUDIT COMMITTEE FOR YEAR ENDED 31 MARCH 2018

A paper was submitted to the Board, from the Chair of the Audit Committee, Mrs Carmichael, who outlined the key points for Members. She noted that the terms of reference should have been included and asked the Board to approve the Board which demonstrated that the Committee had met these and fulfilled its remit for the year.

The Board approved the report.

APPROVED

18 INTERNATIONAL TRAVEL REQUEST

A paper was submitted from the Chief Executive, which outlined a request from a member of the clinical team to attend an international conference. Mr Crichton underlined the learning opportunity and the broad range of topics to be discussed.

Professor Thomson confirmed the direct clinical relevance of the subject being discussed at conference for the TSH patient cohort.

The Board was content to approve this proposal.

APPROVED

19 FINANCE REPORT AS AT 31 MAY 2018

The Finance Report to 31 May 2018 was submitted to the Board by the Director of Finance and Performance Management, and Members were asked to note the content of this report.

Mr McNaught led Members through the report highlighting the key areas of focus. Within revenue, the Board was reporting an overspend position of £0.058m to 31 May 2018 compared to the previous month where an underspend of £0.040m had been reported. Mr McNaught outlined the reasons for this movement, emphasising that the measures taken in the savings plan to year end resulted in reduced overtime (paid in April salaries). Work was being progressed to reduce overtime to a sustainable level.

Mr Crichton asked whether there was clarity for the pay award announced, and Mr McNaught advised that this had not yet been confirmed. The position was not clear in terms on incremental uplifts above 3%.

The Board noted the report.

NOTED

20 LDP PERFORMANCE REPORT 2017/18

A report to 31 May 2018 was submitted to the Board by the Director of Finance and Performance Management, which presented a high-level summary of organisational performance for the year

April 2017 to March 2018. This was based on the Local Delivery Plan (LDP) and its associated targets and measures. Mr McNaught drew Members attention to the Assessment section of the report, and confirmed that work was underway against the targets for the current way.

Mr Currie welcomes the report as a means to focus on improvement, and this was underlined by Mr Crichton.

Ms Blessing raised a point of accuracy in the report on No.9 (patients transferred using CPA) and it was agreed that the final sentence should be amended to the multidisciplinary team, rather than social work alone.

Action – Mr McNaught

Members were content to note the report.

NOTED

21 eHEALTH ANNUAL REPORT

A report was submitted to the Board from the Director of Finance and Performance Management, which provided an overview of the work carried out by the eHealth Department during 2017/18. This highlighted the key activities of the department during the past year, as well as outlining areas of focus for 2018/19. Mr Best was in attendance to lead Members through the detail of the report. He highlighted the work carried out in the team in relation to cyber resilience, health records and the Patient Movement and Tracking System. He also underlined the difficulty of resilience in the department and capacity to meet growing challenges within the department's remit in the coming year.

Mr Richards asked for clarification round cyber resilience and Mr Best confirmed that this applied across all IT systems at TSH.

In answer to a question from Mr Irwin around increasing dependence on technology and how the organisation could keep pace in this area, Mr Best clarified that although new technology could be purchased for the organisation, there was difficulty in providing resilience in staffing to support technological advances. An example of this was electronic rostering which would require additional support from within the existing team.

Mr Currie asked how much engagement there was with other Boards, and Mr McNaught confirmed that IT regularly did seek support as required. However, this was not always readily available when required. Mr Best added that formal approaches had been made through the national infrastructure group. TSH was also part of the West of Scotland Infrastructure group with territorial Boards to enable local liaison and proactive learning in developments being taken forward.

There was agreement around the table to an options paper being produced for the Board's consideration in terms of capacity and resilience within the IT department. It was also noted that once this had been received, consideration could be given to whether IT resilience should be included on the Corporate Risk Register.

Action – Ms Smith/ Mr Best

Mrs Carmichael congratulated Mr Best on the positive internal audit report completed in the past year, and Mr Currie added his appreciation of the department's work particularly on cyber security.

NOTED

22 FOREIGN TRAVEL APPROVAL – FORENSIC NETWORK STAFF

A paper was received from the Chief Executive, in relation to governance arrangement for the Forensic Network, with particular regard to Foreign Travel Requests. This issue had previously been discussed at the Board their meeting on 15 February 2018 and it had been agreed that a report should be brought for further discussion and approval.

Mr Crichton presented the paper, which described the background to the establishment of the Forensic Network, and the School of Forensic Mental Health (SoFMH). The primary method of governance was the Forensic Network Advisory Board. He highlighted the duality in the governance arrangements for the Forensic Network, with TSH being responsible for the financial aspect. As Chief Executive, Mr Crichton was the Accountable Officer. In terms of governance, it was for the Forensic Network Advisory Board to decide the appropriateness of foreign travel, whilst it was the Accountable Officer's role to confirm that funds would be available within the budget.

It was agreed that the process in this regard for Forensic Network and SoFMH staff would be as follows:

1. That the application had the support of the Chief Executive who (as Accountable Officer) would validate that there was sufficient budget to support the application.
2. That the requirement and rationale for the travel was made to the Chair of the Forensic Network Board for their approval.
3. That the booking process for flights and accommodation would be through TSH procurement as normal.

APPROVED

23 AUDIT COMMITTEE

The Board was asked to note the Minutes of the Audit Committee meeting held on 5 April 2018.

NOTED

24 CHIEF EXECUTIVE'S REPORT

A paper was submitted to the Board by the Chief Executive, which highlighted and provided an update to Members on issues that did not feature elsewhere on the Board's formal agenda.

Mr Crichton highlighted the appointment of Mr David Walker as Director of Security, Estates and Facilities and advised that Mr Walker was expected to commence employ with TSH at the start of November 2018.

He noted the key priorities leading from the Board Development Session which took place in May 2018, and confirmed that the Board would receive regular updates in this regard.

Mr Crichton described the work ongoing within National projects, as well as values based recruitment in NHSScotland with particular regard to Project Lift.

The report advised that the key Public Health Priorities for Scotland had been published, and provided assurance that the Board would seek to ensure alignment with of local actions to the national outcome.

Mr Crichton also drew Members' attention to the improvement in data related to healthcare Associated Infection, and that bed occupancy rated evidenced good utilisation of beds over the past quarter.

Members were content to note this report.

NOTED

25 ANY OTHER BUSINESS

Mr Currie congratulated Mr White on his appointment as HR Director for NHS Lanarkshire. Mr White thanked colleagues for their cooperation over the past year and reconfirmed his commitment to continue his link with TSH and to oversee the work being progressed within the HR Department.

Mr McNaught noted that the Skye centre Annual Report related to the period June 2017 to May 2018, which did not align with annual reporting to the Board (as per financial year reporting). There was further discussion around this, and it was agreed that this report should be routed through the Clinical Governance Committee as a service level report per quarter to present an annual plan of work.

AGREED

26 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 23 August 2018 at 1pm in the Boardroom, The State Hospital, Carstairs.

NOTED

27 EXCLUSION OF PUBLIC AND PRESS

Members approved a motion to exclude the public and press during consideration of the items listed at Part II of the agenda in view of the confidential nature of the business to be transacted.

AGREED

The meeting concluded at 3pm

ADOPTED BY THE BOARD

CHAIR _____
(Signed Mr Terry Currie)

DATE 28 June 2018

MINUTE ACTION POINTS
THE STATE HOSPITALS BOARD FOR SCOTLAND
(28 JUNE 2018)

ACTION NO	AGENDA ITEM NO	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	5	Chair's Report	To provide copies of Ladder of Escalation document	Margaret Smith	Immediate	**Completed**
2	7	Service Transformation and Sustainability	Update to Board including timescales. Revision to Report – signalling undesirable consequences, not unexpected consequences.	Mark Richards / Monica Merson	August 2018	**On Agenda August**
3	9	Skye Centre – Annual Report	Amendment to page 7 – incidents reported. Future reporting to include timescales for future work.	Mark Richards/ Jacqueline Garrity	Immediate	**Completed/ Noted for further reporting**
4	12	Draft Workforce Plan	Further routine updates to Staff Governance Committee.	Mr White	Ongoing	**Completed - noted on Agenda for SGC**

5	13	Staff Governance Annual Report	Amendment to read “attendees” – page 2 Clarify meeting on 1 March deferred to 5 April.	Ms Smith	Immediate	**Completed**
6	14	Remuneration Committee Annual Report	Amendment to read “attendees” – page 2 And that 4 meetings as listed.	Ms Smith	Immediate	**Completed**
7	16	Annual Accounts for year ended 31 March 2018	CEO to sign Performance Report, Accountability Report. CEO and Director Finance and PM to sign Statement of Financial Position.	Jim Crichton/ Robin McNaught	Immediate	**Completed**
8	21	eHealth Annual Report	Option paper to be brought to the Board regarding resilience / capability within IT Department	Mr McNaught/ Mr Best	6 months	**October Agenda**

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 6
Sponsoring Director:	Security Director
Author(s):	Security Director
Title of Report:	Annual Report to Scottish Government on the Implementation of Specified Persons Legislation

1 SITUATION

The Mental Health (Care & Treatment) (Scotland) Act 2003, Section 286, makes provision for regulations (the regulations) relating to safety & security, use of telephones and correspondence. The Safety & Security Regulations place a duty on The State Hospital to furnish Scottish Government with an annual report on the implementation of the regulations. In the interests of openness and transparency, the annual report to the Scottish Government also includes information on the implementation of the regulations relating to correspondence and telephones.

The draft report for 2017 – 2018 is attached at Appendix 1.

2 BACKGROUND

The regulations are:

- The Mental Health (Safety & Security) (Scotland) Regulations 2005
- The Mental Health (Use of Telephone) (Scotland) Regulations 2005
- The Mental Health (Definition of Specified Persons) (Scotland) Regulations 2005

The regulations allow restrictions to be made relating to “Specified Persons”. The purpose of the specified person designation and related restrictions are to ensure the safety and welfare of the patient and others by allowing the Clinical Team to introduce managed and proportionate controls in defined areas. A system of reviews, reporting and appeals is also in place to safeguard the patient from excessive or disproportionate use of the specified person designation.

The specified person designation relates to:

- Correspondence
- Telephone calls
- Property and visitors
- Searching of patients and their property
- Searching of visitors and their property
- The taking of samples
- Surveillance of patients and visitors

Outside of the State Hospital the specified person designation is applied by the Responsible Medical Officer. The Act states that all patients at The State Hospital are automatically deemed to be Specified Persons due to their detention in The State Hospital.

3 ASSESSMENT

The report attached at appendix 1 is in the same format as previous years. It meets our obligation for an annual report. The data included in the report is regularly reported in more detail to the Board's Clinical governance Committee.

4 RECOMMENDATION

The Board is invited to **approve** the report for submission to the Scottish Government.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Meets obligation for annual report to Scottish Government
Workforce Implications	None
Financial Implications	None
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	SMT
Risk Assessment (Outline any significant risks and associated mitigation)	None
Assessment of Impact on Stakeholder Experience	None
Equality Impact Assessment	N/A

Appendix 1

Annual Report to the Scottish Government Health Department on the Implementation of:

- **The Mental Health (Safety and Security)(Scotland) Regulations**
- **The Mental Health (Use of Telephones)(Scotland) Regulations 2005**
- **The Mental Health (Definition of Specified Person: Correspondence)(Scotland) Regulations 2005**

by The State Hospitals Board for Scotland for the period 1 August 2017 to 31 July 2018

1 THE HOSPITAL'S CURRENT POLICY ON SAFETY AND SECURITY

The State Hospital has 140 beds and is currently operating with 120. According to the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act) all patients at The State Hospital are automatically deemed to be Specified Persons due to their detention in The State Hospital.

The State Hospital does not have a single "Safety and Security" Policy. Due to the intrinsic nature of security within a high security hospital, safety and security are a part of all policies and procedures. Areas in which policy exists that implement or are affected by the above regulations include:

- Patient mail and telephones
- Searching Patients
- Restricted and excluded items
- Restrictions on visitors
- Taking of samples
- Surveillance

Detail on these areas is provided below.

2 PATIENTS' MAIL AND TELEPHONES

Mail

The State Hospital Policy allows mail to or from the patient to be inspected and read by staff if individually prescribed by the Clinical Team. Mail can then be withheld from the patient or from being sent if it satisfies criteria related to safety or distress. As at the end of July 2018 the patient numbers in the differing categories and instances of withheld mail were as below:

Incoming Mail Scrutiny	**13-14**	**14-15**	**15-16**	**16-17**	**17-18**
Opened in the presence of staff	39	48	35	31	28
Opened then inspected by staff	27	25	22	22	22
Opened, then inspected and read by staff	61	50	61	60	57

Outgoing Mail Scrutiny	**13-14**	**14-15**	**15-16**	**16-17**	**17-18**
Sealed by patient and handed to staff	25	34	24	22	19
Inspected by staff	33	35	27	24	24
Inspected and read by staff	69	54	67	67	64

Withheld Mail	**13-14**	**14-15**	**15-16**	**16-17**	**17-18**
Being sent by patient	1	2	0	0	0
Being sent to patient	1	0	0	3	7

Telephones

The State Hospital Policy allows outgoing calls from patients to persons approved by the Clinical Team. Under normal circumstances patients cannot take incoming calls.

Patients are either directly supervised by a member of staff who listens to the patient during the call, or indirectly supervised by a member of staff in the vicinity of the telephone. Technology and a new policy has been introduced which allows staff to hear both sides of the call and will allow recording of calls if deemed appropriate when the required technology has been introduced.

As at the end of July 2018 the patient numbers in the differing categories were as below:

Telephone Call Supervision	**13-14**	**14-15**	**15-16**	**16-17**	**17-18**
All Supervised	53	45	59	57	49
All Unsupervised	53	56	34	30	22
Some Supervised	21	22	25	26	36

Calls to Advocacy, The Mental Welfare Commission, Legal Representatives and other persons listed in the Act are not to be supervised and do not require Clinical Team approval.

3 SEARCHING AND RESTRICTED OR EXCLUDED ITEMS

The State Hospital Policy allows the regular searching of:

- Patients
- Patients' rooms
- Patients' Lockers
- Patients' Visitors

Planned search frequencies are as follows:

Patient	Weekly
Locker	Weekly
Room	Monthly

Patients are also randomly searched when moving between areas, or if leaving an area where risk items are present that have not all been accounted for. An example of this would be when a patient needs to leave the dining room before cutlery has been counted.

In addition to these measures, to which every patient is subject, searches can be individually directed at a patient, his room or his locker based on information or presentation.

Policy also details those items that a patient is allowed in his room or is able to access. Items are excluded or restricted for a number of reasons, particularly the potential to cause harm or communicate with other devices and the internet. There are also overall restrictions on the quantity and volume of items to ensure rooms can be quickly and safely searched.

4 RESTRICTIONS ON VISITORS

The State Hospital Policy restricts patient visitors to those authorised by the patient's Clinical Team and restricts the items that can be brought into the Hospital by visitors. Policy also allows for Restricted Visits, in which 1:1 close supervision of the patient takes place.

The policy relating to Child Protection makes special arrangements to protect children who may visit patients or be present during Leave of Absence. Child contact requires special approval arrangements.

All visitors may be requested to submit to a search following entry through airport style security; all bags and other carried items are X-rayed and then searched if necessary.

5 TAKING OF SAMPLES

The State Hospital Policy allows the taking of oral fluid or urine samples to test for drugs of abuse. The majority of patients opt for an oral fluid test. The frequency of testing is between two weekly and annually as determined by the Clinical Team. The numbers of patients subject to each frequency as at the end of July 2018 is as follows:

Sampling Frequency	**13-14**	**14-15**	**15-16**	**16-17**	**17-18**
2 Weekly	21	24	23	29	15
1 Monthly	14	12	13	5	14
3 Monthly	20	13	18	17	17
6 Monthly	29	25	22	19	19
Annually	43	49	42	43	42

6 SURVEILLANCE

The Hospital operates a CCTV system around the perimeter, grounds and reception building of the Hospital, including areas of reception used by patient visitors.

CCTV is not currently used in clinical areas or to observe patients meeting visitors, though a business case has been approved that includes the introduction of CCTV to clinical areas.

7 POLICY REVIEW

The Hospital's policies and procedures are reviewed on a regular basis and as required.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 7
Sponsoring Director:	Chief Executive
Author(s):	Head of Corporate Planning and Business Support
Title of Report:	Fairer Scotland Duty

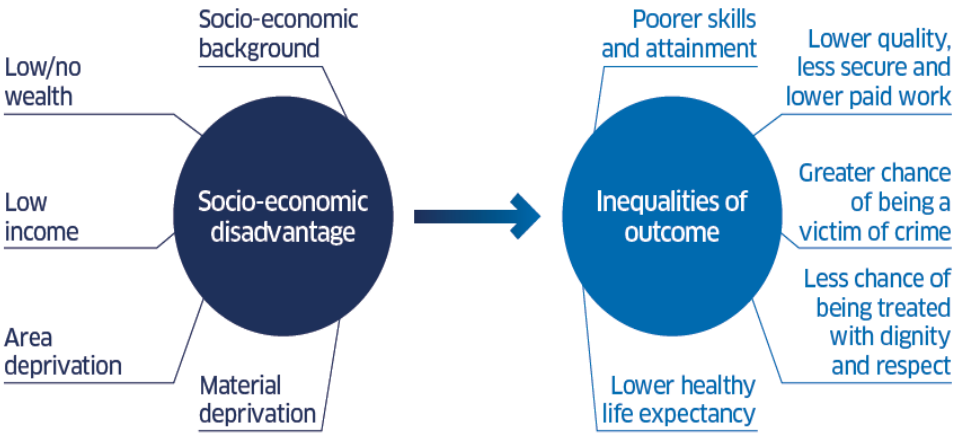
1 SITUATION

This report provides an update to The State Hospitals Board on the recently published Fairer Scotland Duty.

2 BACKGROUND

The Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force in Scotland from April 2018. It places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. This is set out in a diagram 1 below.

Diagram 1



In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion.

To fulfil the requirement of the Duty, public bodies must be able to meet 2 key requirements:

- to actively consider how they could reduce inequalities of outcome in any major strategic decision they make; and

- to publish a written assessment, showing how they've done this.

The duty applies form the 1st April 2018 and does not cover decisions made before then. The Equality and Human Rights Commission is the Regulator of the Fairer Scotland Duty and will be closely involved in monitoring and the development of best practice for the Duty.

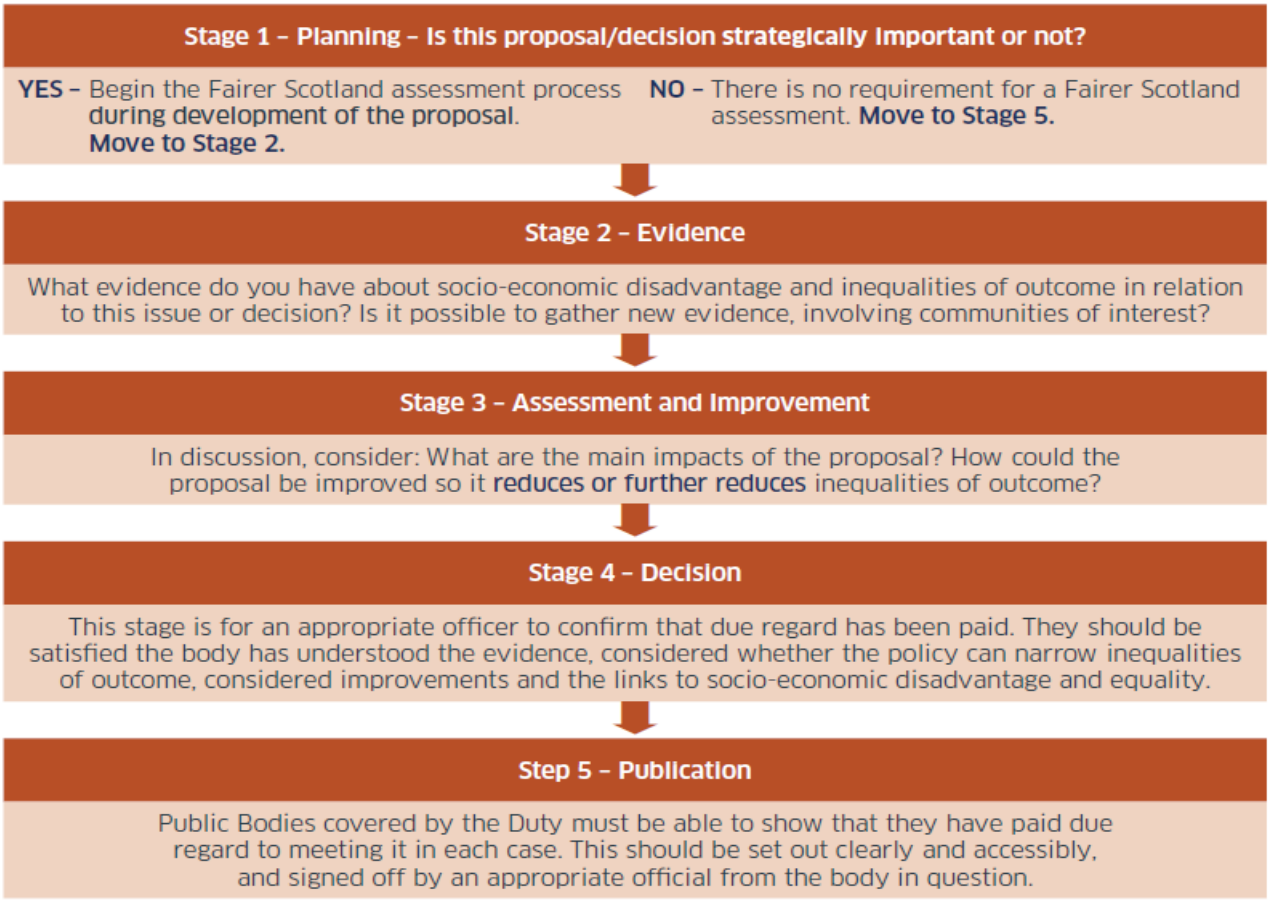
3 ASSESSMENT

Public bodies have been encouraged to consider and if necessary adapt a definition of socio-economic disadvantage as a starting point for future decision-making involving the Duty. They should also determine what the key inequalities of outcome are, that could realistically be addressed from the public body's perspective. A key focus here should be thinking through the links between socio-economic concerns and the equality work already underway to bring together issues of gender, ethnicity, and disability (for example) with issues of socio-economic and place-based disadvantage. A third task is to identify which strategic decisions are taken as a matter of course that the Duty should apply. Engagement and involvement of relevant communities, particularly people with direct experience of poverty and disadvantage is an essential element of implementation

Meeting the Duty

A five stage process has been set out by Scottish Government to outline how Public bodies should implement the process. These steps are intended to be similar to those used for equality impact assessment (EQIA)[4].. Diagram 2 below outlines the process

Diagram 2



Stage 1 Planning
This stage enables public bodies to determine whether a Fairer Scotland Assessment will be required and, where it is, to start planning how to deliver it. The key question to ask at this stage is: Is this a strategic programme/proposal/decision or not? If it is not strategic, there is no formal requirement for a Fairer Scotland Assessment.

Stage 2 Evidence
In this stage the key questions to ask at this stage are:
What does the evidence suggest about the policy's actual or likely impacts on socio-economic disadvantage and the key inequalities of outcome under consideration?
What existing evidence do we have about the proposal being developed, including what could be done differently?
Are some communities of interest or communities of place more affected by disadvantage in this case than others?
What does our EQIA planning work – for this issue and previously – tell us about gender, ethnicity, disability and other protected characteristics that we may need to factor into our decisions. Is it possible to collect new evidence quickly in areas where we don't currently have any? For example, through consultation meetings, focus groups or omnibus surveys? The voices of people and communities will be important here. How do we involve communities of interest (including those with lived experience of poverty and disadvantage) in this process

Stage 3 Assessment and Improvement.
It's essential that appropriate officers in the organisation are involved at this stage to ensure that opportunities for developing a better proposal are able to be taken up. This will be key for meeting the 'due regard' test.
The key questions to discuss at this stage are:
What are the potential impacts of the proposal/decision as we currently understand them?
How could the proposal/decision be improved so it reduces or further reduces inequalities of outcome, with a particular focus on socio-economic disadvantage?
How will this policy assist you to reduce inequality in outcomes? If you are now planning to adjust the proposal/decision, could it be adjusted still further to benefit particular communities of interest or of place. who are more at risk of inequalities of outcome?

Stage 4 Decision
This decision stage allows appropriate officers to consider the assessment process from Stages 2 and 3, agree any changes to the policy, proposal or decision and confirm that the public body has paid due regard to meeting the Fairer Scotland Duty in this case. Key questions to ask at this summary stage are:
What, in brief, does the evidence base underpinning the proposal say about its potential impacts on inequalities of outcome?
What changes, if any, will be made to the proposal as a result of the assessment?
Why are these changes being made and what are the expected outcomes?
If no changes are proposed, please explain why

Stage 5 Publication
This requires public bodies covered by the Duty to show that they have paid due regard to meeting it in each case. Where a proposal, plan or decision is not considered to be strategic, this needs to be set out clearly and accessibly, and signed off by an appropriate officer from the public body This could be made available via one of the following routes:
As a section in or an annex to a publication setting out the proposal, plan or decision.
As a separate section within an EQIA, focusing on the proposal, plan or decision

4 RECOMMENDATION

The Board is invited to note the content Fairer Scotland Report.

The Board is asked to agree that the Fairer Scotland Duty be added to the Monitoring form for each Board paper to monitor the implementation of the Duty

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 8
Sponsoring Director:	Medical Director
Author(s):	PA to Medical & Associate Medical Directors
Title of Report:	Board approval for Approved Medical Practitioner status

1 SITUATION

Following the successful recruitment of a Forensic Psychiatry Specialty Doctor, it is necessary for the Board to consider the approval of their Approved Medical Practitioner status.

2 BACKGROUND

In order for the newly appointed Forensic Psychiatry Specialty Doctor to perform her full role within the Hospital she requires to be approved as an Approved Medical Practitioner (AMP).

3 ASSESSMENT

The Forensic Psychiatry Specialty Doctor has completed the pre-requisite Section 22 training in line with the Mental Health (Care and Treatment) (Scotland) Act 2003.

4 RECOMMENDATION

The Board is invited to agree the following recommendation:

The approval of Dr Bethan Cameron as Approved Medical Practitioner in line with the Mental Health (Care and Treatment) (Scotland) Act 2003 and that she is formally placed on the TSH Board's list of Approved Medical Practitioners.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	
Workforce Implications	eg Considered in Section 3 of the report
Financial Implications	eg No financial implications if approved
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	eg SMT / Clinical Forum / Patient Forum / Medical Advisory Committee / other
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	Captures feedback on stakeholder experience and provides opportunity to improve this
Equality Impact Assessment	EQIA Screened – no identified implications

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 10
Sponsoring Director:	Medical Director
Author(s):	Medical Director
Title of Report:	Medical Appraisal and Revalidation 1 April 2017 – 31 March 2018

1 SITUATION

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

2 BACKGROUND

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

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

3 ASSESSMENT

- The Revalidation and Appraisal Committee met twice in 2017-18: 26 April and 8 November 2017.

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

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

- Revalidation System
  Revalidation system has been used for 13 consultants and 2 speciality doctors in 2017-18. This includes one doctor on secondment to Scottish Government. One Consultant is appraised and revalidated through the Chief Medical Officer. One Consultant was on maternity leave during the reporting period.
  Revalidation system for former / retired colleagues with honorary contracts is in place (n=1).

- Appraisals
  From 1 April 2017 to 31 March 2018, of the 13 medical staff at The State Hospital 11 were appraised during this period. One Consultant was on Maternity leave and one was appraised 13 days late; this is the Consultant who is on secondment.
  A retired colleague came back to work as a Locum on 24 January 2018 and was appraised on 15 June 2018.

- Revalidation
  One Consultant and one speciality doctor were revalidated during the specified period. All revalidations are up to date.

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

- CARE Questionnaire
  Due to the number of number of questionnaires patients have been asked to complete in recent months, it was agreed that these would be issued late July 2018 with a return date of 10 August 2018.

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

- Case based discussions are included in the appraisal process. A system has been designed and implemented to have CBDs on a weekly basis. These are minuted.

The TSH Self-Assessment paperwork for 2017-18 was submitted NHS Education for Scotland on 16 May 2018.

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- Annual Audit

Consultants	Last Date for Recommending Revalidation	Date of Revalidation	360 Degree Appraisal Date	Appraisal 01/04/17-31/03/18	CARE Question-naire Return	Form 4 Completed	Appraisal 01/04/18-31/03/19	CARE Question-naire Return	Comments
1	27/10/19	28/10/14	18/08/14	19/06/17		03/08/17			
2	21/12/19	22/12/14	12/12/14	13/04/18					
3	21/03/20	22/03/15	09/03/15	03/05/17		09/10/17	13/06/18		
4	02/09/20	03/09/15	2011	30/08/17		06/10/17			
5	02/09/20	03/09/15	13/11/13	29/03/18		12/04/18			
6	27/12/22	28/12/17	06/05/14	18/05/17 & 06/12/17		07/06/17 & 27/12/17			
7	21/11/18	20/11/13	01/08/13	22/02/18		09/03/18			
8	30/03/19	31/03/14	25/03/14	23/06/17		17/08/17			
9	16/10/21	17/10/16		28/08/17		10/10/17			
10	29/07/20	30/07/15		01/02/18		12/03/18			
11	02/08/21			N/A**		N/A**	06/06/18		
12	21/12/20	22/12/15		07/02/18		09/03/18			
Specialty Doctors									
13	01/07/19	02/07/14		16/06/17		25/07/17			
14	30/08/22	31/08/17		16/06/17		21/08/17			
Appraised by Other Organisations									
15	16/12/18	17/12/13	16/12/12						
Retired Consultants									
16	08/04/20	09/04/15	25/03/14						

4 RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	N/A
Workforce Implications	Revalidation and appraisal are requirements to work as a doctor and essential to ensuring our continued medical workforce.
Financial Implications	Nil
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	HIS requirement. Report will be shared with MAC.
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	Captures feedback on stakeholder experience and provides opportunity to improve this
Equality Impact Assessment	EQIA Screened – no identified implications

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the meeting of the Staff Governance Committee held on Thursday 31 May 2018 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Present:

Non Executive Director	Bill Brackenridge ***(Chair)***
Employee Director	Anne Gillan
Non Executive Director	Nicholas Johnston
Non Executive Director	Maire Whitehead

In attendance:

HR Manager	Elaine Anderson
POA Representative	Alan Blackwood [from Item 5]
Chief Executive	Jim Crichton
Board Chair	Terry Currie
Unison Representative	Tom Hair
Head of Corporate Planning and Business Support	Monica Merson
Clinical Operations Manager	Brian Paterson
Director of Nursing and AHPs	Mark Richards [for Item 10]
Board Secretary	Margaret Smith
RCN Representative	Don Speirs

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Brackenridge welcomed everyone to the meeting and noted apologies from Mr John White, Interim HR Director.

NOTED

2 CONFLICTS OF INTEREST

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

NOTED

3 MINUTES OF THE PREVIOUS MEETING HELD ON 17 AUGUST 2017

The Committee approved the Minutes of the previous meeting held on 5 April as an accurate record.

AGREED

4 ACTION POINTS AND MATTERS ARISING FROM THE PREVIOUS MEETING

Members noted that the Action Points from the last meeting were progressing or complete.

NOTED

5 ATTENDANCE MANAGEMENT REPORT

The Committee received two Attendance Management Reports which provided an update for March 2018. Ms Anderson was in attendance to lead the Committee through the key issues. She highlighted that although an increase in sickness absence had been experienced in this experienced, it was hoped that this was due to seasonal factors rather than an upward trend.

Mr Currie sought clarification in respect of Table 2 in the paper, relating to percentage rates of absence across different job families within the organisation, noting the total percentage appeared high. Elaine Anderson confirmed that this related to all absences including annual leave. She would verify that each job role had been placed within the correct job family to ensure that the figures were accurate.

Action – Ms Anderson

Mr Brackenridge raised concern that it appeared that whilst there had been an improvement in short term absences over February to March, there had been an increase in longer term absences. Mr Blackwood noted that in a situation when a staff member had been provided with a Fitness Certificate from their GP for a long term period e.g. 28 days, line managers should be made aware that they can have a conversation with their staff member as to whether they feel fit enough to return to work before the certificate ends. Ms Anderson added that the GP could be contacted through the Occupational Health clinician should this be appropriate clinically.

Mr Hair noted that non patient facing Boards e.g. National Services Scotland had been able to reduce their absence rates that he had sought any information on learning from his counterpart there.

Mr Johnston asked about the detail in the report on the split between short term and long term absence rates and how this data could be used meaningfully. It was noted that these were two different types of sickness that necessitated different means of addressing them. The Committee agreed that it would be helpful to have more specific data in this regard, compared to other Boards. It was also agreed that should the position not improve, then an update should be brought to the next Committee meeting.

Action – Mr White/Ms Smith

NOTED

6 PERSONAL DEVELOPMENT PLAN/TURAS UPDATE

The Committee noted that the Turas system was live, but that the reporting function was not yet available. Ms Anderson explained that this was a national system issue, with it being hoped that improvement would be made in system functionality month on month, and full functionality would be achieved by the end of year.

NOTED

7 STAFF GOVERNANCE STANDARD MONITORING FRAMEWORK

The Committee received an update report, which provided detailed background on progress in delivering the Staff Governance Standard to infirm the Annual Review process. Ms Anderson highlighted the key factors in the report for the Committee, which was overall a favourable report indicating the actions taken and progress made.

Mr Brackenridge thanked Ms Anderson and welcomed the comprehensive nature of the report, and

Mr Currie echoed these thoughts in terms of the positive aspect of the report. Ms Gillan added that the hope was that the organisation could maintain momentum in this area.

Mr Hair highlighted the involvement of Occupational Health, in assisting to help staff back to work after a period of sickness absence, and assurance on the effectiveness of this; and Mr Brackenridge followed this by underlying the need to define actions that were having the greatest impact. Mr Currie agreed and noted that there would be no single solution in this area, and that the effect of actions taken would be cumulative over time.

The Committee agreed that the Committee Chair, Employee Director and Chief Executive should sign off the report and confirm that the Staff Governance Standard national Annual Monitoring return was prepared in partnership, as set out in guidance.

AGREED

8 OVERVIEW OF INTERNAL AUDIT REPORTS

The Committee received a report which provided a progress update in relation to the management actions identified in the Workforce Planning Review Audit and Sickness Absence Management Audit carried out in February 2018.

Ms Anderson led Members through the Audit Report on Workforce Planning and highlighted key issues for the Committee. In view of fewer males completing the nursing degree in Scotland, an immediate consideration was application of a male quota for recruitment, given the potential risk in provision of care to a male only patient cohort. However, this would require to be evidence based. The recommendations within the report in relation to electronic records had been implemented and this was updated within the Departmental Standard Operating Procedures. TSH was well placed by way of the Service Level Agreement with NHS Lanarkshire to progress toward a new recruitment model, which was more user friendly and manageable.

In relation to the Audit report of Sickness Absence Management, Ms Anderson updated the Committee on the development of a new reporting procedures template, to be amended for each staff grouping/ area. This would be rolled out to all staff and a copy kept within their personal file, as well as forming part of induction for new staff. This would be used by line managers along with a checklist to ensure all appropriate actions had been taken – this would help to ensure consistency of approach across the organisation. NHS Lanarkshire Workforce Department would provide monthly reporting detailing staff with in excess of 8 days sickness absence.

Mr Brackenridge thanked Ms Anderson for her updates, and advised the Committee that going forward, all audit report concerning staff governance would be brought to the Committee given its overview in this area. He noted that the report into sickness absence had been done some time ago, and the improvement work being taken forward. Mr Blackwood asked for clarification on whether a dedicated individual from NHS Lanarkshire would be available to review patterns of absence within TSH. Ms Anderson advised that she would get clarification on whether this was the case form Mr White, Human Resources Director.

Action – Ms Anderson

In relation to consideration of quotas for male nursing staff, Mr Crichton clarified that as the organisation has an all male patient group, there was a need for male/ female balance within staffing in order to meet patient needs. However, there was no evidence that the balance of male/ female staffing had any impact in terms of the number of patient to staff incidents within the hospital. A partnership sub-group had been established to review the need for balance in staffing and whether this could impact future recruitment. Mr Blackwood clarified for Members that there was a minimum standard of male/ female split in each area within the hospital. However, this did not necessarily account for the impact of annual leave.

Mr Johnston asked about the publication of the PIN Policy review, and Ms Anderson confirmed that this had not yet been published. Mr Johnston also asked about whether there was any link to the rate of sickness absence within the organisation, and capacity within the HR Department to offer support to line managers. Ms Anderson advised that whilst the department was at capacity staffing, there was a resilience issue due to staff absence through sickness. Mr Crichton advised that there was awareness within the Senior Management Team of this issue and that he and Mr White were progressing work to review the model in place. In the short term, there had been agreement for a six month secondment from for a staff member from NHS Lanarkshire to add resilience to the team in the short term. Mr Brackenridge noted the difficulty in achieving the breadth and depth in capacity required within a small organisation and welcomed the interaction with NHS Lanarkshire in this regard.

The Committee noted that the reports and that there would be further updates on progress to the Committee.

NOTED

9 THE NATIONAL HEALTH AND SOCIAL CARE STAFF EXPERIENCE REPORT 2017

The Committee received this report and noted that it was a combination of the national results for both iMatter and the Dignity at Work Survey. Each NHS Board had received a copy of the national report as well as their individual report. Ms Anderson noted the key aspects of the report, and that there had been a good response rate from staff within TSH, with generally positive results. The report had been routed to the Senior Management Team to ensure that careful consideration was given to the findings, and that these were fed back to all staff.

Mr Crichton noted that although the report for TSH was generally positive, there were some challenges contained therein. However, there was evidence of actions being taken. Ms Gillen noted that the Value and Behaviours Group had made a positive contribution within the organisation.

The Committee noted the report, and that an update on progress would be brought to the Partnership forum before coming to this Committee for oversight.

NOTED

10 PLANNING FOR LONG TERM SUSTAINABILITY

The Committee received a paper from the Director of Nursing and AHPs to provide an update on the work being progressed to identify actions required in 2018/19 to achieve financially sustainable service delivery and to realise the strategic ambitions of the Board.

Mr Richards was in attendance to provide an overview and background to the Committee on the work to date and that a Board Development Session would take place in the afternoon of 31 May 2018. He underlined the importance of listening to staff and hearing the messages that they brought forward. The group recognised the need for continued engagement with staff groups. Mr Brackenridge thanked Mr Richards for his update and opened to questions from the Committee.

Mr Crichton noted the high level nature of the paper and that further detail would follow; there was a need to be realistic about the changes that could be made within a short timescale. There was discussion round the table on staff awareness of the position of the Board in terms of sustainability, and the urgent need for change. There was agreement that staff had reacted well to the challenges of the savings action plan in February and March of this year, but differences in view as to whether all staff groups had taken on then unsustainable position of the Board, should changes not be

made within this financial year.

Mr Currie asked Mr Richards about the level of feedback from staff within the survey carried out, and Mr Richards confirmed that there had been 91 responses to the 350 questionnaires issued. He advised that these responses indicated that staff were aware for the need for change and that they would welcome this, however, that they were not yet clear on the direction of travel. The survey had provided a good opportunity for staff to put forward recommendations for change, and the intention was to continue engaging with staff closely.

The Committee noted this update.

NOTED

11 ANNUAL REPORT – STAFF GOVERNNANCE COMMITTEE 2017/18

The Committee received this report, which outlined the key achievements and developments overseen by the Committee within 2017/18. The Stock take also included the Committee Terms of reference, Reporting Structures and Work Programme.

The Committee noted the report.

NOTED

12 FITNESS TO PRACTICE – ANNUAL REPORT

Members received an update on the process for monitoring professional registration status at TSH to give assurance to this Committee that all relevant staff held current professional registration.

The Committee noted the content of the report.

NOTED

13 PARTNERSHIP FORUM – APPROVED MINUTES OF MEETINGS HELD ON 20 MARCH & 17 APRIL 2018

Members received the approved Minutes of the Meetings of the Partnership Forum which had taken place on 20 March and 17 April 2018.

Mr Crichton highlighted the introduction of TURAS and the bedding in of the system with development sessions throughout the hospital.

Ms Gillen noted that at the meeting on 17 April, there had been discussion on the male to female balance within staffing on the hubs, and that a short life working group had been set up to review this, reporting back to the Partnership Forum. Mr Paterson confirmed that this work was ongoing. It was also noted that there had been discussion of the Board's financial position.

The Staff Governance Committee noted the content of these minutes.

NOTED

14 ANY OTHER BUSINESS

Mr Johnston noted that an issue around completion of mandatory training modules had been

raised at the Clinical Governance Committee, particularly in relation to Infection Control. It was agreed that this would be included in the training report being brought to the Staff Governance Committee in August 2018.

Action – Ms Smith/ Mr White

Mr Hair asked for an update on the matrix being produced by HR department in relation to progress on investigations into staff conduct. It was agreed that an update should be brought to this Committee at the August meeting.

Action – Ms Smith/ Ms Anderson

Mr Brackenridge thanked Ms Anderson for her attendance and her contribution to the meeting.

15 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 16 August 2018 at **9.45am** in the boardroom, The State Hospital, Carstairs.

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 12
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Head of Management Accounts
Title of Report:	Financial Position as at 31 July 2018
Purpose of Report:	Update on current financial position

1 SITUATION

1.1 The Senior Team and the Board consider the Revenue and Capital plans, and financial monitoring. This report provides information on the financial performance to 31 July 2018, which is also on the Partnership Forum agenda.

1.2 Scottish Government requested a 1 Year Operational Plan (narrative only – however a financial template forecast was still required for 3 Years). This was approved by the April 2018 Board Meeting. (The format had changed from previous years' Local Delivery Plans that covered 3-5 Years).

1.3 This Plan sets out a balanced budget for 2018/19 based on achieving £1.484m efficiency savings, as referred to in the table in section 4.
Recognition of recurring posts, saved through recent workforce reviews, and utilities efficiency savings, amounting to £0.280m have already been realised in the 2018/19 base budget.
In effect, that brings the total savings target to £1.764m.

There is still a significant balance of savings not yet identified, this sits corporately until further discussions take place – the main reason for the gap is the assumption that the £0.440k reduction in 2017/18 RRL is recurring (due to TSH contribution to National Board Savings target).

2 BACKGROUND

2.1 Revenue Resource Limit Outturn

The annual budget of £35.130m is the Scottish Government Revenue Resource Limit / allocation and anticipated monies.

The Board is reporting an over spend position of £0.153m to 31 July 2018, the in month movement is an overspend £0.022m, primarily due to:-

- Nursing overtime – a group has been formed to address what is to be done imminently to reduce overtime once again to a sustainable level on a longer-term basis.
- Unidentified savings are now phased evenly throughout the year (total £0.515m).

- The AFC 3% pay award increase went through this month's payroll, arrears will be paid next month (currently accrued).

2.2 **Forecast Outturn**

The forecast outturn trajectory to date was £0.075m underspend, however the YTD position is £0.153m overspent therefore the current position is worse by £0.228m.

This is mainly in connection with the unidentified savings budget being phased earlier this year – avoiding surprises later in the year.

The anticipated deduction of savings for National boards continues to have a major impact.

Spend Type	Annual Budget £'s	Year to Date Budget £'s	Year to date Actuals £'s	YTD Variance (budget less actuals) for period 4 (Adverse)/Favourable £'s
Other Operating Income	(589,051.00)	(196,350.34)	(337,790.67)	141,440.33
Pay	29,031,119.00	9,480,850.62	9,653,440.04	(172,589.42)
Savings	(1,052,468.00)	(163,155.98)	0.00	(163,155.98)
Purchase Of Healthcare	820,585.00	273,528.34	270,971.05	2,557.29
Non Pay	4,950,559.00	1,500,038.10	1,493,684.01	6,354.09
Hch Income	(790,537.00)	(263,512.32)	(299,498.20)	35,985.88
Capital Charges	2,760,123.00	920,041.00	924,129.19	(4,088.19)
	35,130,330.00	**11,551,439.42**	**11,704,935.42**	**(153,496.00)**

2.3 This table presents areas that should be brought to the attention of the Board, although at this stage they are unquantified, but have the potential to affect the year-end outturn.

PRESSURES
National Pay Deal
National Pay Deal (effect on ongoing overtime)
Holiday Pay (and possible retrospection)
Rebandings
Savings unlikely to be achieved (particularly anticipated handback from National Boards to SG)
Perimeter Fence - FBC - Additional Staff
Double Running costs for senior managers resilience
DOCAS (SLA for Union dues)
BENEFITS
VAT element on Utilities in our favour (v HMRC)

3 ASSESSMENT

YEAR TO DATE POSITION – BOARD FUNCTIONS

Directorates	Annual Budget 1819 £'k	YTD Budget July 18 £'k	YTD Actuals July 18 £'k	YTD Variance (budget - actual) (adverse) / favourable July 18 £'k
Cap Charges	2,760	920	924	(4)
Central Reserves	26	(170)	66	(236)
Chief Exec	1,899	633	592	41
Finance	2,704	908	869	38
Human Resources Directorate	776	259	253	5
Medical	3,417	1,139	1,008	131
Misc Income	(130)	(43)	(27)	(16)
Nursing And Ahp's	18,154	6,051	6,195	(144)
Security And Facilities	5,524	1,855	1,824	30
Under / (over) spend	**35,130**	**11,551**	**11,705**	**(153)**

3.1 **Capital Charges** no issues.

3.2 **Central Reserves / unidentified savings** – the actual 'spend' is the accrual for the outstanding pay award, however Nursing has been excluded from here to be included in Nursing 'spend', this was actioned in June given the significance of the amount and Nursing having the most impact. Net budget credit is unidentified savings.

3.3 **Chief Executive** –
HR Director secondment only being filled 0.50wte.
2/5ths of Finance Director to be recharged to Golden Jubilee.

Forensic Network & School of Forensic Mental Health sits within this Directorate, for which the Scottish Government earmark this funding. Some income has also been deferred from 2017/18, there are also fluctuations due to timing of course income and expenditure, of which both are accrued monthly - pending spend - to reflect the projected breakeven.

3.4 **Finance –** benefit recognised from vacancies. Research also currently under spent.

3.5 **Human Resources** – vacancies in various departments within the Directorate. Pressures in Occupational Health around monitoring of staff sickness.

3.6 **Medical Services –** Specialty Doctor Vacancy.
Psychology – Vacancies.
Pharmacy - drugs underspend.

3.7 **Miscellaneous Income** – includes RHI Income.
Income not in line with budget phasing (twelfths).

3.8 Nursing and AHPs

Further detail has been provided on this Directorate.

Nursing & AHP's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 04 July 18	Budget WTE	Actual WTE
Advocacy	147	49	49	0	0.00	0.00
AHP's & Dietetics & SLA'S	607	202	155	47	13.38	8.90
Hub & Cluster Admin & Clinical Operations	762	254	278	(24)	23.17	22.91
Involvement & Equality & Pastoral	193	64	52	13	3.40	2.40
NPD & Infection Control & Clin Gov	386	129	120	9	5.80	5.78
Skye Centre	1,518	506	474	32	38.33	36.63
Ward Nursing	14,541	4,847	5,068	(221)	294.74	323.23
Total Nursing and AHP's	**18,154**	**6,051**	**6,195**	**(144)**	**378.82**	**399.85**

Advocacy – additional RRL from SG, therefore no issues.

AHP's (Dietetics and OT) beneficial effect of vacancies.

Hub & Cluster Admin excess due to costs of overtime and double running.

I&E / NPD / Skye Centre beneficial effect of vacancies**.**

Ward Nursing Overtime - there was improvement early in the year compared to last April, but this has rebounded in May and continues, detailed in table below.

The pay/hours is for the previous months overtime/excess, e.g. April pay relates to March hours. The pay award is paid July, but arrears will be paid August – this has been accrued.

The £'s includes NI'ers @ 11%

2018/19 Ward Nursing Hours		
Period	Overtime Hours	Excess Hours
APR	1,645	503
MAY	3,900	485
JUN	5,310	531
JUL	5,027	536
TOTAL	**15,882**	**2,055**

The £'s includes NI'ers @ 11%

2017/18 Ward Nursing Hours		
Period	Overtime Hours	Excess Hours
APR	3,732	734
MAY	3,010	707
JUN	4,046	464
JUL	5,144	568
TOTAL	**15,932**	**2,473**

2018/19 Ward Nursing £s		
Period	Overtime £	Excess £
APR	41,056	7,981
MAY	100,150	7,945
JUN	136,449	8,164
JUL	131,193	8,683
TOTAL	**408,848**	**32,773**

2017/18 Ward Nursing £s		
Period	Overtime £	Excess £
APR	93,077	11,283
MAY	75,198	10,553
JUN	100,626	7,136
JUL	130,226	8,526
TOTAL	**399,127**	**37,498**

3.9 Security and Facilities

Security & Facilities	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 04 July 18	Budget WTE	Actual WTE
Facilities	4,003	1,334	1,288	46	83.86	76.31
Security	1,521	520	536	(16)	39.77	40.17
Total Security & Facilities	**5,524**	**1,855**	**1,824**	**30**	**123.63**	**116.48**

Facilities – Utilities under spent – timing.

Security – Backfill effect for sick cover.

4 EFFICIENCY SAVINGS TARGET

4.1 To balance the financial plan in 2018/19 the Board was required to release £1.764m of cash from budgets through efficiency savings. As noted in 1.3 above, £0.280m was recognised in the recurring base budgets, with £1.484m savings still to be realised in year.

4.2 The following table shows the savings still to be achieved in year, but to date we have over achieved against plan.

The unidentified savings value is causing concern but additional funding is awaited from SG for pay awards (it is hoped we may be able to offset).

The level of recurring savings realised to date is encouraging, although this will require continued focus.

Savings Annual Target LDP	Savings Annual Target LDP			Savings (Achieved) YTD, as at July 18			Savings still to be achieved by year end		
	2018-19 Rec £000s	Non-Rec £000s	Total £000s	2018-19 Rec £000s	Non-Rec £000s	Total £000s	2018-19 Rec £000s	Non-Rec £000s	Total £000s
Efficiency & Productivity Workstreams:									
Service redesign (Clinical)	5	0	5	0	0	0	5	0	5
Drugs & Prescribing	20	20	40	0	0	0	20	20	40
Workforce	244	588	832	270	335	605	-26	252	226
Procurement	0	0	0	0	0	0	0	0	0
Financial management / corporate initiatives (Non	29	47	76	19	0	19	10	47	57
Financial management / corp init (Non Clinical) - Estates	133	65	198	82	0	82	51	65	116
Other	0	100	100	0	0	0	0	100	100
Unidentified Savings	0	515	515	0	6	6	0	509	509
Total In-Year Efficiency Savings	**431**	**1,334**	**1,765**	**371**	**341**	**712**	**60**	**992**	**1,052**
£280k already achieved in base	Trajectory (1/12ths of LDP)			**144**	**445**	**588**			
	(under) / over achieved			**227**	**(103)**	**124**			

5 CAPITAL RESOURCE LIMIT

Capital allocations anticipated from Scottish Government amount to £0.269m, which does not recognise any specific funding yet for the Perimeter Security Project.

	Annual Plan £'k	YTD Plan £'k	YTD Actual £'k	YTD Variance £'k
Estates	30	30	30	-
IM&T	30	14	14	-
Vehicles	-	-	-	-
Other equipment	209	-	-	-
Security Fence Dvpt	-	2	2	-
TOTAL	**269**	**46**	**46**	**-**

6 RECOMMENDATION

6.1 **Revenue: Over spend of £0.153m.**

Concern is noted with the savings as yet unidentified to address the recurrence of the £0.440m territorial Boards savings deduction in 2018/19 – together with the levels of nursing overtime spend incurred which are considered not to be sustainable through 2018/19.

Quarterly Financial Review meetings, over and above the monthly Management Accounts meetings, help eliminate any surprises in the accounts and aids forecasting the year-end outturn. Savings are realised monthly and are on track for the first quarter, this is under strict scrutiny.

We are still at this stage of the year predicting a year-end breakeven position.

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

6.2 **Capital: Budget is matched to year to date spend.**

A requirement for additional funding for Data Centre Replacement has been identified, which it has been indicated by SG should be addressed through the National Boards' group. When this is confirmed, there will then be reprioritisation of other projects against the core capital budget.

At this stage, we predict utilising the full allocation with a year-end breakeven position.

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Monitoring of financial position
Workforce Implications	No workforce implications – for information only
Financial Implications	No financial implications – for information only
Route to Board Which groups were involved in contributing to the paper and recommendations?	Head of Management Accounts
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	None identified
Equality Impact Assessment	No identified implications

Board Paper 18/54

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 13
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Director of Nursing and AHPs
Title of Report:	Service resilience and sustainability update
Purpose of Report:	For noting

1 SITUATION

This paper sets out the progress to date against the work-streams agreed in pursuit of service sustainability. This is set in the context of financial pressures reported at month 4 of the financial year. Other areas for action that will be required during 2018/19 are also set out.

2 BACKGROUND

In March 2017, the Board agreed the temporary closure of Mull 3, as part of an effort to ensure efficient and effective utilisation of the estate and associated staffing resources. Despite some demonstrable staffing changes as consequence of this, the service continued to experience financial pressures. This became critical in February 2018, when there was a reported risk of an overspend positon at financial year-end.

A range of emergency recovery planning measures were agreed by the SMT, and were implemented in February/March 2018. This supported the delivery of a near breakeven position, and was largely achieved through the significant reduction in spend on nursing overtime. High impact actions were the use of 9-5 staffing for clinical observations, and suspension of training. A 4-week period was achieved when there was no spend on nursing overtime, against a normal average monthly spend of approximately £110,000.

Going forward in 18/19 it was agreed to focus increase our focus on service resilience and sustainability. 4 key areas of work were agreed:

- Development of a 9-5 nurse staffing model
- Implementing a work-stream through the Scottish Patient Safety Programme focused on Improving Observation Practice (IOP)
- Concluding work on the Nursing Resource Utilisation project, focused on e-rostering
- Reviewing the clinical service delivery model.

As part of this work, all clinical staff were surveyed and over 700 written comments were received from 91 staff. The outputs from this have been reported previously to the Board.

Other connected areas of improvement activity have also been identified. Meridian have been undertaking work focused on assessing potential for improved productivity in nursing systems and processes. This was the subject of a presentation to SMT on 15 August 2018, focusing largely on focus of leadership roles and rostering.

Absence remains high, with the State Hospital currently reporting the highest absence level in the NHS in Scotland at over 9%. A task group has been established by the CEO to lead on this issue.

Joint Staff Side have recently met with management to discuss their concerns regarding service pressures, and to explore actions which may be helpful in addressing this.

3 ASSESSMENT

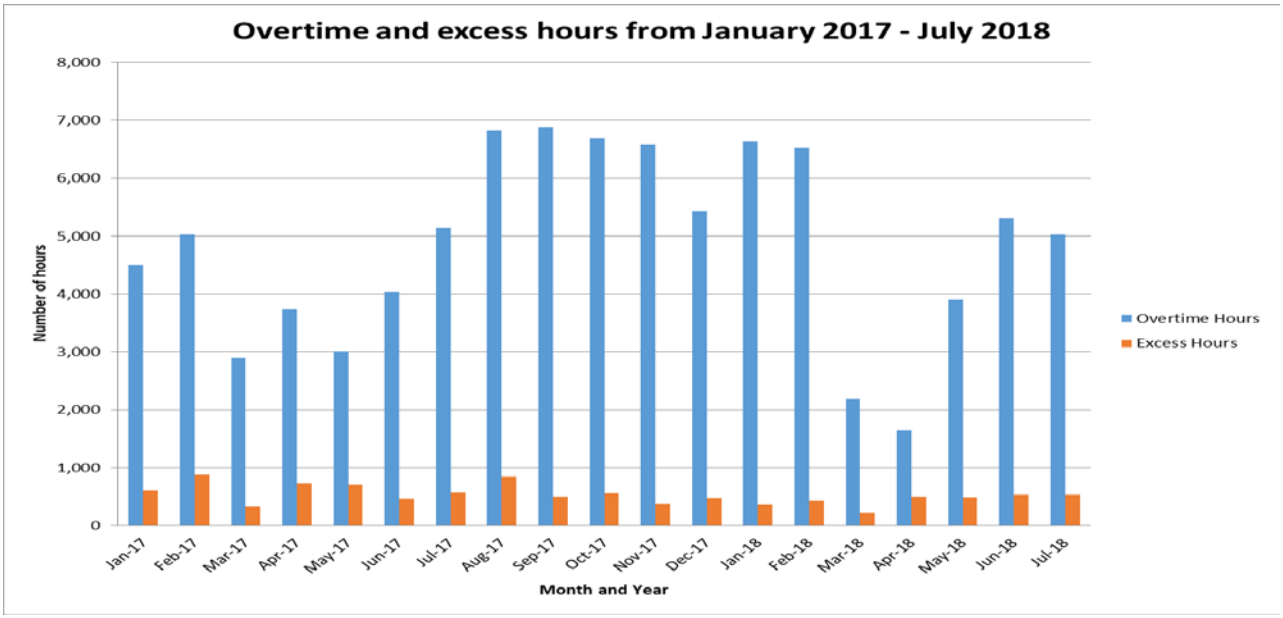
Looking specifically at financial performance at month 4 the Board is reporting a position of £153,000 over (inclusive of phased national board saving). With the Nursing and AHP directorate, the budget is £142,000 overspent, with a £221,000 pressure in nursing. Pressure on the nursing budget is off-set in part by efficiencies across the rest of the directorate.

In comparison in month 4 in the 17/18 reporting year the Board was £22,000 under (with no phasing of national board saving). The Nursing and AHP directorate reported £210,000 over with a £347,000 pressure in nursing.

In terms of previous adjustments, a temporary ward closure was agreed in March 2017, and Mull 3 closed April 2017. The anticipated impact was a reduction of approximately 700 hours nursing overtime per week, based on redeployment of 25 WTE staff to the remaining 10 wards. This reduction was not achieved.

Analysis of the impact of this closure was discussed fully by the SMT on 15 August 2018, focusing on sickness absence, overtime and staffing requirements for clinical observations. It was agreed that more analysis would be undertaken in relation to clinical observation and associated staffing, with this being reported back to the September SMT.

The table below shows overtime hours showing a 3-month baseline before the closure of Mull 3 on 20 April 2017. There is a brief dip in overtime in May 17 before a sustained increase in hours from June 2017 onwards. The significant reduction in overtime in March and April is as a direct consequence of the recovery measures introduced in February/March 2018.



Failing to fill nursing shifts is a new challenge for the Hospital. This is an increasing risk, with failure to fill all required shifts now a regular occurrence. In July 2018, there were 58 reported incidents when Nursing shifts could not be filled. The need to capture and report the clinical impact of this has been discussed at the August meeting of the Clinical Governance Committee.

For 2018/19 the service sustainability work-streams that were agreed are set out below, with a brief update offered on progress to date:

- **Development of a 9-5 nurse staffing model.**

  Formal engagement has been completed, inviting all nursing staff to consider working 9-5 as part of their shift pattern. Feedback from staff has been modest, with only 7 staff volunteering to work this pattern. It is reported that there are no patients on enhanced observations who would currently benefit from a 9-5 care model.

- **Implementing a work-stream through the Scottish Patient Safety Programme focused on Improving Observation Practice (IOP)**

  An appointment has recently been made to a local IOP lead (funded one day a week from HIS), who is now taking forward this work-stream. Work is focused on extending the 'clinical pause' work that has been implemented in Mull hub, and the delivery of structured engagement through a questionnaire for all patients on L3 observations, which will provide a baseline for change going forward. It was agreed at the August SMT that more capacity would be helpful to allow for a fuller focus on this work.

- **Concluding work on the Nursing Resource Utilisation project, focused on e-rostering.**

  Work is ongoing regarding exploring options for an e-rostering solution for nurse rostering. Visits have been undertaken to NHS Dumfries and NHS Lothian to look at Allocate in action. Some underlying issues have been identified that are potential barriers to implementation, such as roster compliance with Allocate requirements. A business case is expected towards the end of the financial year, assuming resolution of barriers. The ambition is to have the e-rostering product provided via NHS Lothian who are very advanced in their use of this product to drive efficient rostering and ensure patient safety.

- **Reviewing the clinical service delivery model.**

  This work has been split into 3 phases of; review of the underpinning principles of the model, a review of safety, and a review of the clinical service delivery model. The review of safety is underway and expected to be completed by early September. This will inform the review of the clinical service delivery model.

Sickness absence is an area of significant concern for the Board, with the State Hospital reporting the highest absence rates in NHS Scotland. A sickness absence task group has been established by the CEO, reporting to the Staff Governance Committee. The first meeting of this group was on 14 August 2018, and an improvement target of 3% by the end of the financial year has been agreed.

Meridian undertook a 3-week productivity study in the Hospital in late July/early August 2018, focused around Nursing. This has involved analysis of systems and processes and shadowing of staff using a 'day in the life of' model. Meridian presented to the SMT on 15 August regarding their findings and recommendations, focused on leadership role clarity and rostering.

Looking at the totality of service and financial pressures, other effort is required is ensure service sustainability in 18/19 and beyond, and to avoid the need for emergency planning measures such as those we undertook in February and March this year.

There is no single 'high impact' action, but it is assumed that the accumulation of marginal gains across a number of areas will deliver benefit.

Further areas of efficiency activity being progressed are:

- Review of training delivery, focused on areas where efficiency could be realised in terms of the current model of staff release.
- Workforce planning in psychological services, administration and finance.
- Review of non-clinical outings.
- Enhanced focus on MDT planning and service delivery at Hub/ward level.
- Re-balancing focus of Nursing Practice Development time at ward level.
- Vacancy management, including a more structured risk assessed approach to vacancy slippage and approval.
- Development of a Nursing pool.
- Review of Service Level Agreements, specifically social work and advocacy.
- Cross charging for exceptional circumstances patients from start of Q3.
- Extending patient active day project to Arran 2 from 23rd August.

Work is ongoing to finalise the detail of these activities, and to specify anticipated benefit that can be achieved.

4 RECOMMENDATION

- The Board is invited to note this report, and to invite a further update at the October meeting of the Board.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Support delivery of safe, effective and person centred care. Specific focus of financial sustainability.
Workforce Implications	Covered in section 3
Financial Implications	Covered in section 3
Route To Board Which groups were involved in contributing to the paper and recommendations.	Via SMT
Risk Assessment (Outline any significant risks and associated mitigation)	Financial and service delivery and care experience risks are set out in the paper.
Assessment of Impact on Stakeholder Experience	Failure to achieve a sustainable service will impact negatively on patients and staff.
Equality Impact Assessment	Not formally assessed.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 14
Sponsoring Director:	Finance and Performance Management Director
Author:	Senior Project Manager
Title of Report:	Performance Report Q1 2018/2019
Purpose of Report:	To provide KPI data and information on performance management activities.

1 SITUATION

This report presents a high-level summary of organisational performance for Q1 April - June 2018. An exception report may be found in Appendix 1.

The only national LDP standards directly relevant to the State Hospital are as follows: Psychological Therapies Waiting Times; GP access and Sickness Absence. Additional local KPIs are reported to the Board and included in this report. Going forward, the LDP process has been replaced by a requirement for each Board to submit an Annual Operational Plan for 2018-19. A review of the broader LDP standards is also being undertaken at a national level.

2 BACKGROUND

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

3 ASSESSMENT

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

No 1 Patient have their care and treatment plans reviewed at 6 monthly intervals.

Renewed auditing and follow-up by the Health Records Department has resulted in an improvement from 95.4% in March to 100% in June 2018. Health Records staff are sending reminder emails to RMOs and medical secretarial staff to advise that a patient's review or renewal of detention is due. The renewal of detention ties in with the annual CPA document being completed. These are being completed and uploaded to RiO by secretarial staff in shorter timescales than previously noted.

No 3 Patients will be engaged in off hub activity centres

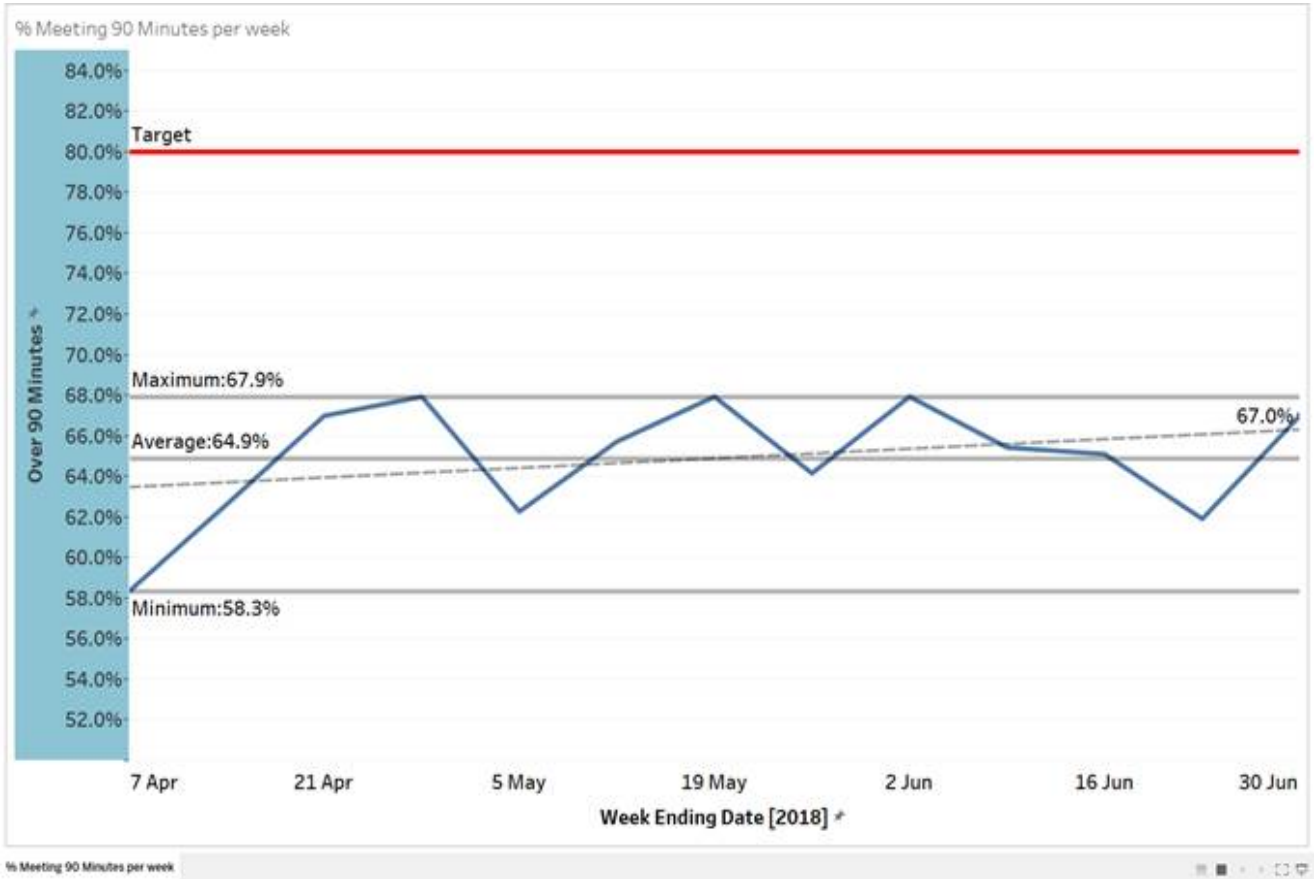
Performance has improved from 77% in Q4 2017/18 to 81.7% in Q1.

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

The process that integrates physical activity recording within the RiO Electronic Patient Administration System has now been implemented hospital wide. Reports are available that provide a personalised analysis for individual patients and can be used by Clinical Teams to target specific interventions. The Senior Information Analysts have also developed reports on levels of activity achieved overall by the Hubs.

The chart below was developed in Tableau (Business Intelligence software) using the physical activity data from RiO. It details the percentage of patients achieving 90 minutes of physical activity each week throughout Q1 2018/19. The average for the quarter is 64.9% (range 58.3% - 67.9%) against the current 60% target.

Based on these promising early results, the Physical Health Working Group has agreed to increase the target percentage from 60% to 80% of patients engaging in 90 minutes physical activity over the course of a week.



No 6 Healthier BMI.

The audit results show that 18.8% patients have a healthy BMI compared to 15.7% in December 2017 and 13.3% in December 2016. This is positive and supported by a concurrent reduction in those overweight: 34.6% in June 2017, 27.7% in December 2017, and 25.7% in June 2018. Despite this, levels of those are obese remain stable at 55.3% against 56.5% in December 2017.

Table 1:

Weight Range by BMI	Number of patients	%
<18.5 underweight	0	0
18.5-24.9 healthy	19	18.8
25-29.9 overweight	26	81
30-34.9 obese	32	
35-39.9 obese	19	
>40 obese	5	

Overall the rates of overweight and obesity show a positive reduction from 84.2% in Dec 2017 to 81% in June 2018. The Hospital target of 25% of the population being a healthy weight remains unachieved but a more positive move towards this target is being observed.

Table 2: The frequency and % of patients in BMI categories based on the NICE (2006) and SIGN (2010) guidelines for December 2017 in comparison with June 2018 are as follows:

	No of patients Dec 2017	**%**	**No of patients June 2018**	**%**
<18.5 (Underweight)	0	0	0	0
18.5-24.9 (Healthy weight)	16	15.8	19	18.8
25-29.9 (Overweight)	28	27.7	26	25.7
30-34.9 (Obese 1)	28	27.7	32	31.6
35-39.9 (Obese 2)	25	24.8	19	18.8
≥40 (Obese 3)	4	4	5	4.9
Total	**101**	**100**	**100**	**100**

External food purchases ceased at the end of October 2017. In addition, several weight loss groups, including weekly Slim and Trim, the Healthy Living Group, and a new Diabetic group (from the Autumn of 2017) are running, which may all be supporting patients' weight loss.

No 7 Sickness absence.

Sickness absence remains high with the rolling average for May 2018 being 9.73% compared to 8.52% in March. The total hours lost for this period were 9,456.31, which equates to 58.10 wte. The monthly absence figure increased by 0.86% from the April 2018 figure of 8.87%. The current average rolling 12-month sickness figure was 8.70% for the period 1 June 2017 to 31 May 2018. The long / short term split was 6.65% and 2.04% respectively. The total hours lost for this period were 100,390.22 which equates to 51.48 wte staff. The Chief Executive is overseeing the work plan of the Attendance Management Improvement Working Group which has been re-establshed.

No 8 Staff have an approved PDP.

The new Turas Appraisal system was implemented on 2 April 2018. Unfortunately, there are not yet any local reporting functions within the system and the Hospital is reliant on NES providing completion dates. The last update was provided on 20 June 2018 and the PDP compliance level on that date was 74.1%.

No 14 Patients will have their clinical risk assessment reviewed annually.

Target of 100% achieved. Risk assessments tie in with the CPA documents and RMOs are reminded by Health Records that these are due to be completed before the CPA document is signed off.

No 17 Attendance by clinical staff at case reviews.

Key Worker attendance has decreased to 58% in Q1 from 82% in Q4 2017/18 against a target of 80%.

Occupational Therapy attendance has decreased to 68% in Q1 from 78% in Q4 2017/18 against a target of 80%.

Clinical Psychology attendance has improved against their target of 80% to 86% in Q1 compared to 74% in Q4 2017/18. Psychology attendance has improved to 96% attendance in Q1 from 88% in Q4 2017/18 against a target of 100%.

Security attendance was 50% in Q1 compared to 66% in Q4 2017/18 against a target of 60%.

Social work attendance has improved to 88% in Q1 from 68% in Q4 2017/18, exceeding their 80% target.

4 RECOMMENDATION

The Board is asked to **note the contents of this report.**

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Monitoring of Key Performance Indicator Performance in the TSH Local Delivery Plan (2017-2020) and the Operational Plan.
Workforce Implications	No workforce implications-for information only.
Financial Implications	No financial implications-for information only.
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	Leads for KPIs contribute to report.
Risk Assessment (Outline any significant risks and associated mitigation)	There is a dependency on the Business Intelligence project. While we can identify other ways of obtaining and analysing data there will be continue to be limitations on the timeliness and granularity of the information reported.
Assessment of Impact on Stakeholder Experience	The gaps in KPI data which make it difficult to assess.
Equality Impact Assessment	No implications identified.

Appendix 1

Item	Principles	Performance Indicator	Target	RAG	Actual	Comment	LEAD
1.	8	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	G	100%	*Figures for Jun 2018.* The figure for Mar 2017 was 95.4%.	LT
2.	8	Patients will be engaged in psychological treatment	85%	G	96.3%	*Figures for Jun 2018.* 94.4% in Mar 2018.103 engaged in therapy. Of the 4 patients not engaged in treatment: 1 is involved in Art Therapy, 1 is involved in Music Therapy, 1 is due to start Psychodynamic Therapy and 1 has been referred to Skills for Relating Well.	MS
3.	8	Patients will be engaged in off-hub activity centres	90%	A	*81.7%*	*Average figure for Apr-Jun 2018,* was 77% in Q4. Excludes shop / health centre information (brief visits).	MR
4.	8	Patients will be offered an annual physical health review	90%	G	100%	*Figures for Apr-Jun 2018.* All eligible patients were invited, 27 attended Annual Health Reviews, 7 admission physicals completed, 0 refused, 6 rescheduled.	LT
5.	8	Patients will undertake 90 minutes of exercise each week	60%	G	64.9%	First time hospital wide data reported from the new system. Range 58.3%-67.9%.	MR
6.	8	Patients will have a healthier BMI	25%	R	18.8%	*Figure from Jun 2018*, Dec 17 figure *was 15.7%.* Next audit due Dec 2018.	LT
7.	5	Sickness absence (National HEAT standard is 4%)	** 5%	R	9.73%	*Rolling figure for Jun 2018*. 8.52% in Mar 2018.	JW
8.	5	Staff have an approved PDR	*100%	R	74.1%	*Figure for 20 Jun 2018.* 84.7% in Mar 2018.	JW
9.	1, 3	Patients transferred/discharged using CPA	100%	G	100%	*Figures for Apr-Jun 2018*. 9 patients discharged/transferred, all relevant MAPPA notifications completed.	KB
10.	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	G	100%	*Figures for Apr-Jun 2018.* 573 interventions in Q1.	LT
11.	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	G	100%	*Figures for Jun 2018.* 16 patients have waited longer than eighteen weeks for engagement –all are involved in other therapies and therefore were/will be delayed in entering specific treatments due to time overlaps (thus individual availability issue, not therapy availability issue).	MS
12.	1, 3	Patients will engage in meaningful activity on a daily basis	100%	-	-	*New indicators and business processes in development as reported to the June Board.*	MR
13.	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	G	100%	106 patients. 10 new admissions, 96 patients with current CPA documents. 99.1% in March.	LT
14.	2, 6, 7, 9	Hubs have a monthly community meeting.	-	-	-	*New indicators and business processes in development as reported to the June Board.*	MR
15.		Refer to next table.					All Clinical Leads

Item	Code	Principles	Performance Indicator	Profession (Lead)	Target	RAG	Overall attendance Apr-Jun 2018 (n=50)	Overall attendance Jan-Mar 2018 (n=50)
16	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO **(LT)**	90%	G	92%	94%
				Medical **(LT)**	100%	A	98%	96%
				Key Worker/Assoc Worker **(MR)**	80%	R	58%	82%
				Nursing **(MR)**	100%	A	96%	98%
				OT**(MR)**	80%	R	68%	78%
				Pharmacy **(LT)**	60%	G	68%	74%
				Clinical Psychologist **(MS)**	80%	G	86%	74%
				Psychology **(MS)**	100%	A	96%	88%
				Security**(DI)**	60%	R	50%	66%
				Social Work**(KB)**	80%	G	88%	68%
				Skye Activity Centre **(MR)** (only attend annual reviews)	tbc	-	0%	0%
				Dietetics **(MR)** (only attend annual reviews)	tbc	-	0%	0%

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 15
Sponsoring Director:	Chief Executive
Author(s):	Head of Communications Involvement and Equality Lead
Title of Report:	Communications Annual Report 2017/18
Purpose of Report:	To note and provide comments

1 SITUATION

The Head of Communications is required to produce, for Board approval, a Communications Annual Report. This report covers performance from 1 April 2017 to 31 March 2018.

2 BACKGROUND

All communications activity supports the Board in the delivery of its core objectives and legal obligations. The establishment of a Communications Annual Report is therefore an important assurance process in considering the effectiveness of State Hospital internal and external communications.

3 ASSESSMENT

All priority commitments strategically and operationally were met or exceeded. This includes key performance indicators, quality assurance objectives, quality improvement objectives and devolved communications tasks deriving from the Board's Scheme of Delegation.

The primary challenge for the service remains one of a high volume of activity and limited staffing resource. Through a process of careful prioritisation, work by the Communications Department and Involvement & Equality Service (IES) was consistently performed to a very high standard throughout the year.

As a result of partnership working / joint efforts (outputs), the report provides examples of positive outcomes evidencing effectiveness achieved during the year.

The service remains committed to continuous improvement and examples of this are captured in the report.

4 RECOMMENDATION

The Board is asked to note and approve the Communications Annual Report 2017/18.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	All communications activity supports the Hospital to meet its strategic objectives as outlined in the Hospital's Local Delivery Plan and NHSScotland's HEAT targets.
Workforce Implications	Resilience challenge identified.
Financial Implications	N/a.
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	Involvement & Equality Service (IES) and the SMT (1 August 2018 meeting).
Risk Assessment (Outline any significant risks and associated mitigation)	N/a.
Assessment of Impact on Stakeholder Experience	No direct impact other than protecting the Hospital's reputation and patient / staff confidentiality as well as ability to keep all stakeholders properly informed.
Equality Impact Assessment	No potential inequalities have been identified.

COMMUNICATIONS ANNUAL REPORT 2017/18

THE STATE HOSPITALS BOARD FOR SCOTLAND

1. CORE PURPOSE

Effective communications plays a key role in how all stakeholders perceive The State Hospital.

The core purpose relates to all aspects of communications both internally and externally - from consultancy / advice and guidance to the provision of electronic communications and the production of corporate publications. In particular, the The Head of Communications acts as communications link between the Hospital and stakeholders including staff, the local community, general public, professional bodies, and local and national government, and drives forward improvements in communication. This enables the influencing and shaping of communication planning and strategy at all levels, ensuring good communications practice is firmly embedded in everyday service development, delivery and change.

Key results areas include:

- Stakeholder Communications (internal and external).
- Public Relations.
- Media Relations.
- Crisis Communication.

All communications activity supports the Hospital in the delivery of its core objectives. In particular those relating to:

- National Staff Governance Standard.
- NHSScotland Healthcare Quality Strategy.
- NHSScotland 2020 Workforce Vision (*Everyone Matters*).
- Scottish Health Council.
- Healthcare Improvement Scotland (HIS).

Communications is delivered in line with our Corporate Communications Strategy which meets the legal obligations contained within:

- Human Rights Act 1998.
- Data Protection Act 1998.
- Public Interest Disclosure Act 1999.
- Freedom of Information (Scotland) Act 2002.
- Mental Health (Care and Treatment) (Scotland) Act 2003 (updated 2015).
- Equality Act 2010.
- Public Services Reform (Scotland) Act 2010.
- Patient Rights (Scotland) Act 2011.
- Caldicott guidance.

A wholehearted commitment to continuous improvement (i.e. development, implementation, monitoring and review) remains the guiding ethos.

2. STRATEGY

The Board's Corporate Communications Strategy – which is available on The State Hospital's website under Board Business - focuses on internal and external corporate communications. It supports the aspirations of the Board and is regularly reviewed in a collaborative manner in line with effective partnership working practices, and best practice in involvement, engagement and consultation processes.

The Corporate Communications Strategy 2015/20, which is due for review in November 2018, helps us to:

- Promote a shared understanding among staff, students and other stakeholders of what it is we do, and why, to deliver excellence in forensic mental health.
- Reinforce our commitment to continuous improvement.
- Represent an overarching philosophy of communication.
- Maintain and develop existing communications efforts and mechanisms to better serve stakeholders.
- Complement a range of other State Hospital strategies and policies, e.g. Staff Charter.

A Media Policy and Procedure, and Website Maintenance and Development Policy and other relevant documentation support the Corporate Communications Strategy:

- The Media Policy and Procedure 2015/20 was revised in March 2017 with a review date of December 2018. An interim update was undertaken in May 2018 to reflect change of wording from Media Enquiries to Media Enquiries / Contact.

- The External Website Maintenance and Development Policy is due for review in December 2018.

There is also a well established Pandemic Influenza Communications Strategy 2015/20 which is reviewed in conjunction with the Senior Nurse for Infection Control. It is due for review in October 2018.

Additionally:

- A Supporting Patient Communication Policy will be produced in 2018/19 in response to legislation, national drivers and local feedback to ensure all patients are enabled to meaningfully engage.

- In response to feedback from internal and external stakeholders, a Person Centred Improvement Service Delivery Plan will be developed in 2018/19 replacing the Involvement and Equality Strategy. This title will more appropriately describe the wider function of the service, making explicit the contribution of its diverse workstreams to strategic objectives.

3. KEY PERFORMANCE INDICATORS (KPIs)

Established KPIs relate to the core Communications function. These remain the same year on year. The Lead being the Head of Communications. In terms of 2017/18, these are detailed below and were completed on time and within budget – see Table 1.

Table 1

No	KPI	Source	Timescale	Status / Outcome
01	To produce a Communications Annual Report for presenting to the Board.	Board	By August each year	Continues to be met
02	To produce the Board's Annual Report	Board	By 31 October each year	Continues to be met
03	To produce at least 44 weekly bulletins for staff.	Comms	By end March 2018	Complete A total of 45 were produced.
04	To produce at least 40 special bulletins as a support to staff.	Comms	-	At the request of staff, 77 were produced – See Appendix 1.
05	To produce Staff Newsletter 'Vision' twice a year as a minimum.	Comms	By end March 2018	Complete Two issues were produced.
06	To deliver on 100% of all appropriate requests for Talks to the Community.	General Public	By end March 2018	Complete Three general State Hospital presentations were delivered to the local community: Hamilton & District Probus Club, the Ripe Bunch (Greenock), and Wishaw Ladies Probus Club. The Speakers' Directory and PowerPoint Presentation for the Local Community was reviewed, updated and maintained during the year.
07	To respond to 100% of urgent Media Enquiries within the timescale requested and within one working day.	Media	By end March 2018	Complete There were 22 media enquiries.
08	Meet the requirements of the 'Well Informed' Staff Governance Standard.	Staff Governance Standard	March / April 2018	Complete Achieved and evidenced by way of the 'Well Informed' section of The State Hospital's Staff Governance Standard Monitoring Return 2017/18 - The example chosen for 2017/18 was 'engagement'. The value is clear - communicate effectively to enable a more fully engaged and more productive workforce.

No	KPI	Source	Timescale	Status / Outcome
09	To ensure attendance at four of the six State Hospital Board Meetings.	Board	Annually	Continues to be met
10	Ensure Board business is published on the website. This includes: Board Meeting Dates, Public Notices, Agendas, Minutes & Papers.	Board	Ongoing	Continues to be met Additionally, after each Board Meeting a review all Board papers takes place with a view to identifying information / communication for the staff bulletin, staff newsletter 'Vision', Intranet, Website and the Media as appropriate.
11	To attend 90% of NHSScotland Strategic Communications Network Meetings.	NHSScotland	By end March 2018	Complete Criteria met.
12	To ensure representation at the annual NHSScotland Event.	NHSScotland	Annually in June	Complete Representation was made at the June 2017 event.
13	Annual re-design of Weekly Staff Bulletin and Special Bulletin.	Chairperson	By end March annually	Continues to be met

Table 2 provides details of performance / progress relating to other Media Relations and Public Relations workstreams (not covered by KPIs).

Table 2

No	Workstream	Lead	Outcome	Key Result Area
01	Media Releases	Head of Comms	One Media Release was issued to the local press in December 2017. This was entitled 'A Fond Farewell to State Hospital Chaplain'.	Media Relations
02	Media Features	Head of Comms	There were none in 2017/18.	Media Relations
03	Media Leaks	Head of Comms	Five were reported through Datix.	Media Relations
04	FOI Enquiries	FOI Lead	There were 46 requests made in total; 45 were answered and one was withdrawn before completion.	Public Relations
05	Academic Published Articles	Research & Development Manager	The Research Committee's Annual Report 2017/18 notes 14 publications.	Public Relations
06	Leadership Walkrounds	Executive Team	Four took place: Catering, Mull 1, Skye Centre Main Atrium and Estates.	Staff Relations

No	Workstream	Lead	Outcome	Key Result Area
07	Continue to invite visitors to the Hospital to learn about our work. Visitors include MSPs, Health Board Chairs and senior officials as well as other stakeholders.	Executive Team	Ongoing annually as outlined in the Chief Executive's Report to each Board Meeting.	Patient Relations
08	Patient Newsletters	Involvement & Equality Lead (IEL)	A weekly patient bulletin is produced which is displayed on all patient noticeboards within the Hospital.	Patient Relations
09	Carer Newsletters	Carer Engagement Facilitator	Two were produced during the year in collaboration with carers.	Carer Relations

4. QUALITY ASSURANCE (QA) OBJECTIVES

The first six QA Objectives relate to the core Communications function. These remain the same year on year. The table below shows all the QA Objectives set for 2017/18 and progress against these.

No	QA Objective	Source	Lead	Timescale	Status / New Timescale
01	Undertake an annual review and update of the content on the website and ONELAN screens.	Comms	Head of Comms	October 2017	Complete
02	Carry out an interim review and update (if required) of Communications strategies, policies and procedures.	Comms	Head of Comms	August 2017	Complete
03	Undertake Impact Assessments of the Communications service based on communications strategies.	Comms	Head of Comms	As required	Continues to be met
04	Undertake annual reviews and updates of the State Hospital's Speakers' Directory and general presentation slides.	Comms	Head of Comms	March 2018	Complete
05	Produce an annual report on website statistics for 2017/18.	Comms	Head of Comms	March 2018	Complete A paper went to both SMT and the Board in April 2017.

No	QA Objective	Source	Lead	Timescale	Status / New Timescale
06	Review and update publications (as appropriate) in the Hospital's Publications Database.	Comms	Head of Comms	Ongoing	Ongoing Further progress was made in reviewing and updating the publications contained within The State Hospital's Publications Database. Numerous new publications were produced.
07	Take measures to rebalance workload and capacity in terms of Communications service delivery.	Board	Chief Executive / Head of Comms	Ongoing	Situation remains under review Progress on backlog continues subject to Communications resourcing.
08	Explore a Memorandum of Understanding with another National Board as a means of strengthening resilience during any long-term absence.	National Boards Collaborative	Chief Executive / Head of Comms	March 2019	**New task for 2018/19**
09	Annual review and update of all Involvement and Equality material, e.g. publications and State Hospital Website and Intranet content.	Involvement & Equality Steering Group (IESG)	IEL	Annually	Continues to be met ensuring consistency of information across all channels of communication.
10	Review the operating effectiveness of the Intranet for staff with a focus on content and the current document management system (i.e. Sharepoint).	Executive Team	Head of eHealth	March 2019	**On target** *Action reminder last sent on 13 July 2018.*
11	Develop an Executive Recruitment Pack	Executive Team	Human Resources Director	Jan 2018	Complete
12	Production of Employment Monitoring Reports	Equality Act	Human Resources Director	Annually	Ongoing No report produced for 2016/17 due to delayed implementation of eESS and no access to SWISS. 2017/18 report also stalled due to access to SWISS. It is expected that the report will be produced around July / August 2018. *Position update requested 13 July 2018.*

5. QUALITY IMPROVEMENT (QI) OBJECTIVES

The table below shows the QI Objectives set for 2017/18 and progress against these as well as new objectives for 2018/19.

No	QI Objective	Source	Lead	Timescale	Status / New Timescale
01	Develop an information pack for new carers / named persons.	Carers' Support Group	IES	October 2017	Complete Initial prototype piloted with feedback due 2018/19 prior to roll out of final version.
02	Promote a culture and style of "values-driven leadership" throughout the Hospital.	Partnership Forum	Chief Executive	March 2018	Complete Values based leadership is embedded though a range of initiatives / actions, e.g. part of Director's performance appraisal, explicit in our Service Strategy: Vision / Aims / Values and Behaviours, is central to the new Senior Charge Nurse development programme, and is a key component of values based recruitment for new nursing staff.
03	Support the development of a Senior Leadership Team communication and engagement plan, i.e. Ensure Director leads for key strategic objectives are communicating this effectively, e.g. Lindsay on Healthy Choices / Mark on Active Day.	Chief Executive	Head of Comms	March 2018	Complete
04	Directors to ensure they communicate and engage with staff and other stakeholders (as appropriate) in relation to strategic priorities: • Patient Day (MR) • Clinical Model (LT) • Safety (LT) • Observations (MR) • 9-5 Model (MR) • Sickness Absence (JC) • Meridian (RMcN) • Nursing Resource Utilisation (RMcN)	Chief Executive / Service Strategy / Directors' Objectives	All Directors	March 2019	**New task for 2018/19**

No	QI Objective	Source	Lead	Timescale	Status / New Timescale
05	Review feasibility of having staff photographs in Hospital buildings.	iMatter	Chief Executive / Head of Comms	March 2018	Complete It was agreed that it would be too difficult to maintain photos of all staff on all wards from an operational / maintenance perspective. As a way forward it was agreed that photo boards of senior staff on duty per shift be explored in 2018/19.
06	Review feasibility of having some form of photo boards (perhaps electronic) of senior staff on duty per shift.	iMatter	Director of Nursing & AHPs	March 2019	**New task for 2018/19**
07	Take forward actions from the 2015 Website Landscape Review.	Scottish Government	Head of Comms and Head of eHealth	March 2020	**Action now not applicable** Dropped by The Scottish Government. However, also superseded by the redesign and relaunch of The State Hospital's website.
08	Redesign and relaunch of State Hospital Website.	Board	Head of Comms	March 2020	**New task for 2018/19**
09	Ensure research is shared through the website.	Board	Research & Dev Mgr Medical Director	March 2020	**On target** Initial meeting took place in August 2013 following Board request. Comms will action as and when articles received.
10	Undertake a scoping exercise relating to carer involvement in Care Programme Approach (CPA) review meetings / transfer planning process.	Carers' Support Group	IES	April 2020	**On target** The Variance Analysis Tool continues to highlight some challenges. Nevertheless, this task has been highlighted as a priority and has therefore been included as one of the tasks within the three Equality Outcome plans published in April 2017. Timeframe is a three year plan as part of the Equality Outcomes workstreams.

No	QI Objective	Source	Lead	Timescale	Status / New Timescale
11	Align outputs arising from the recommendations of the internal audit (November 2015) relating to the efficacy of feedback processes, together with feedback from Scottish Public Services Ombudsman (SPSO), Scottish Health Council (SHC) and internal audit relating to complaints.	IESG	IES (Feedback) Head of Corporate Planning and Business Support (Complaints)	March 2018	**Ongoing to 2018/19** *Thermatic Feedback Analysis Complete* - Shared with CEO and Director of Nursing & AHPs. *Complaints Ongoing* - Decision made Spring 2018 to request review of complaints process during August 2018 with report to SMT in September 2018.
12	Review, refresh and develop patient versions of current (and relevant / appropriate) organisational policies.	PPG	IES	September 2017	**Ongoing to 2018/19** To ensure compliance with accessible information standards. *Project not yet started as resourcing remains an issue (13 July 2018).*
13	Undertake (and respond to) feedback from the annual Visitor Experience Questionnaire.	IESG	IEL	Annually	Continues to be met
14	Undertake Annual Patient Experience Questionnaire.	IESG	IEL	Annually	Continues to be met
15	Consult, publish and implement updated Equality Outcomes.	IESG	IEL	Every three years	Complete *Last update - April 2017.*
16	Develop clinician recruitment marketing materials to take out to recruitment fairs.	Director of Nursing & AHPs	Head of Comms	March 2018	**Ongoing to 2018/19** Materials costed etc by Comms in 2017 however input required from Director of Nursing & AHPs and Lead Nurse in order to progress. *Action reminder last sent on 13 July 2018.*

No	QI Objective	Source	Lead	Timescale	Status / New Timescale
17	Review of ONELAN screens in terms of purpose, functionality and training requirements.	SMT	Director of Nursing & AHPs / Head of eHealth	March 2018	**Ongoing to 2018/19** Purpose of screens has been reviewed and agreed that these will be used for information on ward, hub and Skye Centre activities. However, due to changes in personnel in eHealth, training of staff in use of ONELAN has not been able to be progressed. Where screens are available, these are being used to provide basic service information and an RSS newsfeed. *Position update requested 13 July 2018.*
18	Support the work of the Values and Behaviours Group through the design and production of communications materials.	Partnership Forum and Staff Governance	OD Manager / Head of Comms	As required during 2017/18	Complete
19	Support the engagement process on the organisation's service strategy including our vision, mission and values by drafting the strategy and engagement document.	SMT and Board	CEO / Head of Comms	By end September 2017	**New task for 2017/18** Complete Engagement took place during September 2017.
20	Be actively involved in the Shared Services National Board Review Groups.	National Boards Collaborative	Head of Comms for Comms strand	As required	**New task for 2017/18** Continues to be met
21	Review the existing Volunteer communication resources.	What Matters To You initiative - June 2017	IEL / Volunter Service Group	March 2019	**New task for 2018/19**
22	Develop a Volunteer Exit Feedback Form.	What Matters To You initiative - June 2017	IEL / Volunteer Service Group	March 2019	**New task for 2018/19**
23	Produce a Supporting Patient Communication Policy.	Legislation, national drivers and local feedback	IEL	October 2018	**New task for 2018/19**
24	Develop a Person Centred Improvement Service Delivery Plan.	Feedback from internal and external stakeholders	IEL	July 2018	**New task for 2018/19**

6. OUTCOMES AND EFFECTIVENESS

All work is aligned to core objectives as set out in strategy. Performance Reporting, KPIs, QA Objectives and QI Objectives set for 2017/18 were all met with the exception of a few being carried forward to 2018/19 due to capacity issues, particularly within the Involvement & Equality Service and eHealth Department. As a result of our efforts (outputs), the following are examples of positive outcomes evidencing effectiveness achieved during the year.

6.1 Patient / Carer / Volunteer Focus

- Feedback was elicited from patients, carers and volunteers to inform the presentation delivered by the Involvement and Equality Lead at The State Hospital's Annual Review meeting in September 2017.

- Patients unable to leave the ward environment continue to recognise the value of receiving feedback from the Patient Partnership Group (PPG) via the Patient Newsletter.

- Following delivery of the Advance Statement Workshop in 2017, the number of patients with an Advance Statement increased.

- The 2017 Carers' Week event produced consistent feedback relating to the value placed on engaging in socially inclusive events in the Hospital as well as understanding the therapeutic value of Skye Centre patient activities.

- The new Visitors' Information Pack has been well received with some constructive feedback which has been easily incorporated due to the flexible loose-leaf design of the pack.

- Feedback from volunteers indicated a need to review the existing communications resources and this will be taken forward in 2018/19 (What Matters To You initiative - June 2017).

- Volunteers asked the organisation to explore ways of increasing their visibility, particularly those providing input in clinical areas. The outcome of this discussion led to the decision to introduce polo tops whereby they could be clearly identified (What Matters To You initiative - June 2017).

- Volunteers have suggested an exit feedback form be developed in conjunction with the Volunteer Service Group to capture their experience (What Matters To You initiative - June 2017).

6.2 Internal Communications

- iMatter continues to have a good response rate – with results being shared with staff at all levels - and actions embedded within the Staff Governance Action Plan. The National Health and Social Care Staff Experience Report 2017 showed The State Hospital having achieved a response rate of 52%; the national response rate was 36%. This was the fourth highest response rate across Scotland.

- Staff continue to contribute to the Staff Bulletin and Staff Newsletter 'Vision' which evidences success. Additionally, the Staff Bulletin ensures that all staff are well informed, no matter where they work or what their role is.

- ✓ Internal and external events are advertised through the Staff Bulletin, Intranet and Email. As a result, high attendance at the following events, shows that these communication methods continue to work well: the weekly Journal Club, annual State Hospital Clinical Effectiveness & Research Conference, health promotion events, Give Blood (onsite) opportunities and general conferences and events internal and external.

- ✓ The staff bulletin continues to be a key communications tool to support the work of departments, groups and committees. For example, following advertising of the Distance Learning qualification in 2017/18, 30 staff (from various disciplines) enrolled in a course; this was an increase from the previous year. Additionally, the Further / Higher Education Bursary Award Scheme was promoted in April 2017; as a result, 11 applications were submitted (7 in 2016/17). The Healthy Working Lives (HWL) Group publicised 10 places on the 'Weigh to Go' (free weight loss class); 12 applications were received.

- ✓ The staff newsletter 'Vision' is used to provide feedback to staff on the aforementioned events and activities. It is also used to introduce staff through the regular 'Getting To Know Your' article. Staff featured in these articles fedback that people have come up to them and said '"I saw you in Vision".

- Feedback arising from the policy consultation process (housed on the Intranet and advertised through the Staff Bulletin and Email system) evidences that staff are taking the time to read formal communications and respond.

- Responses to Staff Engagement Exercises (issued by Email, housed on the Intranet and advertised through the Staff Bulletin) show that our electronic communications are well utilised by staff. For example, communications around service sustainability and transformation as well as Mull 3 Closure arrangements.

- The photo boards introduced in 2016/17 enable staff to recognise those associated with the Board and its functions. Staff said they recognised the new Board Secretary (who started January 2018) because they had seen her photo on the photo board.

- Through dedicated communications staff were made aware of the financial pressure that the Board was experiencing in the year and measures that needed to be put in place to ensure year-end financial targets were met. As a result, our financial target for 2017/18 was met and were able to plan for sustainable service delivery in 2018/19 and onwards.

- The use of various channels of internal communications, resulted in more staff complying with the Dress Code (Uniform Policy), changes to the Observation Policy and Patient Telephone Policy, Patient Movement Tracking System (PMTS), Metacompliance, and our Organisational Conversations including Values and Behaviours to name a few.

6.3 External Communications

- Our State Hospital general presentation to local community groups continued to be received well. This is evidenced through our feedback forms which are extremely positive. Our presence in the local community leads to requests for further talks and helps to reduce stigma around mental health.

- Hosting visits to the Hospital ensures a wider audience learns about our work and enables the opportunity of sharing best practice and networking. Details of these visits are included in the Chief Executive's Report to each Board meeting.

- At each Board Meeting, the Chairperson provides feedback from the NHSScotland Chairs' Meeting. This ensures the Board is aware of what is happening nationally and includes updates on targets and priorities.

- Through the effective management of media enquiries, we were able to protect the Hospital's reputation by either (1) squashing what could have been a potential news story or (2) by lessening the impact of a negative story through rebutting inaccuracies and providing information to ensure fair and balanced coverage. Details of media enquiries / contacts are shared with Scottish Government colleagues and we often work together to ensure a joined up response by sharing lines etc.

- Freedom of Information (FOI) requests and general enquiries continue to be received through the general State Hospital email box (tsh.info@nhs.net) evidencing that this is not only effective but a popular resource.

- Through yearly reporting of website traffic to the Senior Management Team (SMT) and the Board, colleagues are kept aware of how well our website is functioning.

- In 2017/18 a total of 21,161 people visited The State Hospital's website (21,244) with around 75% of visits by people who had visited before (80%). This shows that the website is a good source of information and people are visiting again and again.

    - ✓ Publications continue to be popular with the general public. For example, from the top 10 downloads from our website, our State Hospital 'About Us' fact sheet continues to be the most popular being downloaded 1,014 times in the period (965), followed by our Student Nurse leaflet - 429 (510), Annual Report 2015/16 - 161 (337), Official Visitors Siren Leaflet - 138, Search and Screen Procedures – 135 (164), Annual Report 2016/17 - 128, Board Biographies - 125 (116), Board Papers – May 2017 - 112 and Board Papers – October 2017 - 95.

    - ✓ Our home page was the most popular page in 2017/18 (receiving 15,223 visits) followed by Jobs - 2,182, Contact Us - 914, Board Who's Who - 541, Board Annual Reports - 265, Official Visitors - 225, Board Papers - 164 and Public Safety - 163.

Figures in brackets represent 2016/17 where available

7. SUMMARY

Given the nature and organisational arrangements of the Board, patients are uniquely viewed as internal communication stakeholders in addition to Non-Executive Directors, Volunteers, the Spiritual & Pastoral Care Team, Advocacy and staff. Carers, the public and the media are included within external communication arrangements.

The two services predominately delivering internal and external communications is the Communications Service and the Involvement & Equality Service.

As in a number of roles within the Hospital, it is recognised that the Communications Service is a person dependent service and has very little resilience during periods of absence or peak periods of demand. As a result, there is a significant emphasis on continuous re-prioritisation of objectives during such periods. The situation remains under review. Additionally, a Memorandum of Understanding with another National Board will be explored in 2018/19 with a view of strengthening resilience during any long-term absence.

The Involvement & Equality Service continued to experience staffing resource issues during the year. As a result a number of actions have been carried forward into 2018/19.

Despite this, during 2017/18 the Communications Service and the Involvement & Equality Service, as in previous years, performed to a high standard, delivering a wide ranging and comprehensive communications service. Additionally, others responsible for delivering effective communications continued to achieve agreed objectives.

Overall, core Communications tasks were delivered, all legislative requirements were met, and all financial targets / savings were achieved.

17 July 2018

Special Bulletins 2017/18

A total of 77 were produced at the request of staff:

- Controlled Drug Awareness
- Dress Code (Uniform Policy)
- Duty of Candour x 2
- eHealth Reminders
- Fake and Phishing Emails
- Financial Recovery Plan
- General Data Protection Regulation (GDPR)
- Healthcare Acquired Infection (HAI)
- Healthy Working Lives (HWL) x 8: Cancer, Pedal for Scotland, Suicide Prevention, Dignity at Work, Flu Vaccine, Planning Your Own Funeral, World Aids Day, Daily Mile)
- iMatter x 11
- Information for Nursing – Off Duty, Annual Leave and Absence
- Integrated Care Pathway (ICP) Variance Analysis Tool (VAT)
- IT Forms Guidance
- Learning from Incidents
- Mull 3 Closure
- National Adult Protection Day
- National Early Warning Score
- Observation Policy
- OU Pre-Registration Nursing Course
- Partnership Forum x 9
- Patient Movement Tracking System (PMTS) x 2
- Records Survey
- Recycling
- Research and Clinical Effectiveness Conference
- Resilience
- Rio x 2
- Scottish Government
- Smoking Ban Judgment
- SMT and the Board x 13
- Telephone Policy
- Terrorism
- Turas Appraisal Tool
- Values and Behaviours x 3
- What Matters to You Day
- Working Longer

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the meeting of the Audit Committee held on Thursday 28 June 2018 at 9.45am in the Boardroom, The State Hospital, Carstairs.

PRESENT:	
Non Executive Director	Elizabeth Carmichael (Chair)
Employee Director	Anne Gillan
Non Executive Director	Maire Whitehead
IN ATTENDANCE:	
Internal	
Chief Executive	Jim Crichton
Board Chair	Terry Currie
Head of Corporate & Business Planning	Monica Merson
Finance and Performance Management Director	Robin McNaught
PA to Medical & Associate Medical Directors	Jacqueline McDade
External	
Assistant Manager, RSMUK	Sue Brook
Director, Scott-Moncrieff	Chris Brown
Senior Manager, RSMUK	Asam Hussain
Director, Scott-Moncrieff	Karen Jones

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Apologies were received from Bill Brackenridge and Marc Mazzucco. Elizabeth Carmichael welcomed everyone to the meeting.

2 CONFLICTS OF INTEREST

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

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 5 April 2018 were amended at Paragraph 9; Internal Audit Plan; to read 2018/19 and were subsequently approved as an accurate record.

4 ACTION NOTES UPDATE AND MATTERS ARISING

Action Notes Update:

All Actions were complete or progressing satisfactorily.

Matters Arising:

There were no matters arising from the Minutes.

5 INTERNAL AUDIT PROGRESS REPORT 2018/19 MANAGEMENT ACTION TRACKING REPORT

Members received the Internal Audit Progress Report from Asam Hussain. The report provides a summary update on progress against the Internal Audit Plan for 2018/19 which was approved by

the Audit Committee on 5 April 2018.

The purpose of the Management Action Tracking Report is to provide the Audit Committee with an update on the progress that The State Hospitals Board for Scotland has made in implementing agreed management actions from previous Internal Audit reports.

Two reports have been issued since the previous Audit Committee, of which one, Patient Activity Audit received a partial assurance opinion and the other, Major Capital Projects, a reasonable assurance opinion. In summarising the report, Asam Hussain advised that, of the 43 actions, a third of these have been confirmed as closed; 50% are not yet due; 8 actions that were due cannot be closed off as they are still in progress. There are 2 high priority actions: Effective Rostering and Overtime Management Review and Sickness Absence which are still to be concluded. Members of the Committee were advised that there are capacity issues within the HR Department which is causing delays but this is being addressed.

Elizabeth Carmichael advised that these are both priorities for the Hospital and asked that Jim Crichton come up with a plan to take these forward. Jim Crichton advised that there are measures in place to temporarily address some of the capacity issues and is looking at a proposal to invest in an HR Manager to focus specifically on sickness absence, it is therefore unlikely that the audit will facilitated until August. **Action: Jim Crichton**

Elizabeth Carmichael expressed concern that these issues remain outstanding and advised that, as they relate to the Staff Governance Committee, they should come up with a plan on how we deal with this and move forward. **Action: Staff Governance Committee**

6 INTERNAL AUDIT FOLLOW UP REPORTS

Members received Internal Audit Follow Up Reports relating to Major Capital Project and Patient Activity from Asam Hussain.

o **Major Capital Project**

In summarising the report, Asam Hussain advised that there was a high risk in terms of longevity of post holders overseeing project and keeping Scottish Government up to date. There were a couple of issues of a housekeeping nature; ensure policies and procedures are reflective of current practice; ensure system in place to capture conflicts of interest and ensure audit trail around approvals are available. Robin McNaught advised that the Full Business Case is being presented to the Scottish Government today and that all points raised were valid and will be taken forward.

The Committee were happy to note the report and agreed actions with timescales.

o **Patient Activity Report**

In summarising the report, Asam Hussain advised that the staff contacted as part of this review demonstrated a commitment, not only to reducing negative health outcomes of patients, but also to promoting their positive health and well-being. They do this through the application of supporting policies and practices of The State Hospital. The review has found that translating the good intentions fully into practice has proven challenging. There is a concern that performance reporting around patient activity is not comprehensive at the moment and only includes data from the Skye Centre. It is recognised that patients within the grounds or on hubs have access to physical activity and there are some patients, for clinical needs, that cannot participate but performance is not be adjusting to reflect that therefore a key action is to make sure data reporting is reflective of actual reality of patients who can take part in physical activity.

The Committee discussed issues around the implementation of the Patient Active Day Model and agreed that the report required to be remitted to the Clinical Governance Committee for a detailed discussion at the next meeting, with feedback being provided to the Audit Committee in September 2018. **Action: Jackie McDade**

The Committee noted the report and recommendations.

7 CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT

Members received a report on behalf of Nicholas Johnston, Chair of Clinical Governance Committee, in respect of the Clinical Governance Committee Annual Report 2017-18.

It was noted that the Annual Report outlined the key achievements, key learning and key developments for the period under review in order that the Board could be assured that all elements of Clinical Governance activity were operating effectively and complying with national guidelines.

From the review of the performance of the Clinical Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference and has fulfilled its remit. Based on assurance received and information presented to the Committee, adequate and effective clinical governance arrangements were in place throughout the year.

The Committee noted the report and accepted the conclusion at paragraph 9.

8 STAFF GOVERNANCE COMMITTEE ANNUAL REPORT

Members received a report on behalf of Bill Brackenridge in respect of the Staff Governance Committee Annual Report 2017-18.

Elizabeth Carmichael advised that there was an error on page 3 of the report and the self assessment submission should be for 2017-18 and not 2016-17.

It was noted that the report outlined the key achievements and key developments overseen by the Committee during 2017-18.

Elizabeth Carmichael summarised the report and the progress made over the year. The main priorities of the Committee continued to be Attendance Management.

Members noted the Staff Governance Committee Annual Report for 2017-18 which would now be presented to the Board.

9 REMUNERATION COMMITTEE ANNUAL REPORT

Members received a report from Terry Currie in respect of the Remuneration Committee Annual Report 2017-18.

It was noted that the report outlined the key achievements and key developments overseen by the Committee during 2017-18. The stocktake also included the Committee's Terms of Reference, Reporting Structures and Work Programme.

Terry Currie summarised the report and the activity the Committee had undertaken during the year under review. It was noted that the Committee had met on 4 occasions and not the 3 stated in the report.

In reviewing the Terms of reference, the Committee agreed to amend paragraph 2: Committee Chair, Members and Attendees to show that people were in attendance at meetings rather than non officio members of the Committee.

Members noted the Remuneration Committee Annual Report for 2017-18 which would now be presented to the Board.

10 AUDIT COMMITTEE ANNUAL REPORT

Members received a report from Robin McNaught in respect of the Audit Committee Annual Report 2017-18.

Robin McNaught advised that the Committee had met on three occasions within the reporting period; the fourth meeting slipped into the first week of the new financial year. The Terms of Reference were not included with the report but these were reviewed at the previous meeting.

It was highlighted by Chris Brown that the conclusion does not confirm that the terms of reference have been met. Elizabeth Carmichael confirmed that the remit has been met and this will be confirmed to the Board at its meeting later today.

Members noted the Audit Committee Annual Report for 2017-18 which would now be presented to the Board.

11 NATIONAL SINGLE INSTANCE (NSI) & NSS SERVICE AUDITS

Members received a report from Robin McNaught in respect of National Single Instance (NSI) and NSS Service Audits. The report confirmed that there were no significant control issues raised.

Members noted the report and that both audit reports were available if required.

12 EXTERNAL AUDIT ANNUAL REPORT TO THE BOARD AND THE AUDITOR GENERAL FOR SCOTLAND

Members received from Chris Brown, the External Audit Annual Report for 2017-18 to The State Hospitals Board for Scotland and the Auditor General for Scotland. It was noted that the report summarised the work of Scott-Moncrieff throughout the year and their findings in relation to their audit of the financial statements, corporate governance arrangements and performance management arrangements.

Karen Jones summarised the report and the key points of note in relation to the audit. It was noted that overspends on nursing overtime continue to present a significant challenge to the Board's financial position, which is not sustainable and more action is required.

Members noted the External Audit report 2017-18 to The State Hospitals Board for Scotland and the Auditor General for Scotland and expressed their thanks to Chris Brown and Karen Jones for the work undertaken.

13 ANNUAL REPORT AND ACCOUNTS FOR YEAR ENDED 31 MARCH 2018

Members received the Annual Report and Accounts for the year 2017-18 which had been reviewed in full by External Auditors, Scott-Moncrieff, from whom an unqualified audit opinion was given on pages 30-32.

Robin McNaught summarised the report which concluded that the Board had achieved all financial targets during the year 2017-18.

Members joined Robin McNaught in expressing thanks to Scott-Moncrieff, Cath Romer and her Finance team for their work in the preparation of this year's Annual Accounts.

Members noted and approved the Report on the Annual Accounts for submission to the Board.

14 AUDIT COMMITTEE ANNUAL ASSURANCE STATEMENT

Members received a report from Robin McNaught in respect of the Annual Audit Committee Assurance Statement to the Board for 2017-2018.

Robin McNaught summarised the report and Members noted that the Assurance Statement would give specific assurance that the Performance Report, Accountability Report and the accounts themselves are to be signed with the Audit Committee's and external auditors' approval, within their remit, and on the basis of assurance from the annual reports received from the governance committees.

Members agreed to recommend that the Board:

Adopt the Annual Accounts for the year ended 31 March 2018 and approve submission to the Scottish Government Health and Social Care Directorate, *and*

Authorise:

a) The Chief Executive to sign the Performance Report
b) The Chief Executive to sign the Accountability Report
c) The Chief Executive and Finance and Performance Management Director to sign the Balance Sheet.

Action: Jim Crichton /Robin Mcnaught

Members approved the Annual Audit Committee Assurance Statement 2017-2018 for submission to the Board.

15 PATIENTS' FUNDS ACCOUNTS

Members received a report from Robin McNaught in respect of Patients' Funds Accounts. It was noted that the Audit Committee was required to approve the Patients' Funds Annual Accounts and these were attached to the report.

In summarising the report, Robin McNaught advised that Patient numbers in 2017/18 are marginally less than 2016/17 but the closing balance has increased mainly due a decrease in payments. The average balance held per patient is higher than the previous year. The volume of transactions that go through the patients' accounts has reduced since last year due to the 2014 Supporting Healthy Choices Consultation. Purchases of food/fluid items ceased to be available from 1 November 2017.

The Patients' Funds Accounts are audited by Wylie and Bisset who reported no new recommendations for the year ended 31 March 2018.

Members approved the abstract of receipts and payments of patients' private funds for the year ended 31 March 2018 and gave approval to the Finance and Performance Management Director and Chief Executive to sign the summary income and expenditure statement.

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16 WAIVER OF SFIs TENDERING REQUIREMENTS

Members received a report from Robin McNaught in respect of details of the use of waiving of competitive tendering or quotations during 2017-18 by the Chief Executive and Finance Director which is permitted under the Board's Standing Financial Instructions.

Robin McNaught summarised the report which confirmed that tendering requirements were waived

on 12 occasions, accounting for expenditure of £0.209m. This is lower than 2016/17 where there were 15 waivers with a value of £0.362m. A summary was provided and the full register accompanied the report at Appendix 1.

Members noted the contents of the Register of Waiver of tendering requirements 2017-18.

17 FRAUD UPDATE REPORT

Members received a report from Robin McNaught which provided a quarterly update on the Hospital's Fraud Policy and Response Plan to include a summary of alerts received from Counter Fraud Services (CFS) and also an update on the Fraud Log.

Members noted that there had been three CFS alerts published since the last report. All necessary action had been taken.

In terms of the Fraud Log, no incidents had been reported since the last report to the Committee. There is one outstanding incident from January 2018 which is still under investigation relating to an employee using their State Hospital phone for personal use.

The Committee approved a letter to Scottish Government confirming 'no significant issues of fraud in 2017-18' requiring notification to Health & Social Care Assurance Board which, as Chair of the Committee, Elizabeth Carmichael would sign.
Action: Elizabeth Carmichael

Members noted the alerts circulated by CFS in the last quarter and the update on fraud allegations.

18 FRAUD ACTION PLAN

Members received a report from Robin McNaught which provided an update of the Fraud Action Plan as per Scottish Government requirements.

In terms of engagement activities, all matters were on schedule or complete and the Fraud Action Plan, at Appendix 1, was reviewed and noted.

The Annual Meeting with Counter Fraud Services (CFS) had taken place in April 2018 where a presentation was delivered on anti-bribery and corruption.

It was noted that the top 10 Fraud Risks identified from the completed Fraud Risk Assessment were unchanged from the last report.

Members noted the Fraud Action Plan Update.

19 SUMMARY OF LOSSES AND SPECIAL PAYMENTS

Members received a report from Robin McNaught which summarises the losses and special payments for the year and noted the slight increase from the previous year, partly as a result of paying compensation to a patient under legal agreement due to an injury sustained during an assault and partly offset by reduced other losses.

Members noted the summary of recorded losses and special payments.

20 REVIEW OF STANDING DOCUMENTATION – SCHEME OF DELEGATION

Robin McNaught advised the Committee that, further to the full approval of the Board's Standing Documentation at the April Audit Committee and Board, there has been a change required in the banding levels of non-pay revenue approval between £1k and £20k; this is as a result of a national requirement to align to the banded levels of approval within Pecos, the automated national purchasing system of raising and approving purchase orders.

The Committee approved the review of Standing Documentation and recommended their adoption to the Board.

21 ANY OTHER BUSINESS

Elizabeth Carmichael wished to record her thanks to Marie Therese Osgood, Head of Financial Accounts, for all her work in pulling together reports for the Committee until her recent retirement.

22 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 20 September 2018 at 9.45am in the boardroom.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 August 2018
Agenda Reference:	Item No: 17
Sponsoring Director:	Chief Executive Officer
Author(s):	Chief Executive Officer
Title of Report:	Chief Executive's Report
Purpose of Report:	For Information

1 BACKGROUND

The items noted below highlight issues in the Hospital, which do not feature on the Board's formal agenda.

2 GENERAL ISSUES OF NOTE

The Chief Executive will provide the Board with a verbal update on the following issues:

National Projects

- Chaired a planning meeting for the National FCAMHS Advisory Group on 31 July.
- Chaired the National Boards Internal Support Services Transformational Project Board on the 6th August
- Participated in the Female Forensic Pathway meeting on 25 July and 1 August.
- Over July and August attended meetings of the Scottish Medicines Consortium, National Boards and Chief Executives Meetings.
- Chaired a meeting of the National Boards – Internal Support Services Transformation Board on 6 August.

Female Pathways Review

Following a National Planning Workshop in December 2017 and the presentation of estate wide service developments at the NHS Boards Chief Executive Group meeting in January 2018, the Forensic Network have been sanctioned to establish a short life working group exploring pathways for women across the forensic estate.

There have been 3 meetings of the working group which includes representation from Forensic Services, Mental Welfare Commission, Scottish Government, Scottish Prison Services and NSD. The group have worked through potential options for the provision of female High, Medium and Low Secure Care and identified benefits and disbenefits associated with each option. Evaluation criteria have been identified and weighting will be agreed at the next meeting in September.

The aim is to option appraise at the September meeting and provide recommendations to the Chief Executives in October / November.

Attendance Management Group – Update

Following a significant adverse movement in absence rates over June and July, the Chief Executive has reinstated the Attendance Management Task Group to focus on improving

performance in this critical area. The group will report to the Staff Governance Committee on planned actions and outcomes.

Brexit Risk Assessment Update
National requests for Boards to assess their risks and contingencies regarding the impact of EU withdrawal have been responded to by the Chief Executive. The key areas of potential concern relate to pharmacy and general supply delays or shortages. The Chief Executive is working with colleagues in other Boards to ensure a consistent approach to the management of this issue.

BSL Action Plan
The BSL (Scotland) Act 2015 requires public bodies, including regional NHS Boards, to publish British Sign Language (BSL) Action Plans by October 2018, which must:

- involve BSL users (including those who use the tactile form of the language) and those who represent them;
- ensure that the consultation on the draft plan is accessible to Deaf and Deafblind BSL users and;
- be published in BSL as well as in English (both the draft consultation document and approved version).

To ensure compliance with this legislation, the State Hospital is currently consulting on its draft BSL action plan covering the period 2018-2024

Consultation response on e-Cigarettes in hospital grounds
The Chief Executive has requested an exemption from any revised position to ensure that safety and security in the High Secure setting is not impaired.

Cross charging for Exceptional Circumstances Patients
As part of a wider series of efficiency measures, the Chief Executive has instructed that the State Hospital will no longer be in a position to provide out of area placements to patients requiring medium secure care from Territorial Boards on a cost neutral basis.

Since the development of Medium Secure provision on a regional system, the State Hospital has continued to provide a short-term contingency for Boards who cannot access medium secure provision either in their own region or across the network. This had been managed under an exceptional circumstances protocol and is normally a short-term solution as it is open to legal appeal against levels of security.

While the Board will continue to offer this contingency the costs will be invoiced to the referring Board on a monthly basis.

Visit from South Lanarkshire HSCP / Social Work
The Chief Executive and Head Of Social Work were delighted to welcome Val de Souza the Director of Health and Social Care South Lanarkshire Health and Social Care Partnership to the Hospital on the 9th of August. Val was interested to hear about the highly professional contribution of the Social Work Team to the work of the Service and the significant progress made across a range of initiatives including integration of social work documentation onto the RIO system, policy developments and contributions to learning and development of staff. We commended the excellent work undertaken by the local team.

3 PATIENT SAFETY UPDATE

A brief summary of SPSP activity across the Hospital in the last two months includes:

Locally, steady progress is being made across all five of the agreed national workstreams.

Work is also ongoing around Improving Observation in Practice.

Work is being co-ordinated via a multi-disciplinary steering group which is meeting regularly. Data suggests that the programme is having a positive impact on practice.

Areas of good practice over the last few months include:

- The introduction of the EssenCES tool to allow us to gauge ward atmosphere from staff and patients. It is believed that this is a more reliable tool to use within our environment.
- The implementation of the DASA with all patients on increased levels having one completed on each shift to give a more robust way of monitoring their presentation thus allowing clinical teams to have fuller discussions about increasing/reducing their levels.
- The testing of clinical pause within one of the hubs has been successful in reducing the number of patients that are automatically placed on enhanced observations due to an aggressive/violent episode.
- The sustained improvement with the medicine reconciliation forms across the full hospital, ensuring that newly admitted patients are having their medication reviewed on admission.

Future areas of work will include:

- Following the results of a recent prescription sheet audit, omitted medicines will be monitored through the Patient Safety Group
- Continue with Leadership walkrounds ensuring actions are agreed and delivery is monitored
- Ensure DASA scores are being used each shift by clinical teams to inform decision making
- Test the use of DASA within Iona 2, with a view to developing this as a validated tool for the Intellectual Disability patient group.
- Deliver small tests of change as part of the Improving Observation Practice workstream

4 HEALTHCARE ASSOCIATED INFECTION (HAI)

This is a summary of the Infection Control activity from 1st June – 31st July (unless otherwise stated)

Key Points:

- The submission of the hand hygiene audits continues to be a key priority which is monitored and reported both to this Board, Infection Control Committee and Senior Ward staff routinely. Since April there was a significant improvement in audit submissions with only 2 wards consistently not submitting. These areas have since improved and as a consequence all wards have submitted June and July. The Senior Nurse for Infection Control will continue to contact individual wards which are non compliant to allow a late submission.

- DATIX incidents continue to be monitored by the SNIC and Clinical Teams, with no trends or areas identified for concern.

- The antimicrobial prescribing is minimal in comparison to other NHS Boards; however the prescribing that occurs within The State Hospital is being monitored by the antimicrobial pharmacist and the Infection Control Committee quarterly with no trends or areas identified for concern.

Audit Activity:

Hand Hygiene

During this review period, there was a notable increase in the number of audits submitted. Reminders to submit and follow up of non compliance will continue to be carried out by the Senior Nurse for Infection Control.

June
12 out of a possible 12 were submitted

July
12 out of a possible 12 were submitted

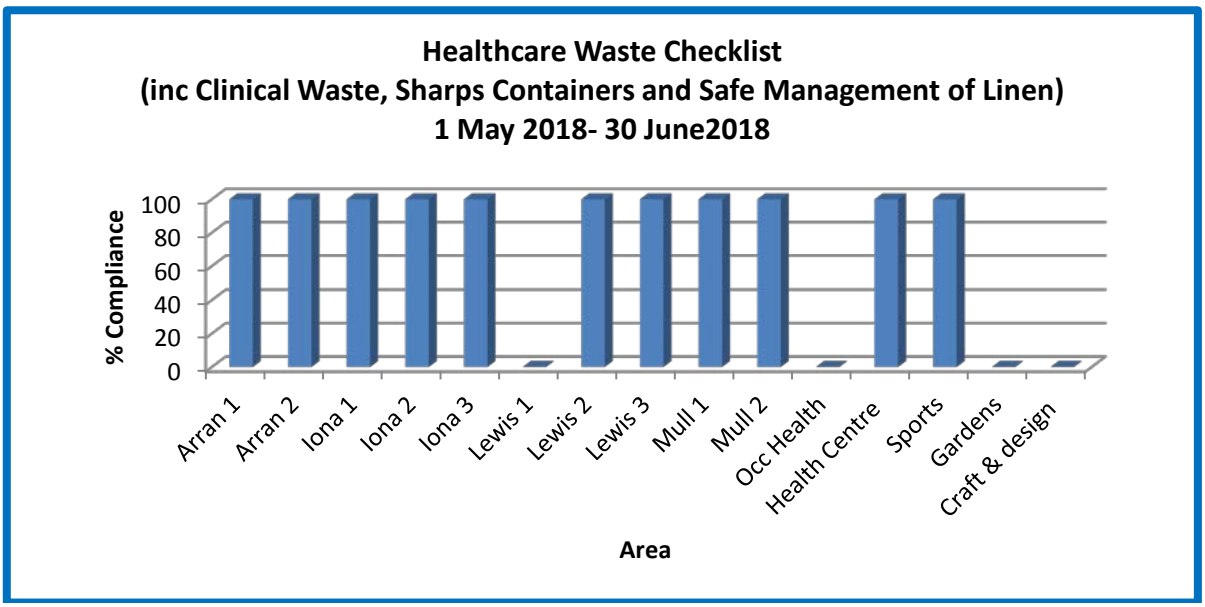
The overall hand hygiene compliance within the hubs varies between 80-100%, Skye Centre 50-70% and health centre consistently attaining 100%.

Following approval by the Senior Management Team both the product and the location of the hand gel within the Skye Centre was changed. This change occurred in September, early indications would show that the positioning and change in product has not made any significant difference. Nationally Hand Hygiene products are being reviewed and following the Commodities Advisory Panel Recommendations the products used within the hospital may have to change. Until this has been agreed to further changes to products will occur.

Discussions are in place to ascertain if hand hygiene can be reinforced via the OneLan system.

Healthcare Waste

From January 2017, the eControl book inspection tools were merged with the Infection Control Audits. The audit submissions are reviewed by the Risk Team and a quality check of the audits by the Senior Nurse for Infection Control. From the audits submitted 100% compliance with all aspects of the management of healthcare can be demonstrated.

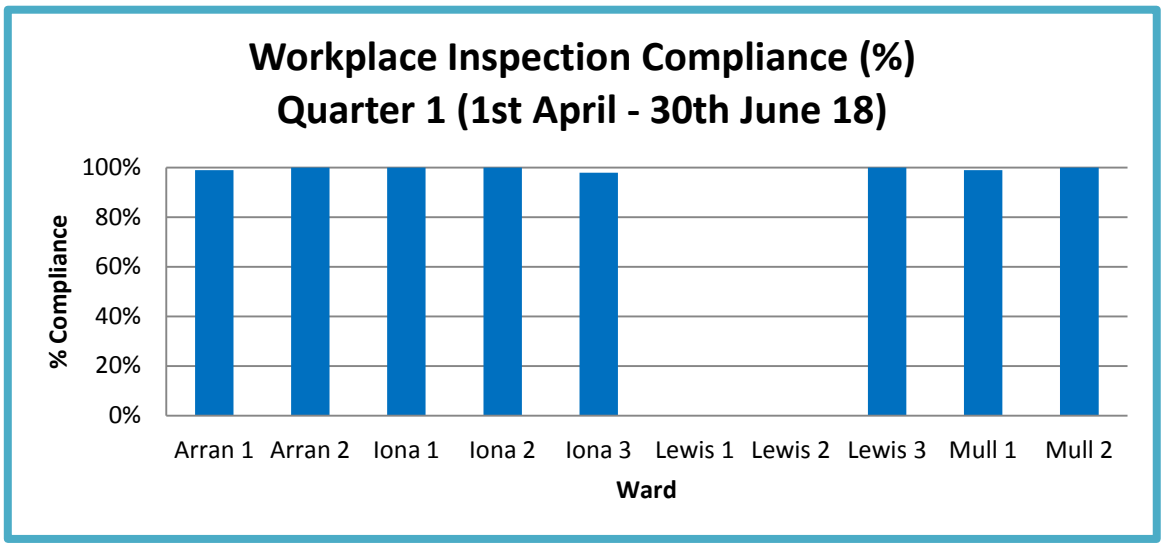


Workplace Inspections

From January 2017, the eControl book inspection tools were merged with the Infection Control Audits. The audit submissions are reviewed by the Risk Team and a quality check of the audits by the Senior Nurse for Infection Control.

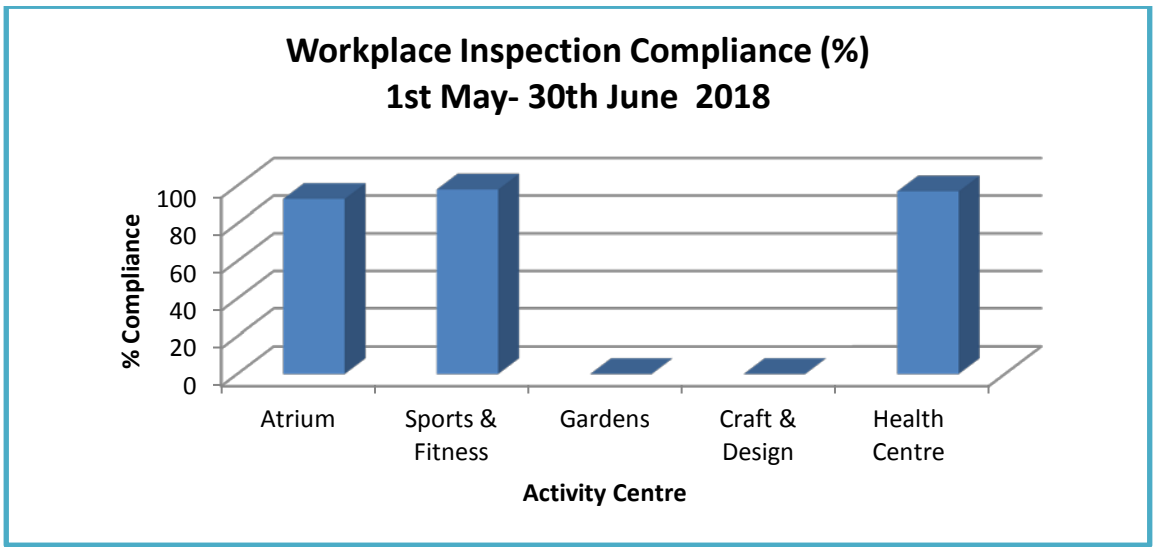
Ward
This quarter 8 of the audits were submitted; however all of which were completed on the correct form. The Risk Management Team (when at capacity) will continue to monitor non submissions.

The scores range from 97-100% compliance with estates issues continuing to be cited as areas of concern. This has been ongoing and will be discussed at the Infection Control Committee in August 2018.



Skye Activity
Of the three areas that submitted the audits all of the scores are above 90%. The majority of the defaults in these areas relate to previously reported estates issues. This will be discussed at the Infection Control Committee in August.

All of the forms used were on the correct forms. The Risk Management Team (when at capacity) will continue to liaise with the areas regarding non submission of the audit.



DATIX INCIDENTS FOR INFECTION CONTROL 1st June – 31st July 2018

There were a total of 7incidents for the period under the Category of Infection Control.

- 6incidents relating to patient with Vomiting & Diarrhoea.
- 1 patient spitting

There were several incidents cited as a secondary category involving exposure to blood (albeit these incidents were as superficial injuries).
Several recorded incidents of exposure to blood and body fluids are from self harming (superficial scratches or opening of old wounds).

All DATIX incidents are reviewed by the Clinical Team weekly and the Infection Control Committee quarterly.

Scotland's Infection Prevention and Control Education Pathway (SIPCEP) (previously Cleanliness Champions):

Core Module	**Nov 2017- March 18**	**April 2018 – June 2018**
Why Infection Control Matters	301 (44.9% of target)	381 (56.8%)
Breaking the Chain of Infection	362 (54% of target)	443 (66%)
Hand hygiene	315 (new module) (47% of target)	398 (59.3%)
Respiratory and Cough hygiene	308 (45.9% of target)	384 (57.2%)
Role Specific Modules		
Safe disposal of waste (inc Sharps)	*165 (35.9% of target)*	*207 (44.4%)*
PPE	*174 (38.9% of target)*	*218 (47.8%)*
Prevention and Management of Occupational Exposure (inc Sharps)	*166 (36.1% of target)*	*210 (45.1%)*
Blood and body fluid spillages	*201 (45.2% of target)*	*244 (54.2%)*
Safe Management of Care Environment	*120 (30.9% of target)*	*159(40.1%)*
Safe Management of Care Equipment	*88 (26% of target)*	*118 (34.45%*

Safe Management of Linen	*120 (30.9% of target)*	*161(41.1%)*
Patient Placement/ Infection Risk	*92 (27.9% of target)*	*126 (37.6%)*

As of the end of June 2018 a total of 372 staff (55.4% of the total target group) had completed all 4 core modules. I have provided details below of departments where the completion rate for all 4 core modules is below 60%.

HR	0%	**Estates**	37.90%
Social Work	18.20%	**Mull 2**	41.40%
IT	27.30%	**Lewis 1**	42.90%
Procurement	28.60%	**Lewis 3**	44.80%
Mgt Centre	33.30%	**AHP**	46.20%
Iona 2	33.30%	**Psychology**	48%
Arran 2	34.50%	**Mull 1**	50%
Arran 1	37%		

Hand Hygiene – There are currently 17 staff who have not completed the hand hygiene module. The majority of these people are fairly new employees however 5 staff are individuals who had not previously completed the old hand hygiene module.

Food Safety - A total of 468 staff had completed the food safety module (95.5% of the target group).

BBV - A total of 429 staff had completed the BBV module (88.6% of the target group).

This will be discussed at the ICC in August and a decision will be made to address this.

Healthcare Environment Inspection (HEI):

The Standards of Dress and Clinical/Non-clinical Uniform Policy has been approved by the Senior Management Team and was launched on Monday 5th February 2018. An audit of the policy is due to take place within the next few months. Anecdotally adherence to this policy is weather specific.

Hepatitis C Treatment

Previously the eligibility for this depended on the individual's physical condition and progression of disease. In November 2017, the general consensus is that anyone diagnosed with hepatitis C will be eligible for treatment (unless otherwise indicated). Within the State Hospital funding for this treatment is from the patients "home" territorial board. Agreeing this funding has previously delayed the commencement of treatment, albeit not the significant detriment to the patient. During this review period we have had x2 patients complete the treatment and another x2 patients commence treatment. There are no patients awaiting treatment at present. Success of treatment is unknown at this time.

5 PATIENT ADMISSION / DISCHARGES TO 12 OCTOBER 2017

A detailed report on admissions and discharges is provided to the Clinical Governance Committee on a 6 monthly basis.

The following table outlines the high level position from 14 June until 3 August 2018.

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds (ie those actually available)	108	12	120
Admissions	7	1	8
Discharges / Transfers	7	0	7
Average Bed Occupancy as at 2nd of August 2018			106 Patients 88% of available beds 76% of all beds

8 RECOMMENDATION

The Board is invited to note the content of the Chief Executive's report.

ANNUAL SCHEDULE OF MEETINGS - 2019
BOARD AND SUB-BOARD

MEETING	Chair/ Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
BOARD	**Terry Currie*** B Brackenridge E Carmichael# A Gillan N Johnston M Whitehead		Thursday 28.02.19 9.45am Boardroom		Thursday 25.04.19 9.45am Boardroom		Thursday 20.06.19 1.00pm Boardroom		Thursday 22.08.18 9.45am Boardroom		Thursday 24.10.18 9.45am Boardroom		Thursday 19.12.18 9.45am Boardroom
AUDIT COMMITTEE	**E Carmichael#** B Brackenridge A Gillan M Whitehead	Thursday 17.01.19 9.45am Boardroom			Thursday 18.04.18 9.45am Boardroom		Thursday 20.06.19 9.45am Boardroom				Thursday 10.10.19 9.45am Boardroom		
CLINICAL GOVERNANCE COMMITTEE	**N Johnston*** E Carmichael# M Whitehead		Thursday 14.02.19 9.45am Boardroom			Thursday 9.05.19 9.45am Boardroom			Thursday 8.08.19 9.45am Boardroom			Thursday 14.11.18 9.45am Boardroom	
STAFF GOVERNANCE COMMITTEE	**B Brackenridge*** A Gillan N Johnston M Whitehead			Thursday 7.03.19 9.45am Boardroom			Thursday 6.06.19 9.45am Boardroom			Thursday 05.09.19 9.45am Boardroom			Thursday 05.12.19 9.45am Boardroom
RENUMERATION COMMITTEE **	**T Currie*** B Brackenridge E Carmichael# A Gillan N Johnston M Whitehead		Thursday 28.02.19 1.00pm Boardroom				Thursday 20.06.19 3.00pm Boardroom				Thursday 24.10.19 1.00pm Boardroom		

* Chair of Committee
** Remuneration Committee also meets as and when required # EC retiring and new Member to be recruited.

2019
PUBLIC HOLIDAYS: *New Year* : Tuesday 1 January & Wednesday 2 January *Easter* : Friday 19 April & Monday 22 April
Christmas : Wednesday 25 December & Thursday 26 December *Autumn Holiday* : Friday 20 September & Monday 23 September