THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 25 OCTOBER 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 23 August 2018	For Approval	TSH(M)18/10
4.	**Matters Arising:**		
	Actions List	For Noting	Paper No. 18/62
5.	**Chair's Report**		Verbal

CLINICAL GOVERNANCE

6.	**Safety Report** Report by the Medical Director	For Noting	Paper No. 18/63
7.	**Winter Planning** Report by the Security Director	For Approval	Paper No. 18/64
8.	**Educational Supervisor – Annual Report** Report by the Medical Director	For Noting	Paper No. 18/65
9.	**Foreign Travel Request** Report by the Medical Director	For Approval	Paper No. 18/66
10.	**Clinical Governance Committee** Draft Minutes of meeting - 9 August 2018	For Noting	CG(M)18/03

STAFF GOVERNANCE

11.	**Attendance Management Task Group – Update** Report by the Interim Director of HR	For Noting	Paper No. 18/67
12.	**Staff Governance Committee** Draft Minutes of meeting – 16 August 2018	For Noting	SG(M)18/03

CORPORATE GOVERNANCE

13.	**Finance Report to 30 September 2018** Report by the Director of Finance & Performance Management	For Noting	Paper No. 18/68
14.	**Service Sustainability** Report by the Director of Nursing & AHPs	For Approval	Paper No. 18/69
15.	**eHealth – Update** Report by the Director of Finance & Performance Management	For Approval	Paper No. 18/70
16.	**Brexit – Corporate Risk Register Update** Report by the Chief Executive	For Noting	Paper No. 18/71
17.	**Annual Review – Update** Report by the Chair	For Noting	Paper No. 18/72
18.	**Audit Committee** Committee Chair's Report		Verbal
19.	**Chief Executive's Report**	For Noting	Paper No. 18/73
20.	**Board and Sub- Board Meetings – Schedule for 2019**	For Approval	Paper No. 18/74
21.	**Any Other Business**		
22.	**Date & Time of next meeting-** Thursday 13 December 2018, 9.45am in the Boardroom At The State Hospital, Carstairs, ML11 8RP		

23. 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)18/10***

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 23 August 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
Deputy HR Director	Kay Sandilands
Board Secretary	Margaret Smith
Personal Assistant	Julie Warren
Interim HR Director	Kay Sandilands

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 28 June 2018 were noted to be an accurate record of the meeting.

APPROVED

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board noted progress on the action points from the last meeting.

NOTED

5 CHAIR'S REPORT

Mr Currie advised Members that there had not been a meeting of the NHS Board Chairs with the Cabinet Secretary for Health and Sport, since the date of the last Board meeting. The meeting had been re-scheduled and would take place shortly.

The Board had not received notification of the date for the Annual Review, and this was in line with other Health Boards. Members would be advised of the date as soon as it became available.

Mr Currie advised that the advert for his role as Chair would go live on 24 August 2018, in preparation for his retirement from the role in March 2019. This advert would be circulated to all Board Members for their information and so that they could circulate as widely as possible.

The Quality Improvement Masterclass for Board Members was due to take place on 3 September 2018 and a delegation of four would be attending from The State Hospital. Mr Currie highlighted a session for Non- Executives taking place in Elgin, and although the distance was too far to travel for our Board it would lend an opportunity for colleagues in the north of the country.

The closing date for the upcoming vacancy for a non- executive of this Board would close on 31 August 2018 and Mr Currie confirmed that he had received a number of telephone enquiries and it was hoped that this would be indicative of a positive response.

Mr Currie drew Board Members attention to the What Matters to You? poster recommending that everyone took time to take in the information highlighted in relation to the feedback received, subsequent learning and the actions taken.

NOTED

6 IMPLEMENTATION OF SPECIFIED PERSONS REGULATIONS - ANNUAL REPORT

The Board received a paper from the Security Director, and Mr Irwin was in attendance to outline the key areas of the paper for Members.

Mr Irwin provided Members with a reminder of the relevant legislation as well as the definition of specified person contained therein. Every patient at The State Hospital (TSH) came within the terms of the legislation. The Board was required to provide a report to the Scottish Government annually on the implementation of the legislation. Mr Irwin led Members through the detail of the report and the Board was asked to review the content of the report and approve it for onward submission to Scottish Government.

Mrs Carmichael noted that the Clinical Governance Committee had learned of a number of complaints in relation to patient telephone calls, and asked about the impact of that. Mr Irwin provided background in relation to a policy change made in response to the availability of technology to allow both sides of the call to be heard. There had been some difficulties in the implementation of the policy and learning had been taken from this by the organisation.

Mrs Whitehead asked how the decision was made to supervise a call, and Professor Thomson confirmed that this was a decision made by the clinical team based on the mental health of the patient. For example, if there were any known difficulties in the patient's relationship with the

person being contacted then the call would be supervised.

Mr Johnston asked whether necessary changes had been made to the policy on searching in relation to restricted or excluded items, due to the change in the smoking policy. Mr Irwin believed that this area had been covered in the previous year's report and confirmed he would verify this.

Action – Mr Irwin

Board Members noted and approved the Annual Report to Scottish Government, on the implementation of specified persons regulations.

APPROVED

7 FAIRER SCOTLAND DUTY

A paper was received from the Chief Executive which provided Members with an update on the recently published Fairer Scotland Duty which came into force on 1 April 2018. To fulfil the requirement of the duty, public bodies must be able to meet two key requirements: - to actively consider how they could reduce inequalities of outcome in any major strategic decision they make; and to publish a written statement demonstrating how this had been done. The duty would not apply retrospectively

In TSH, this could have implications on decision-making around corporate objectives and workforce plans.

Ms Merson made the suggestion that this should be added to the Monitoring Form for all corporate governance papers including those submitted to SMT as well as the Board and its standing Committees. Mr Crichton agreed with this point as part of rigour. Mrs Carmichael asked for a clearer reporting mechanism to the Board i.e. would this be by way of an annual report or within the CEO report, and it was agreed that this further clarification would be welcome alongside the review of the monitoring form. Mr Johnston asked for clarification around the definition of strategic importance as some light touch guidance would be helpful. There was agreement around the table on this.

Action – Ms Merson

The Board noted this update.

NOTED

8 REQUEST FOR APPROVED MEDICAL PRACTITIONER

A paper was received from the Medical Director advising of the successful recruitment of a Forensic Psychiatry Specialty Doctor, and requesting the Board's approval of Dr Bethan Cameron as Approved Medical Practitioner in line with the Mental Health (Care and Treatment) (Scotland) Act 2003as that she be formally placed on the TSH Board's list of Approved Medical Practitioners.

The Board approved this request.

APPROVED

9 CLINICAL GOVERNANCE COMMITTEE – CHAIR'S REPORT

Mr Johnston provided an update on the key issues discussed at the Clinical Governance Committee meeting held on 9 August 2018. He highlighted the review of the Corporate Risk

Register as well as the discussion on the Patient Activity internal audit report, which had concentrated on the recommendations made from a clinical perspective. The Committee had received assurances on actions taken and noted that the timescales for completion were to be reviewed. The minutes of this meeting would be brought to the Board for noting in due course.

NOTED

10 MEDICAL APPRAISAL AND REVALIDATION

A paper was received from the Medical Director, to provide assurance to the Board on work progressed during 1 April 2017 to 31 March 2018 on appraisal and revalidation of medical staff within TSH. Professor Thomson provided an overview of the paper for Members, with confirmation that revalidations for all medical staff within TSH were up to date, and that TSH Self-Assessment paperwork had been submitted to NHS Education for Scotland as required.

Mrs Whitehead asked about the Care Questionnaire process and how that was implemented at TSH given the nature of our patient cohort, especially patients with intellectual disabilities. Professor Thomson advised that this was a national instrument that was designed for single event medical consultations and did not sit well with the care delivered at TSH. On that basis, the GMC had confirmed that TSH was not required to obtain patient feedback in this way. However, Professor Thomson had adapted the timescale for the process, and there was support for patients from the Patient Advocacy Service as well as nursing staff to enable them to take part.

The Board noted this update report.

NOTED

11 STAFF GOVERNANCE COMMITTEE

The Board was asked to note the Minutes of the Staff Governance Committee meeting held on 31 May 2018, and there were no points of further discussion.

NOTED

12 FINANCE REPORT AS AT 31 JULY 2018

The Finance Report to 31 July 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. The Board was reporting an overspend position of £0.153m to 31 July 2018. Mr McNaught outlined the reasons for this position, as well as the actions taken to date to address this, primarily in relation to nursing overtime.

The forecast outturn at 31 July 2018 was an underspend of £75k. The actual position was an overspend of £153k which was £228k than the forecast. The main reasons for this was recognition of savings required being acknowledged earlier in the year, to ensure that clear focus on the challenges was maintained.

Mr McNaught emphasised the concern with the savings as yet unidentified to address the recurrence of the £0.440m National Boards savings deduction in the current year, as well as the ongoing pressure of spending on nursing overtime.

Mr Currie asked for clarification on the impact and timescale for potential rebanding of posts. Kay Sandilands confirmed that there were four posts currently in this process which could be lengthy.

Any rebanding appeal that was successful would be backdated to the commencement date of the staff member in that role.

Mr Currie also asked about the potential for additional staff for the perimeter fence project, and Mr McNaught confirmed that these were listed as being potential additional revenue costs e.g. for escorting contractors whilst on site. These were not normal day to day costs, but this did not necessarily mean that these costs couldn't be accommodated within revenue budget for the project.

Mr Currie sought confirmation that the Human Resources Department was now operating with a full complement of staff, in line with previous assurances. He sought similar confirmation with regard to Occupational Health. This position would be clarified and further update brought back to the Board.

Action – Ms Sandilands

Mrs Carmichael picked up on the concern raised about the cost of nursing overtime. The same issue had arisen in the previous financial year. The Board expressed concern at that time, that corrective action should have been taken earlier in order to mitigate against the need for extreme measures being introduced during the final quarter. Assurance was sought that remedial action would be introduced at an earlier stage within the financial year.

Mr McNaught assured the Board that the situation was being closely monitored and corrective action would be taken from October onwards.

Mr Crichton underlined that as a Board, the organisation was sighted on the financial position, and that it had been acknowledged that the pace of change had not been fast enough by the end of the first quarter. If there was not a significant impact made by the end of the second quarter, then there would necessarily have to be an escalation of measures put in place – a review of this would be brought to the October Board. Mrs Carmichael noted that she was re-assured by that, although noted that we were already nearing the end of the second quarter and that the Board Meeting would not take place until the end of October.

Mr Crichton confirmed that this was under continuous review – and that recommendations would be brought to the Board at the next meeting. This work would be progressed in partnership with joint staff side to enable an agreed position to be brought to the Board by Executive Leads and joint staff side. He also highlighted the work progressed on national board collaboration and confirmed that he would bring a wider update during his report at Item 17.

There was discussion around the balance of responsibility for the Board on delivering a balanced budget and meeting this imperative whilst not adversely affecting the delivery of patient care. Mr Johnston offered the view that patient care must always come first. He was acutely aware of the financial imperative but wished to voice concern at a more radical savings plan.

Mrs Carmichael and Mrs Whitehead put forward the view that all effort must be made to meet the budget for the Board. Mr Currie placed this within the context of not wishing to jeopardise care, whilst meeting the budget. The standard of care at TSH was high, and the Board was not close to a position of not being able to continue in delivering high quality care. Professor Thomson underlined Mr Currie's point on the continuing high standard of care delivered within TSH. It was acknowledged that the previous savings action plan had had an impact on patient care, she asked Members to place this discussion within the context of the paper brought at the next item which may help to demonstrate the direction of travel, and the continued focus on patient care.

The Board noted the report.

NOTED

13 SERVICE TRANSFORMATION AND SUSTAINABILITY – UPDATE

A paper was submitted to the Board from the Director of Nursing and AHPs, which set out the progress made to date against the workstreams previously agreed by the Board, in pursuit of service sustainability. Mr Richards summarised the paper for Members, emphasising the continuing overspend on nursing overtime thus placing this work within the context of the current financial position for the Board.

He provided an update on the impact of the ward closure in April 2017, as well as on the workstream being taken forward presently. He emphasised that to date, it appears that these actions alone would not make sufficient impact on the financial position. Therefore, further areas were under consideration. This would include a range of measures as outlined in the paper including review of the delivery of training as well as workforce planning. There was a review of non-clinical outings and enhanced focus on MDT planning. The senior management team were taking forward the establishment of a nursing pool and the Board would commence cross – charging for exceptional circumstance patients at the start of quarter 3. The patient active day project was being extended to Arran 2 during this month.

Mrs Whitehead noted that a timeline for each measure would be helpful going forward. She also asked whether a nursing pool had been in place previously at TSH. Mr Richards advised that a modest version of this had previously been in place. Following discussion with join staff side, this was being progressed.

Mrs Whitehead also asked for further background on cross charging for exceptional patients. Professor Thomson provided the history to this, and Mr Crichton confirmed that cross charging was standard practice between Boards. Professor Thomson also confirmed that the Forensic Network would continue to monitor access particularly from medium secure sites.

Mrs Carmichael asked for further advice around why it was that the 9-5 staffing model which had been an integral part of the previous savings plan was now seen as having less potential benefit. She asked whether this was something that could be of benefit in the future.

Mr Richards advised that this had been related to the patient mix at the time of the savings action plan – a cohort of patients had been identified who could be cared for differently. At present, this was not the case. Mr Crichton elaborated on this point and was of the view that this was a model of care which could well be appropriate over the longer term, with a different cohort of patients. Professor Thomson noted that this model with single care teams could potentially be beneficial. It was agreed that this would be taken forward by Professor Thomson and Mr Richards as part of the workstream.

Mrs Whitehead noted few volunteers from staff, and asked why this was the case. Mr Richards advised that this was for a variety of reason including childcare.

Mrs Carmichael raised the issue that the four workstreams were not expected to bring sufficient savings within the timescale required. Given that quarter 2 would come to an end shortly, then option paper had to be brought to the October Board meeting – a longer period of time was indicated to introduce savings measures rather than an emergency plan in the fourth quarter. Mr Currie added his agreement to this and thought a form of savings plan would be necessary in the last six months of the financial year. He added that it would be important to ensure that staff across TSH were sighted on this and understood the process leading to any savings plan. He was of the view that, while a savings plan was essential in the short term, he also saw the need for more fundamental and sustainable solutions to sit alongside this. He believed that continuous short term savings plans would ultimately prove to be inadequate. A plan to tackle some of the deep rooted issues was essential if sustainable solutions were to be found. He also thought that more radical action was necessary to tackle sickness absence. He thought that sharper action would be needed in showing progress against agreed timescales. This would need to come back to the October Board with this clarification in place.

In relation to attendance management, Mr Crichton advised that he had re-convened the Attendance Management Task Group to pick up previous actions from the group as well as the recommendations from internal audit. There would be a focus in the organisation on close review of staff with challenging attendance records. The terms of reference of the group included a target of reducing sickness absence across TSH by 3% by March 2019. Mrs Gillan added her agreement for this area to be a priority, and that this had joint staff side support.

Mr Johnston made the point that the paper under discussion was rich in data at the beginning of the report but that this type of focus was not sustained throughout. It would be helpful to better quantify the work and see the financial impact of each measure in measurable terms. This was agreed as an action for Mr Richards to take forward as part of reporting to the next Board meeting.

Action – Mr Richards

Mr Richards also advised that it was planned to take forward engagement events with staff to take this work forward across the organisation.

Mr Currie thanked Mr Richards for this helpful paper and for all Members for a robust discussion on these issues which were key for the Board going forward. He emphasised the need for necessary action to be advanced quickly and to take the message to the whole workforce that radical action was required to be progressed.

The Board noted the content of the paper.

NOTED

14 LDP PERFORMANCE REPORT QUARTER 1 - 2018/19

A report was submitted to the Board by the Director of Finance and Performance Management, which presented a high-level summary of organisational performance for the first quarter of 2018/19. This was based on the Local Delivery Plan (LDP) and its associated targets and measures. A review of LDP standards was underway as part of the new requirement for Board to submit an Annual Operational Plan for 2018/19.

Mr Currie welcomed the report which indicated a number of improvements had been made. Mr Johnston noted the increase in physical activity of patients, and asked for a timeline to be provided within the exceptions report to demonstrate change over time.

Action – Mr McNaught

Mrs Whitehead asked about the drop in key worker attendance at patient case reviews and Mr Richards confirmed that this had primarily been due to staff absence.

In relation to the drop in PDPR compliance, Mr Currie noted that an update had been brought to the Staff Governance Committee, and it was noted that this was a national issue as the new Turas system bedded in. A t the same time, the system appeared to have been well received to date.

Members were content to note the report.

NOTED

15 COMMUNICATIONS ANNUAL REPORT

A report was submitted to the Board from the Head of Communications which provided an overview of the work carried out by the Communications Department during 2017/18. Mr Crichton introduced the report, and noted that all of the legal and Board commitments had been met or exceeded.

Ms McCarron was in attendance and asked for feedback from Board Members in particular regarding the structure of the report, and the balance presented between data and narrative.
.
Mrs Carmichael thought the report well structured and balanced – the Quality Improvement Objectives section was particularly helpful. She asked whether there were too many tasks in relation to the current year. Ms McCarron provided assurance that the timescale for workstreams was realistic and that there would be a continued focus on quality.

Mr Currie thought the report was very easy to read, with an improved structure. He added the Board's appreciation for Ms McCarron's work in this area offered his congratulations on the department's achievements over the year.

NOTED

16 AUDIT COMMITTEE

The Board was asked to note the Minutes of the Audit Committee meeting held on 28 June 2018 in which had focused on annual reports and annual accounts for the organisation.

Mrs Carmichael also noted that external auditors had reported that levels of spending on nursing overtime was not sustainable.

NOTED

17 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 described the work ongoing within National Projects, particularly the Female Forensic Pathway which was progressing to options appraisal at its meeting in September 2018. He offered thanks to Professor Thomson for her work in this regard. Professor Thomson provided some further detail on the possible options being brought forward, which would be assessed before being remitted to the Chief Executive's Group for review and financial analysis.

He advised Members that he had responded to national request for a Brexit Risk Assessment for the hospital with key areas of potential concern being pharmacy and general supply delays and shortages.

In relation to e-Cigarettes in hospital grounds, an exemption had been requested for TSH on safety and security grounds.

He also emphasised the positive nature of the recent visit by South Lanarkshire HSCP representatives which highlighted the excellent work being taken forward by the local social work team.

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

18 BOARD AND SUB BOARD MEETINGS – DRAFT SCHEDULE FOR 2019

Mr Currie noted that usual practice was to being a draft schedule forward for review and discussion by Members so that a final version could be agreed at the next meeting of the Board.

He asked Members to keep in mind the reporting requirement for officers of the Board, as well as capacity within the administration team. For example, there had been two Committees and a Board meeting in close succession during August which was challenging for the team.

He asked that Board Members provide their feedback to Ms Smith within two weeks of this meeting. Ms Smith would collate and bring back to the Board for its next meeting.

NOTED

19 ANY OTHER BUSINESS

Mrs Carmichael asked Members to note the dates for the annual conference for the Scottish Association for Study of Offending on 2nd /3rd November 2018.

NOTED

20 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 25 October 2018 at 9.45am in the Boardroom, The State Hospital, Carstairs.

NOTED

21 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 11.40am

ADOPTED BY THE BOARD

CHAIR _____

(Signed Mr Terry Currie)

DATE 23 August 2018

MINUTE ACTION POINTS
THE STATE HOSPITALS BOARD FOR SCOTLAND
(23 August 2018)

ACTION NO	AGENDA ITEM NO	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	6	Specified Persons Regulations	To verify that changes to policy on searching had been amended in line with smoking policy	D Irwin	Immediate	**Completed**
2	7	Fairer Scotland Duty	Further clarification on definition of strategic importance and further reporting structure to the Board.	M Merson	December 2018	All Board reporting to include consideration of this duty in Monitoring Form
3	12	Finance Report	Further update on staffing complement within Human Resources / Occupational Health	K Sandilands	November 2018	Report to Staff Governance Committee
4	13	Service Transformation and Sustainability	Quantification of work being progressed to be included in report to October Board Meeting.	M Richards	October 2018	On Agenda

5	14	LDP Performance Report	Addition of timeline within exceptions report to demonstrate change over time	R McNaught	Noted for next report	**Completed**

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting/Return due date:	25 October 2018
Agenda Reference:	Item No: 13
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Head of Management Accounts
Title of Report:	Financial Position as at 30 September 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 30 September 2018, and is discussed at Board, Senior Management team, and Partnership Forum.

1.2 Scottish Government requested a 1 Year Operational Plan (this was narrative only – with a financial template forecast submitted for a 3 year period). 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 £1.765m.

2 BACKGROUND

2.1 Revenue Resource Limit Outturn

The annual budget of £35.469m is the Scottish Government Revenue Resource Limit / allocation and anticipated monies.

The Board is reporting an over spend position of £0.380m to 30 September 2018, with the in-month movement an overspend of £0.025m, primarily due to:-

- Ongoing pressure from high levels of Nursing overtime.
- Unidentified savings being now phased evenly throughout the year (total £0.515m). The pay award allocation of £0.300m, received in September, compensates for part of this going forward, with a £0.043m benefit in month and the remaining balance of £0.257m to be spread over the remaining 6 months. (At the time of setting the plan we were not certain of this income being received so savings were required to be increased at that time).
- RHI income received and not spent, together with some budget codes underspent in month.

2.2 **Forecast Outturn**

The forecast outturn trajectory to date was £0.050m of overspend, however the YTD position is £0.380m overspent, therefore the current position is an adverse variance of £0.330m.

Much of the £0.515m unidentified savings is based on an anticipated £0.440m share of the targeted National Boards recurring savings contribution to the Regional Boards of £15m. Due to the current trajectory, and further to discussion at National Boards Directors of Finance meetings, only 50% of the £0.440m – £0.220m – was agreed to be deducted from our RRL allocation in August.

Given the present position against the forecast trajectory, principally arising around Nursing overtime levels, we are currently identifying actions and measures to be addressed in order to alleviate these pressures in the second half of the year, and to enable the financial forecast to maintain a breakeven position for March 2019. While these pressures remain, and until the outcomes of actions identified by our Sustainability Task Group are known to be effective, we will not be in a position to contribute the second £0.220m to the National Boards savings, as that would adversely affect our ability to achieve breakeven for 2018/19.

The Sustainability Task Group will in October present to the Board agreed time-framed actions which are being identified to contribute to reversing the current deficit in the forecast outturn trajectory.

We will of course monitor the forecast outturn monthly during October 2018 – March 2019, and should the position improve sufficiently then we will be able to readdress this with the National Boards.

YTD Overspend prior year YTD Sept '17				**(173,790.61)**
3AN - Level 3 Account Name	Annual Budget £'s	Year to Date Budget £'s	Year to date Actuals £'s	YTD Variance (budget less actuals) for period 6
Other Operating Income	(589,051.00)	(294,525.50)	(518,004.45)	223,478.95
Pay	29,244,819.00	14,276,558.14	14,756,349.86	(479,791.72)
Savings	(936,468.00)	(244,484.00)	0.00	(244,484.00)
Purchase Of Healthcare	820,585.00	410,292.50	407,622.68	2,669.82
Non Pay	4,960,018.00	2,246,382.50	2,173,330.51	73,051.99
Hch Income	(790,537.00)	(395,268.50)	(446,738.54)	51,470.04
Capital Charges	2,760,123.00	1,380,061.50	1,386,936.55	(6,875.05)
	35,469,489.00	**17,379,016.64**	**17,759,496.61**	**(380,479.97)**

2.3 The table below notes areas that should be brought to the attention of the Board – although

at this stage they are unquantified, these have the potential to affect the year-end outturn.

PRESSURES
National Pay Deal (effect on ongoing overtime)
Holiday Pay (and possible retrospection)
Rebandings
Savings unlikely to be achieved (Tranche 2 £220k handback from National Boards to SG still outstanding)
Perimeter Fence - FBC - Additional Staff
Double Running costs for senior managers resilience
DOCAS (SLA for Union dues)
POSSIBLE BENEFITS
If VAT element on Utilities in our favour (v HMRC)

3 ASSESSMENT

YEAR TO DATE POSITION – BOARD FUNCTIONS

Directorates	Annual Budget 1819 £'k	YTD Budget Sept 18 £'k	YTD Actuals Sept 18 £'k	YTD Variance (budget - actual) (adverse) / favourable Sept 18 £'k	Budget wte	Actual WTE
Cap Charges	2,760	1,380	1,387	(7)	0.00	0.00
Central Reserves	324	(211)	25	(236)	0.00	0.00
Chief Exec	1,899	949	925	25	23.67	23.77
Finance	2,715	1,368	1,333	35	37.33	36.02
Human Resources Directorate	776	388	378	10	13.33	11.52
Medical	3,447	1,721	1,577	144	34.63	33.78
Misc Income	(130)	(65)	(63)	(2)	0.00	0.00
Nursing And Ahp's	18,154	9,077	9,512	(435)	378.82	404.44
Security And Facilities	5,524	2,772	2,686	86	123.63	115.65
Under / (over) spend	**35,469**	**17,379**	**17,759**	**(380)**	**611.41**	**625.18**

3.1 **Capital Charges** updated forecasts suggest an annual pressure of around £0.018m.

3.2 **Central Reserves / unidentified savings** – the actual 'spend' is the accrual for the outstanding pay award (non-AFC). YTD credit cf budget is unidentified savings. Other monies sit centrally (phased to Month 12) until released to match appropriate spend.

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, and there are also fluctuations due to timing of course income and expenditure, both being accrued monthly - pending spend - to reflect projected breakeven.

3.4 **Finance –** benefit recognised from vacancy management, and research also currently under spent.

3.5 **Human Resources** – there are vacancies in various departments within the Directorate, although there are pressures in Occupational Health around monitoring of staff sickness, with temporary assistance from LHB.

3.6 **Medical Services –** Recharges to other Boards are higher than planned forecast.
Psychology – vacancies have been held back due to ward closures.
Pharmacy – currently reflects an underspend on drugs.

3.7 **Miscellaneous Income** – this will include RHI Income.

3.8 **Nursing and AHPs**

Further detail has been provided, in table below, 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 06 Sept 18	Budget WTE	Actual WTE
Advocacy	147	74	73	0	0.00	0.00
AHP's & Dietetics & SLA'S	607	303	231	72	13.38	9.19
Hub & Cluster Admin & Clinical Operations	762	381	415	(34)	23.17	21.77
PCI & Pastoral	193	96	80	17	3.40	2.40
NPD & Infection Control & Clin Gov	386	193	191	3	5.80	5.66
Skye Centre	1,518	759	722	37	38.33	36.46
Ward Nursing	14,541	7,270	7,801	(530)	294.74	328.96
Total Nursing and AHP's	**18,154**	**9,077**	**9,512**	**(435)**	**378.82**	**404.44**

Advocacy – additional RRL now received from SG, therefore no issues.

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

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

PCI & Pastoral / NPD etc. / Skye Centre – beneficial effect of vacancies**.**

Ward Nursing Overtime, detailed in table overleaf.

The £s/hours is for the previous month's overtime/excess, e.g. April pay relates to March hrs

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
AUG	6,330	765
SEPT	6,781	665
TOTAL	**28,993**	**3,485**

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
AUG	6,822	848
SEPT	6,885	496
TOTAL	**29,639**	**3,817**

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
AUG	165,734	12,590
SEP	178,136	10,905
TOTAL	**752,718**	**56,268**

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
AUG	174,100	12,473
SEPT	177,335	7,781
TOTAL	**750,562**	**57,752**

YTD Sept 18	A further £35k overtime is charged to Nursing from the Skye Centre

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 06 Sept 18	Budget WTE	Actual WTE
Facilities	4,003	2,002	1,885	116	83.86	76.66
Security	1,521	770	801	(31)	39.77	38.99
Total Security & Facilities	**5,524**	**2,772**	**2,686**	**86**	**123.63**	**115.65**

Facilities – Utilities currently under spent mainly due to timing, underspends in Housekeeping and Hotel Services are due to ward closures.

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 £1.765m 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 table overleaf shows the savings still to be achieved in year, and to date we have under achieved against plan.

The unidentified savings value will be partly offset by the £0.300m revenue funding received September for pay awards, as explained in 2.2 above.

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 Sept 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	10	10	20	10	30
Workforce	244	588	832	270	441	711	-26	146	120
Procurement	0	0	0	0	0	0	0	0	0
Financial management / corporate initiatives (Non Clinical)	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**	**457**	**828**	**60**	**876**	**936**
£280k already achieved in base	Trajectory (1/12ths of LDP)			216	667	882			
	(under) / over achieved			155	(209)	(54)			

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	33	33	-
IM&T	30	17	17	-
Vehicles	-	-	-	-
Other equipment	209	8	8	-
Security Fence Dvpt	-	10	10	-
TOTAL	**269**	**68**	**68**	**-**

6 RECOMMENDATION

6.1 **Revenue: Over spend of £0.359m.**

Concern is noted with the unidentified savings to date, however the remainder is partially offset with the pay award funding received in September. The recurrence of the £0.440m territorial Boards savings deduction in 2018/19 (half of this has been reduced from our allocation in August) is a matter for concern, together with the levels of nursing overtime spend incurred which are considered not to be sustainable through the remainder of 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 slightly below plan, though is under strict scrutiny.

We require to put plans in place now – which are in development as noted in paragraph 2.2 – for the second half of 2018/19 in order to achieve the year-end breakeven position. This will include dialogue with National Boards / Scottish Government regarding the release of the balance of the £0.440m contribution to National Boards savings (tranche 2 £0.220m). Without these plans providing an improved position in the remaining months, and without the current retention of the second £0.220m National Boards contribution, our breakeven forecast would potentially be at risk.

TSH 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 may be addressed through the National Boards' group – this is to be discussed further. 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.

TSH 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 18/63

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 October 2018
Agenda Reference:	Item No: 6
Sponsoring Director:	Medical Director
Author(s):	Medical Director Head of Corporate & Business Planning Clinical Effectiveness Team Leader
Title of Report:	Staff and Patient Safety within the State Hospital
Purpose of Report:	For noting

1 SITUATION

Patient care and public safety are the primary functions of the State Hospital. This report examines issues of safety within the State Hospital. It arose from a presentation to the Board on 28 June 2018 by the Transformation and Sustainability Group on the results of the Staff Survey on Culture and Readiness for Change where issues of safety were raised.

2 BACKGROUND

This report in examining the issue of safety considers the responses to the Staff Survey and data over a five year period, where available, on incidents including assaults, attempted assaults and disturbed behaviour; observation levels; reporting of injuries, diseases and dangerous occurrences (RIDDORS); and use of seclusion for the whole TSH population. Data are further analysed by primary diagnosis of major mental illness or intellectual disability, and by admission or rehabilitation stage of progress.

3 ASSESSMENT

In considering the information from the Staff Survey, it is important to note that it was not designed to explore attitudes to or experiences of safety. Safety should always be a major consideration in a high secure hospital. In total, 91 members of staff responded, the issue of safety was raised in 5 of the 8 relevant free text questions and 10% of all comments related to safety.

When looking at the responses to the qualitative questions within the Staff Survey there were some consistent themes. These included a need for greater and better quality engagement with staff in relation to defining problem areas and determining the changes required to address these problems; concern over a cycle of difficult working conditions due to financial constraints, staffing capacity and staffing model, which may lead to low staff morale, high levels of burnout and subsequent issues with sickness and overtime; and a view that these need to be better managed

by clinical and senior management. There were also concerns in relation to staff safety and some suggestions on a change to the delivery of the clinical model, such as an admissions ward, a high dependency unit, or a unit for the elderly or physically frail, to better manage the diverse range of patients currently within the hospital. Difficulty in implementing change within the hospital and some fear of and resistance to change were raised. However, it is important to note that there was a strong desire to ensure the continuation of the high standards of patient care in place and a readiness and willingness to change was clearly identified.

The analysis of safety related data over a five year period (where available) found:

1) An increase in the number of incidents (assault, attempted assault and problem behaviours) per year from 432 in 2013 to 803 in 2017. However, the trend was not linearly upward with a peak of 876 in 2015 and a reduction to 611 in 2016. Problem behaviours are defined as an incident where behaviour has been observed as threatening, intimidating, destructive, inciting others or harassment.
2) The rate of incidents (number per patient) which allows for variation in the size of the patient population, shows a similar pattern of increase between 2013 and15 and a similar rate in 2015 and 2017 with 7.3 and 7.2 respectively but a reduction to 5.3 in 2016.
3) Extrapolating the current 2018 data for a full year suggests that there may be an increase in number of incidents this year, however there is often variation within a year so this cannot be assumed. This caution applies to all extrapolated data.
4) The number of incidents increased in the MMI population from 326 in 2013 to 578 in 2017 (rate 2.7-5.7), and in the ID population from 106 in 2013 to 225 in 2017 (rate 12.7 – 23.7). Whilst the rate of incidents is significantly higher in the ID population than in the MMI cohort, the increase in incidents is due to the MMI population as the ID population is approximately 10% of the overall hospital population.
5) The ID cohort incident rate peaked in 2015 at 38.7.
6) Assault data are only available from April 2016 due to the introduction of an attempted assault category. The number of patient to staff assaults increased between 2016 - 16 and 2017-41, and 2018 extrapolated data-84 suggest that this is an ongoing pattern. This is due to the MMI cohort and not ID.
7) The number of patients who carry out assaults on staff varies but has not shown an increasing pattern: 2016 -13, 2017-18, 2018-14.
8) In 2017, two patients assaulted staff eleven and twelve times respectively and that accounted for 56 % of all assaults in that year. In 2018 (until 31/7/18), two patients assaulted staff thirty-two and nine times respectively which accounts for 84% of all assaults that year to date. Overall 3 patients in 2017/18 were significantly more assaultative than others.
9) No evidence was found to support the theory that TSH is dealing with more prisoners with antisocial behaviour who would carry out assaults. No association was found with being from a prisoner background as defined by a transfer for treatment direction or prison admission source and carrying out assaults as compared to other groups within the hospital.
10) Some evidence was found to support the theory that the use of Novel Psychoactive Substances by patients is leading to more aggressive behaviours. There is an increasing trend in a positive history of use of NPS and those patients who carry out assaults: 2016 – 2(18%); 2017 – 6(33%); part 2018 – 3(38%). However, this is a self –report questionnaire on life time use of drugs and does not give data on use around time of admission. To answer this question fully, the whole patient population and the admission group per year needs examined to see whether this trend is repeated in patients who do not carry out assaults.
11) No evidence was fund to support the theory that TSH patients are “sicker” (more psychotic) than they used to be although there are some data limitations. The PANSS data give a measure of psychosis (30 items, score range 30-210). It is not appropriate to use this measure with the ID population. Its routine use was introduced to TSH in 2016. In

comparing the average score of TSH patient who carry out assaults to 101 adult patients (20-68 years-old) with schizophrenia[1] , the average score for each year from 2016 to 2018 was higher in the TSH cohort. No pattern was found in the data for the patient group who carried out multiple assaults to suggest that they are sicker, but data were available for only 2 of 3 patients. Whilst overall the data suggest that TSH patients are sicker than a general psychiatric male population with schizophrenia and indeed this has been found before in our own research[i], there is no evidence in the data here that the patients in TSH have got sicker over the years. To examine this further, these results should be compared to the overall patient population to see if there is a trend in increasing PANSS scores, and if there is a significant difference in the mental health between the assaultative and non-assaultative populations, and the frequently assaultative and non-assaultative groups.

12) There is an increasingly complex use of enhanced observation, seclusion and use of soft restraint kit. In 2016 46% of patients carrying out assaults on staff were on standard observations, whereas this was 17% in 2017 and 4% in 2018. Staff are therefore identifying those patients more likely to be violent however, in managing the identified risk through enhanced observation more staff are being assaulted.

13) The majority of staff assaults occur in the rehabilitation (within TSH for more than 12 weeks) rather than the admission (within TSH for less than 12 weeks) population. However, there are clearly more patients within the rehabilitation cohort. On average there are 30 admissions per year to TSH, or 7.5 patients per quarter which is approximately the length of the admission period. There are currently 108 patients within TSH. Therefore, to compare the rate of assault between the 2 groups, population size must be factored in (108/8x1.7 = 23). Allowing for population size, there should be 23 assaults in the admission cohort and 82 in the rehabilitation cohort in 2018. This suggests that the focus should be on the rehabilitation cohort. This is supported by the actual number of assaults in the admission cohort: 2 in 2018 to date.

14) The number of patient on patient assaults and the number of patients carrying out these assaults has reduced since 2016. Proportionately more are carried out by the ID cohort.

15) The number of patients carrying out assaults on their fellow patients is similar to those carrying out assaults on staff (2016 14/13; 2017 14 /18; 2018 10/14) but the number of assaults carried out on patients has reduced significantly whereas the number of assaults on staff has increased significantly (2016 20/16; 2017 26/41; 2018 10/ 84). There is a small overlap of about 3 patients per year who assault both staff and patients. This suggests that there is a real reduction in patient assaults and not just a change of target to staff.

16) Totaling the number of staff and patient assaults shows an upward trend from 36 in 2016 to 67 in 2017, to a projected 94 in 2018.

17) The RIDDOR data show variation over 2013-17 (3-6) but in 2017-18 (15) there was a marked increase. In that year, the proportion of RIDDORS caused by assault and restraint increased. The majority of the RIDDORs arising from assaults are caused by the ID population (2/3s).

18) The number of patients on level 3 observation at one time point per week remained relatively consistent since March 2016 with an average of 8 patients (range 5-12). On average 13 members of staff (range 8-18) are assigned to the average 8 patients on level 3 observations during the dayshift. The number of staff assigned to their care has increased: with 15 or more since July 2017.

19) There has been an upward trend in the number of episodes of seclusion during the 5 year period from 15 to 52 episodes. The number of patients being secluded is more stable over the period 2013 to 2016 with between 10 to 14 patients. There was an increase to 20 patients in 2017 but this is projected to reduce again in 2018.

20) Seclusion is used with the MMI population during the admission and rehabilitation phases. Whereas over the last 5 years seclusion has been used only once in the admission phase for an ID patient but overall seclusion is used significantly more frequently within the ID population allowing for its size.

4 RECOMMENDATION

Given the comments in the Staff Survey, it is appropriate to reconsider the delivery of the Clinical Model. In addition, the analysis of safety data has highlighted some additional issues and the following recommendations are proposed:

1) A small number of patients (2-3 in 2017-18) carried out the majority of assaults. Consideration should be given to the creation of a high dependency unit to meet their needs.
2) A Complex Case Review should be carried out if there are three or more episodes of assault by a patient in a rolling twelve month period.
3) Most incidents and assaults occurred during the rehabilitation phase, therefore there is no reason based on safety to develop a specific admission unit.
4) The ID population has more incidents and assaults than the MMI population allowing for its size. Discussions should be held with the ID team on any further support required.
5) The use of enhanced observation levels and additional staffing should be reviewed in light of the evidence that incidents and assaults have increased in spite of the increased use of these. An observation policy review should be carried out.
6) The PMVA Committee should be asked to review methods of entry and exit to and from seclusion, restraint practices, SRK use and training requirements in view of the number of incidents and assaults arising in these situations.
7) Further research should be carried out into the mental state of patients using the PANSS comparing those who assault with those who do not, and into a history of use of Novel Psychoactive Substances comparing those who assault with those who do not.
8) Consistent spelling of names must be entered into Datix to allow accurate data analysis without manual checking and amendment.
9) A summary of findings from this Report on Safety should be communicated to staff.

The Board is invited to note this update.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	In support of the review of clinical model delivery
Workforce Implications	None identified
Financial Implications	To be considered as part of overall review of delivery of clinical model
Route To Board Which groups were involved in contributing to the paper and recommendations.	Request by Board
Risk Assessment (Outline any significant risks and associated mitigation)	As considered and detailed within report
Assessment of Impact on Stakeholder Experience	As considered within report
Equality Impact Assessment	As considered within report

[i] Miller, P.McC., Johnstone, E., Lang, F. and Thomson, L.D.G. (2000) Differences Between Patients with Schizophrenia Within and Without the High Security Psychiatric Hospital*, Acta Psychiatrica Scandanavica*, 102: pp12-18.

Staff and Patient Safety within the State Hospital

An analysis of the Staff Survey carried out by the Transformation and Sustainability Group; and Safety Related Data - incidents, assaults, RIDDORs, observation levels and staffing, and seclusion

Discussion Paper

Prepared by: **Medical Director**
Head of Corporate Planning and Business Support
Clinical Effectiveness Team Leader

Date: **15th October 2018**

1. Introduction

The Transformation and Sustainability Group aims to find methods to improve patient care whilst being cost effective and efficient. It carried out a Staff Survey in May 2018 to identify readiness of the clinical staff group for change. No questions were specifically asked about staff safety but it was a theme that emerged in a number of responses to the free text questions. It was agreed at the TSH Board meeting on 28 June 2018 that should be explored. This paper sets out the aims, methods and results of that analysis.

2. Aims of the project

The main aims of the project are:

1. To understand the concerns of staff regarding safety.
2. To examine trends in safety related data.
3. To consider further exploration of the delivery of the Clinical Model in view of any findings.

3. Methods and Data Collection

The project carried out the following data analyses:

1. Qualitative analysis of the Staff Survey issued in May 2018 by the Transformation and Sustainability Group to identify any themes in relation to health and safety raised.
2. Quantitative analysis of the Staff Survey issued in May 2018 by the Transformation and Sustainability Group to understand how frequently a concern for safety was raised by staff.
3. An analysis of 5 years of quantitative data held on Datix to review incidents of physical violence and aggression to identify any trends or patterns
4. An analysis of 5 years of quantitative data held on Datix to review RIDDOR reports to identify any trends in relation to incidents of physical violence and aggression
5. An analysis of 3 years of patient observation data to identify any trends
6. An analysis of 5 years of use of seclusion facilities' data to identify any trends or patterns.
7. Data in items 3-6 were analysed separately for patients within the admission and rehabilitation periods, and for patients suffering from major mental illness (MMI) and intellectual disability (ID) where possible. The results are contained within the relevant sections.

The systems interrogated within the hospital for the data included:

- Staff Survey issued to all staff in May 2018
- Datix (The State Hospital Incident Reporting System) for the violent and aggressive incidents
- RIDDOR information (The Reporting of injuries, diseases and dangerous occurrences) – Employers have a duty to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences.
- Clinical Effectiveness seclusion database for all seclusions in the last 5 years
- Clinical Effectiveness observation spreadsheet which contains data on observation and staffing levels from the wards and RiO electronic observation form. The collection of data on staffing levels commenced in March 2016.
- BPAS (Basic Patient Administration System) for all patients admitted to the hospital since 2013.
- Rio for information on Novel Psychoactive Substance use and mental state (PANSS).

Data for 2018 are presented as those currently available (Jan-July 2018) and extrapolated by average number per month to the end of the year.

The quantitative data include all incidents for a 5 year period with the exception of the patient to staff assaults and patient to patient assaults where the data can only be taken back to March 2016. Before this date there was no attempted assault category in Datix and examination of the data showed that patients now within this group were placed within the assault or behavioural group but on no consistent basis.

Where the data are looking at the point in the patient pathway, admission (within 12 weeks of admission) and rehabilitation (more than 12 weeks after admission) has been used.

4. Sample

The sample contains all patients within the State Hospital during the timescales described.

5. Limitations of data

The data will only be as accurate as the systems being used.
Datix has many users who log incidents. There are no formal quality checks of the data but during the analysis the Clinical Effectiveness Team Leader 'cleaned' the data that had been provided. The main issue is that patients' names are being spelt in various ways and therefore the data about number of patients involved in the incidents would have been inaccurate. It is only the spreadsheet that has been data cleansed and not Datix. These data are now deemed robust for the purposes of this project.
Quality checks take place for the observation data and associated staffing weekly with the wards and by checking the RiO electronic observation form which was introduced in February 2018.. These data are more robust. The 24 hour report was not used as Clinical Effectiveness has found this is to be inaccurate on many occasions.
Quality checks take place on the seclusion data by cross referencing with security data and clinical effectiveness notes. Clinical Effectiveness automatically get an email sent through RiO when a patient has been secluded. These data can be deemed as robust
BPAS is the hospital's main system to capture all admissions into the hospital. Quality checks take place with these data. These data can be deemed robust.

Results/Data Analysis

Aim 1: To understand the concerns of staff regarding safety.

Data Analysis 1: Staff Survey – qualitative analysis

Qualitative analysis of the Staff Survey issued in May 2018 by the Transformation and Sustainability Group to identify any themes in relation to health and safety raised.

The Transformation and Sustainability Group carried out an online staff survey over a 3 week period in May 2018. This questionnaire was about culture and readiness for change. It was not designed to explore attitudes to or experiences of safety. However, these issues were raised spontaneously within some of the text responses. The survey contained 30 questions, 9 requiring a response in text. The other 21 questions used a Likert scale to obtain feedback and are not relevant to the theme of safety. In total, 91 staff members responded. The results were reported to the TSH Board meeting on 28 June 2018.

A thematic content analysis was carried out on the qualitative comments provided in response to the online staff survey conducted in May 2018. This was done for eight of the nine text questions. Question 21 "What's the best improvement your team has made in the last 12 months?" was excluded as the responses were individual and not related to themes. For this analysis, an initial assessment of the responses was conducted and from this a number of themes identified as being consistent within the responses provided. The full analysis of the comments was then conducted with each comment being coded to one of the main themes highlighted where appropriate. When the comments were more individual in nature and did not relate to any of the main themes identified they were not included within this analysis. For the eight questions the average number of excluded comments was 3 (range 0-6). However many of the comments provided were multifaceted and subsequently have been coded against more than one of the themes.

Full results are shown in **Appendix 1**. The results of questions where safety was raised as an issue are shown below.

Question 9 within the survey asked staff what they would like to see being the resultant impact of any changes made. Improved patient care and improved safety were the commonest themes. A small number of comments addressed a change in the clinical model with mixed views on the introduction of an admission ward, a high dependency unit, a ward for elderly patients or a settled continuing care ward.

Q9: What is the story you would like to be telling about the impact of this change 12 months from now?						
Theme	**Arran (11)**	**Iona (12)**	**Lewis (17)**	**Mull (11)**	**Skye (28)**	**Total (79)**
Safety: staff, patient and general ward safety.	3	6	5	3	5	22
Reduction (or at least stability) in level of staff assaults	0	3	1	1	0	5
Management of resources and requirement for increased efficiency	4	2	4	0	4	14
Improvement of patient care	5	5	5	4	8	27
Change to clinical model: Rehab Ward/High dependency unit to help less chaotic patients recover. Admission Hub	0	1	3	1	1	6
Staff to be listened to	1	0	3	3	6	13
Better Multidisciplinary working and for all staff groups to be equal.	3	3	1	2	1	10
Increased patient engagement	1	1	0	0	4	6

Question 10 asked staff to identify the changes that they would be willing to make. The most prevalent theme in response to this question was that staff would be willing to make change, and especially structured clear and rationale change with specific and well communicated aims. Staff also feel that there needs to be more engagement of staff in relation to both defining the changes required and to communicating the changes and what they will be aimed at achieving.

Q10: What is the change you are personally willing to make to take a step towards the change?						
Theme	**Arran (11)**	**Iona (14)**	**Lewis (23)**	**Mull (11)**	**Skye (27)**	**Total (86)**
Support for increased MD working – all disciplines directly involved in patient care	3	1	3	1	7	16
Anything safe or focused on safety	1	4	2	2	1	10
Clear there is willingness to embrace change	2	5	9	5	16	37
Anything thought out, appropriate and collaborative	0	0	1	4	1	6
To work in an admission hub/Clinical Model change	0	4	2	0	1	7
Service Improvement/improve patient care	3	1	5	1	7	17
Engage staff	1	0	7	2	2	12

Question 11 asked staff to give their views on what the likely consequences of not introducing change would be. The comments relating to this were quite consistent in identifying a stepped pathway of consequences. These addressed the continued financial problems, subsequent staffing issues that the financial situation would result in (as was the case at previous year end savings period), which would result in low staff morale, burnout and a high rate of staff sickness which in turn would require a continuation of the very high level of overtime and ongoing financial problems. This vicious circle would then result in staff safety issues, a decline in patient care standards and access to treatment, as well as the loss of good staff. Some comments highlighted an end point which would result in TSH being amalgamated into a regional board or closed.

Q11: What are the consequences of us doing nothing?						
Theme	**Arran (11)**	**Iona (13)**	**Lewis (22)**	**Mull (11)**	**Skye (28)**	**Total (85)**
Continued financial problems	2	3	6	4	9	24
Decline in patient care standards/access to interventions	7	2	9	3	7	28
Lower staff morale	2	3	3	3	7	18
Staff burnout / high sickness/increased overtime leading to financial problems	2	2	6	3	3	16
TSH amalgamation to another HB/Closure	2	4	2	0	2	10
Serious incident/staff death/Safety	0	4	8	2	3	17
Lose good staff	0	0	2	0	6	8

Question 20 asked staff to add further comments that would give more context to their specific comments to other questions. The somewhat vague nature of the question itself meant that there was a lower degree of consistency and commonality within responses. Areas of response included problems with the current culture and the need for the clinical model to change, but more comments related to the staff's desire to provide high quality care, and that the staff were currently doing this despite the very difficult circumstances within which they are working. Again the comments asked for staff to be more engaged by senior team and defining and determining problems and changes.

Question 22 asked staff to identify the aspects of current working within their teams that were stuck. The main theme here was the staffing issues and capacity problems facing teams, the poor clinical management that facilitates those problems, and the fragmentation or division across the hospital between hub teams and senior clinical management or between staff groups such as the Hubs and the Skye centre. These were either resultant in or partially caused by low staff morale, and a resistance to change. However some staff clearly felt that there was nothing stuck within the team that they are working in.

Q22: What's stuck where you are in terms of the way the team works?						
Theme	**Arran (8)**	**Iona (11)**	**Lewis (20)**	**Mull (11)**	**Skye (24)**	**Total (74)**
Risk aversion in moving patients forward	1	1	0	0	0	2
Resistance to change	1	0	3	1	4	9
Poor clinical management	0	6	5	1	7	19
Fragmented teams / Fragmentation or division across the hospital between staff groups, areas such as Hubs v Skye	3	1	3	2	4	13
Staff Morale	0	1	3	2	3	9
Safety issues	0	1	0	1	0	2
Staffing issues / capacity	0	1	9	5	10	25
Nothing	1	0	1	2	5	8

When asked within question 28 to identify innovative ideas for change that should be considered, the vast majority related to changes within either the wider clinical model or clinical staffing model. The use of a specific admission and/or rehab hub and the overall review of the clinical model were noted, although changes to the

current clinical staffing model was the most popular theme. Staff also highlighted the need to more strongly address the current problem with staff sickness and resultant overtime requirements.

Q28: What innovative ideas have you got that you think we should be considering?						
Theme	**Arran (12)**	**Iona (13)**	**Lewis (22)**	**Mull (11)**	**Skye (28)**	**Total (86)**
Admission Hub/Rehab Hub	4	4	10	3	7	28
Clinical model review	4	5	5	2	10	26
Efficiency changes crucial – overtime and staff sickness not acceptable	3	1	2	2	4	12
Changes to staffing model	6	8	12	3	10	39
Better patient engagement	0	2	2	0	4	8
Safety issues	0	0	1	0	2	3

Data Analysis 2: Staff Survey – quantitative analysis

Quantitative analysis of the Staff Survey issued in May 2018 by the Transformation and Sustainability Group to understand how frequently a concern for safety was raised by staff.

Many of the comments provided were multifaceted and subsequently were coded against more than one of the identified themes. Quantitative interpretation of such data must be considered cautiously. Table x sets out the questions in which the issue of safety was raised, the number of respondents and the number of comments elicited under themes.

Table 1 Safety responses

Question	**Number of respondents**	**Number of comments**	**Number of safety comments**
Q9: What is the story you would like to be telling about the impact of this change 12 months from now?	79	103	22
Q10: What is the change you are personally willing to make to take a step towards the change?	86	105	10
Q11: What are the consequences of us doing nothing?	85	121	17
Q22: What's stuck where you are in terms of the way the team works?	74	87	2
Q28: What innovative ideas have you got that you think we should be considering?	86	116	3

In 5 of the 8 text questions, issues of safety were raised. It must be noted that this survey was about culture and readiness for change. It was not designed to explore attitudes to or experiences of safety. This is a methodological weakness but also a strength in that those comments obtained were unsolicited and spontaneous. In questions where safety was raised at all, approximately 10% of responses were related to safety.

Aim 2: To examine trends in safety related data.

These trends were examined using data analyses 3.-7. Set out in section 3 above.

Data Analysis 3: Incidents

An analysis of 5 years of quantitative data held on Datix to review incidents of physical violence and aggression to identify any trends or patterns. For this analysis over a 5 year period, data on all assaults, attempted assaults and behaviour (an incident where behaviour has been observed as threatening, intimidating, destructive, inciting others or harassment) were combined into an incident category because prior to 2016 the attempted assault category did not exist and examination of the data showed that patients within this group were placed within the assault or behavioural group but on no consistent basis. The data have been examined for all patients, those with a Major Mental Illness (MMI) and those with Intellectual Disability (ID).

Appendix 2 gives full data on violence and aggressive incidents over 5 years.

Table 2 Average population split between MMI and ID – data collected on 31 March annually

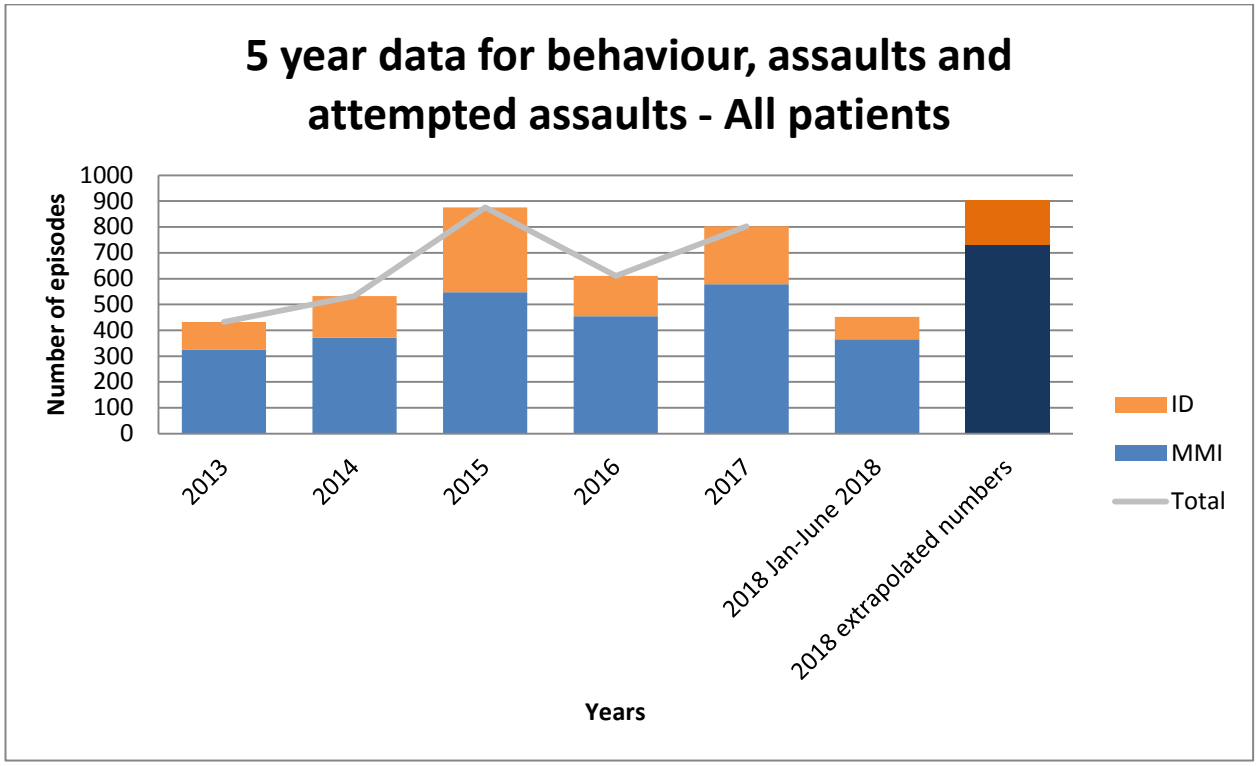
	2013	**2014**	**2015**	**2016**	**2017**	**2018**
MMI	120.5	116.0	111.5	107.5	102.0	97.0
ID	11.0	9.0	8.5	8.0	9.5	11.0
Total	131.5	125.0	120.0	115.5	111.5	108.0

The average population figures are based on the six-monthly bed occupancy figures reported to Clinical Governance. Census data are collected twice yearly on 31 March and 30 September. The numbers are added and divided by two to the give the average annual figure. The population is divided into the number of incidents as a whole, and by MMI or ID to allow comparison between years independent of population size.

Table 3 All categories and all patients – Number and Rate of Incidents

	2013	**2014**	**2015**	**2016**	**2017**	**Jan – June 2018**	***2018 Extrapolated***
MMI	326	372	547	454	578	365	*730*
ID	106	160	329	157	225	87	*174*
Total	**432**	**532**	**876**	**611**	**803**	**452**	***904***
Incidents per patient - rate	3.3	4.3	7.3	5.3	7.2	4.2	8.4

Graph 1



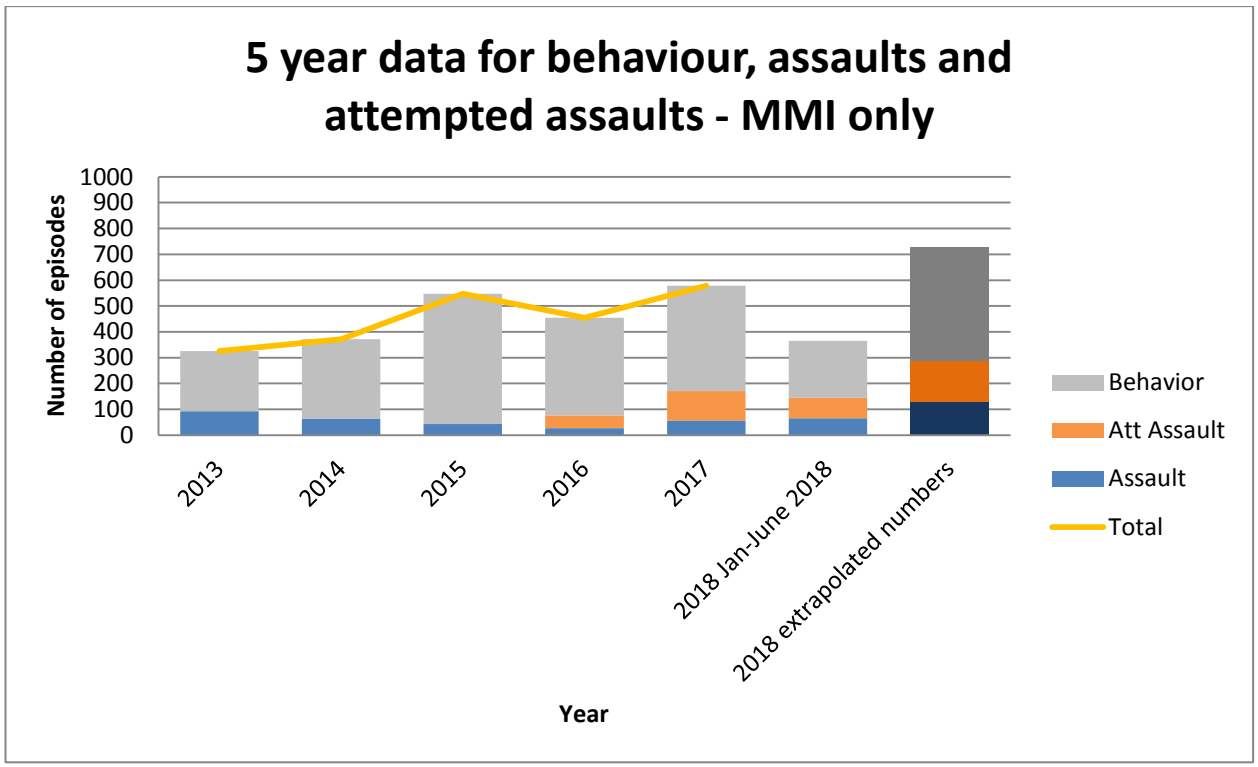
*Please note the attempted assault category was not available until 2016 and this type of assault was categorised as behaviour or assault depending on level
**2018 data up until 30th June 2018

Graph 1 shows variation in the number of incident episodes over the years. For complete data years, the number of incidents increased between 2013 and 2015 and were a little lower in 2016 rising again in 2017. Extrapolating the current 2018 data for a full year suggests that there may be an increase in number of incidents, however there is often variation within a year so this cannot be assumed.
The rate of incidents (number per patient) set out in table 3, which allows for variation in the size of the patient population shows a similar pattern of increase between 2013 and15 and similar rate in in 2015 and 2017 with 7.3 and 7.2 respectively but a reduction to 5.3 in 2016.

Table 4 All Categories and MMI patients only – Number and Rate of Incidents

	2013	**2014**	**2015**	**2016**	**2017**	**Jan – June 2018**	**2018 extrapolated**
Assault	93	64	43	27	57	65	130
Attempted Assault	n/a	n/a	n/a	49	113	80	160
Behaviour	233	308	504	378	408	220	440
Total	**326**	**372**	**547**	**454**	**578**	**365**	**730**
Incidents per patient MMI - Rate	2.7	3.2	4.9	4.2	5.7	3.8	7.5

Graph 2



*Please note the attempted assault category was not available until 2016 and this type of assault was categorised as behaviour or assault depending on level
**2018 data up until 30th June 2018

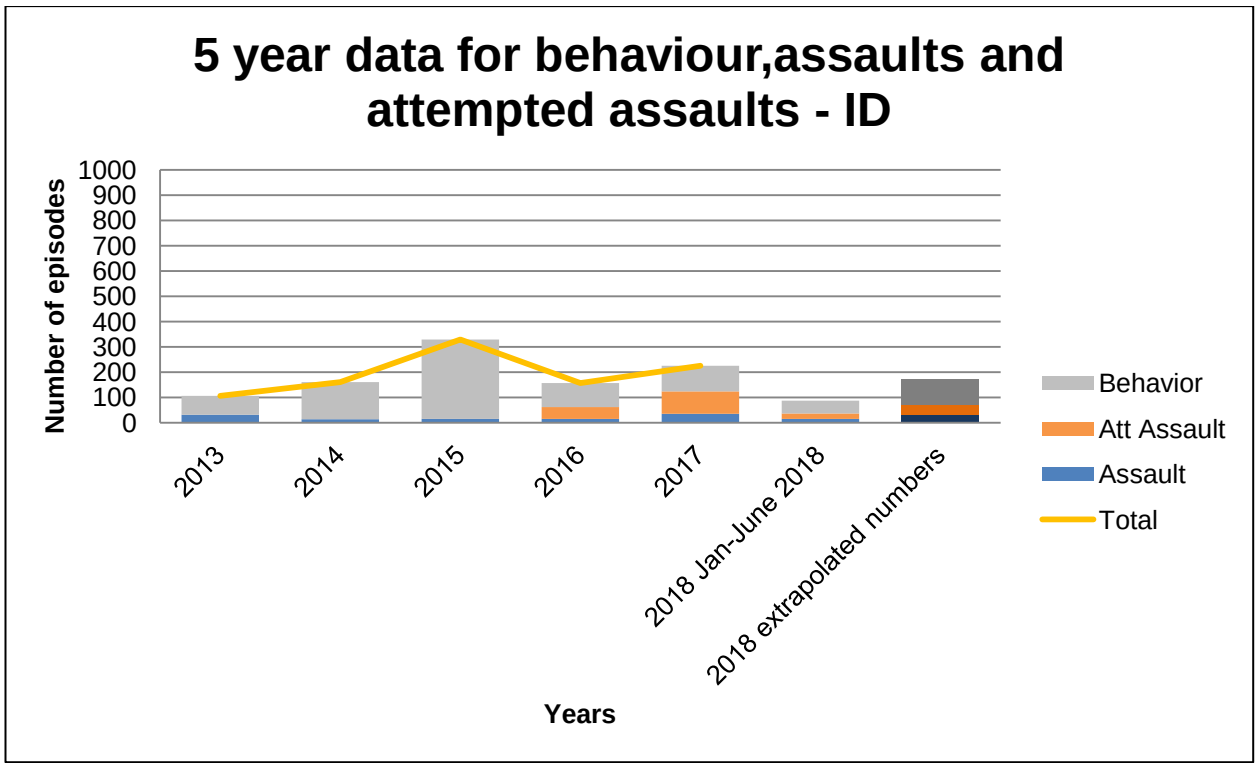
Graph 2 on MMI data shows variation in the number of incidents over the years with an increase between 2013 and 2015, a reduction in 2016 and a further increase in 2017. The incident rate has increased from 2.7 in 2013 to 5.7 in 2017. If we extrapolate current 2018 data there is a possibility that we will see approximately 730 incidents by the end of the year, however there is often variation within a year so this cannot be assumed.

Table 5 All Categories and ID patients only – Number and Rate of Incidents

	2013	**2014**	**2015**	**2016**	**2017**	**Jan – June 2018**	**2018 extrapolated**
Assault	32	14	15	15	35	15	30
Attempted Assault	n/a	n/a	n/a	47	89	21	42
Behaviour	74	146	314	95	101	51	102
Total	**106**	**160**	**329**	**157**	**225**	**87**	**174**
Incidents per patient ID - Rate	9.6	17.8	38.7	19.6	23.7	7.9	15.8

In 2017, two patients assaulted staff eleven and twelve times respectively and that accounts for 56 % of all assaults in that year. In 2018 (until 31/7/18), two patients assaulted staff thirty-two and nine times respectively which accounts for 84% of all assaults that year. Overall 3 patients in 2017/18 were significantly more assaultative than others. The data for this are shown in **Appendix 3**.

Graph 3



*Please note the attempted assault category was not available until 2016 and this type of assault was categorised as behaviour or assault depending on level
**2018 data up until 30th June 2018

Graph 3 on ID data show a similar pattern to the MMI cohort with natural variation and a spike in incidents in 2015 but thereafter a reduction. If we extrapolate 2018 there is a possibility that we will see approximately 174 incidents by the end of the year. This means that there will be random variation rather than an upward trend for ID patients. The incident rate in the ID population is significantly higher than in the MMI cohort. The rate rose from 9.6 in 2015 to 38.7 in 2017 but has fallen in the two subsequent years to 23.7.

Patient to staff assaults.
Consistent data are available from March 2016 when the attempted assault category was introduced. An examination of details of datix incidents prior to this has shown that attempted assaults were often assigned to the assault category making comparison with earlier years invalid. Data on the staffing associated with increased levels of observation began in 2015 via the 24 hour report. In March 2016 Clinical Effectiveness became aware of the number of errors in the 24 hour report and began to collate data by quality checking observation data and associated staffing in the 24 hour report with the wards weekly.

Table 6 Patient to Staff Assaults 2016 - 2018

	Extrapolated 2016	2017	Extrapolated 2018
Number of patients	115.5	111.5	108
ID	8	9.5	11
MMI	107.5	102	97
Number of Assaults	15.6	41	84
ID	1.2	2	5
MMI	14.4	39	78.9
Number of patients who carried out assaults	13.2	18	13.7
ID	1.2	1	1.7
MMI	12	17	12
No. of patients/number of assaults - Ratio - Total	7.40	2.72	1.29
ID	6.67	4.75	2.20
MMI	7.47	2.62	1.23
% assaultative patients - Total	11.4%	16.1%	12.7%
ID	15.0%	10.5%	15.5%
MMI	11.2%	16.7%	12.4%
No. of assaults/number of assaultative patients -Total	1.2	2.3	6.1
ID	1.00	2.00	2.94
MMI	1.20	2.29	6.58
Observation level at time of assault			
Standard	7.2	7	3.4
Level 2	6	5	5.14
Level 3	2.4	15	39.4
Secluded		10	1.7
Soft Restraint Kit (SRK)		4	34.3
Number of incidents with additional staffing allocated	2.4	16	73.7
Stage of pathway at time of assault – by episodes of assault			
Admission	1.2	11	1.7
Continuing Care	14.4	30	82.3
Stage of pathway at time of assault – by patient carrying out assault			
Admission	1.2	5	1.7
Continuing Care	12	14	12

Please note in 2016* 9 months data were collected and this has been extrapolated to give an annual figure and in 2018** 7 months data are so far available and this has been extrapolated to give an annual figure for comparison.

Table 6 shows that the number of assaults increased between 2016 and 2017, and 2018 extrapolated data suggest that this is an ongoing pattern. This is due to the MMI cohort and not ID. The number of patients who carry out assaults varies but has not shown an increasing pattern. For those patients who do carry out assaults, they do so more frequently in spite of more being on higher levels of observation and having significantly increased dedicated nursing staff allocated to their care. The majority of assaults occur during rehabilitation (within TSH for more than 12 weeks) rather than the admission (within TSH for less than 12 weeks) population. However, there are clearly more patients within the rehabilitation cohort. On average there are 30 admissions per year to TSH, or 7.5 patients per quarter which is approximately the length of the admission period. There are currently 108 patients within TSH. Therefore, to compare the rate of assault between the 2 groups, population size must be factored in (108/8x1.7 = 23). Allowing for population size, there should be 23 assaults in the admission cohort and 82 in the rehabilitation cohort in 2018. This suggests that the focus should be on the rehabilitation cohort. This is supported by the actual number of assaults in the admission cohort: 2 in 2018.

Table 7 Additional Information on Patients who carried out Staff Assaults

Year	No. patients who carried assaults	No. patients >=3 assaults	Legal status on admission	Admission Source	NPS History	PANSS* - Year data obtained. As near to relevant year as possible
2016	11	0	CTO 5 (45%) Criminal 3 (27%) TTD 3 (27%)	Hospital 2 (18%) Private low 1 (9%) MSU 3 (27%) Prison 5 (45%)	Y=2 (18%) N=8 (73%) UK=1 (9%)	None 4 2016 - 103 - 88 - 81 - 129 2017 - 107 - 139 - 69 2018 - N/A
2017	18	2 (11%) 1-12 1-11	CTO 5 (28%) Criminal 8 (44%) TTD 5 (28%)	Hospital 1 (6%) Private low 1 (6%) MSU 6 (33%) Prison 7 (39%) Police Custody 2 (11%)	Y=6 (33%) N=10 (56%) UK=2 (11%)	None 6 2016 - 103 - 57 2017 - 139 - 59 - 68 - 73 - 107 - Missing score

				Community 1 (6%)		2018 - 56 - 31 - 59 - 97
2018 – July	*8*	*3 (38%)* *1-3* *1-32* *1-9*	*CTO 2 (25%)* *Criminal 5 (62%)* *TTD 1 (12%)*	*Hospital 2 (25%)* *Private low 1 (12%)* *MSU 3 (38%)* *Prison 2 (25%)*	*Y=3 (38%)* *(Hosp 2, prison 1)* *N=5 (62%)*	None 2 2016 - 103 2017 - 81 - 73 - 122 2018 - 56 - Missing score

*Total score calculation being checked.

N.B. 2 patients assaulted staff in all 3 years

Table 8 Additional Information on Patients who carried out three or more Staff Assaults per year

Year	No. patients >=3 assaults [No. assaults for each patients]	Legal status on admission	Admission Source	NPS History	PANSS*
2016	0	-	-	-	-
2017	2 (11%) [1-12] [1-11]	CTO 1 Criminal (CO) 1	Private low 1 (50%) MSU 1 (50%)	Y=2** (100%)	22/7/16 - 103 16/5/18 - 56**
2018 – July	*3 (38%)* *[1-3]* *[1-32]* *[1-9]*	*Criminal 3 (100%)*	*MSU 2 (67%)* *Prison 1 (33%)*	*Y=2** (67%)*	*None* - *1* *16/5/18* - *56** *3/8/18* - *Missing score*

*Total score calculation being checked.

**N.B. One patient appears in 2017 and 2018 – NPS and PANSS repeat.

There are a small number of patients who commit three or more staff assaults per year. Two patients have carried out assaults in all three years for which data are available.

Concern was expressed that there were more aggressive incidents and assaults within TSH and a number of hypotheses were put forward for this. These were explored using the data in tables 7 and 8, and include:

1) TSH is dealing with more prisoners with antisocial behaviour who would carry out assaults.

No association was found with being from a prisoner background as defined by a transfer for treatment direction or prison admission source and carrying out assaults as compared to other groups within the hospital.

2) The use of Novel Psychoactive Substances by patients is leading to more aggressive behaviours

There are some interesting findings re the population who carried out assaults and use of novel psychoactive substances (NPS). There are a number of patients that this is relevant to but there is an increasing trend in a positive history of use of NPS and those patients who carry out assaults: 2016 – 2(18%); 2017 – 6(33%); part 2018 – 3(38%). However, this is a self –report questionnaire on life time use of drugs and does not give data on use around time of admission. To answer this question fully, the whole patient population and the admission group per year needs examined to see whether this trend is repeated in patients who do not carry out assaults.

3) Patients are "sicker" (more psychotic) than they used to be.

The PANSS data give a measure of psychosis (30 items, score range 30-210). It is not appropriate to use this measure with the ID population. Its routine use was introduced to TSH in 2016. There have been issues in terms of staff training, recording of data and patient participation, so that not all patients have had their PANSS completed on a 6 monthly basis as planned.

Kay et al (1987)[i] tested the scale on 101 adult patients (20-68 years-old) with schizophrenia[1] and the mean scores were,

- Positive scale = 18.20
- Negative scale = 21.01
- General psychopathology = 37.74

This gives an overall average score of 71.

If we compare our TSH patients who carried out assaults in 2016-July 2018, against this sample we find higher averages in each year: 2016 – av. PANSS score 102 (range 69-139, score >71 - 6/7, no data – 4/11); 2017 – av. 72 (range 31-139, score >71 – 5/11, no data – 7/18); and 2018 – av. 87 (range 56-122, score >71 – 4/5, no data 3/8). The data suggest that the TSH population with psychosis who carry out assaults are indeed sicker than a general psychiatric adult male population with schizophrenia using the Kay et al data. However, caution is required with the TSH data given small numbers, missing data and lack of a contemporaneous link between the assault(s) and the PANSS score. In 2016 – 3/7 PANSS ratings were done in a different year, this was 6/11 in 2017 and 4/5 in 2018. If we exclude results obtained in years out with the relevant year of assaults then the average PANSS score changes to: 2016 – 100 (range 81-129, n=4); 2017 – 89 (range 59-139, n=5); and 2018 – only one patient 56. The scores are on average higher when nearer the time of the assaults if 2018 is excluded due to its single result.

There is no pattern in the data for the patient group who carried out multiple assaults to suggest that they are sicker.

Whilst overall the data suggest that TSH patients are sicker than a general psychiatric male population with schizophrenia and indeed this has been found before in our own research[ii], there is no evidence in the data here that the patients in TSH have got sicker over the years. To examine this further, these results should be compared to the overall patient population to see if there is a trend in increasing PANSS scores, and if there is a significant

difference in the mental health between the assaultative and non-assaultative populations, and the frequently assaultative and non-assaultative groups.

Table 9 Patient to Patient Assaults

	2016 Extrapolated	2017	2018 Extrapolated
Number of patients	115.5	111.5	108
ID	8	9.5	11
MMI	107.5	102	97
Number of Assaults	20.4	26	10.3
ID	9.6	17	5.1
MMI	10.8	9	5.1
Number of patients who carried out assaults	14.4	14	10.3
ID	4.8	6	5.1
MMI	9.6	8	5.1
No. of patients/number of assaults - Ratio - total	5.66	4.29	10.49
ID	0.83	0.56	2.16
MMI	9.95	11.3	19.2
% assaultative patients - total	12.5%	12.6%	9.5%
ID	60.0%	63.2%	46.4%
MMI	8.9%	7.8%	5.3%
No. of assaults/no of assaultative patients - total	1.40	1.90	1.00
ID	2.00	2.83	1.00
MMI	1.13	1.13	1.00
Observation level at time of assault			
Standard	12	10	1.7
2	2.4	6	5.1
2D	3.6	5	3.4
2D3N		3	
3-1 staff	2.4	1	
3D-2 staff		1	
Stage of pathway at time of assault - assaults			
Admission	1.2	1	1.7
Continuing Care	19.2	25	8.6
Stage of pathway at time of assault - patients			
Admission	1.2	1	1.7
Continuing Care	13.2	13	8.6

	2016 Extrapolated	2017	2018 Extrapolated
Number of incidents with additional staffing allocated	2.4	2	0

In 2016 there were fewer patient to staff assaults (13) than patient to patient assaults (20) - however 3 patients assaulted both staff and patients. In 2017 there were more patient to staff assaults (41) than patient to patient assaults (17) – although 3 patients assaulted both. In 2018 there have been more patient to staff assaults (49 till end Aug) than patient to patient assaults (6) – no patients have assaulted both staff and patients this year so far, however all the patients who have assaulted peers have done so in previous years with the exception of one who was in admission phase. There are a cohort of patients who will assaults peers and not staff, however some patients will assault both staff and patients.

The number of patient on patient assaults and the number of patients carrying out these assaults has reduced since 2016. Proportionately more are carried out by the ID cohort. The number of patients carrying out assaults on their fellow patients is not dissimilar to those carrying out assaults on staff (2016 14/13; 2017 14 / 18; 2018 10 / 14) but the number of assaults carried out on patients has reduced significantly whereas the number of assaults on staff has increased significantly (2016 20 / 16; 2017 26 / 41; 2018 10 / 84). Totaling the number of staff and patient assaults shows an upward trend from 36 in 2016 to 67 in 2017, and to a projected 94 in 2018.

Data Analysis 4: RIDDOR Reports

An analysis of 5 year quantitative data held on Datix to review RIDDOR reports to identify any trends in relation to incidents of physical violence and aggression

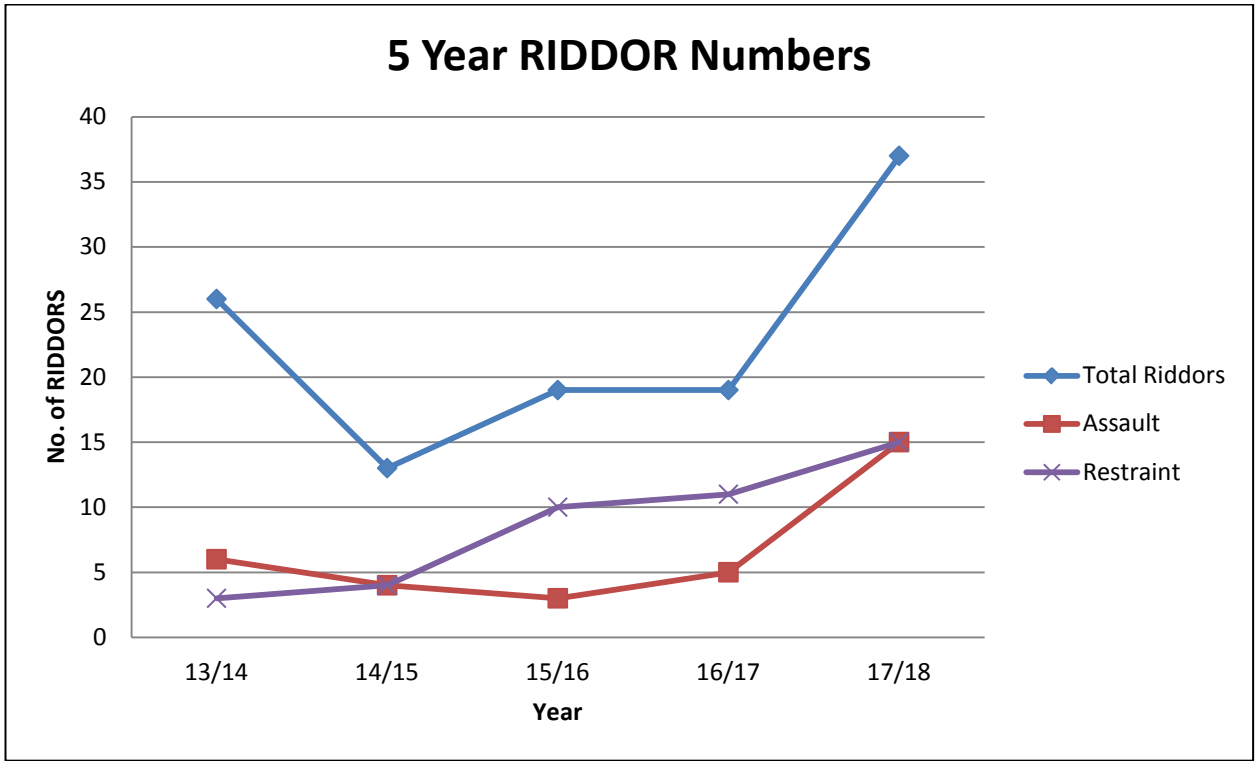
A RIDDOR is triggered when a member of staff has been injured at work and been absent for over 7 working days. The total number of RIDDORS associated with assault and restraint are recorded for each financial year and the rate per average number of patients within the hospital for each calendar year is shown in table 10.

Table 10

Year	Total Riddors	Assault	Restraint	Average Patient population	Assault Rate	Restraint Rate
13/14	26	6	3	135	0.04	0.02
14/15	13	4	4	131	0.03	0.03
15/16	19	3	10	123	0.02	0.08
16/17	19	5	11	122	0.04	0.09
17/18	37	15	15	114	0.13	0.13

*Average patient figures differ from rest of report due to RIDDORS calculated for financial year.
The rate of RIDDOR reporting (number of RIDDORs per year / average patient population) shows some variation but has increased over the last year. The proportion of RIDDORS caused by assault and restraint has increased particularly in 2017/18.

Graph 4



The RIDDOR data are showing that there was variation over 2013-17 but in 2017-18 there was a marked increase.

Table 11 – RIDDORS - ID/MMI

Year	Assault	ID	MMI
13/14	6	0	6
14/15	4	1	5
15/16	3	2	1
16/17	5	3	2
17/18	15	10	5

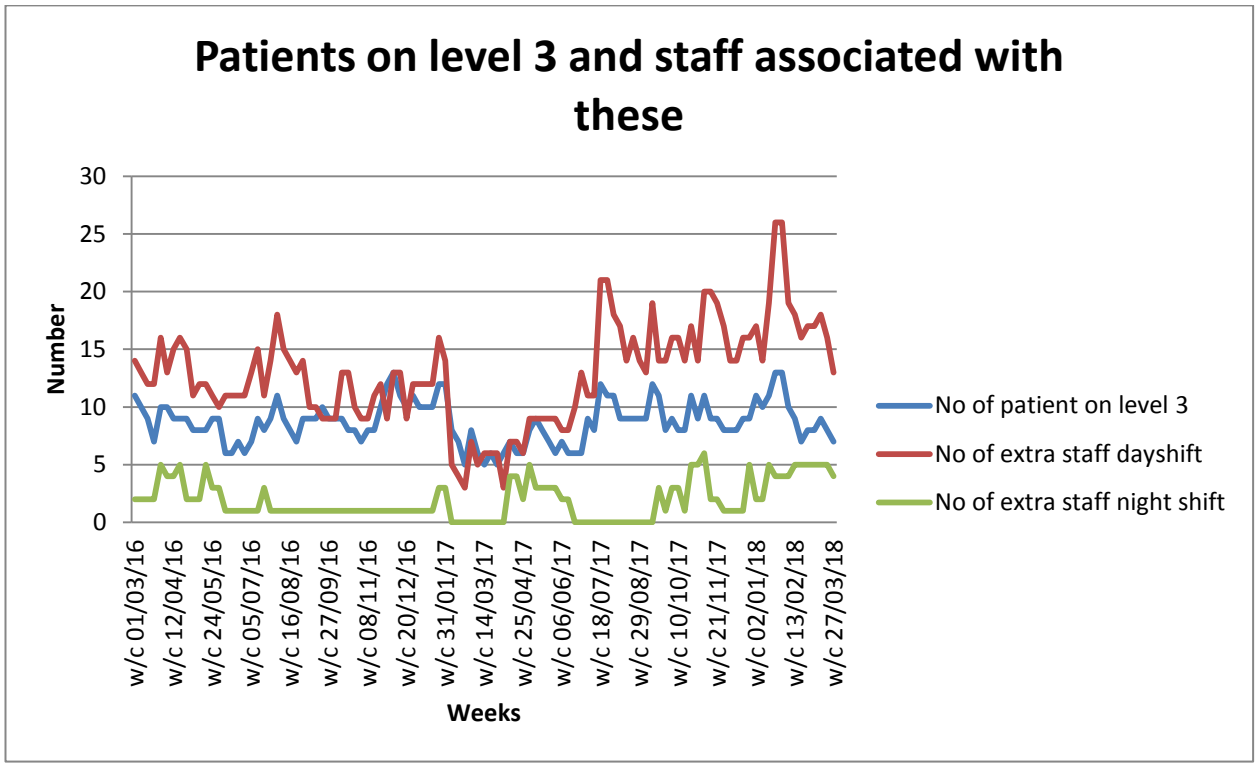
Table 11 shows the breakdown of RIDDORS between ID and MMI patients.

The RIDDOR data are showing that there was variation over 2013-17 but in 2017-18 there was a marked increase. In that year, the proportion of RIDDORS caused by assault and restraint increased. The majority of the RIDDORs arising from assaults are caused by the ID population.

Data Analysis 5: Observation Levels

An analysis of 3 years observation data to identify any trends.

Graph 5



Graph 5 shows the number of patients on level 3 observations over the last 3 years, with the number of staff assigned to their care. Routinely a patient on level 3 observations should have one member of staff assigned to their care. The data can only be taken back to 1st March 2016 due to these data not being collated in a reliable form prior to this.

Graph 5 shows that the number of patients on level 3 observation at one time point per week remained relatively consistent over the 109 weeks with an average of 8 patients (range 5-12). As can be seen the gap is widening with regards to number of patients on increased levels and the number of staff assigned to their care. On average 13 members of staff (range 8-18) are assigned to the average 8 patients on level 3 observations during the dayshift.

Table 12 – Level 3 - Extra Staffing

	No of patient on level 3	No of extra staff dayshift	No of extra staff night shift
April- June 16	8	12.2	2.6
July-Sept 16	8.8	12.7	1.2
Oct-Dec 16	9.5	10.9	1
Jan-March 17	8	8.3	0.7
Apr-June 17	6.8	8.2	2.7
Jul-Sept 17	9.8	15.6	2.6
Oct-Dec 17	8.9	16.4	2.8
Jan-Mar 18	9.5	18.2	4.2

Table 12 shows show the average number of extra staff who are allocated to patients on level 3 observations.

Data Analysis 6: Seclusion

An analysis of 5 year review of use of seclusion facilities to identify any trends or patterns.

Table 13 Number of Seclusions

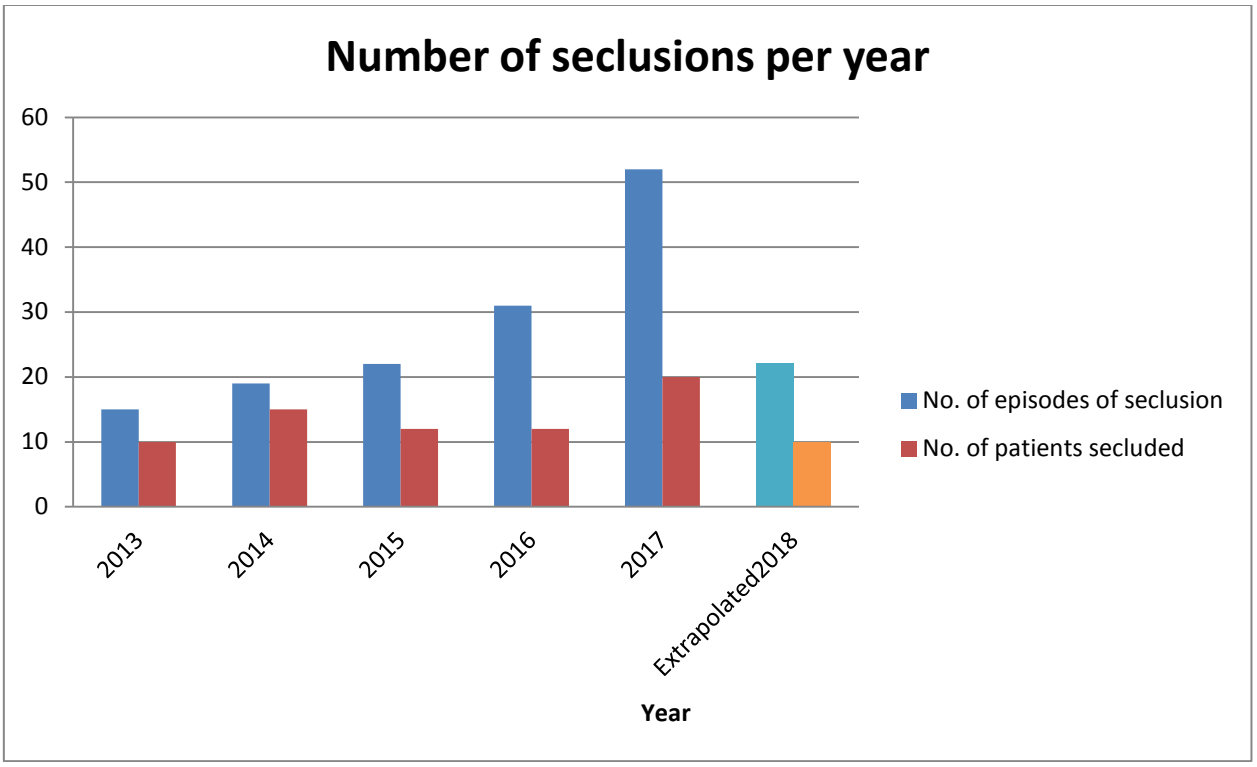
Year	Total number of seclusions	Number of patients
2013	15	10
2014	19	15
2015	22	12
2016	31	12
2017	52	20
1/1-31/7/2018	13	6

The average and median has been used in the table below due to a number of outliers in 2013 and 2017. The average and median have been taken to the nearest number of hours. Although 2018 (to end of September) has the lowest number of patients secluded to date, the median is the highest it has been. This means that more patients are being secluded for longer periods.

Table 14 Time in Seclusion

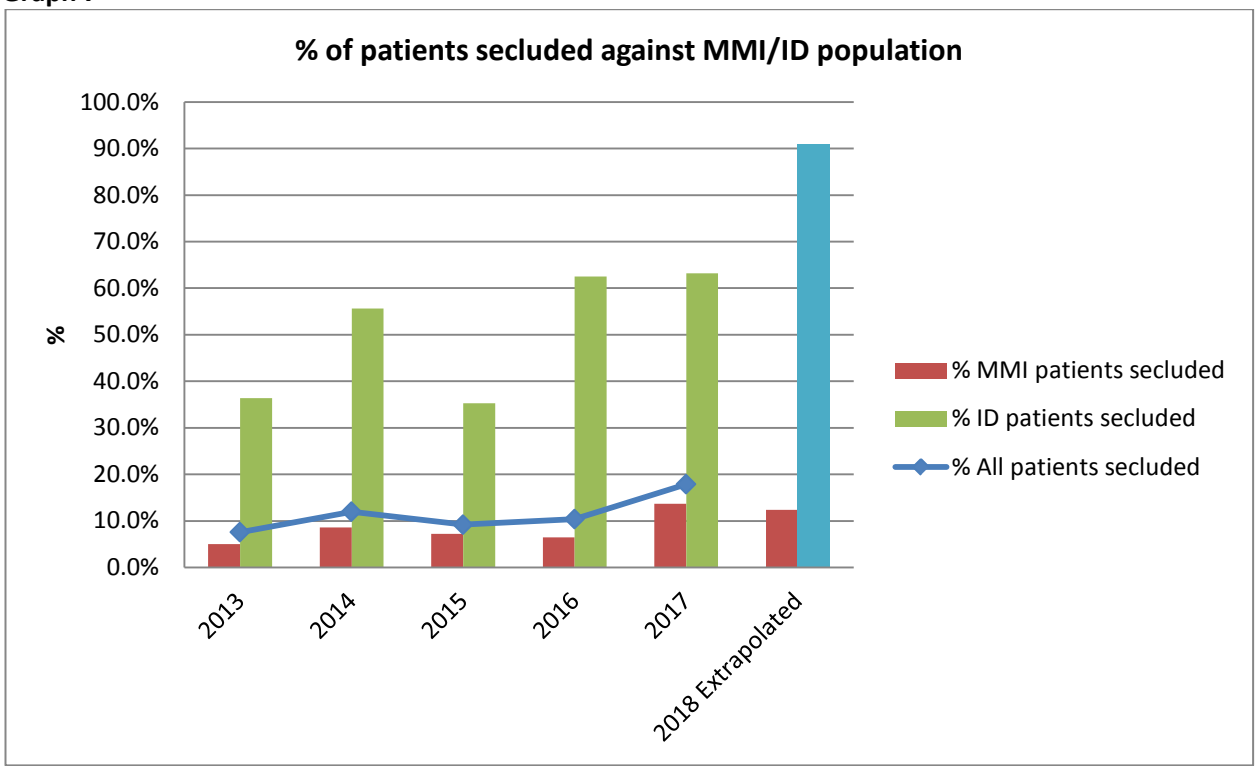
	2013	2014	2015	2016	2017	2018
Number of patients secluded	10	15	12	12	20	6
Average	1061	82	62	77	296	166
Median	38	53	29	39	40	70
Range	3hrs 10 mins - 14877 hrs 25 mins	4 hrs - 308 hrs	3hrs 15 mins - 468 hrs	2hrs 15 mins - 1154 hrs 5 mins	2hrs 30 mins - 6048 hrs 15 mins	3hrs 45 mins - 1153 hrs 35 mins
Rate per patient	0.08	0.12	0.10	0.10	0.18	0.06

Graph 6



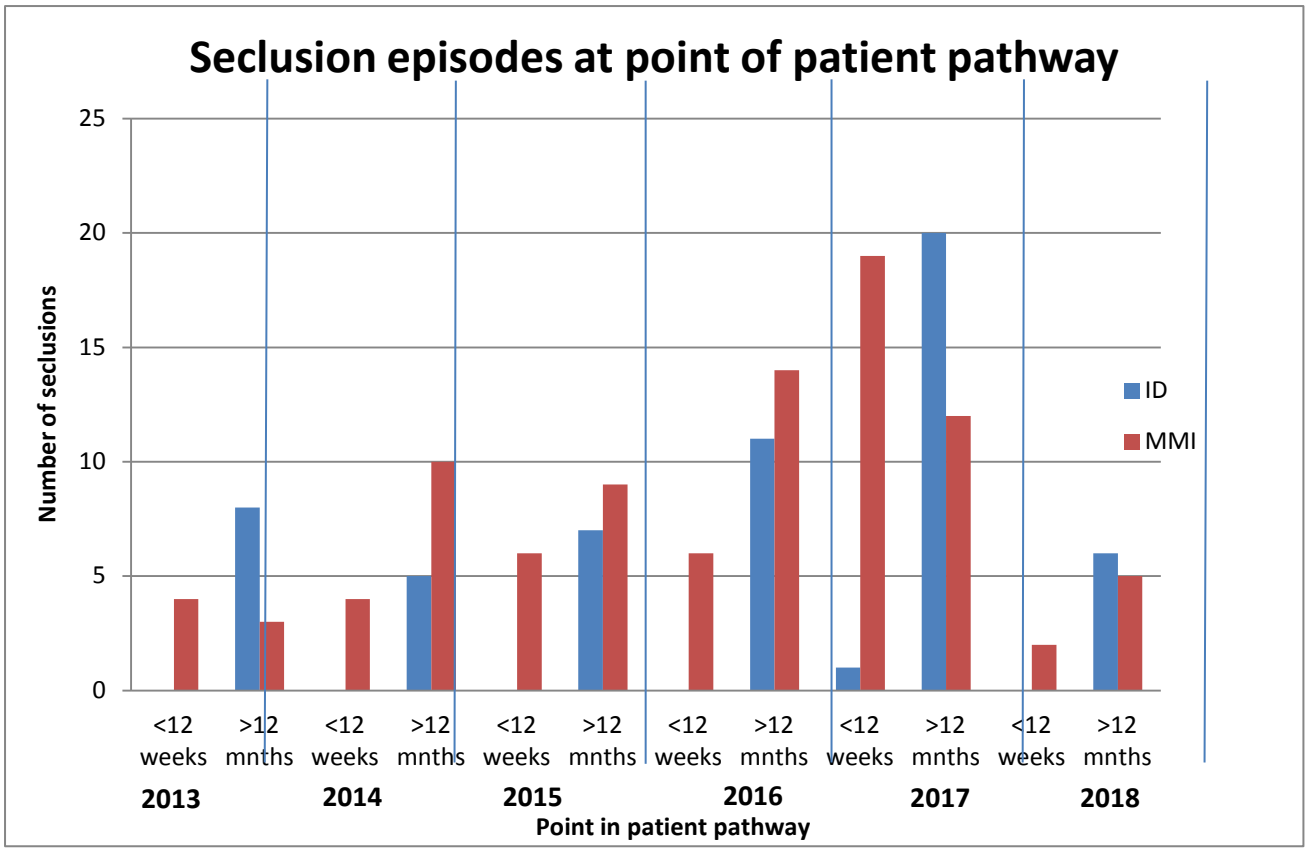
There has been an upward trend in the number of episodes of seclusions during the 5 year period. If we extrapolate the 2018 data though we may see a reduction this year as the extrapolated figure would be 22. The number of patients being secluded is more stable over the period 2013 to 2016 with between 10 to 14 patients. There was an increase to 20 in 2017 but this is predicted to reduce again in 2018.
Further data on seclusions are given in **Appendix 4.**

Graph 7



As can be seen in Graph 7 a larger proportion of ID patients are secluded

Graph 8



Graph 8 compares ID and MMI groups for use of seclusion per time period for each year 2013-17.

As can be seen above the ID population and MMI population look very different in relation to seclusions. The MMI population are secluded more in the first stages of their pathway, whereas the ID population are more likely to be secluded during the rehabilitation phase.

Discussion

Patient care and public safety are the primary functions of the State Hospital. This report examines issues of safety within the State Hospital. It arose from a presentation to the Board on 28th June 2018 by the Transformation and Sustainability Group on the results of the Staff Survey on Culture and Readiness for Change where issues of safety were raised.

This report in examining the issue of safety considers the responses to the Staff Survey and data over a five year period, where available, on incidents including assaults, attempted assaults and disturbed behaviour; observation levels; reporting of injuries, diseases and dangerous occurrences (RIDDORS); and use of seclusion for the whole TSH population. Data are further analysed by primary diagnosis of major mental illness or intellectual disability, and by admission or rehabilitation stage of progress.

In considering the information from the Staff Survey, it is important to note that it was not designed to explore attitudes to or experiences of safety. Safety should always be a major consideration in a high secure hospital. In total, 91 members of staff responded, the issue of safety was raised in 5 of the 8 relevant free text questions and 10% of all comments related to safety.

When looking at the responses to the qualitative questions within the Staff Survey there were some consistent themes. These included a need for greater and better quality engagement with staff in relation to defining problem areas and determining the changes required to address these problems; concern over a cycle of difficult working conditions due to financial constraints, staffing capacity and staffing model, which may lead to low staff morale, high levels of burnout and subsequent issues with sickness and overtime; and a view that these need to

be better managed by clinical and senior management. There were also concerns in relation to staff safety and some suggestions on a change to the delivery of the clinical model, such as an admissions ward, a high dependency unit, or a unit for the elderly or physically frail, to better manage the diverse range of patients currently within the hospital. Difficulty in implementing change within the hospital and some fear of and resistance to change were raised. However, it is important to note that there was a strong desire to ensure the continuation of the high standards of patient care in place and a readiness and willingness to change was clearly identified.

The analysis of safety related data over a five year period (where available) found:

1) An increase in the number of incidents (assault, attempted assault and problem behaviours) per year from 432 in 2013 to 803 in 2017. However, the trend was not linearly upward with a peak of 876 in 2015 and a reduction to 611 in 2016. Problem behaviours are defined as an incident where behaviour has been observed as threatening, intimidating, destructive, inciting others or harassment.
2) The rate of incidents (number per patient) which allows for variation in the size of the patient population, shows a similar pattern of increase between 2013 and15 and a similar rate in 2015 and 2017 with 7.3 and 7.2 respectively but a reduction to 5.3 in 2016.
3) Extrapolating the current 2018 data for a full year suggests that there may be an increase in number of incidents this year, however there is often variation within a year so this cannot be assumed. This caution applies to all extrapolated data.
4) The number of incidents increased in the MMI population from 326 in 2013 to 578 in 2017 (rate 2.7-5.7), and in the ID population from 106 in 2013 to 225 in 2017 (rate 12.7 – 23.7). Whilst the rate of incidents is significantly higher in the ID population than in the MMI cohort, the increase in incidents is due to the MMI population as the ID population is approximately 10% of the overall hospital population.
5) The ID cohort incident rate peaked in 2015 at 38.7.
6) Assault data are only available from April 2016 due to the introduction of an attempted assault category. The number of patient to staff assaults increased between 2016 - 16 and 2017-41, and 2018 extrapolated data-84 suggest that this is an ongoing pattern. This is due to the MMI cohort and not ID.
7) The number of patients who carry out assaults on staff varies but has not shown an increasing pattern: 2016 -13, 2017-18, 2018-14.
8) In 2017, two patients assaulted staff eleven and twelve times respectively and that accounted for 56 % of all assaults in that year. In 2018 (until 31/7/18), two patients assaulted staff thirty-two and nine times respectively which accounts for 84% of all assaults that year to date. Overall 3 patients in 2017/18 were significantly more assaultative than others.
9) No evidence was found to support the theory that TSH is dealing with more prisoners with antisocial behaviour who would carry out assaults. No association was found with being from a prisoner background as defined by a transfer for treatment direction or prison admission source and carrying out assaults as compared to other groups within the hospital.
10) Some evidence was found to support the theory that the use of Novel Psychoactive Substances by patients is leading to more aggressive behaviours. There is an increasing trend in a positive history of use of NPS and those patients who carry out assaults: 2016 – 2(18%); 2017 – 6(33%); part 2018 – 3(38%). However, this is a self –report questionnaire on life time use of drugs and does not give data on use around time of admission. To answer this question fully, the whole patient population and the admission group per year needs examined to see whether this trend is repeated in patients who do not carry out assaults.
11) No evidence was fund to support the theory that TSH patients are “sicker” (more psychotic) than they used to be although there are some data limitations. The PANSS data give a measure of psychosis (30 items, score range 30-210). It is not appropriate to use this measure with the ID population. Its routine use was introduced to TSH in 2016. In comparing the average score of TSH patient who carry out assaults to 101 adult patients (20-68 years-old) with schizophrenia[1] , the average score for each year from 2016 to 2018 was higher in the TSH cohort. No pattern was found in the data for the patient group who carried out multiple assaults to suggest that they are sicker, but data were available for only 2 of 3 patients. Whilst overall the data suggest that TSH patients are sicker than a general psychiatric male population with schizophrenia and indeed this has been found before in our own research[iii], there is no evidence in the data here that the patients in TSH have got sicker over the years. To examine this further, these results should be compared to the overall patient population to see if there is a trend in increasing PANSS

scores, and if there is a significant difference in the mental health between the assaultative and non-assaultative populations, and the frequently assaultative and non-assaultative groups.

12) There is an increasingly complex use of enhanced observation, seclusion and use of soft restraint kit. In 2016 46% of patients carrying out assaults on staff were on standard observations, whereas this was 17% in 2017 and 4% in 2018. Staff are therefore identifying those patients more likely to be violent however, in managing the identified risk through enhanced observation more staff are being assaulted.
13) The majority of staff assaults occur in the rehabilitation (within TSH for more than 12 weeks) rather than the admission (within TSH for less than 12 weeks) population. However, there are clearly more patients within the rehabilitation cohort. On average there are 30 admissions per year to TSH, or 7.5 patients per quarter which is approximately the length of the admission period. There are currently 108 patients within TSH. Therefore, to compare the rate of assault between the 2 groups, population size must be factored in (108/8x1.7 = 23). Allowing for population size, there should be 23 assaults in the admission cohort and 82 in the rehabilitation cohort in 2018. This suggests that the focus should be on the rehabilitation cohort. This is supported by the actual number of assaults in the admission cohort: 2 in 2018 to date.
14) The number of patient on patient assaults and the number of patients carrying out these assaults has reduced since 2016. Proportionately more are carried out by the ID cohort.
15) The number of patients carrying out assaults on their fellow patients is similar to those carrying out assaults on staff (2016 14/13; 2017 14 /18; 2018 10/14) but the number of assaults carried out on patients has reduced significantly whereas the number of assaults on staff has increased significantly (2016 20/16; 2017 26/41; 2018 10/ 84). There is a small overlap of about 3 patients per year who assault both staff and patients. This suggests that there is a real reduction in patient assaults and not just a change of target to staff.
16) Totaling the number of staff and patient assaults shows an upward trend from 36 in 2016 to 67 in 2017, to a projected 94 in 2018.
17) The RIDDOR data show variation over 2013-17 (3-6) but in 2017-18 (15) there was a marked increase. In that year, the proportion of RIDDORS caused by assault and restraint increased. The majority of the RIDDORs arising from assaults are caused by the ID population (2/3s).
18) The number of patients on level 3 observation at one time point per week remained relatively consistent since March 2016 with an average of 8 patients (range 5-12). On average 13 members of staff (range 8-18) are assigned to the average 8 patients on level 3 observations during the dayshift. The number of staff assigned to their care has increased: with 15 or more since July 2017.
19) There has been an upward trend in the number of episodes of seclusion during the 5 year period from 15 to 52 episodes. The number of patients being secluded is more stable over the period 2013 to 2016 with between 10 to 14 patients. There was an increase to 20 patients in 2017 but this is pojected to reduce again in 2018.
20) Seclusion is used with the MMI population during the admission and rehabilitation phases. Whereas over the last 5 years seclusion has been used only once in the admission phase for an ID patient but overall seclusion is used significantly more frequently within the ID population allowing for its size.

Aim 3 To consider further exploration of the delivery of the Clinical Model in view of any findings.

Recommendations

Given the comments in the Staff Survey, it is appropriate to reconsider the delivery of the Clinical Model. In addition, the analysis of safety data has highlighted some additional issues and the following recommendations are proposed:

1) A small number of patients (2-3 in 2017-18) carried out the majority of assaults. Consideration should be given to the creation of a high dependency unit to meet their needs.
2) A Complex Case Review should be carried out if there are three or more episodes of assault by a patient in a rolling twelve month period.
3) Most incidents and assaults occurred during the rehabilitation phase, therefore there is no reason based on safety to develop a specific admission unit.
4) The ID population has more incidents and assaults than the MMI population allowing for its size. Discussions should be held with the ID team on any further support required.

5) The use of enhanced observation levels and additional staffing should be reviewed in light of the evidence that incidents and assaults have increased in spite of the increased use of these. An observation policy review should be carried out.
6) The PMVA Committee should be asked to review methods of entry and exit to and from seclusion, restraint practices, SRK use and training requirements in view of the number of incidents and assaults arising in these situations.
7) Further research should be carried out into the mental state of patients using the PANSS comparing those who assault with those who do not, and into a history of use of Novel Psychoactive Substances comparing those who assault with those who do not.
8) Consistent spelling of names must be entered into Datix to allow accurate data analysis without manual checking and amendment.
9) A summary of findings from this Report on Safety should be communicated to staff.

APPENDIX 1 Staff Survey

There were 9 text questions in the staff survey and these are reported on in return with the exception of Question 21 "What's the best improvement your team has made in the last 12 months?" This was excluded as the responses were individual and not related to themes.

Question 9 within the survey asked staff what they would like to see being the resultant impact of any changes made. Improved patient care and improved safety were the commonest themes. A small number of comments addressed a change in the clinical model with mixed views on the introduction of an admission ward, a high dependency unit, a ward for elderly patients or a settled continuing care ward.

Q9: What is the story you would like to be telling about the impact of this change 12 months from now?						
Theme	**Arran (11)**	**Iona (12)**	**Lewis (17)**	**Mull (11)**	**Skye (28)**	**Total (79)**
Safety: staff, patient and general ward safety.	3	6	5	3	5	22
Reduction (or at least stability) in level of staff assaults	0	3	1	1	0	5
Management of resources and requirement for increased efficiency	4	2	4	0	4	14
Improvement of patient care	5	5	5	4	8	27
Change to clinical model: Rehab Ward/High dependency unit to help less chaotic patients recover. Admission Hub	0	1	3	1	1	6
Staff to be listened to	1	0	3	3	6	13
Better Multidisciplinary working and for all staff groups to be equal.	3	3	1	2	1	10
Increased patient engagement	1	1	0	0	4	6

Question 10 asked staff to identify the changes that they would be willing to make. The most prevalent theme in response to this question was that staff would be willing to make change, and especially structured clear and rationale change with specific and well communicated aims. Staff also feel that there needs to be more engagement of staff in relation to both defining the changes required and to communicating the changes and what they will be aimed at achieving.

Q10: What is the change you are personally willing to make to take a step towards the change?						
Theme	**Arran (11)**	**Iona (14)**	**Lewis (23)**	**Mull (11)**	**Skye (27)**	**Total (86)**
Support for increased MD working – all disciplines directly involved in patient care	3	1	3	1	7	16
Anything safe or focused on safety	1	4	2	2	1	10
Clear there is willingness to embrace change	2	5	9	5	16	37
Anything thought out, appropriate and collaborative	0	0	1	4	1	6
To work in an admission hub/Clinical Model change	0	4	2	0	1	7
Service Improvement/improve patient care	3	1	5	1	7	17
Engage staff	1	0	7	2	2	12

Question 11 asked staff to give their views on what the likely consequences of not introducing change would be. The comments relating to this were quite consistent in identifying a stepped pathway of consequences. These addressed the continued financial problems, subsequent staffing issues that the financial situation would result in (as was the case at previous year end savings period), which would result in low staff morale, burnout and a high rate of staff sickness which in turn would require a continuation of the very high level of overtime and ongoing financial problems. This vicious circle would then result in staff safety issues, a decline in patient care standards and access to treatment, as well as the loss of good staff. Some comments highlighted an end point which would result in TSH being amalgamated into a regional board or closed.

Q11: What are the consequences of us doing nothing?						
Theme	**Arran (11)**	**Iona (13)**	**Lewis (22)**	**Mull (11)**	**Skye (28)**	**Total (85)**
Continued financial problems	2	3	6	4	9	24
Decline in patient care standards/access to interventions	7	2	9	3	7	28
Lower staff morale	2	3	3	3	7	18
Staff burnout / high sickness/increased overtime leading to financial problems	2	2	6	3	3	16
TSH amalgamation to another HB/Closure	2	4	2	0	2	10
Serious incident/staff death/Safety	0	4	8	2	3	17
Lose good staff	0	0	2	0	6	8

Question 20 asked staff to add further comments that would give more context for their specific comments to other questions. The somewhat vague nature of the question itself meant that there was a lower degree of consistency and commonality within responses. Areas of response included problems with the current culture and the need for the clinical model to change, but more comments related to the staffs desire to provide high quality care, and that the staff were currently doing this despite the very difficult circumstances within which they are working. Again the comments asked for staff to be more engaged by senior team and defining and determining problems and changes.

Q20: What would you like to add to help us to understand your responses more fully?						
Theme	**Arran (11)**	**Iona (13)**	**Lewis (22)**	**Mull (11)**	**Skye (28)**	**Total (85)**
Problem with current culture	2	2	1	2	3	10
Desire to continue to deliver high standard of care	0	0	4	1	2	7
Staffing group very good in difficult circumstances	4	2	4	1	4	15
Support for change	3	0	1	0	5	10
Clinical Model change	0	2	8	0	4	14
Engage staff	0	0	4	4	1	9

Question 22 asked staff to identify the aspects of current working within their teams that were stuck. The main theme here was the staffing issues and capacity problems facing teams, the poor clinical management that facilitates those problems, and the fragmentation or division across the hospital between hub teams and senior clinical management or between staff groups such as the Hubs and the Skye centre. These were either resultant in or partially caused by low staff morale, and a resistance to change. However some staff clearly felt that there was nothing stuck within the team that they are working in.

Q22: What's stuck where you are in terms of the way the team works?						
Theme	**Arran (8)**	**Iona (11)**	**Lewis (20)**	**Mull (11)**	**Skye (24)**	**Total (74)**
Risk aversion in moving patients forward	1	1	0	0	0	2
Resistance to change	1	0	3	1	4	9
Poor clinical management	0	6	5	1	7	19
Fragmented teams / Fragmentation or division across the hospital between staff groups, areas such as Hubs v Skye	3	1	3	2	4	13
Staff Morale	0	1	3	2	3	9
Safety issues	0	1	0	1	0	2
Staffing issues / capacity	0	1	9	5	10	25
Nothing	1	0	1	2	5	8

When asked within question 28 to identify innovative ideas for change that should be considered, the vast majority related to changes within either the wider clinical model or clinical staffing model. The use of a specific admission and/or rehab hub and the overall review of the clinical model were noted, although changes to the current clinical staffing model was the most popular theme. Staff also highlighted the need to more strongly address the current problem with staff sickness and resultant overtime requirements.

Q28: What innovative ideas have you got that you think we should be considering?						
Theme	**Arran (12)**	**Iona (13)**	**Lewis (22)**	**Mull (11)**	**Skye (28)**	**Total (86)**
Admission Hub/Rehab Hub	4	4	10	3	7	28
Clinical model review	4	5	5	2	10	26
Efficiency changes crucial – overtime and staff sickness not acceptable	3	1	2	2	4	12
Changes to staffing model	6	8	12	3	10	39
Better patient engagement	0	2	2	0	4	8
Safety issues	0	0	1	0	2	3

When asked, within question 29, to identify one piece of advice to support the engagement of staff within change, the vast majority of responses related to better engagement of staff (at all levels), to listen to the views of staff who are experiencing the current problems, and for more consultation and communication conducted in an honest and transparent way.

Q29: If you had one piece of advice about engaging staff in the change						
Theme	**Arran (10)**	**Iona (10)**	**Lewis (20)**	**Mull (10)**	**Skye (28)**	**Total (78)**
Communication/consultation	3	3	5	3	2	16
Honesty / transparency	2	3	1	0	3	9
Better engagement and involvement for staff of all levels	5	7	7	6	13	38
Listen to the staff	3	5	12	3	9	31
Embrace change	2	0	3	0	2	7

The final question, Q30, asked staff to identify what was stuck in relation to innovation or change within their own working areas. The two key themes were the difficulty of implementing any change within the hospital with the main barrier being clinical and senior management. However there is also a perceived resistance to and fear of change within the staffing groups that most require change to take place. Again the need for better staff engagement and change to the current staffing model were consistent themes, although some staff or staff groups feel that there is nothing stuck in relation to innovation and change within their area of work.

Q30: What's stuck where you are in terms of the concept of innovation and change?						
Theme	**Arran (10)**	**Iona (13)**	**Lewis (22)**	**Mull (11)**	**Skye (28)**	**Total (82)**
Poor staff morale	0	1	2	0	0	3
Difficult to implement changes / Management issues	3	8	8	5	2	26
Fear of and resistance to change / Staff issues	4	6	6	3	12	31
Nothing/Not stuck	3	1	2	1	4	11
Staffing Model	1	4	4	4	0	13
Lack of staff engagement	0	3	1	2	5	10

APPENDIX 2 Violent and aggressive incidents over 5 years

To allow this to be examined over 5 years it was agreed to include all assaults, attempted assaults and behaviour (this is due to no attempted assault category being available until 2016). The data have been split into Mental Health (MMI) and Intellectual Deficiency (ID) patients.

Assaults – MMI patients only

	2013	2014	2015	2016	2017	2018
TOTAL	**93**	**64**	**43**	**27**	**57**	**65**

Assaults – ID patients only

	2013	2014	2015	2016	2017	2018
Iona 2	32	14	15	15	35	15

Attempted Assaults – MMI patients only

	2013	2014	2015	2016	2017	2018
TOTAL	**n/a**	**n/a**	**n/a**	**49**	**113**	**80**

Attempted Assaults - ID patients only

	2013	2014	2015	2016	2017	2018
Iona 2	n/a	n/a	n/a	47	89	21

Behaviour – MMI patients only

	2013	2014	2015	2016	2017	2018
TOTAL	**233**	**308**	**504**	**378**	**408**	**220**

Behaviour - ID patients only

	2013	2014	2015	2016	2017	2018
Iona 2	74	146	314	95	101	51

All Categories – MMI patients only

	2013	2014	2015	2016	2017	2018
Assault	93	64	43	27	57	65
Att Assault	n/a	n/a	n/a	49	113	80
Behaviour	233	308	504	378	408	220
Total	**326**	**372**	**547**	**454**	**578**	**365**

All Categories – ID patients only

	2013	2014	2015	2016	2017	2018
Assault	32	14	15	15	35	15
Att Assault	n/a	n/a	n/a	47	89	21
Behaviour	74	146	314	95	101	51
Total	**106**	**160**	**329**	**157**	**225**	**87**

All categories all patients

	2013	2014	2015	2016	2017	2018	2018 Extrapolated
MMI	326	372	547	454	578	365	730
ID	106	160	329	157	225	87	174
Total	**432**	**532**	**876**	**611**	**803**	**452**	**904**

As can be seen above the MMI data shows normal variation over the years with an upward trend between 2013, 2014 and 2015. If we extrapolate 2018 there is a possibility that we will see approx 730 incidents by the end of the year. This means we would have another upward trend from 2016 and the highest number of incidents in 6 years.

Appendix 3 – Patient to Staff Assaults

Appendix 3 shows further detail on the information held in table 5

Table 1 - 2016

Observation level at time of assault	Number of incidents by observation level	%
Standard	6	46%
Level 2	5	38%
Level 3	2	15%
Grand Total	**13**	

As can be seen above only 2 (15%) assaults were from patients on level 3 observations

Table 2 - 2016

Additional staff allocated to patient at time of incident	Number of incidents by additional staffing
3D + 2N (2 staff)	2

As can be seen above 2 incidents happened when a patient had 2 staff allocated to them.

Table 3 - 2016

Patient	Number of assaults by patient	Stage of Care Pathway
Patient 1	2	Continuing care
Patient 2	2	Continuing care
Patient 3	1	Continuing care
Patient 4	1	Continuing care
Patient 5	1	Continuing care
Patient 6	1	Continuing care
Patient 7	1	Continuing care
Patient 8	1	Continuing care
Patient 9	1	Continuing care
Patient 10	1	Admission
Patient 11	1	Continuing care
Grand Total	**13**	

There were a total of 13 patient to staff assaults from 1st March 2016 – 31st December 2016

11 patients assaulted staff. I assault was during the admission phase and the other 12 were during the continuing care phase.

There were level increases following 5 of the incidents

There was no increase to levels following 8 of the incidents

2 incidents involved patients with additional staff (2 out of 13 = 15%)

Table 4 - 2017

Observation level at time of assault	Number of incidents by observation level	%
Standard	8	19%
Level 2	5	12%
Level 3	14	34%
*Secluded	10	24%
SRK	4	10%
Grand Total	**41**	

* Although the patient was secluded the MSR suite was being used and some of the assaults happened whilst moving the patient between the rooms

As can be seen above 34% of incidents were patients on level 3 observations, 24% from secluded patient and 10% from patients using SRK

In 16 out of 41 incidents the assaults happened whilst the patient had additional staff allocated to them.

Table 5 - 2017

Additional staff allocated to patient at time of incident	Number of incidents by additional staffing
3 staff	15
2 staff	1

In 16 out of 41 incidents the assaults happened whilst the patient had additional staff allocated to them.

Table 6 - 2017

Patient	Number of assaults by patient	Stage of Care Pathway
Patient 1	12	Continuing care
Patient 2	1	Continuing care
Patient 3	1	Admission
Patient 4	2	Admission (1) Continuing Care (1)
Patient 5	1	Continuing care
Patient 6	1	Admission
Patient 7	2	Continuing Care (prior to discharge)
Patient 8	1	Continuing care
Patient 9	1	Continuing care
Patient 10	1	Continuing care
Patient 11	1	Admission (1st Admission)
Patient 12	1	Continuing care
Patient 13	1	Continuing care
Patient 14	11	Admission (6) Continuing Care (5)
Patient 15	1	Continuing care
Patient 16	1	Admission (day of admission)
Patient 17	1	Continuing care
Patient 18	1	Continuing care
Grand Total	**41**	

There were a total of 41 patient to staff assaults during 2017.

18 patients assaulted staff. Eleven assaults were during the admission phase and the other 30 were during the continuing care phase.

23 assaults were associated with 2 patients (56%).

There were level increases following 12 of the incidents.

There were no level increases following 29 of the incidents.

16 incidents involved patients with additional staff (16 out of 41 = 39%).

2018 Until 31st July 2018

Table 7 - 2018

Observation level at time of assault	Number of incidents by observation level	%
Standard	2	4%
Level 2	3	6%
Level 3	23	47%
Seclusion	1	2%
SRK	20	41%
Grand Total	**49**	

As can be seen above 47% of assaults happened when patients on level 3 observations, 2% when in seclusion and 41% whilst using SRK.

If we extrapolate the 2018 assaults for the remaining 5 months (49/7*12) we could potentially have 84 patient to staff assaults by 31st December 2018. At the time of writing this report there continues to be patient to assault episodes being recorded on Datix for a patient in SRKs (patient 7).

Table 8 - 2018

Observation level at time of assault	Number of incidents by observation level
2 staff	5
2/3 staff	3
3 staff	26
4 staff	9
Grand Total	**43**

In 43 out of 49 incidents the assaults happened whilst the patient had additional staff allocated to them.

Table 9 - 2018

Patient	Number of assaults by patient	Stage of Care Pathway
Patient 1	1	Continuing care
Patient 2	1	Continuing care
Patient 3	3	Continuing care
Patient 4	1	Admission
Patient 5	1	Continuing care
Patient 6	32	Continuing care
Patient 7	9	Continuing care
Patient 8	1	Continuing care
Grand Total	**49**	

There were a total of 49 patient to staff assaults between 1st January and 30 June 2018.

8 patients assaulted staff. One assault was during the admission phase and the other 48 were during the continuing care phase.

32 assaults were associated with one patient (65%).

There were level increases following 4 of the incidents.

There was no increase to levels following 45 of the incidents.

43 incidents involved patients with additional staff (43 out of 49 = 88%).

APPENDIX 4 Seclusion

The data are analysed into different time periods to allow consideration of admission and rehabilitation issues: 12 weeks from admission, 3-6 months from admission, 6-12 months from admission and more than 12 months after admission.

Table 1

2013	<12 weeks	> 12 months of admission	Grand Total
Patient 1		1	1
Patient 2	1		1
Patient 3		2	2
Patient 4	1		1
Patient 5		1	1
Patient 6		5	5
Patient 7	1		1
Patient 8		1	1
Patient 9		1	1
Patient 10	1		1
Grand Total	**4**	**11**	**15**

Table 2

	<12 weeks	> 12 months of admission	Grand Total
ID		8	8
MMI	4	3	7
Grand Total	**4**	**11**	**15**

Table 3

2014	<12 weeks	Within 3-6 months of admission	> 12 months of admission	Grand Total
Patient 1			1	1
Patient 2			2	2
Patient 3			3	3
Patient 4			1	1
Patient 5			1	1
Patient 6	1			1
Patient 7		1		1
Patient 8			1	1
Patient 9			1	1
Patient 10			1	1
Patient 11			2	2
Patient 12	1			1
Patient 13			1	1
Patient 14	1			1
Patient 15	1			1
Grand Total	**4**	**1**	**14**	**19**

Table 4

	<12 weeks	Within 3-6 months of admission	> 12 months of admission	Grand Total
ID			5	5
MMI	4	1	9	14
Grand Total	**4**	**1**	**14**	**19**

Table 5

2015	<12 weeks	Within 3-6 months of admission	> 12 months of admission	Grand Total
Patient 1			1	1
Patient 2		1		1
Patient 3	3			3
Patient 4		1		1
Patient 5	2			2
Patient 6			1	1
Patient 7			3	3
Patient 8			4	4
Patient 9		2		2
Patient 10			2	2
Patient 11		1		1
Patient 12	1			1
Grand Total	**6**	**5**	**11**	**22**

Table 6

	<12 weeks	Within 3-6 months of admission	> 12 months of admission	Grand Total
ID		1	6	7
MMI	6	4	5	15
Grand Total	**6**	**5**	**11**	**22**

Table 7

2016	Admission <12	Within 3-6 months of admission	Within 6-12 months of admission	Continuing care	Grand Total
Patient 1			5	3	8
Patient 2		3			3
Patient 3	1				1
Patient 4	1				1
Patient 5				1	1
Patient 6				3	3
Patient 7				1	1
Patient 8		1	2	1	4
Patient 9	1			1	2
Patient 10				3	3
Patient 11			1		1
Patient 12	3				3
Grand Total	**6**	**4**	**8**	**13**	**31**

Table 8

	<12 weeks	Within 3-6 months of admission	Within 6-12 months of admission	> 12 months of admission	Grand Total
ID			5	6	11
MMI	6	4	3	7	20
Grand Total	**6**	**4**	**8**	**13**	**31**

Table 9

2017	<12 weeks	Within 3-6 months of admission	Within 6-12 months of admission	> 12 months of admission	Grand Total
Patient 1	4				4
Patient 2				8	8
Patient 3	3				3
Patient 4	1				1
Patient 5				1	1
Patient 6	1				1
Patient 7				1	1
Patient 8				1	1
Patient 9	1				1
Patient 10	5	1			6
Patient 11				2	2
Patient 12				3	3
Patient 13			1		1
Patient 14	1				1
Patient 15		1			1
Patient 16				10	10
Patient 17	1				1
Patient 18	1				1
Patient 19			1		1
Patient 20	2	2			4
Grand Total	**20**	**4**	**2**	**26**	**52**

Table 10

	<12 weeks	Within 3-6 months of admission	Within 6-12 months of admission	> 12 months of admission	Grand Total
ID	1	1		19	21
MMI	19	3	2	7	31
Grand Total	**20**	**4**	**2**	**26**	**52**

Table 11

2018	<12 weeks	Within 3-6 months of admission	Within 6-12 months of admission	> 12 months of admission	Grand Total
Patient 1				3	3
Patient 2			2		2
Patient 3	2				2
Patient 4		1			1
Patient 5				2	2
Patient 6			2	1	3
Grand Total	**2**	**1**	**4**	**6**	**13**

Table 12

	<12 weeks	Within 3-6 months of admission	Within 6-12 months of admission	> 12 months of admission	Grand Total
ID		1	2	3	6
MMI	2		2	3	7
Grand Total	**2**	**1**	**4**	**6**	**13**

Table 13

Year	Total number of seclusions	Number of patients
2013	15	10
2014	19	15
2015	22	12
2016	31	12
2017	52	20
2018	13	6

[i] *Kay SR, Fiszbein A, Opler LA (1987). "The positive and negative syndrome scale (PANSS) for schizophrenia". Schizophr Bull.* ***13*** *(2): 261–76. doi:10.1093/schbul/13.2.261. PMID 3616518*

[ii] Miller, P.McC., Johnstone, E., Lang, F. and Thomson, L.D.G. (2000) Differences Between Patients with Schizophrenia Within and Without the High Security Psychiatric Hospital*, Acta Psychiatrica Scandanavica*, 102: pp12-18.

[iii] Miller, P.McC., Johnstone, E., Lang, F. and Thomson, L.D.G. (2000) Differences Between Patients with Schizophrenia Within and Without the High Security Psychiatric Hospital*, Acta Psychiatrica Scandanavica*, 102: pp12-18.

Board Paper 18/64

THE STATE HOSPTALS BOARD FOR SCOTLAND

Date of Meeting:	17 October 2018
Agenda Reference:	Item No: 7
Sponsoring Director:	Security Director
Author(s):	Security Director
Title of Report:	The State Hospitals Board for Scotland Winter Plan 2018 - 2019
Purpose of Report:	For Approval

1 SITUATION

In recent years The State Hospital has been required to develop a winter plan for Board approval publication and submission to the Scottish Government NHSS Directorate for Health Performance. This year there has been notification that the hospital is not required to submit a plan to Scottish Government. The annual exercise of planning and review has been useful; good practice in resilience is that any period likely to lead to disruption of services should be planned for. A plan has been developed and is submitted for approval along with a proposal for future years.

2 BACKGROUND

The requirement for territorial Boards to produce and review a Winter Plan results from the significant disruption that can result through the winter period. Key areas of concern and action for Territorial Boards are planning a response to the disruptive challenges and pressures of unscheduled care, particularly:

- Flu and respiratory illness
- Delayed discharges
- A&E targets
- Trips and falls
- Norovirus

These issues do not have any significant effect on The State Hospital.

3 ASSESSMENT

3.1 Planning

Though winter brings some areas of concern for The State Hospital, their impact is proportionately smaller that on Territorial Boards. Areas of particular concern are:

- Staff attendance during severe weather and other resilience planning

A business continuity plan is in place to mitigate the effect of reduced staffing, and other plans exist to maintain essential service, utilities and the supply chain. These plans are regularly reviewed. Resilience staff have attended local winter planning exercises and also attend the local resilience partnership.

- Staff absence

Staff absence at The State Hospital is high. Though our requirement to maintain minimum staffing levels converts this into a financial pressure, through this year there has also been an impact on services that is known to the Board. The contingency plan for loss of staff has been enacted when necessary and is currently under review.

- Flu vaccination

A hospital wide flu vaccination programme will take place across the hospital covering all shift patterns. A pandemic influenza plan exists and is regularly reviewed.

- Norovirus

A policy on the “Management of In-Patients with Loose Stools: Gastrointestinal outbreak” is in place and is regularly reviewed by our infection control committee, which has membership from NHS Lanarkshire. All patients have their own rooms and each ward has no more than 12 patients; this combined with the locked and controlled nature of the organisation makes any outbreak relatively easy to contain.

3.2 Action Plan

An action plan has been developed and is at Appendix 1.

3.3 Future Years Planning Arrangements

As the hospital is no longer required to submit a Board approved plan it is proposed that the winter planning cycle be remitted to the Resilience Committee and Senior Management Team for preparation, approval and review.

4 RECOMMENDATION

That the Board **approve** the 2018 - 2019 Winter Plan; and the proposal to manage future winter planning through the Resilience Committee and Senior Management Team for submission to the Board.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Patient physical health, organisational resilience
Workforce Implications	None
Financial Implications	None
Route To SMT 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	Should maintain standard of experience
Equality Impact Assessment	None

Appendix 1

2018 – 2019 Winter Plan

Action	Responsible person / body	Completion date
Review of Business Continuity arrangements relating to winter	Head of Corporate Planning and Business Support	30/10/18
Plan approval by Senior Management Team	Security Director	17/10/18
Plan approval by State Hospitals Board	Security Director	25/10/18
Develop staffing plan for festive season including IPCT arrangements	Clinical Operations Manager	30/10/18
IPCT team review and assess any relevant HPS Norovirus outbreak guidance	Senior Nurse for Infection Control	30/01/2019
Flu vaccination plan implemented through October/ November	OHS / IPCT teams	30/11/18
Review of winter 2018/19	Security Director	31/03/19

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	October 2018
Agenda Reference:	Item No: 8
Sponsoring Director:	Medical Director
Authors:	Dr Callum A MacCall, Dr Natasha Billcliff
Title of Report:	Annual Medical Education Report

1 SITUATION

The General Medical Council Quality Improvement Framework for Undergraduate and Postgraduate Medical Education in the UK sets out expectations for the governance of medical education and training. General Medical Council standards specifically refer to Board governance and it is within this context that this report is being presented to the Board. This report covers the period 1 August 2017 to 31 July 2018.

2 BACKGROUND

Dr Callum A MacCall is Educational Supervisor at The State Hospital. He is responsible for postgraduate medical training while Dr Natasha Billcliff leads on issues relating to medical undergraduates.

The medical staff group within The State Hospital hold a 3 monthly training committee meeting which is chaired by Dr Callum A MacCall. This committee reviews training issues of relevance to the Hospital. The Educational Supervisor reports within The State Hospital to Professor Lindsay Thomson, Medical Director. He reports externally to the Training Programme Director for Forensic Higher Training in Scotland, Dr John Crichton, and to local Training Programme Directors for Core Training.

3 ASSESSMENT

3.1 UNDERGRADUATE TRAINING

Teaching Programme for Edinburgh Undergraduate Medical Students

Day Visits

The State Hospital continued to deliver training to medical students in their fifth year during the academic year 2017/18 in the form of a one day visit incorporating clinical teaching in the morning and formal lectures in the afternoon. The lectures cover the civil mental health act and the more

specialized area of forensic psychiatry. There are six visits per academic year each comprising of approximately 50 students.

Feedback is sought from the students on the day for both parts of the teaching. The clinical teaching is mostly in the "excellent" domain, with a choice of "poor, average, good or excellent". The formal lectures feedback is very positive, with the amalgamated feedback from the 6 lectures detailed below.

Did you find the lecture useful?
0 not useful 38 quite useful 108 very useful

How was the presentation?
0 poor 10 okay 130 good

Feedback from the small group teaching was also very positive.
0 poor 1 average 36 good 94 excellent

The medical curriculum has undergone significant changes during 2017, with the students receiving a forensic lecture in Edinburgh in the weeks leading up to their visit. This has meant that the lectures for The State Hospital (TSH) visit have been rewritten with a more clinical and less theoretical focus.

Clinical Attachment
The hospital has continued to facilitate a two week clinical attachment for four groups of two 4th year students per year. These students provide feedback via EEMeC, the Edinburgh Electronic Medical Curriculum.

For the coming university year, there is a change in the program. The clinical attachments to specialities such as forensic and addictions, will no longer be part of the formal program. Instead, the students will have their 6 week attachments to a General Adult Psychiatry team organized ad hoc when they meet with their tutor. To try and pre-empt a decrease in students attached to TSH, the local tutors have been contacted and offered a 4 day forensic programme during their attachment.

Ad Hoc Attachments
Individual students from other medical schools in Scotland and from abroad contact the State Hospital directly on occasion for day visits or seeking elective placements for several months. We have the capacity to accommodate these requests. Students from Glasgow and Dundee medical schools have visited this year.

Feedback
A report is provided to the Medical Advisory Committee annually which gives the opportunity to discuss possible improvements to the teaching. Medical staff also have the option of requesting individual assessment of their teaching skills as part of the Clinical Educator Programme. To date, two staff have taken this up with positive results.

As undergraduate teaching lead, Dr Billcliff attends the Edinburgh University Undergraduate Sub-Committee Meeting annually where feedback from each psychiatry placement is discussed. This year's meeting was focused on the significant changes to the curriculum along with the change to students accessing the specialities.

3.2 POST GRADUATE TRAINING

Core Training
The past year has been challenging with regard to our Core Trainee (previously Senior House Officer grade) placements. Normally we receive two Core Trainees from the West of Scotland

Training Scheme and one from the East. Previously we received two Core Trainees from the East of Scotland however this arrangement ended a number of years ago due to pressure on Trainee numbers. In addition to our three Core Trainees we have a compliment of two Specialty Doctors thus making up a group of five Doctors who provide our first tier medical cover within the Hospital. One of our two Specialty Doctors resigned in November 2017, thus leaving a gap in our workforce necessitating a greater workload to be absorbed by the remaining four Doctors.

Attempts to recruit to the vacant Specialty Doctor post were unsuccessful in January 2018 and the situation was compounded following our February 2018 intake of Core Trainees as one of the two West of Scotland Trainees was employed part-time (60%) thus rightly had to carry a smaller case load of patients and undertake a proportionally reduced number of on calls and other duties. Hence as a consequence of the combination of a vacant full-time Specialty Doctor post and only 2.6 whole time equivalent Core Trainees remaining Doctors were under considerably greater pressure in terms of workload. Our remaining Specialty Doctor agreed to undertake additional work sessions to partially absorb the additional workload and we are very grateful to him for doing so.

The recruitment environment for Core Trainees in Psychiatry remains challenging nationally and, although slightly improved in recent months, I understand that there are still approximately five vacancies on the West of Scotland Core Training Rotation so it seems inevitable that at some point in the future we will have a further gap in our first tier medical staff group as a consequence of only being sent one Core Trainee from the West of Scotland rather than two (as previously occurred during the period August 2016 to January 2017).

On a more positive note, I am pleased to report that our attempts to recruit a second Specialty Doctor were successful in July 2018 and our new Doctor commenced employment at The State Hospital on 1 August 2018.

On-Call Rotas

For the majority of the past year the viability of our first tier medical on call rota has remained fragile. This is for the reasons stated above, namely that we have had to fill a one in six rota with four or less whole time equivalent Doctors for approximately nine months out of the past year (for the last six months we have had only 3.6 whole time equivalent Doctors in our first tier). Thankfully those Doctors and Higher Trainees also attached have been willing to undertake additional paid Locum slots which has allowed the overnight rota to be maintained. Due to reduced numbers the frequency of our day time on call rota has also been greater than we would consider ideal and has led to comment about limitations this places on Trainees gaining more enriched training experiences, particularly those available out with the State Hospital by accompanying Consultant Psychiatrists who work in other settings.

Higher Specialty Trainees

Over the past year we have had five Specialty Trainees attached to The State Hospital for periods of either three or six months. We receive them from training rotations around Scotland, most commonly the East and West of Scotland schemes and occasionally also from the North of Scotland. Our Specialty Trainees work under the supervision of Consultant Trainers, of which we currently have seven employed by The State Hospital, one of whom is currently working with the Scottish Government – see Appendix 1.

Specialty Trainees spend part of their weekly timetable undertaking research and special interest activities and overall generally spend less time at The State Hospital than Core Trainees and Specialty Doctors. Their role is distinct, represents a progression from Core Training and maintaining an appropriate distinction in their role from those of other non-Consultant grade doctors is important as they progress towards readiness for Consultanthood.

Senior Specialty Trainees in their final year of training can act up as a Consultant for a maximum period of three months. This has not occurred within the State Hospital during the last year.

Training in Forensic Psychiatry in The State Hospital is part of the National Forensic Psychiatry Training Programme which is overseen by NHS Education for Scotland. Attached in Appendix 2 is the Scotland Deanery Training Programme Director Report for the period 1 August 2017 to 31 July 2018. In common with previous years, this is again I think a strong report for the State Hospital. In the GMC National Training Survey the State Hospital performed in the top quartile nationally for handover, induction, workload and reporting systems. In common with other training facilities the availability of local teaching was an issue however this is largely accounted for by the fact that most of the teaching our Trainees receive is organised on either a national basis or by the local Deaneries from which we receive Trainee Doctors. Continuing efforts are in place to maximise local training opportunities for Doctors on attachment at The State Hospital, for example Trainees are offered a short lecture programme given by Consultant Psychiatrists on a six monthly basis.

Trainee feedback via Training Committee
Whilst there has been recognition over the past year of additional pressures due to our staffing issues, generally Trainees have continued to report their training experience at the State Hospital as broadly positive. Our induction programme remains comprehensive and continues to be modified on a six monthly basis to meet Trainee needs. Within the induction folder made available to new Trainees is contained a list of accessible placements out with the State Hospital by virtue of the fact that the large majority of our Consultant staff are employed in other roles alongside their State Hospital work. All six core trainees over the past year have completed the Forensic Network "New to Forensic" programme and encouragement is given for them to additionally enrol on the "New to Essentials of Psychological Care Programme" also available within the Network.

Teaching Programme
A series of six lectures is delivered by Consultant Psychiatrists to Trainee Doctors during the first three months of their placement at The State Hospital. The current programme encompasses six lecture topics which broadly cover the fundamentals of Forensic Psychiatry and related practice.

State Hospital Visits
Occasional requests for "taster visits" by Foundation Grade Doctors / Core Trainees / non-forensic Specialty Trainees continue to be received on a fairly regular basis. Generally speaking these Doctors are curious to find out more about Forensic Psychiatry and in some cases they have an interest in pursuing Forensic Psychiatry as a career. Over the past year three such requests have been facilitated, two from Core Trainees working elsewhere in Scotland (one of whom has since been successful in gaining a Higher Specialty Training post in Forensic Psychiatry) and one request from a Spanish Senior Psychiatric Trainee employed in Madrid.

Psychotherapy Training
We have part-time input from a Consultant in Forensic Psychotherapy, Dr Adam Polnay. He provides Balint / Reflective Practice sessions for non-Consultant Grade Doctors. Such work forms part of the core psychotherapy training requirements and feedback for same has been positive.

GMC Recognition and Approval of Trainers (RoT)
Implementation of the General Medical Council (GMC) led recognition of secondary care trainers, which required full implementation by 31 July 2016, is now properly embedded and allows formal recognition of trainer status via the annual appraisal process of Doctors who have one or more of the following roles:

a) Named Clinical Supervisor in postgraduate training
b) Named Educational Supervisor in postgraduate training
c) Lead Co-Ordinators of undergraduate training at each local education provider
d) Doctors responsible for overseeing student's educational progress for each medical school

As shown in Appendix 1, the State Hospital is currently in a strong position with regard to recognition of trainers.

Representation at External Committees Relevant to Medical Education
Dr Callum A MacCall represents The State Hospital and / or the National Forensic Psychiatry Training Programme at the following:

- *West of Scotland Committee in Psychiatry*
- *National Forensic Psychiatry Specialty Training Committee*
- *Royal College of Psychiatrists Forensic Specialty Advisory Committee*
- *NHS Education for Scotland Annual Review of Competence Progression (ARCPs) for Forensic Higher Specialty Trainees*
- *Taskforce for the Improvement of Medical Education (TIQME)*

4 RECOMMENDATION

The Board is invited to note the following:

i) The continuing high standard of undergraduate and postgraduate medical training provided within The State Hospital.

ii) The Hospital has a well trained and experienced Consultant workforce and is in a good position with regard to Recognition of Trainers and the provision of high quality training experiences for Medical Students and Trainee Doctors.

iii) Recruitment challenges continue to be significant both locally and nationally. For the majority of the past year our first tier of non-Consultant Grade medical cover (Core Trainees and Specialty Doctors) has been considerably below the position we would consider desirable and at points our first tier medical on-call rotas have been fragile.

iv) While we have been fortunate in recruiting a second Specialty Doctor for August 2018, we must not be complacent about ongoing recruitment challenges as our Specialty Doctors may move on from the State Hospital, recruitment to vacant posts has not always been successful and future gaps in the compliment of Core Trainees we receive from rotations in the West and East of Scotland are to be expected. These vacancies can arise at relatively short notice and proactive contingency planning for such vacancies remains important to ensure high standards of medical training, suitable levels of on-site medical cover and continuing viability of out of hours rotas.

Dr Callum A MacCall

Dr Callum A MacCall
Consultant Forensic Psychiatrist
Educational Supervisor

3rd August 2018

Date of next annual report – August 2019
Date of next Board report – October 2019

Appendix 1

	NES Clinical Supervisor Course or equivalent	NES Educational Supervisor Course or equivalent	Named Medical Trainer Role	Forensic, Intellectual Disabilities+ or Psychotherapy++ Higher Specialty Trainer	Self-declared Recognition of Trainers (RoT) section of appraisal (or do you intend to do so at next appraisal)?
Duncan Alcock	Yes				Yes
Prathima Apurva	Yes				Yes
Natasha Billcliff	Yes		Undergraduate Supervisor	Yes	Yes
Ian Dewar	Yes			Yes	Yes
Jana De Villiers	Yes			Yes+	Yes
Sheila Howitt	CEP* Level 2		Undergraduate Supervisor		Yes
Khuram Khan	Yes	Yes			Yes
Callum MacCall	Yes	Yes	Postgraduate Supervisor	Yes	Yes
Jon Patrick	CEP* Level 2				Yes
Adam Polnay	CEP* Level 3			Yes++	Yes
Gordon Skilling	Yes				Yes
Nicola Swinson	Yes	Yes		Yes	Yes
Lindsay Thomson	Fellow HEA	Yes		Yes	Yes

*CEP = Clinical Educator Program

APPENDIX 2
Scotland Deanery
Training Programme Director Report

This report should be completed by the TPD on behalf of their specialty training committee and in consultation with education leads at the different sites. The information will be used by the Quality Review Panels to assess programmes at a national level with site specific information available from trainee surveys, inspection visits and other sources. The local knowledge of TPD is essential to put this information in perspective, and to highlight successes and training issues within their programmes, including where there may be a need for visits from the Deanery quality teams to specific departments or hospitals. TPDs are not expected to conduct an investigation into issues at particular sites, but instead to provide local and programme knowledge to help guide the review panels. The information provided will help to inform the NES Deanery visiting process for the specialty, the reports of which will be shared with TPDs.

Programme	Forensic Psychiatry			
Region	National			
Lead Dean / Director	Ronald MacVicar			
Associate Postgraduate Dean	Rhiannon Pugh			
Training Programme Director	John Crichton			
College / Faculty Responsible	Royal College of Psychiatry			
GMC Programme Identifier	SES505			
Reporting Period	**From**	1 Aug 2017	**To**	31 Jul 2018

Note to TPD: Please complete all sections of the report in relation to the last training year. For assistance, please contact Dawn Mann at dawn.mann@nes.scot.nhs.uk or 0141 223 1508. Please complete and return to mentalhealth.qualitymanagement@nes.scot.nhs.uk by **16th August 2018.**

1. Key findings from trainee surveys

1.1 GMC National Training Survey: summary programme report

Board	Site	Programme	level	Overall Satisfaction	Clinical Supervision	Clinical Supervision OOH	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	Rota Design	N
National Facility	State Hospital - D101H	Forensic psychiatry	ST	-	-	-		▲	-	-	-	-	-	▼	-		-					7 aggregated
Greater Glasgow and Clyde	Leverndale Hospital - G302H	Forensic psychiatry	ST	-	▲	-		▲	-	-	-	-	-	▼	-							3 aggregated
Greater Glasgow and Clyde	Rowanbank Clinic - G612H	Forensic psychiatry	ST	-	-	-		-	-	-	-	-	▼	▼	-		▼	▼	-	▼		8 aggregated
Lothian	Royal Edinburgh Hospital - S217H	Forensic psychiatry	ST	-	-	-		▲	-	▲	▲	▲	-	▼	-		-					5 aggregated
Tayside	Murray Royal Hospital - T215H	Forensic psychiatry	ST	-	▲			-	-	-	▼	-	-	-	-		-					4 aggregated

Key	
	Result is below the national mean and in the bottom quartile nationally
	Result is above the national mean and in the top quartile nationally
	Result is in the bottom quartile but not outside 95% confidence limits of the mean
	Result is in the top quartile but not outside 95% confidence limits of the mean
	Result is within inter quartile range
▲	Better result than last year
▼	Worse result than last year
—	Same result as last year
	n < 3
	n = 0

1.2 GMC National Training Survey: breakdown of outliers

TPD comment required (right column). RAG = red, amber, green

Programme	Site	Survey Indicator	RAG Rating 2016	RAG Rating 2017	RAG Rating 2018	Aggregated outcome	TPD Comment Required: All additional information will be helpful to inform the ARP e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice, can it be shared? What actions are in place to resolve known issues? Comments should be site specific where possible rather than relating to the whole programme. Do you think a Deanery visit should be considered here?
Forensic psychiatry	State Hospital - D101H	Access to Educational Resources	light green				Much teaching is organized nationally There are good resources available at state Hospital with advantageous doctor patient ratios
		Adequate Experience	white			white	
		Clinical Supervision	white			white	
		Clinical Supervision out of hours	green			white	
		Educational Supervision	white			white	
		Feedback	white			white	
		Handover				light green	
		Induction	green			light green	
		Local Teaching	white			pink	
		Overall Satisfaction	green			white	
		Regional Teaching	white			white	
		Study Leave	white				
		Supportive environment	green			white	
		Work Load	green			green	

		Reporting systems	green			green	
		Teamwork				white	
		Curriculum Coverage				white	
		Educational Governance				white	
Forensic psychiatry	Leverndale Hospital - G302H	Access to Educational Resources					Much teaching is organized nationally
		Adequate Experience				white	
		Clinical Supervision				white	
		Clinical Supervision out of hours				white	
		Educational Supervision				white	
		Feedback				white	
		Handover					
		Induction				green	
		Local Teaching				pink	
		Overall Satisfaction				white	
		Regional Teaching				white	
		Study Leave					
		Supportive environment				white	
		Work Load				white	
		Reporting systems				white	
		Teamwork					
		Curriculum Coverage					
		Educational Governance					
Forensic psychiatry	Rowanbank Clinic - G612H	Access to Educational Resources	light green				Much teaching is organized nationally I will meet with the local scheme organizer to discover why the drip

		Adequate Experience	white	white		white	in local training – my own session contributing to the programme was cancelled at the last moment so I wonder if they have had difficulties.
		Clinical Supervision	white	white		white	
		Clinical Supervision out of hours	white			white	
		Educational Supervision	white	white		white	
		Feedback	white	white		pink	
		Handover				white	
		Induction	pink	green		white	
		Local Teaching	red	white		red	
		Overall Satisfaction	white	light green		white	
		Regional Teaching	white	white		white	
		Study Leave	white	green			
		Supportive environment	white	white		white	
		Work Load	white	white		white	
		Reporting systems		light green		white	
		Teamwork		green		white	
		Curriculum Coverage		white		white	
		Educational Governance		green		white	
Forensic psychiatry	Royal Edinburgh Hospital - S217H	Access to Educational Resources					Much teaching is organized nationally
		Adequate Experience				white	
		Clinical Supervision				white	
		Clinical Supervision out of hours				white	
		Educational Supervision				white	
		Feedback				white	

		Handover				white	
		Induction				green	
		Local Teaching				pink	
		Overall Satisfaction				white	
		Regional Teaching				white	
		Study Leave					
		Supportive environment				green	
		Work Load				white	
		Reporting systems				white	
		Teamwork				light green	
		Curriculum Coverage				white	
		Educational Governance				white	
Forensic psychiatry	Murray Royal Hospital - T215H	Adequate Experience				white	Much teaching is organized nationally NHS Tayside is in special measures and Forensic Trainees contribute to a generic senior trainee rota I will raise this with the local scheme organiser
		Clinical Supervision				white	
		Clinical Supervision out of hours				red	
		Educational Supervision				white	
		Feedback				white	
		Handover				white	
		Induction				white	
		Local Teaching				red	
		Overall Satisfaction				white	
		Regional Teaching				white	
		Study Leave					
		Supportive environment				white	
		Work Load				pink	
		Reporting systems				white	

		Teamwork				white	
		Curriculum Coverage				pink	
		Educational Governance				white	

1.3 Scottish Training Survey: summary report.

Board	Specialty	Site	Location code	N	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	Benchmark Group
Ayrshire & Arran	Forensic Psychiatry	NHS Ayrshire and Arran	A101A	1								Higher - Psychiatry
Ayrshire & Arran	Forensic Psychiatry	NHS Ayrshire and Arran	A101A	1								Higher - Psychiatry (aggregated)
Ayrshire & Arran	Forensic Psychiatry	Ailsa Hospital	A201H	1								Higher - Psychiatry
Ayrshire & Arran	Forensic Psychiatry	Ailsa Hospital	A201H	3								Higher - Psychiatry (aggregated)
National Facility	Forensic Psychiatry	State Hospital	D101H	6								Higher - Psychiatry
Greater Glasgow and Clyde	General Psychiatry	NHS Greater Glasgow and Clyde	G001A	1								Higher - Psychiatry
Greater Glasgow and Clyde	General Psychiatry	NHS Greater Glasgow and Clyde	G001A	1								Higher - Psychiatry (aggregated)
Greater Glasgow and Clyde	Forensic Psychiatry	Leverndale Hospital	G302H	1								Higher - Psychiatry
Greater Glasgow and Clyde	Forensic Psychiatry	Leverndale Hospital	G302H	4								Higher - Psychiatry (aggregated)
Greater Glasgow and Clyde	Forensic Psychiatry	Douglas Inch Centre	G413C	2								Higher - Psychiatry
Greater Glasgow and Clyde	Forensic Psychiatry	Douglas Inch Centre	G413C	3								Higher - Psychiatry (aggregated)
Greater Glasgow and Clyde	Forensic Psychiatry	Rowanbank Clinic	G612H	1								Higher - Psychiatry
Greater Glasgow and	Forensic Psychiatry	Rowanbank Clinic	G612H	8	–	–	–	–	–	–	–	Higher - Psychiatry (aggregated)

Clyde												
Lanarkshire	Forensic Psychiatry	NHS Lanarkshire	L001A	1								Higher - Psychiatry
Lanarkshire	Forensic Psychiatry	NHS Lanarkshire	L001A	1								Higher - Psychiatry (aggregated)
Grampian	Forensic Psychiatry	Royal Cornhill Hospital	N198H	3								Higher - Psychiatry
Grampian	Forensic Psychiatry	Royal Cornhill Hospital	N198H	4								Higher - Psychiatry (aggregated)
Lothian	Forensic Psychiatry	Royal Edinburgh Hospital	S217H	4								Higher - Psychiatry
Lothian	Forensic Psychiatry	Royal Edinburgh Hospital	S217H	11	—	—	—	—	—	—	—	Higher - Psychiatry (aggregated)
Tayside	General Psychiatry	NHS Tayside	T001A	1								Higher - Psychiatry
Tayside	General Psychiatry	NHS Tayside	T001A	1								Higher - Psychiatry (aggregated)
Tayside	Forensic Psychiatry	Murray Royal Hospital	T215H	2								Higher - Psychiatry
Tayside	Forensic Psychiatry	Murray Royal Hospital	T215H	5								Higher - Psychiatry (aggregated)
Forth Valley	Psychiatry of Learning Disability	Forth Valley Royal Hospital	V217H	1								Higher - Psychiatry
Forth Valley	Psychiatry of Learning Disability	Forth Valley Royal Hospital	V217H	1								Higher - Psychiatry (aggregated)

Key	
	Low Outlier - well below the national benchmark group average
	High Outlier – performing well for this indicator
	Potential Low Outlier - slightly below the national benchmark group average
	Potential High Outlier - slightly above the national benchmark group average
	Near Average
▲	Significantly better result than last year*
▼	Significantly worse result than last year*
—	No significant change from last year*
	No data available

* A significant change in the mean score is indicated by these arrows rather than a change in outcome.

1.4 Scottish Training Survey: breakdown of outliers

TPD comment required: please comment on each indicator.

Specialty	Site	Benchmark Group	Indicator	Outcome 2016	Outcome 2017	Outcome 2018	Significant change	2016-18 Aggregated outcome	TPD Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice, can it be shared? What actions are in place to resolve known issues?
Forensic Psychiatry	NHS Ayrshire and Arran	Higher - Psychiatry	Clinical Supervision			grey		grey	I wonder if the two categories here should be combined
			Educational Environment			grey		grey	
			Handover			grey		grey	
			Induction			grey		grey	
			Teaching			grey		grey	
			Team Culture			grey		grey	
			Workload			grey		grey	
Forensic Psychiatry	Ailsa Hospital	Higher - Psychiatry	Clinical Supervision	grey	grey	grey		grey	See above
			Educational Environment	grey	grey	grey		grey	
			Handover	grey	grey	grey		grey	
			Induction	grey	grey	grey		grey	
			Teaching	grey	grey	grey		grey	
			Team Culture	grey	grey	grey		grey	
			Workload	grey	grey	grey		grey	
Forensic Psychiatry	State Hospital	Higher - Psychiatry	Clinical Supervision	grey	grey	white			
			Educational Environment	grey	grey	white			
			Handover	grey	grey	white			
			Induction	grey	grey	lime			
			Teaching	grey	grey	white			
			Team Culture	grey	grey	white			

			Workload	grey	grey	lime			
General Psychiatry	NHS Greater Glasgow and Clyde	Higher - Psychiatry	Clinical Supervision			grey		grey	
			Educational Environment			grey		grey	
			Handover			grey		grey	
			Induction			grey		grey	
			Teaching			grey		grey	
			Team Culture			grey		grey	
			Workload			grey		grey	
Forensic Psychiatry	Leverndale Hospital	Higher - Psychiatry	Clinical Supervision	grey	grey	grey		grey	
			Educational Environment	grey	grey	grey		grey	
			Handover	grey	grey	grey		grey	
			Induction	grey	grey	grey		grey	
			Teaching	grey	grey	grey		grey	
			Team Culture	grey	grey	grey		grey	
			Workload	grey	grey	grey		grey	
Forensic Psychiatry	Douglas Inch Centre	Higher - Psychiatry	Clinical Supervision		grey	grey		grey	
			Educational Environment		grey	grey		grey	
			Handover		grey	grey		grey	
			Induction		grey	grey		grey	
			Teaching		grey	grey		grey	
			Team Culture		grey	grey		grey	
			Workload		grey	grey		grey	
Forensic Psychiatry	Rowanbank Clinic	Higher - Psychiatry	Clinical Supervision	grey	grey	grey		white	
			Educational Environment	grey	grey	grey		white	
			Handover	grey	grey	grey		white	
			Induction	grey	grey	grey		white	
			Teaching	grey	grey	grey		white	
			Team Culture	grey	grey	grey		white	
			Workload	grey	grey	grey		white	

Forensic Psychiatry	NHS Lanarkshire	Higher - Psychiatry	Clinical Supervision			grey		grey	
			Educational Environment			grey		grey	
			Handover			grey		grey	
			Induction			grey		grey	
			Teaching			grey		grey	
			Team Culture			grey		grey	
			Workload			grey		grey	
Forensic Psychiatry	Royal Cornhill Hospital	Higher - Psychiatry	Clinical Supervision		grey	grey		grey	
			Educational Environment		grey	grey		grey	
			Handover		grey	grey		grey	
			Induction		grey	grey		grey	
			Teaching		grey	grey		grey	
			Team Culture		grey	grey		grey	
			Workload		grey	grey		grey	
Forensic Psychiatry	Royal Edinburgh Hospital	Higher - Psychiatry	Clinical Supervision	grey	grey	grey		white	
			Educational Environment	grey	grey	grey		white	
			Handover	grey	grey	grey		white	
			Induction	grey	grey	grey		white	
			Teaching	grey	grey	grey		white	
			Team Culture	grey	grey	grey		white	
			Workload	grey	grey	grey		white	
General Psychiatry	NHS Tayside	Higher - Psychiatry	Clinical Supervision			grey		grey	
			Educational Environment			grey		grey	
			Handover			grey		grey	
			Induction			grey		grey	
			Teaching			grey		grey	
			Team Culture			grey		grey	
			Workload			grey		grey	
Forensic	Murray Royal Hospital	Higher - Psychiatry	Clinical Supervision	grey	grey	grey		white	

Psychiatry			Educational Environment	grey	grey	grey		white
			Handover	grey	grey	grey		white
			Induction	grey	grey	grey		grey
			Teaching	grey	grey	grey		white
			Team Culture	grey	grey	grey		white
			Workload	grey	grey	grey		white
Psychiatry of Learning Disability	Forth Valley Royal Hospital	Higher - Psychiatry	Clinical Supervision			grey		grey
			Educational Environment			grey		grey
			Handover			grey		grey
			Induction			grey		grey
			Teaching			grey		grey
			Team Culture			grey		grey
			Workload			grey		grey

1.5 GMC National Training Survey: comparison of 'Overall Satisfaction' indicator for your programme against other UK Deaneries/LETBs.

Programme Type	Scotland / region	UK Mean	Scotland Mean	Negative	Positive	UK Ranking	n
Forensic psychiatry	NHS Education for Scotland	81.18	86.45		5.27	9th of 13	11

Note: These results for the Scotland Deanery are taken from the "Programme type by LETB/Deanery" report from the GMC NTS reporting tool.

TPD comment required:
There is considerable bunching in this I suspect. The verbal feedback as evidenced by the deanery visit is excellent with generic on call s being a common bug bear – it would be helpful to disaggregate this from the general score

2. Year in review: 2017-2018

2.1 What have been the strengths of the programme?
Great teamwork and outstanding deanery support from Emma Baker **The use of handbook** **The availability of great experience across Scotland** **The scheme has 100% fill for the first time ever in August 2018**
2.2 What are potential areas for improvement within the programme? **For example:** **ARCP progress issues** **Clinical experience – access to appropriate level and range of experience for trainees** **Teaching – access to or quality of site based or regional teaching, including simulation** **Portfolios – issues with use or access** **Induction – including regional / programme** **GMC recognition of trainers – recruitment and retention of named Clinical and Educational Supervisors**
Local training opportunities are an issue and the ongoing situation in NHS Tayside require monitoring
2.3 What threats does your programme face in the coming year?
Negativity from the NHS Tayside review

Form completed by	**Role**	**Date**

Dr John H M CRICHTON	TPD	5/7/18

Board Paper 18/66

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 October 2018
Agenda Reference:	Item No: 9
Sponsoring Director:	Chief Executive
Author(s):	Chief Executive
Title of Report:	Foreign Travel Request
Purpose of Report:	For Approval

1 BACKGROUND

Requests for international travel require to be submitted to the Board for their approval. The following eight requests have been received. All requests have received line management approval and are within budget. Reduced fees are applied to those Consultants who are presenting at the event. Flights and accommodation will be booked via procurement at the earliest opportunity to ensure economic fares were purchased.

2 DETAIL OF REQUESTS RECEIVED

EVENT/LOCATION	*DATE*	*STAFF INVOLVED*	*COST*
Royal College of Psychiatrists Forensic Faculty Annual Conference, Vienna	6-8 March 2019	7 x Consultant Forensic Psychiatrists (RMO) 1 x Specialty Doctor	£9,000

3 BENEFIT TO THE ORGANISATION

Many of our Consultants are asked to present at Conferences and this is an opportunity for us to share best practice with colleagues from other organisations and to raise the profile of the work carried out within the hospital.

The purpose of attending this conference is to allow medical staff to remain up to date in relation to their knowledge and understanding of aspects of forensic psychiatry. All medical staff who are attending will have this event specifically noted within their Personal Development Plan. This Personal Development Plan is subject to regular peer scrutiny through the Continuing Professional

Development groups that operate within the medical staffing group. Attendance at this conference also allows medical staff to get a broader understanding of developments within the field of forensic psychiatry from colleagues working within the rest of the United Kingdom and from colleagues attending this conference from afar. The funding for this event will be fully met from the existing medical budget from the course fees budget line.

Following attendance at the conference medical staff will share the knowledge that they have gained from attending this conference with their colleagues in the wider hospital through assigned timeslots within the Journal Club lunchtime presentation meetings. In addition, any research presented at this conference will also be submitted to the State Hospital's annual Research and Clinical Effectiveness Conference.

4 RECOMMENDATION

Members are asked to approve the requests received from staff for international travel.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Supporting clinical knowledge / forensic network
Workforce Implications	None identified. Clinical cover agreed.
Financial Implications	Costs fully detailed in report
Route To Board Which groups were involved in contributing to the paper and recommendations.	Chief Executive
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	None identified
Equality Impact Assessment	Not applicable

The State Hospital
FOREIGN TRAVEL REQUEST

Please complete all sections in BLOCK LETTERS

Mandatory	
Supplier Name: (e.g. venue/company)	The Royal College of Psychiatrists Forensic Faculty Annual Conference (3 days).
Address:	Taking place in Vienna, Austria.
Name(s) and Job Title(s) of requestor(s):	Group request on behalf of Dr Alcock, Dr Billcliff, Prof Thomson, Dr Swinson, Dr MacCall, Dr Apurva, Dr Khan and Dr Prasad
Ward/Dept:	Medical Department
Today's Date:	12/10/18

Type of Event: (e.g. Course/conference etc)	Conference	**No of Places Required:**	8
Travel Cost: Per Individual	£300	**Total Travel Cost**	£2400
Accommodation Cost: Per Individual	£300	**Total Accommodation Cost**	£2400
Event Cost Per Individual excl. VAT	£460	**Total Event Cost**	£3680
Any other costs (please detail) Per Individual	Possible subsistence costs £60	**Total Other Cost**	£480
Total Cost	£1120	**Total Cost**	£8960

Brief Description of Event:
Title: The Royal College of Psychiatrists Forensic Faculty Annual Conference **Date:** 6-8 March 2019 **Duration:** 3 days **Description of event:** Annual conference of the Forensic Faculty of the Royal College of Psychiatrists. Brings together Forensic Psychiatrists from across the UK and the world.

Financial Code(s):	**Course** **DM90ME4037**	**Travel** **DM90ME3801**	**Accommodation** **DM90ME3801**
Training Plan	**Yes**	**No**	**Date**

Director Signature:		**Date**	
Chairperson Signature:		**Date**	

THE STATE HOSPITALS BOARD FOR SCOTLAND CG(M)03

Minutes of the Clinical Governance Committee Meeting held on Thursday 9 August 2018 at 9.45am in the boardroom, The State Hospital, Carstairs.

CHAIR:	
Non Executive Director	Nicholas Johnston
PRESENT:	
Non Executive Director	Elizabeth Carmichael
Non Executive Director	Maire Whitehead
IN ATTENDANCE:	
Social Work Manager	Kathy Blessing [Item 6]
Chief Executive	Jim Crichton
Chairperson	Terry Currie
Chair of Medical Advisory Committee	Khuram Khan
Finance & Performance Management Director	Robin McNaught
Head of Psychological Services	John Marshall
Head of Corporate Planning and Business Support	Monica Merson
Director of Nursing and AHP	Mark Richards
Board Secretary	Margaret Smith
Clinical Effectiveness Team Leader	Sheila Smith
Medical Director	Lindsay Thomson [Item 14 onwards]
PA	Julie Warren

1 APOLOGIES AND INTRODUCTORY REMARKS

Mr Johnston welcomed everyone to the meeting. There were no apologies, however, it was noted that Professor Thomson had an urgent clinical commitment and would be joining the meeting late as a result. Mr Johnston welcomed Dr John Marshall, who had recently commenced employ as Head of Psychological Services to his first Board meeting. He also extended a welcome to Julie Warren who was in attendance as part of her secondment to the Management Centre.

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

The Minutes of the previous meeting held on 10 May 2018 were approved as an accurate record subject to a minor amendment to add “The Committee’s Terms of Reference were reviewed and agreed as part of the overall stock take report”.

NOTED

4 PROGRESS ON ACTION NOTES

The Committee was content to note progress on the Minute Action Points from the last meeting.

NOTED

5 MATTERS ARISING

There were no further matters arising.

NOTED

6 CPA/MAPPA 12 MONTHLY REPORT

A paper was submitted to the Committee by Ms Blessing, Social Work Manager, who was present to provide Members with a summary of the report and the key areas for the department.

Ms Blessing drew attention to the application of Transfer/Discharge CPA, which was well established within The State Hospital (TSH) demonstrated by the high rate of attendance by patients. Social work practice was to engage with the patient should they not attend gaining the patient's feedback in each case if possible. Mrs Blessing emphasised that carer engagement continued to be an area of focus, in the coming year. She also noted effective multi-disciplinary engagement in this area with strong commitment from the Responsible Medical Officers (RMOs).

Ms Blessing updated Members on MAPPA Notifications, as well as areas of good practice within the department overall over the past year as well as the key areas of focus for the coming year.

Mrs Whitehead asked what the situation was for any patient who did not have a carer. Ms Blessing noted that some patients choose not to have a carer and also that in some circumstances the patient and carer may agree that it is not necessary for the carer to be at every meeting. Mrs Carmichael asked whether it should be expected that given the MAPPA extension outlined in section 4.5 of the report (i.e. to those offenders considered to pose risk of serious harm to the public) it should be expected that TSH would identify patients within its patient cohort. Ms Blessing clarified that although some patients within TSH would fit the criteria, they do not pose a risk to the public whilst detained at TSH. This extension related to patients within the community, or who were transferring to the community. Patients being transferred from TSH would usually be transferring to medium or low secure hospitals. In answer to a further question from Ms Carmichael, Ms Blessing confirmed that the reporting mechanism was through MAPPA Co-ordinators in local authorities and that TSH maintained good relationships in this regard which enabled a well-managed process.

Mr Currie added that he continued to be impressed by commitment within TSH for engagement with carers, and that this was evident from this report as well as the recent Carers Day Event at the hospital. Mr Richards and Ms Blessing also wished to note the Person Centred Involvement Team and Patient Advocacy Service in this area.

The Committee agreed that carer involvement should be added to the Committee's list of areas of god practice.

Mr Johnston thanked Ms Blessing for the report, noting that it was a well structured and comprehensive report.

NOTED

7 PATIENT SAFETY PROGRAMME 12 MONTHLY REPORT

A paper was submitted by the Director of Nursing and AHPs, to update the Committee in respect of the Scottish Patient safety Programme for Mental Health. Mr Richards provided Members with an overview of the report, emphasising the five workstream areas.

Within Leadership and Culture, he emphasised the importance of Leadership Walkrounds and acknowledged the challenges experienced in delivery of these.

He noted the findings within EssenCES, which demonstrated a below average scoring for experienced safety among staff.

A positive development had been the introduction of a laptop for use to send shift reports during periods when a patient may be boarding at a general hospital. He also noted good and continuing progress with DASA. A model of clinical pause had been tested and was being considered for a wider roll out.

As well as re-commitment to Leadership Walkrounds, Mr Richards also highlighted the importance of embedding patient safety as the core responsibility of all clinical staff.

Mr Currie emphasised the need to ensure commitment to Leadership Walkrounds. He also asked if the testing of the clinical pause in reducing the numbers of patients on enhanced observation could have an additional impact in relation to financial risk. Mr Richards advised that with recruitment to the Improving Observation Practice workstream in conjunction with Nursing Practice Development, there could be an opportunity to roll this out further. He confirmed that staff perception of the test of change appeared to be positive. Ms S Smith noted that staff had felt involved, with nursing staff being able to have a voice. Mr Currie added that this as a positive development, particularly with a change in clinical views from the past in terms of observation levels.

Mrs Carmichael welcomed the focus in this area, particularly the use of tools such as EssenCES, DASA and the clinical pause work. She asked about the below average rating within EssenCES for safety and what work was being taken forward to address that. Mr Richards confirmed that as part of the Transformation and Sustainability workstreams, work was bring focussed on safety as part of the review of the clinical model.

Mrs Carmichael asked whether it was possible to add detail to the report to demonstrate any change in trends on observation practice. Ms S Smith noted that this data had been collected over a short period only and that going forward, this could be reported on further and in more detail. Mrs Whitehead also asked if it were possible to make annual comparisons in this data, and Mr Richards confirmed little variance in Level 3 observation levels over longer time. However, at the same time there could be seen a difference in staffing levels to support level 3 observations. In some individual cases, 5 or 6 staff could be appropriate. Dr Khan advised that 2 staff could be used for an increased level of observation, with 3 or more staff being used being exceptional. This would be kept under review in each case.

Mr Richards noted that this would be reviewed as part of SPSP by the Improved Observation Practice lead and also by using more dynamic data from the DASA tool which would help to support reliable evidence based decision-making.

The Committee asked for further reporting on the numbers of patients on increased observation level compared to the number of staff used to support this. Mr Johnston added that in future reporting it would be useful to see mapping across of the five key workstreams and the outlined aims of the programme. Further, there should be an update on staff safety as highlighted within the EssenCES data.

Actions - Mr Richards/ Ms S Smith

He thanked Mr Richards and Ms S Smith for the thoroughness of the report.

NOTED

8 CORPORATE RISK REGISTER UPDATE

An update report was submitted to the Committee, and Ms Smith led Members through the key areas. She advised Members that a new working group had been set up to oversee the review of corporate risks. The group would meet for the first time on 23 August 2018.

Mr Johnston asked if in future it could be possible to highlight specific areas within the register in which the Clinical Governance Committee could provide further input within their remit.

Action – Ms Merson/ Ms S Smith

Ms Merson emphasised that this should be a dynamic document, and able to highlight those areas where mitigating actions hadn't solved risks. These areas could then be raised for discussion and review at each of the standing committees of the Board.

The Committee was content to note the report.

NOTED

9 DUTY OF CANDOUR

A report was submitted to the Committee for their information on the implementation of the Duty of Candour in TSH. Ms Merson provided Members with an overview of the report and an outline of the work progressed in this area. She confirmed that there had not been any confirmed incidents for Duty of Candour to date. She also emphasised the good progress made in staff awareness and training. Mr Crichton added that this was an active, rigorous and considered process within TSH.

The Committee noted the report.

NOTED

10 LEARNING FROM COMPLAINTS AND FEEDBACK

A report was submitted to the Committee which provided an overview of activity of complaints and feedback for the first quarter of the financial year 2018/19. Ms S Smith summarised the report for the Committee.

Mr Currie asked for further clarification of patient fatigue with requests for feedback. Ms S Smith confirmed that these requests were mainly internal, and that due to the nature of the patient cohort at TSH in long terms stays, patients did receive repeated requests for feedback. Therefore, Person Centred Improvement Lead Sandie Dickson had picked up on coordination of feedback requests across the organisation. It may be possible to streamline these requests. It was also important to remember that many requests would be related to clinical research. Mr Johnston underlined the importance of seeing this from the patient point of view. Mr Richards added that it was helpful when feedback could be shown to have been listened to and acted upon e.g. change in grounds access to allow access to the Skye centre.

Mr Johnston thanked Mr Richards for a very positive report. The Committee was content to note this update.

NOTED

11 INCIDENT REPORTING AND PATIENT RESTRICTIONS

A report was submitted to the Committee, on behalf of the Medical Director, which provided an overview in respect of incidents and patient restrictions for the period 1 January to 31 March 2018.

Ms S Smith provided an overview of the report for Members, noting the decrease in the number of patient restrictions as well as the changes made in grading security. She asked Members to note the changes made to the way the data in respect of seclusion was presented. She provided an update in respect of the expected timescale for reporting of outstanding CIRs/SUIs.

Mr Currie asked if it was staff resources or staff absence that had delayed this reporting, and it was confirmed that it was due to staff absence and vacancy within the Risk Department. This situation was expected to be resolved within the next month.

Mr Richards updated the Committee on the current difficulty on filling shifts within wards, and the work being progressed to provide more data on this for this Committee to aid understanding and discussion of this issue. Mrs Carmichael underlined that this was a critical issue for the hospital and would welcome more information on this points. She would wish to see what the impact of staff absence was for activity levels for patients.

Mr Richards advised that nursing absence rates were at 13% and that there had been increased levels of clinical activity especially with suspension of detention in place for patients requiring clinical care externally. This would have an impact on the delivery of care, with business continuity planning under review. There may be closures at the Skye Centre meaning lower activity levels for patients, and difficulty in supporting patient outings. He recognised the need for more visibility of these issues through this Committee. Mrs Whitehead added that this may also have an impact on staff perceptions of safety.

Mr Crichton advised that the Attendance Management Group had been re-constituted and that he was taking a lead on this personally. He recognised the pressure that staff were under in supporting increased clinical activity pressures. The Committee agreed that it was essential for the organisation to implement policy on staff attendance appropriately.

Mr Johnston noted that the impact of staff absence on filling shifts and patient activity should be added to the log of areas of concern for the Committee.

Actions – S Smith

NOTED

12 DISCUSSION: SUICIDE PREVENTION & SELF HARM

This item was deferred due to staff absence and would be brought back to the Committee.

NOTED

13 AREAS OF GOOD PRACTICE / AREAS OF CONCERN

The Committee noted the impact of staff absence as an area of concern, and carer engagement in CPA meeting as an area of good practice.

Action – S Smith

14 WORKPLAN

It was noted that the workplan should be updated to reflect the deferral of item 12 from this meeting.

Action – S Smith

15 ANY OTHER BUSINESS

There were no further issues to be considered for sharing with the Staff Governance Committee.

The Committee received the internal Audit report on patient Activity for further discussion.

Mrs Carmichael introduced the report, which had been submitted to the Audit committee at its June meeting and a decision had been taken to remit further discussion of the clinical impacts to this Committee. Internal auditor would continue to monitor progress and report on this to the Audit Committee.

The report provided partial assurance, and Mrs Carmichael raised the issue of recording patient activity – this had been picked up at the Skye Centre only which may mean that activity levels were being underreported overall (Recommendation 5). Secondly, the recommendation that the Patient Day Activity Project should be monitored through the Clinical Governance Committee to ensure monitoring of targets at a governance level (Recommendation 8). Mr Johnston thanked Mrs Carmichael and agreed that this committee should focus on those recommendations which were within its remit.

Professor Thomson added that she accepted monitoring of the Patient Active Day through this Committee as appropriate on a governance level. She outlined some of the challenges in the model to date and confirmed that there was agreement to revitalise this and roll out to Arran 2, emphasising that the ward had to shut down in order to get gains in staffing elsewhere. These gains could be plotted across TSH and if managed through would fit well with the resilience work underway within the organisation.

Mr Richards provided an update on two tests of change on the model with evaluation which had been reported through the Clinical Governance Group. This had demonstrated benefit to the patient groups in terms of a decrease in the number of reported incidents. He agreed that it was essential to get a high degree of confidence from staff in being able to close the ward and that this appeared to be the case with Arran 2.

Mr Currie asked for further background as to why the model hadn't been entirely successful to date and Mr Richards confirmed that this was related to the patient mix. He also confirmed that staff absence did not have an impact in this regard. Professor Thomson added that it may be that there was some resistance to change as well as concerns around equity. There was agreement that the revitalised model implemented in Arran 2 appeared to be better placed to succeed and that this would be helpful for Skye Centre in planning activity.

Mrs Carmichael added that the internal auditors were seeking details of the revised model and suggested a longer discussion of that at the next meeting of this Committee, as well as the timescale for the rollout. Professor Thomson and Mr Richards agreed that this would need to be reviewed following implementation in Arran 2, to ensure a review of the conditions for success before a further rollout. At the same time, growth was expected in the pilot over September.

Mr McNaught noted that there was a need to improve on setting realistic targets and timeframes for those targets.

Professor Thomson also highlighted the need to listen to patient feedback, and whether they receive this positively. Mrs Whitehead agreed and noted the need to provide activity in the Skye Centre that patients would aspire to. It was agreed that Mr Richards would provide an update for the Audit Committee at its meeting in September. It was agreed that updates would be routed through the Clinical Governance Group and SMT.

In relation to Recommendation 5 (recording patient activity) Professor Thomson advised that activity would be monitored at the Sky centre, through the Supporting Healthy Choices group as well as the psychological therapies report annually. Not every session was recorded i.e. table tennis activity in the Hubs. It was agreed that although every activity couldn't practicably be recorded, it would be useful to record and extract Occupational Therapy work. Mr Richards confirmed that AHP sessions were recorded in RiO, and Ms S Smith advised that it would be possible to change the way this

information was recorded in order to make it possible to extract the information for reporting. A form could be designed for this purpose.

Action – M Richards.

Mr Johnston noted the cross referencing of points made in Recommendations 11 and 14 within the report in relation to Health and Wellbeing plans and CPA plans. Dr Khan confirmed that by the end of November all patients would have Health and Wellbeing plans in place.

In relation to CPA plans, Professor Thomson advised that this could be timing and logistics issues i.e. having all information including police reports in time for meaningful review. She would pick this up for review through the Consultant Group and then the Clinical Governance Group.

Action – Professor Thomson

Mr Currie asked for clarification as to the reporting mechanism for the review of the clinical model and it was confirmed that this would be to the Board, who would remit any specific issues to the Clinical Governance Committee is appropriate.

16 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 15 November 2018 at 9.45am in the Boardroom, The State Hospital, Carstairs.

The meeting concluded at 11.40am

Board Paper 18/ 67

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 October 2018
Agenda Reference:	Item No: 11
Sponsoring Director:	HR Director (Interim)
Author(s):	HR Director (Interim)
Title of Report:	Attendance Management Improvement Task Group
Purpose of Report:	Inform the State Hospital Board of the Attendance Management Action Plan

1 SITUATION

There have been increasing concerns regarding the State Hospital (TSH) rising sickness absence levels. Consequently, the Attendance Management Improvement Task Group was re-established in August 2018. The group has set a corporate 3% reduction target for 31st March 2019 and agreed an Action Plan in September 2018 to support this target.

2 BACKGROUND

As at June 2018, TSH sickness absence level increased to 9.80% (Source : ISD June 2018). With this, the CEO re-established the Attendance Management Task Group.

3 ASSESSMENT

The groups has developed an Action Plan (Appendix I) which focuses on

- Enhanced leadership in sickness absence management and monitoring,
- Increased training and support for managers
- Greater monitoring of compliance with the sickness absence policy.

To achieve the 3% reduction, all staff units have been set an improvement trajectory and performance against this will be monitored closely the CEO and interim HRD.

4 RECOMMENDATION

The State Hospital Board is invited to note the:

- Sickness absence level
- 3% improvement target
- Action Plan.

Appendix I :

The State Hospital – Attendance Management Action Plan - October 2018

Task Group Aim: Achieve a 3% reduction TSH in month sickness absence by March (ISD 1st to 30th June 2018 level 9.80%)

	Aim	Actions	Tasks	Key Outputs	Timescale for completion	Led By	Monitoring Status	Progress
1.	**Leadership:** Ensure full engagement of senior managers and staff on this improvement target.	1.1 All Directors to be informed of the improvement target and trajectory.	1.1.1 Set and monitor baseline and trajectory for improvement. 1.1.2 Agree each Directorate contribution to that target.	ISD 1st -31st March 2019 level ≤ 6.80%	31.03.18	Attendance Management Task Group (AMTG)		
		1.2 CEO and HRD to meet with all Directors and HOS on a 2 monthly basis to review progress.	1.2.1 Schedule Meetings for end Oct / Dec / Feb	Meeting schedule in place	30.09.18	CEO		
			1.2.2 Agree standard agenda for meetings and supporting information.	Standard agenda in place		HRD		
		1.3 Staff Engagement	1.3.1 Conduct focus group with managers and staff to identify barriers to policy implementation and staff experience	Summary report of key issues	30.11.18	J Byrne & S Dunlop		
2.	**Training & Support**	2.1 Ensure staff are well informed on sickness absence policy	2.1.1 Develop and complete Mandatory Learn-pro Attendance Management module	Module available	31.10.18	S Dunlop		
				100% completion by line managers	31.12.18	S Dunlop		

			2.1.2 Develop and issue communication to advise all staff of aims, actions and key messages.	Communication agreed and issued	30.09.18	C McCarron		
		2.2 Support Line Managers to implement policy	2.2.2 Develop and issue checklists for: - Managers - Return to work Interviews (RtWI) - HR / Manager meetings	Checklists available	30.09.18	L McWilliams		
			2.2.3 Conduct monthly meetings btw managers /HR to review and support management of staff sickness – specifically EASY, RtWI, Sickness absence paperwork, staff trigger sickness absence policy.	Monthly meetings programmed and attended; exceptions reported to AMTG monthly.	Monthly from 01.09.18	L McWilliams		
			2.2.4 Develop and deliver session to support line managers in managing difficult conversations	Sessions available and advertised	31.10.18	S Dunlop		
				50% attendance by line managers	31.1.19	S Dunlop		
			2.2.5 Provide information on historic sickness absence patterns for managers including: – staff absence over 12 mths - highest number of days lost in last 3 yrs	4 reports provided from SSTS	31.10.18	NHS Lanarkshire		
				Reviewed and actioned at HR/Manager meetings	31.12.18	L McWilliams		

			– sick leave and overtime hours. - stages of absence - EASY compliance					
3.	**Policy Compliance:** Achieve full compliance with implementation of TSH sickness absence policy	3.1 Monitor compliance	3.1.1 HR to file all paperwork / electronic files relating to absence within 2 wk of receipt. This includes medical certificates, RtWI, OHS reports	Staff files up to date with information received.	31.10.18	L McWilliams		
			3.1.2 HR to monitor and report on receipt of RtWI paper work.	100% compliance with RtWI; exceptions reported to AMTG.	Monthly from 30.9.18	L McWilliams		
			3.1.3 HR Monitor recording of RtWI via SSTS	100% compliance with RtWI: exceptions reported to AMTG.	Monthly from 30.9.18	L McWilliams NHS Lanarkshire report		
			3.1.4 HR Monitor OHS referrals made for employees on Long Term Sickness (LTS)	100% compliance with OHS referral; exceptions reported to AMTG.	Monthly from 30.9.18	L McWilliams		
			3.1.5 HR Monitor management of staff hitting sickness absence trigger.	100% compliance with management of staff hitting triggers; exceptions reported to AMTG.	Monthly from 30.9.18	L McWilliams		

4.	**Agree and monitor outcomes**	4.1	4.1.1 Agree desired outcomes	6.8% S/A by 31 March 2019 Increase in staff understanding of the policy and confidence in its application. Increased management compliance with the policy	By 31/03/2019	Attendance Management Task Group (AMTG)		

Monitoring Status:

Definition	Cell colour
Requires Improvement to meet timescale for achievement	**Red**
Not yet achieved but on target to meet timescale	**Amber**
Achieved	**Green**

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Links to the Attendance Management Policy and aids monitoring of 5% attendance target set by the Scottish Government
Workforce Implications	Failure to achieve 5% target will impact ability to efficiently resource organisation
Financial Implications	Failure to achieve 5% target results in additional spend to ensure continued safe staffing levels
Route To BOARD Which groups were involved in contributing to the paper and recommendations.	Partnership Forum, Attendance Management Task Group
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	Failure to achieve the 5% target will impact on stakeholder experience
Equality Impact Assessment	N/A

THE STATE HOSPITALS BOARD FOR SCOTLAND SG(M)03

Minutes of the meeting of the Staff Governance Committee held on Thursday 16 August 2018 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Present:

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

In attendance:

Chief Executive	Jim Crichton
Board Chair	Terry Currie
Head of Corporate Planning and Business Support	Monica Merson
Unison representative	Jackie McDade
Clinical Operations Manager	Brian Paterson
Deputy HR Director	Kay Sandilands
Board Secretary	Margaret Smith
PA to Director Group	Julie Warren
Interim HR Director	John White

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Ms Gillan welcomed everyone to the meeting and noted apologies from Mr Alan Blackwood, Mr Bill Brackenridge, Mr Tom Hair and Mr Don Speirs. She welcomed Ms Kay Sandilands to the meeting and noted that she would soon be commencing in her role as Interim Human Resources Director for The State Hospital (TSH). In the absence of staff side representative, Ms Jackie McDade was asked to attend the meeting. On checking the terms of reference, it was confirmed that the meeting would be quorate.

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 the Attendance Management Report for June 2018 and Mr White was in attendance to lead the Committee through the key issues. The absence rate was noted to be 9.4% and this was the worst performance for the past five years. He highlighted that in terms of the national picture, TSH was the worst performing Health Board in Scotland.

Mrs Whitehead asked for clarification around the listed absence reason descriptions. She noted that the descriptors in the SSTS figures indicated anxiety and stress as the most common reason for absence, whilst the reasons recorded for absence within EASY did not indicate this to be the case. Ms Sandilands clarified that often staff may not indicate mental health symptoms as the primary caused of their absence as the beginning of the absence but over a longer period of absence, this may be reported and recorded as the cause.

The Committee noted that this was a serious and ongoing problem for the Board, and Ms Gillan noted that the next item on the agenda would allow more discussion of the steps being taken to address this issue.

NOTED

6 ATTENDANCE MANAGEMENT IMPROVEMENT WORKING GROUP

Mr Crichton acknowledged the poor nature of the staff absence figures, and the impact that this was having across the organisation as a whole. In view of this, he had re-convened the Attendance Management Task Group. This group had three main areas of focus: Internal Audit Recommended Actions, Previous Actions from the group and support for line managers to tackle complex cases. The target for the Task Group within their Terms of Reference was to achieve a 3% reduction in the absence rate by 31 March 2019.

He recognised that line managers need much more robust support from the HR function, and advised that he was working on this directly with John White.

The current figures were aggravated by industrial injury which had spiked. As a number of assaults on staff had been concentrated on one or two patients, this chronic situation was also an area of review clinically. He wished to emphasis the he as Chief Executive as well as the Director Group were sighted on this issue and were working hard in partnership with staff side to address this issue.

Mrs Gillan agreed that it was essential to aim high and to focus on the target of a 3% reduction by March 2019. Mr Currie underlined the need to tackle long term absence in particular.

Mr White acknowledged that absence within HR which had impacted the capacity to provide more focused HR support across TSH. However, the department was now back to a full complement of staff and had additional support from NHS Lanarkshire. He noted that the recommendations from internal audit had been progressed. The key issue was policy compliance, and empowering line managers with the information they needed to ensure compliance. Mrs Whitehead offered the view that there needed to be a stronger position by the Board through line managers with staff members – the staff absence rate was very concerning in terms of the overall future of the Board. She was concerned that staff may not understand the seriousness of the position that the Board was in. Mrs Gillan agreed that it could be difficult for line managers to feel empowered to have difficult conversations with staff and thought that training and support from HR would be essential especially should the disciplinary or capability route be considered.

Mr Johnston picked up this point and underlined that these discussions had taken place within Staff Governance Committee previously. He thought that the question had to be asked as to whether the organisation did have the right attitude and capacity to deal effectively with this

situation. He was in agreement with the direction of travel outlined, and would support the executive team towards this. However, at the same time, he wished to raise the question of what the alternative plan was should this not prove successful in tackling staff absence rates in the necessary timescale.

Mr Crichton provided assurance that the executive team was fully focused on this issue, and that the issue that needed to be fixed was adherence to policy and implementation of policy. There may be complex cases of long term absence in which robust HR support would be required. It would be possible to seek external advice from Scottish Government should the Committee decide this was the wisest route. However, the Board had to ensure that the plan in place now was robust enough to stand the test of scrutiny. It was agreed that there should be careful review of and a timescale set for improvement in the staff absence figures, or alternatively advice and support should be sought from Scottish Government.

Mr Johnston underlined that he had confidence in the executive team, and thought that the Board should be careful not to obtain independent advice which may simply outline the problem and solution as already understood. Mr Currie added his agreement to the points made by Mr Johnston and underlined his support for an assertive approach and concern that this approach may not be pushed seriously enough meaning that the actions would not happen within the timescale required. The alternative would be a necessary return to a savings action plan as had been the case in the previous financial year.

Mr Crichton agreed that the issue of financial balance and staff absence were connected for the Board i.e. solving the sickness absence issue would progress a solution on financial balance for the Board. Mr Currie again underlined the point on timing for effectiveness of this strategy – action would need to be taken urgently. Mr Crichton advised that the October meeting of the Board would be critical – the executive team was sighted on the necessity of bringing options to that meeting should it be the case that insufficient impact had been made by that stage.

Mr Currie asked if there could be an explanation as to why sickness absence had increased during the current period. There was discussion around the impact of industrial injury, school holidays as well as a possible correlation to the savings action plan and the availability of overtime hours once this had ceased coming into the new financial year. Mr Crichton pointed out the huge impact that sickness absence could have on areas within the hospital i.e. a high rate of sickness absence may necessitate an increase in overtime to cover the shifts across wards. There may be an additional impact through staff providing cross–cover in areas they were less familiar with.

Mrs Gillan also underlined the impact this had on staff morale with some staff members working greatly increased hours. She added that HR should be part of these meetings between line managers and staff. Mr White advised that given the volume of these interviews, it may not be possible for HR to be present at each one. However, assistance for line managers was available through Learn pro and tool box talks. The training provided to senior charge nurses now included implementation of HR policy and having difficult conversations with staff members. Mr Currie thought that this was a really essential part of the line manager role within the organisation and needed to be strongly supported through HR to effect change.

Mr White advised that HR now notify line managers should a staff member be absent for 9 days within a 12 month period. Line managers should also be identifying patterns in absence over the course of 3 or 4 years should an individual staff member's attendance have triggered this point. The internal audit had evidence that compliance with Return to Work interviews was 60%. Mrs Gillan added that joint staff side were supportive of this approach as it was essential for the organisation.

Mr Currie emphasised the difference between the robustness of HR attendance policy and the implementation of same. Mr White advised that the controls required and which were in place in other Health Boards, had not been in place at TSH. HR would take the lead in ensuring that line managers were aware of trigger points for their staff as well as the steps that should be in place

e.g. absence review meetings, and return to work interviews. These controls were essential to ensure policy compliance. Mr Currie noted the historical emphasis on line managers pushing this forward with the support of HR, however, the Executive team had to take a leadership role in this area and ensure that they were supporting their teams to do so.

Mrs Gillan summarised the discussion and noted that the Committee had oversight of the historically high rate of sickness absence as well as the working group being led by the Chief Executive to target this and to achieve a 3% reduction on absence by 31 March 2019. At this time, the Committee did not consider that external support was required, and this position would be closely monitored with respect to progress made in the lead up to the Board meeting on 25 October 2018.

NOTED

7 PERSONAL DEVELOPMENT PLAN/TURAS UPDATE

A paper was submitted to the Committee to provide a progress update in relation to personal development planning and review staff governance standard and associated compliance. Ms Dunlop was in attendance to provide an overview to Members. She noted that the new Turas system had come into being on 2 April 2018 across all Health Boards in Scotland, and that almost half of TSH staff had already activated their accounts. This was encouraging as not all of those staff members reviews would yet be due.

At the same time a decline in PDPR completions had been noted over recent months with the level of compliance having dropped during the period in which the new system had been bedding in. It should be noted that a similar drop had been experience in Board across Scotland. Ms Dunlop advised that there was focus to improve this across TSH, and was encouraged by the user friendly nature of the system that this would be the case.

Mrs Gillan thanked Ms Dunlop for her presentation and offered her agreement that the system did appear to be more user friendly. Mr Currie was encouraged by this but asked that close review was kept of compliance rates as this was an area in which the TSH had historically performed well.

Mr Currie asked about how the system supported the process, and Ms Dunlop emphasised the flexibility to be found therein which meant that the line manager and staff member could approach it in a number of different ways meaning that the system encouraged ownership of the process by the staff group. It could be used continuously throughout the year rather than just at one point in time. Ms Sandilands noted that the experience of the system so far indicated that it helped staff to focus on the content of their discussion and to use the system to document that discussion.

The Committee was content to note progress made in this area.

NOTED

8 HR PERFORMANCE – EMPLOYEE RELATIONS ACTIVITY

The Committee received a report which provided an update on employee relations activity. Mr White led Members through the report and advised that where there were prescribed timescales, the Board had been unsuccessful at meeting these. There were a number of reasons for this including sickness absence and/or availability of those involved in these processes. A focussed approach was being taken to prioritise these ongoing cases given the costs involved both to the individual staff members involved at the organisation itself.

Mrs Gillan welcomed the report on behalf of joint staff side. She underlined that there was a need to work in partnership to ensure progress and effective organisation in this area, especially should

it be a case in which a staff member had been suspended. Mr Crichton picked up this point and also emphasised the need to make progress. This report was helpful in that it helped to evidence the loss of time and the significant impact on the organisation. He wished to see progress in this area. Mr White advised that he had asked internal auditors to consider this as an area for review, and would welcome their report on recommendations. Their report was expected in September 2018.

Mr Johnston asked for some clarification on detail within the report on the number of cases this year. Mr White noted that although each case was related to an individual there had been a cluster around complex cases.

Mr White explained that additional help had been sought via NHS Lanarkshire to progress cases. The process could be complex and may lead to the need to widen the investigation and seek further witness evidence. It was essential for the process that the terms of reference were clearly established as soon as possible. He outlined the process wherein progress could not be made due to staff illness. It could be necessary to seek occupational health advice on whether a staff member was fit to participate.

Mr Crichton underlined the need to differentiate between staff fitness to participate and HR capacity to progress the case. Mrs Gillan was in agreement and noted the need to work in partnership on complex cases.

The Committee noted that the report and that there would be further update via the internal auditors report routed to the Audit Committee in their meeting on 20 September 2018.

NOTED

9 HEALTH, SAFETY AND WELFARE COMMITTEE, APPROVED MINUTES FROM 11 APRIL & 15 AUGUST 2018

Members received the approved minute of the Health, Safety and Welfare Committee which had taken place on 11 April. This had been arranged in relation to an incident which was now subject to external review. Mr Crichton noted that the draft report was expected shortly and also that he was pleased to note that a Health, Safety and Welfare meeting had taken place in this regard.

Members also received the draft minute of a Health, Safety and Welfare meeting that had taken place on 15 August 2018, in relation to a particular issue which had arisen from staffing pressures during the current period. Mr Crichton clarified that this was in relation to the balance of staffing on day shift and night shift, and the impact of this on the number of responders (for incidents and/or medical emergencies) available during the night shift. The concerns raised by staff side representatives had been recognised and action had been taken in this regard. He emphasised that it was important to keep the commitment made on staffing. Mrs Gillan added that joint staff side appreciated the current pressures on staffing and that joint staff side were happy with the outcome of this meeting.

Mr Johnston asked about the numbers of responders required at night – was there a model and how did this fit with past agreement to decrease staffing at night. Mr Crichton clarified that there had been a marginal decrease to night shift staffing following the ward closure in 2017 and that a model of eight responders being required. This was based upon the need to be able to two incidents albeit that it was less likely that this would occur during the night shift. It had to be recalled that this staffing model was also required in terms of responding to a medical emergency which could take place during the night – this may involve staff going offsite. It was necessary to maintain the agreed number of responders for the night shift.

Mr Currie raised the issue of review of the risk assessment – whilst at the same time noting the need to be able to respond to events. Mrs Gillan noted that this would be discussion that could be

taken forward in partnership with joint staff side.

The Staff Governance Committee noted the content of these minutes.

NOTED

10 PARTNERSHIP FORUM – APPROVED MINUTES OF MEETINGS HELD ON 15 MAY & 19 JUNE 2018

Members received the approved Minutes of the Meetings of the Partnership Forum which had taken place on 15 May and 19 June 2018. Mr Crichton highlighted the key issues discussed for Members including the discussion around staff absence rates.

It was also noted that there had been discussion at both meeting around the availability and importance of wearing personal protective equipment. Mrs Whitehead noted staff concern around safety, and Mr Crichton advised that Professor Thomson, Medical Director, was taking work forward in this area, which was expected to be ready for report in the next 4 to 6 weeks. She also asked about progress on the review of enhanced observations levels for patients. Mr Crichton confirmed that this was part of the work being taken forward by Mark Richards, Director of Nursing and AHPs, as part of Transformation and Sustainability and would report to the Board in October 2018.

The Staff Governance Committee noted the content of these minutes.

NOTED

11 ANY OTHER BUSINESS

There were no other items of competent business for discussion.

12 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 29 November 2018 at **9.45am** in the boardroom, The State Hospital, Carstairs.

The meeting concluded at 11.20am

Board Paper 18/69

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 October 2018
Agenda Reference:	Item No: 14
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Director of Nursing and AHPs
Title of Report:	Service sustainability and transformation update
Purpose of Report:	For noting

1 SITUATION

At the August meeting of the Board, a paper was delivered on the actions agreed in pursuit of service sustainability. Over the past 2 months, good progress has been made in these areas and two distinct areas of focus have emerged

- Achieving financial balance and enabling service sustainability
- Transformational change.

Where projected savings and cost reductions have been identified, these are explicitly identified in this paper alongside actions to date.

The Service Sustainability Group continues to monitor actions and to generate ideas for further action that can be taken in pursuit of overall service sustainability. This paper covers the detail of work to date on achieving financial balance and service sustainability, and offers an overview of work planned to achieve transformational change.

2 BACKGROUND

As previously reported to the Board, the end of the 17/18 financial year was challenging in that we required to implement a range of emergency recovery measures to achieve a near breakeven financial position. While these actions were successful, the short-term nature of the planning and delivery of this was undesirable.

The high impact actions over this period were to implement 9-5 care teams for a small number of patients who required constant observation, and to suspend the vast majority of planned training delivery. This had the effect of achieving zero overtime for 4 week period, compared to an average spend of £150,000 per month.

In 18/19 we have been alert to emerging pressures in the budget, and have seen indications early in the financial year that assertive action was required to plan to achieve this. Over and above this, emergent thinking about service transformation started to solidify into a series of specific workstreams. Multiple actions are now being delivered, focused on achieving financial balance, sustainability and transformation.

The financial position at the end of month 6 is a reported overspend of £380,000. This compares to £174,00 for same period in 17/18. The pressure in nursing overtime remains, with a YTD spend of £752,000. This is almost identical to the spend at this point in 17/18. Overtime costs paid in September were £178,000 – the highest monthly spend to date.

Beyond the financial challenge, different pressures have emerged with regard to filling nursing shifts. From July 2018 this has been a significant with very regular gaps in the nursing workforce, with up to 59 shift fill failures being reported per month, and a direct impact on clinical care delivery.

Since the start of October, the requirement to implement business continuity measures has been more frequent, with 6 occasions when we have been unable to achieve safe staffing levels and have had to restrict care, including confining patients to their rooms. This affected 13 wards.

These cumulative financial and service delivery pressures reinforce the need for the delivery of a programme of change. Ongoing engagement with our workforce will be key in enabling the delivery of this, with a series of CEO engagement sessions being delivered from Friday 12 October.

3 ASSESSMENT

With regard to achieving financial balance and enabling service sustainability, multiple actions are being progressed. Where scope for a specific cost reduction has been identified, then this is detailed below. Where a cost reduction has not been identified, then these actions will broadly support the delivery of a more sustainable service.

Programme	Action	Impact	Status
Nursing pool	Recruitment of 10 x 0.6 WTE posts	Overtime off set of up to £13K per month.	Recruitment completed. Start date of 26 Nov.
Training delivery	Review to minimise staff release costs	Reduction of projected backfill costs of £50K	Agreed, with training programme adjusted.
9-5 staffing	Clinical teams to identify patient who may benefit from this approach. Policy change.	Reduces potential overtime costs by £6K per month.	Policy change agreed to support systematic consideration of 9-5 staffing. One patient identified and model in place.
Sickness absence	Establish task group. 0.5% reduction per month target.	£87K reduction in cost pressures associated with absence.	Task group formed. August absence 8.3%, which is a 1.6% reduction from July.
Target operating model in PTS	Scope for SLA's with other services	£35K income to April 2019 based on agreed SLAs.	In progress.

Programme	Action	Impact	Status
Non clinical workforce planning	Review of exec admin and finance workforce	Resources matched to service needs.	Finance review being progressed, admin to commence before ned of 2018.
SLA reviews	Review of Advocacy and Social Work SLAs	Any cost reductions will be clarified as part of SLA process.	Advocacy PIN issued. Open day on 29 October.
Cross charging	Charging of £796 per day for 'exceptional circumstances' patients	Charges from 1 October 2018 for new exceptional circumstances admissions.	Implemented.
Vacancy management	Introduction of risk assessed approach to recruitment, and monitoring of recruitment timeframes.	Recruitment decisions informed by clinical need, efficiency, H&S, and capacity to meet targets. No delays in recruitment.	To be implemented no later than November 2018.
Effective rostering	Review of nurse rostering to ensure leadership in right place at right time.	Fuller engagement with MDTs and other functions such as HR	Implemented.
Staff wellbeing	Tighten controls on overtime hours worked by nursing staff, limiting to 23 hours per week.	Improved controls. Reduced risk. Positive impact on health and wellbeing of staff.	Implemented.
Improving observation practice	Roll out of clinical pause model Revision of policy and associated practice change	Ensuring resource is closely matched to meeting assessed need. Improved care experience Improved staff experience.	Clinical pause will be fully implemented by end of 2018. Policy review by end of financial year.
Patient active day	Extension of patient active day into Arran 2.	Reduced departmental closures in Skye Centre. Increased service resilience.	Project implemented 23 August. 3 month test of change. Active weekend being scoped as part of TSH3030

Programme	Action	Impact	Status
Nursing Practice Development time in wards	20% of NPD time will be ward facing for full time staff	Increased support for ward nursing staff	Implemented.
Focus on MDT planning and delivery	Systematic approach to be in place in all hubs to ensure co-ordinated planning of activity.	Resources matched to meeting needs.	Agreed as a TSH3030 improvement programme.

It is important to note that these actions are mitigation against costs as opposed to necessarily delivering a specific saving.

With regard to service transformation, there are two key areas of work being progressed:

- Meridian
- Review of the clinical service delivery model.

Following the completion and reporting of Meridian's Outline Study to the SMT, they will now move forward with phase B, which is the implementation programme. Funding to support this has been agreed in principle from NSS for 18/19.

The scope of this programme includes all wards and the Skye Centre

Meridian will commence work on w/c 22 October. Initially, they plan to deliver 2 x Executive Management Workshops and 6 x Behavioural Workshops for middle managers (3 x pre consultation and 3 x post consultation).

The purpose of these is to develop the management techniques to use the tools and systems for the management control systems they plan to introduce.

Meridian will then focus on service change specific to staff rostering. Specifically:

- Spending controls will be developed, agreed and installed.
- Robust and transparent controls, including capacity and demand model relating to additional hours and overtime to ensure that clear justification is provided for any additional spends and habitual spends are controlled.
- Activities, norms, expectations and responsibilities defined and agreed.
- All activities being undertaken on the wards by nursing and therapies staff are clearly defined with associated times and frequencies agreed with all parties.
- Skills Flexibility matrix developed and installed across Hospital; new shift patterns developed agreed and installed.
- A matrix to ensure that all grades of staff have their capabilities made clear, including training requirements agreed and installed.

- New shift patterns designed per ward and aligned to clinical and resource need.
- Rosters rolled out alongside management reporting information.
- Agreed rosters implemented with clear allocation of activities and task to ensure right people in the right place at the right time.

This will take a total of 18 calendar weeks to complete, split into two sections; the first running from 22 October to 21 December 2018 and the second running from 1st April to 31st May 2019. Partnership working will be critical in achieving this change.

The second part of service transformation is focused on the review of the clinical service delivery model. This work is split into three parts:

- Review of the clinical model principles
- Review of safety factors
- Review of the clinical service delivery model.

Work on an engagement framework for the review of the clinical model principles is complete, and the review of safety factors has also been completed.

It is anticipated that the all of the stages of this workstream will be completed before the end of the calendar year, with recommendations presented to the SMT and the Board with regard to any service change proposals.

Following this, a workforce planning review will be required to ensure that workforce is best matched to the delivery model. It is anticipated that this work will commence in early 2019.

4 RECOMMENDATION

The Board is invited to **note** this update, and to request that an **update** on progress be delivered to the December meeting of the Board.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Supports delivery of OPD and strategic priorities of the Board.
Workforce Implications	Considered in Section 3 of the report
Financial Implications	Covered in section 2 of the report.
Route To Board Which groups were involved in contributing to the paper and recommendations.	Update on previous paper to the Board
Risk Assessment (Outline any significant risks and associated mitigation)	Significant financial and service delivery risk if this programme of work is not delivered. This financial and delivery risks are clearly set out in the paper.
Assessment of Impact on Stakeholder Experience	Failure to deliver this programme will have a likely adverse impact on the experience of patients and staff.
Equality Impact Assessment	Not formally assessed.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 October 2018
Agenda Reference:	Item No: 15
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Head of eHealth
Title of Report:	eHealth Workforce Plan
Purpose of Report:	For noting

1 SITUATION

The demands on the eHealth department have increased significantly since the last workforce review. Unfortunately, the teams have been unable to deliver some key projects due to the limitations of the number of staff and their availability. Some staff have been stretched to the point that they can only focus on the day to day needs of the hospital rather than replace or update existing systems.

2 BACKGROUND

The number of eHealth staff has changed little in the last 11 years. During this time, the dependence on digital systems to deliver patient care and support has increased. This trend is not decreasing and as new technology comes on line and the significant emergence of cyber crime, the demands on the eHealth teams are only increasing. In order for the eHealth department to deliver an effective service, the work force plan now needs updated. This update should ensure the eHealth department would be able to support the hospitals and patients digital requirements in the coming years effectively

3 ASSESSMENT

There are currently fourteen roles with funding in this workforce plan in place at present. The unfilled roles have no funding yet and new funding would be needed to deliver these roles.

The most critical role to fill at this time is the IT Security officer. This role is presently carried out as part of the duties of one of the Senior Infrastructure Analysts. In the event of IT Security incident all their time would be focused on the incident while leaving their other responsibilities to the two other Senior Infrastructure team members. In addition, with the relentless demands and requirements for the hospitals compliance with national cyber security directives, a full time ITSO's role is needed. This role will ensure we can meet these requirements while having the ability for someone to continually monitor cyber security systems and obligations.

The Information and Infrastructure Team Leader roles are needed to ensure the continuity of support for their teams and to ensure the needs of hospital are delivered. They will also allow the Head of eHealth to concentrate on the development and delivery of the strategic requirements of the hospital.

4 RECOMMENDATION

The Board is asked to **note** the attached Workforce Plan and the requirement for funding.

MONITORING FORM

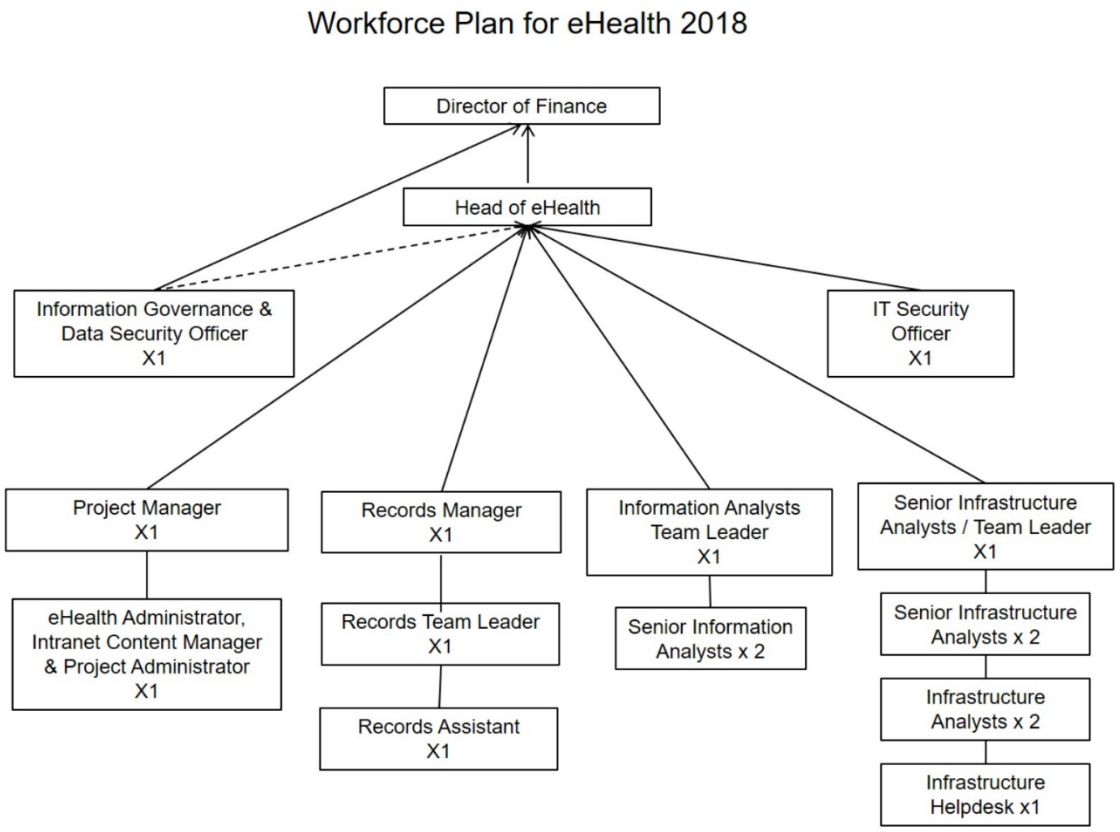
How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	The Report follows good practice and also links in with the eHealth Strategy
Workforce Implications	Additional staff will relive the pressures on existing staff while allowing the delivery of a more effective service.
Financial Implications	There is a need to secure funding for the three roles.
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	None
Risk Assessment (Outline any significant risks and associated mitigation)	There are presently imitations to service delivery and the inability to take advantage of innovations that could benefit patients and staff. The demands on cyber resilience and compliance could also be effected without a dedicated role.
Assessment of Impact on Stakeholder Experience	Addition support for staff will result in a more efficient support service form eHealth.
Equality Impact Assessment	No identified implications

ehealth Workforce Plan Update

October 20018

eHealth Workforce Plan 2018

The demands on the eHealth department outstrip the capability of the department and in order to resolve his additional staff are needed to assist with delivering support. This workforce plan has been created to deliver this requirement.



Head of eHealth x1 Band 8B

Responsible to long term strategy and focus on the delivery of eHealth services to the hospital while ensuring compliance with NHS Scotland and Scottish Government guidance and legislation. Reports to Director of Finance.

IT Security Officer X 1 Possible B7

Responsible for development and implementation of the relevant legislation and requirements of national and NHS Scotland cyber security directives. Will also be responsible for the risk management of all aspects of computer systems security within the State Hospital. Responsible for managing and updating the State Hospital IT Security Policy and the NHS Scotland Information Security Framework. They will also be responsible for undertaking investigations of suspected digital system security breaches and inappropriate access or use of IT Systems. Reports to the Head of eHealth.

Information Governance and Data Security Officer X1 Band 7

Responsible for ensuring Information Governance and data security policies are maintain and updated as required. Ensure data access is relevant for propose by following NHS Scotland and Government policies and guidance regarding data access and use. They will manage the flow of Subject Access Request (SARS) and Freedom of Information requests (FOI's) to ensure they are completed within national agreed timescales. They are also responsible for undertaking investigations of data security breaches and local data security policies and inappropriate access to data. Reports directly to Finance Director and is supported by the Head of eHealth.

Infrastructure Analyst Team Leader X1 Possible Band 7

Responsible for day to day support of the IT Infrastructure and Helpdesk teams. Has responsibility to manage the data stores, data backup and network operations while ensuring infrastructure systems are available. Will manage Infrastructure change requests and ensure they are delivered within agreed parameters and timescales. Will delegate the necessary responsibilities to both Infrastructure teams and assist with their Personnel Development Plans. Reports to Head of eHealth

Senior Infrastructure Analysts x 2 Band 6

Responsible for managing level 2 and 3 incidents, day to maintenance of Infrastructure systems, storage and backup solution. Also responsible for the maintenance of Infrastructure Network. Will assist with level 1 support enquires as required. Maintains and creates system documentation as required. Reports to Infrastructure Team Leader or Head of eHealth as needed.

Infrastructure Analysts x 2 Band 5

Responsible for level 1 and 2 support requests from all staff. Responsible for managing backup tapes and recording backup outcomes. Maintains and creates system documentation as required. Reports to Reports to Infrastructure Team Leader, Senior Infrastructure Analysts. Reports to head of eHealth as needed.

Helpdesk Officer & Office Administration x 1Band 4

Answer and log Helpdesk calls, provided advice and guidance on the use of computer applications, manage Infrastructure documentation and place orders with suppliers via national procurement systems. Reports to Infrastructure Team Leader or Head of eHealth as needed

Information team

Information Analyst Team Leader X1 Possible Band 7

Responsible for day to day support of the eHealth Information team and the management and monitoring of information systems. Will also have responsibility for ensuring information systems are available and Information change requests are delivered within agreed

parameters and timescales. Will delegate the necessary responsibilities within the Information Team and assist with their Personnel Development Plans. Reports to Head of eHealth

Senior Information Analysts x2 Band 6

Responsible for maintaining information's systems and delivering staff request for information system changes. Resolving information system incidents and develop information access solutions when needed. Maintains and creates system documentation as required. Reports to Information Team Leader or Head of eHealth as needed.

Records Management Team

Records Manager X1 Band 6

Responsible for managing the safe control of patient and staff data. Manage and monitor Information developments to existing systems. Will assist with Freedom of Information and Subject Access Requests as needed. Responsible for the day to day management of Records team and provided support and guidance to all staff as required. Reports to Head of eHealth.

Records Team Leader X1 Band 4

To assist the Records Manager to deliver an essential patient administration, health records and information Service to Health Care Professionals, Departmental Managers, Hub Managers, Staff, patients and relatives throughout the Hospital and authorised external agencies. They will also assist the Records Manager to ensure compliance with all relevant records legislation. Assist the Health Records Manager with all Mental Health administration documentation and ensure it is completed timeously and accurately and that these documents are stored securely within the Records Department.

Records Admin Staff X1 Band 3

To assist the Records Team Leader to deliver an essential patient administration, Health Records and Information Service to Health Care Professionals, Departmental Managers, Hub Managers, Staff, patients and relatives throughout the Hospital and authorised external agencies. They will also assist the Records Team Leader to ensure compliance with all relevant legislation.

Project Manager X1 Band 7

Responsible for the management of one or more IM&T project(s). Will have overall responsibility and accountability for the financial, operational, people management and customer relationship aspects of project(s). The post is highly collaborative in nature will involve communication and negotiation with technical and non-technical experts and managers internally and externally.

Project Administrator & Intranet Content Manager x1 Band 4

Responsible for managing and creating Project documentation and arranging meetings and taking minutes. Will also create and deploy training for eHealth projects. Managing and maintaining the content of the intranet. Responsible for SSTS recording and ordering health equipment and supporting the office administration as needed. Reports to Head of eHealth.

Board Paper 18/71

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 October 2018
Agenda Reference:	Item No: 16
Sponsoring Director:	Chief Executive
Author(s):	Head of Corporate Planning and Business Support
Title of Report:	Preparation for the impact of the UK withdrawal from EU
Purpose of Report:	Update the Board on the impact of UK withdrawal from EU

1 SITUATION

The withdrawal of the UK from the EU (Brexit) is scheduled for March 2019. As the political situation continues to provide a range of uncertainties for the delivery of NHS services, NHS Boards have made plans to address their operational readiness in respect of Brexit . This papers describes the current planning arrangement in The State Hospital for Brexit

2 BACKGROUND

Following a national referendum carried out on 26th June 2016, it is projected that the UK will withdraw from the European Union at 11pm on 29th March 2019, commonly referred to as Brexit. Whilst there remains a significant degree of uncertainty around the terms of Brexit and what it will mean, there are a number of current working assumptions:

- There will be a period of transition, between 29th March 2019 and 31st December 2020, during which time free movement will continue.
- There will be agreement between the UK and EU which will provide reciprocal rights for EU national living in the UK and vice versa. EU residents in the UK will have up to 5 years post Brexit before they lose these rights.
- It is expected that there will be a process through which EU nationals can obtain settled status and that this will be extended to families.
- The trade arrangements will be different post the transition phase.

The impact on the UK economy post Brexit and the operational arrangements within which UK business will find itself is also unclear, but it is likely that it will be different and there will be trade and customs arrangements that will affect supply chain tariffs, and costs and create time delays. This might affect medicines, medical devices, equipment, construction materials and energy. The regulatory environment is also likely to be affected, including finance, approval of medicines, movement of workers and reciprocal recognition of qualifications amongst others. There will also be significant impacts on the availability of suitably trained workers, which will have a major impact

on the NHS. This may include both potential staff from the EU being less likely to come to the UK, and EU residents in the UK choosing to leave. The Cabinet Secretary for Health and Sport has recently sent a letter to EU staff in the NHS in Scotland, providing reassurance about value of their contribution

At the Chief Executives Strategic Meeting with Scottish Government on 13th June 2018, Boards were asked to make plans to address their operational readiness in respect of Brexit. At a further meeting of NHS Chief Executives on 10th October, Scottish Government presented current status of operational readiness in the event of a no deal Brexit. This included UK Government announcement on stockpiling of medicines, devices, clinical consumables and vaccines (23 August) and UK Government Publication of 'Technical Notices', providing advice to citizens and businesses on what to do in a 'no deal' situation (from 23 August – ongoing).

3 ASSESSMENT

A self-assessment, through the resilience routes was sent to NHS Boards for completion in August. Six high level questions were asked, appendix 1 sets out The State Hospital's responses to the following:

1. How ready is your Board to deal with the potential operational impacts of EU withdrawal?

2. Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?

3. What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?

4. What more needs to be done now to ensure operational readiness in your Board?

5. What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?;

6. What is your Board currently doing to communicate with and support EU27 staff?

From analysis of the above questions, the following key areas were identified as risks arising from Brexit for The State Hospital to consider, these will be logged onto the Corporate risk Register, with specific hazards addressed in local risk registers for the following areas:

- workforce,
- supplies, including pharmacy
- specialist equipment
- disruption in general supplies
- cost increase of supplies
- changes in legal frameworks

The risk of Brexit will be addressed through ongoing committee structures including Resilience Committee , Staff Governance Committee, the Risk, Performance and Finance Group and SMT. The Executive Team will act as a coordinating group and an action plan will developed and

monitored through the Executive Team. A risk assessment is currently being drafted and will inform mitigating actions.

4 RECOMMENDATION

The Board is invited to note the risks identified resulting from the current situation with Brexit.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Proposal aligns with corporate objectives
Workforce Implications	Considered in Section 3 of the report
Financial Implications	No financial implications at present
Route To Board Which groups were involved in contributing to the paper and recommendations.	eg other – paper developed to advise Board, will also go to Resilience Committee in November
Risk Assessment (Outline any significant risks and associated mitigation)	Brexit will feature as a risk on both the CRR and Local RR
Assessment of Impact on Stakeholder Experience	None at present
Equality Impact Assessment	Not required

Appendix 1
Health Board: The State Hospital Board For Scotland

Completed by: James Crichton Chief Executive

Date: 13/08/2018

(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal?;	I would assess as amber status: Main risks are associated with national issues out with our direct control e.g. supplies.
(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?;	There have been no direct tangible impacts of EU withdrawal on the Board at this stage. Indirect impacts may be less visible e.g. economic impact on wider economy and subsequent impacts on procurement costs etc.
(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?;	**a) Workforce:** Due to the specialist nature of our service and the legal frameworks underpinning care delivery, we almost entirely rely on a UK trained and locally based workforce. As a result we anticipate minimal direct impact on our workforce. **Risk**: Low **Action**: Continue to share information with staff as available and in line with national guidance. **b) Supplies**: **1) Pharmacy** – We rely on pharmacy sourced through National Contracts. Any delay or shortage in supplies of specialist pharmacy supplies could have a major impact on safe and effective care delivery.

	Risk: High **Action**: Maintain communication with Lothian Health Board regarding supply issues and resilience plans / establish status of national resilience plans. Review local resilience plans in case of emergency situation. **2) Specialist Equipment** Some equipment / spares will be sourced through EU routes. Delays in accessing these may impact on safety and security. E.g. Turnstile parts supplied from Italy. **Risk**: Medium **Action**: Risk assessment to be undertaken by Senior Team. **3) Disruption in general supplies** Disruption to cross boarder traffic with EU could cause significant delays in general supplies reaching the hospital. This could impact on for example catering for patients and staff. **Risk**: Medium **Action**: Monitor national plans to address any supplies shortages. **4) Cost Increase of Supplies** Equipment and spares sourced from outside of the UK could have an increased cost. An increase has already been noticed in the purchase of IT equipment. **Risk:** Medium **Action:** Closely monitor costs of all equipment and supplies purchased. Highlight with Finance if significant increases are incurred. **c) Changes in Legal Frameworks** Uncertainty in relation to status of procedures based on European Law following exit from EU. Eg Procurement processes / Employment Policies etc. **Risk**: Low **Action**: Monitor national position and guidance.

(4) What more needs to be done now to ensure operational readiness in your Board?;	• Include EU withdrawal on the Corporate Risk Register with specific identified risks and mitigation • Ensure regular communication with staff regarding any changes associated with EU withdrawal. • Ensure Executive Team are engaged in national discussions as appropriate to the identified risks.
(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?;	• The Board will be establishing through a confidential staff survey which staff if any have non-UK EEA status. • Complying with national guidance regarding communications to staff.
(6) What is your Board currently doing to communicate with and support EU27 staff?	• The Board will be establishing through a confidential staff survey which staff if any have EU27 status. • Complying with national guidance regarding communications to staff.
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?	• No tangible direct financial impact identified at present.

Board Paper 18/72

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 October 2018
Agenda Reference:	Item No: 17
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Annual Review – Update
Purpose of Report:	For Noting

1 SITUATION

Scottish Government has issued guidance to all Health Boards in relation to this year's Annual Review. This is attached as appendix A.

Following issue of this guidance, Scottish Government advised that The State Hospital Board for Scotland will have a Ministerial Review.

2 BACKGROUND

As has been the case in previous years, Ministers wish to encourage as much direct engagement and accountability between NHS Boards and the public. Ministers will not be holding a public Q & A session this year – but the expectation is that Boards will continue to carry out this session separately. These sessions do not need to take place on the same day as the Board's Ministerial Review.

The core purpose of the Annual Review will continue to be for Boards to be held to account for their performance.

3 ASSESSMENT

To accommodate this request, The State Hospital will hold a public session in December 2018, encouraging attendance by carers as well as the wider public. This is understood to be similar to a non-Ministerial Review.

The Ministerial Review will take place on 14 January 2019. The private review session on this day will be the relevant Minister, the Chief Executive and the Board Chair.

Scottish Government have been made aware that The State Hospital will arrange two separate sessions as outlined above, and invited to provide their feedback on this planned way forward.

4 RECOMMENDATION

The Board is invited to **note** Scottish Government guidance, the action taken to date in response, and that further updates will be provided to the Board.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support Scottish Government request
Workforce Implications	None identified
Financial Implications	None identified
Route To Board Which groups were involved in contributing to the paper and recommendations.	Scottish Government request
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	To be fully explored and reported as progress made
Equality Impact Assessment	Considered as part of scheduling/ arrangements as progressed

ANNUAL REVIEWS 2018: NHS BOARDS: GUIDANCE

Introduction

1. This note covers the arrangements for, and content of, this year's Annual Review meeting for each NHS Board, and also provides specific guidance on the other meetings and activities that will take place on the day of the Ministerial Reviews. This guidance is primarily aimed at the territorial Boards, but should also be used as the basis for taking forward the Special Health Board Reviews.

2. The detailed arrangements for the Special Health Boards will be the subject of further discussion between these Boards and the appropriate policy lead in the Scottish Government (SG). The guidance is being issued to NHS Boards and within SG.

Key changes for this season

3. Ministers have decided that all territorial Boards should receive a Ministerial Review this season. In terms of the Special Boards, the Scottish Ambulance Service, NHS 24 and the Golden Jubilee National Hospital will receive Ministerial Reviews; the remaining Special Boards will undertake a non-Ministerial Review. The schedule of dates for territorial Reviews and the split between Ministers is set out at Annex A.

4. The typical territorial Board Ministerial Review day is illustrated at Annex B. Ministers will continue to have separate meetings with the Area Clinical Forum (ACF), Area Partnership Forum (APF) and local patients on the mornings of Ministerial Reviews. Further detail on the handling of the ACF, APF and local patients' meetings are provided at Annexes F, G and H, respectively.

5. Ministers want to continue to encourage as much direct engagement and accountability between NHS Boards and the local people they serve as possible. As such, Ministers will not be holding a public session/Q&A as part of this season of Reviews. The expectation is that all Boards will continue to carry out this session separately; in effect, undertaking what was previously a non-Ministerial Review. The timing of these public sessions, which do not need to take place on the same day as the Board's Ministerial Review, is for Boards but they should continue to be as accessible and inclusive as possible to allow maximum participation. Further guidance is at Annex D.

6. Ministers will replace the public session in their Review schedule with a visit to a nearby NHS facility/service and/or a meeting with staff. Please discuss options for visits with your SG contact before finalising arrangements.

7. Please note that Ministers do not wish Annual Reviews to be based at Health Board administrative HQs; every effort, where practicable and within reasonable cost,

should be made to host Review at clinical sites. Please discuss the proposal for your Annual Review venue with your SG contact before finalising arrangements.

8. The remaining key change this season is with Board attendance at the private Review session. Ministers have decided that these sessions should take place with just the Board Chair and Chief Executive. The relevant Minister will be supported by an SG Director and an official, for note taking purposes. Discussion at this meeting will be focused on: the key local achievements/challenges and performance against national standards; and on accountability, communications and engagement with local communities, including patients, carers and elected representatives.

9. Whilst principally concentrating on performance in 2017/18, Boards should be prepared for discussion around current and future priorities/issues. Boards can also expect a particular focus on the clear priorities established by the new Ministerial team:

- **waiting times** (performance improvements in scheduled and unscheduled care and delivery of the elective centres);
- **Health and social care integration** (improving the pace of progress); and
- **Mental health** (delivering improvements in services and provision).

10. The core purpose of the Annual Review continues to be for Boards to be held to account for their performance. As before, Boards will receive detailed Annual Review letters with action points, and these should be published on Board websites.

11. The experience and learning from this season of Reviews will continue to inform how the process is developed and refined in future years.

Ministerial Annual Reviews: logistics

12. As with last year, we would ask that lunch is provided for the Minister and their Team as part of the 30 minute SG pre-meeting. This will afford Ministers the chance to have a proper break and catch up with business in a private setting ahead of the visit and private session. Please note: as well as for the lunch, it would be most helpful to have a small, private room available for the Minister and the SG staff throughout the day.

13. The Minister will be accompanied by DG Health & Social Care or one of his Directors for each meeting. As in previous years, a support team (drawn from SG and the Board) will deal with note-taking and domestic arrangements.

14. The ‘At a Glance’ outcomes and performance hand-out (see Annex E) will again serve to illustrate key aspects of local performance. Boards will continue to be expected to produce self-assessments for submission to SG, as in previous years. It would also be helpful for each Board to provide a succinct ‘hot issues’ briefing note for Ministers’ information/awareness (no more than a single page per issue, please).

15. As before, for each of the morning meetings with the ACF, APF and patients, please ensure that there are at least 4 spare chairs around the edge of the room for the SG officials supporting the Minister and relevant SG Director.

16. The sequence in relation to each Ministerial Review will typically be as follows:

Weeks Before/ After Review	Event
6-8	Request to Board to prepare self-assessment and 'at a glance' material
3	Boards submit their self-assessment and 'at a glance' material
1-2	Final briefings of Chair and Minister, as appropriate
0	Annual Review
+4-6	Formal Annual Review letter issued by Minister

Further Information

17. For any clarification or further information required please contact the following members of the relevant team in SG:

NHS Board – Territorial	SG Contacts	Phone
Ayrshire & Arran	lynn.lavery@gov.scot	0131 244 3486
Borders	lynsey.macdonald@gov.scot	0131 244 3486
Dumfries & Galloway	Catriona.bateman@gov.scot	0131 244 2868
Fife	Charlotte.jack@gov.scot	0131 244 2868
Forth Valley	Charlotte.jack@gov.scot	0131 244 2868
Grampian	Charlotte.jack@gov.scot	0131 244 2868
Greater Glasgow & Clyde	Catriona.bateman@gov.scot	0131 244 2868
Highland	Lynn.lavery@gov.scot	0131 244 3486
Lanarkshire	Catriona.bateman@gov.scot	0131 244 2868
Lothian	Charlotte.jack@gov.scot	0131 244 2868
Orkney	Charlotte.jack@gov.scot	0131 244 2868
Shetland	Catriona.bateman@gov.scot	0131 244 2868
Tayside	lynsey.macdonald@gov.scot	0131 244 3486
Western Isles	Catriona.bateman@gov.scot	0131 244 2868

Health Performance & Delivery/Health Finance & Infrastructure
Scottish Government
September 2018

ANNUAL REVIEWS: NHS BOARDS: GUIDANCE NOTE 2018: LIST OF ANNEXES

ANNEX A

DATES & SPLIT FOR MINISTERIAL ANNUAL REVIEWS

Ministerial Team
Jeane Freeman, Cabinet Secretary for Health & Sport – 'Cab Sec'
Clare Haughey, Minster for Mental Health – 'CH'
Joe FitzPatrick, Minister for Public Health, Sport & Wellbeing – 'JF'

Date	Territorial NHS Board	Minister
Friday, 2 November 2018	Lanarkshire	Cab Sec
Friday, 16 November 2018	Borders	JF
Monday, 26 November 2018	Shetland	CH
Monday, 3 December 2018	Fife	CH
Monday, 10 December 2018	Orkney	JF
Monday, 17 December	Highland	Cab Sec
Monday, 14 January	Western Isles	JF
Monday, 21 January	Grampian	Cab Sec
Monday, 4 February	Lothian	Cab Sec
Monday, 18 February	Forth Valley	Cab Sec
Monday, 25 February	Tayside	Cab Sec
Monday, 11 March	Greater Glasgow & Clyde	Cab Sec
Monday, 18 March	Ayrshire & Arran	JF
Monday, 1 April	Dumfries & Galloway	CH

ANNEX B

TYPICAL MINISTERIAL ANNUAL REVIEW DAY: TERRITORIAL NHS BOARDS

To be agreed in light of local circumstances – timings shown are indicative only.

Timing	Activity
10:00-11:00	**Minister meets Area Clinical Forum**
11:00-11:15	Short break*
11:15-12:15	**Minister meets Area Partnership Forum**
12:15-12:30	Short break*
12:30-13:30	**Minister meets Patients and Carers**
13:30-14:00	Pre-meeting with SG officials (private room required and lunch provided)*
14:00-15:00	**Ministerial Visit and/or Meeting with Staff**
15:00-16:30	**Annual Review Private Session**
16:30	Minister departs

***Private room should be made available for Minister and SG staff all day**

ANNEX C

ANNUAL REVIEW FOR TERRITORIAL BOARDS – CORE AGENDA

1. The core purpose of the Annual Review continues to be for Boards to be held to account for their performance. The primary focus is on performance during 2017/18 but Boards should be prepared to discuss the in-year position, as well as looking ahead. There will continue to be a focus on the impact that Boards are making in delivering outcomes, e.g. through the Quality Ambitions and LDP Standards.

2. The private session at Ministerial Reviews this season will provide an opportunity for Ministers to question the Board leadership on local performance and issues. The focus may differ depending on the relevant Board area; however, key topics areas which may be covered under the ***Triple Aim*** of ***Better Health, Better Value and Better Care*** include:

    a) health improvement and reducing inequalities;
    b) clinical governance, patient safety and infection control;
    c) improving access including waiting times performance;
    d) the integration of health and social care with a focus upon prevention, anticipation and supported self-management;
    e) the best use of resources, including workforce planning, financial management, including forward sustainability, as well as service redesign;
    f) establishing strong and effective population based regional planning in partnership with fellow Health Boards.

3. As noted above, Boards can also expect a particular focus on the clear priorities established by the new Ministerial team:

    • **waiting times** (performance improvements in scheduled and unscheduled care and delivery of the elective centres);
    • **Health and social care integration** (improving the pace of progress); and
    • **Mental health** (delivering improvements in services and provision).

4. Boards will continue to receive detailed Annual Review letters with action points, and these should be published on Board websites.

ANNEX D

BOARD PUBLIC SESSIONS/NON-MINISTERIAL REVIEWS

1. All territorial NHS Boards, as well as the Scottish Ambulance Service, NHS 24 and Golden Jubilee National Hospital, will receive a Ministerial Review this season. Nonetheless, Ministers want to continue to encourage as much direct engagement and accountability between NHS Boards and the local people they serve as possible. As such, Ministers will not be holding a public session/Q&A as part of this season of Reviews. The expectation is that all Boards will continue to carry out this session separately; in effect, carrying out what was previously a non-Ministerial Review.

2. The timing of these public sessions, which do not need to be undertaken on the same day as the Board's Ministerial Review, is for Boards but they should continue to be as accessible and inclusive as possible to allow maximum participation. The approach to organising public sessions should be the same as those few Special Boards this season that are hosting non-Ministerial Reviews, with the Chair of the Board conducting the meeting, calling on the senior Board team to support, as necessary.

3. SG officials will continue to attend non-Ministerial Reviews in an observer role and Annual Review letters will be issued and should be published on the relevant Board's website.

4. Boards have the freedom to determine the most appropriate format and structure of these sessions to cover the material in the most meaningful way – this could involve the Board Chair directing specific questions to the Board, or undertaking a presentation to cover the themes identified in the agenda. We would encourage Boards to carefully consider a focussed approach to the sessions: **they should continue to appropriately cover the key local achievements/challenges, in line with national guidelines and frameworks; and allow a proper opportunity for local people to ask questions/interact**.

5. Boards should encourage members of the public and their representatives to attend and facilitate their attendance. This means advertising the meetings in a way that reaches as wide an audience as possible and that gives adequate notice, within reasonable cost; as well as using venues appropriate to expected attendance. Boards may wish to discuss their approach with the Scottish Health Council.

6. Boards will also wish to consider other ways of increasing participation in the Reviews and access to a record of them afterwards; for example, through webcasts, social media or through audio recording of proceedings for subsequent posting on their websites. If Boards choose to broadcast or record meetings in this way, it will be important for them to make clear in advance publicity that this will happen.

7. Boards should ensure that the venue (and any supporting written material) is fully accessible and that the participants are clearly visible and audible (including hearing loops) to the attending public. PA equipment should be used where necessary. Boards should clearly signal where any key/additional contextual

(including the Review self-assessment) or supporting information is available on their website.

ANNEX E

'AT A GLANCE' MATERIAL & BOARD SELF-ASSESSMENTS

1. Boards should continue to produce an 'at a glance' hand-out consisting of two parts: outcome indicators and performance against Local Delivery Plan (LDP) Standards. These should be available on the day of the public session and also provided on Board websites alongside any supporting material, including Board self-assessments. Boards should use the latest published data in the hand-outs.

2. Boards should decide the content of the first part of the 'at a glance' document, taking account of national outcomes. To assist with this, the SG Business Intelligence Team will provide Boards with an information data pack pulling together a range of nationally published information – this should not be seen as exhaustive. The second part relates to how the Boards are progressing towards their LDP Standards. This material should be written in a way that is accessible to the interested lay person; Boards may wish to liaise with key stakeholders in the development of the material. This material should clearly show which outcomes are improving or worsening. Any questions about the 'at a glance' material should be directed to Sandra Campbell and her team on (0131) 244 2402.

3. Your SG contacts will advise on when Board self-assessments and any supporting information are due for submission. Self-assessments should be published on the Board's website and succinctly set out the key local achievements and challenges, in the context of the outcomes being pursued. Boards should aim for no more than 15 pages of A4, excluding the 'At a Glance' hand-out. The self-assessment should cover the following:

a) a short report on the action points agreed at the 2017 Annual Review indicating which actions have been completed and which are outstanding (together with the expected completion date in the case of the latter);
b) using the Triple Aim as headings, list succinctly under each the Board's main achievements and the main challenges that it faces. The focus should be clearly on key local achievements and challenges;
c) as the self-assessments will be published on Board websites, please use plain language and provide illustrative data wherever possible. In this respect there will be some crossover between the self-assessment and the 'at a glance' document. **It will be important to use published data and other information (or data/information that is otherwise in the public domain) in relation to both past performance and future plans.** Data should be consistent with *Scotland Performs*, but Boards may also use other output, activity and input data, where relevant; and
d) format: please use Arial 12pt with any included tables in Word rather than Excel.

4. Published statistics on LDP standards are available via link: http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance

ANNEX F

MINISTERIAL MEETING WITH AREA CLINICAL FORUM (ACF)

1. The Minister will meet representatives of the Area Clinical Forum. Patient safety and effective clinical governance will likely be the key focus of this meeting.

2. The Annual Review day runs to a tight timetable and therefore it is important that the meeting does not overrun the allocated time. Boards are asked to brief ACF Chairs in advance making clear their key role in ensuring that this section of the agenda runs to time.

3. To provide the Minister with context for this meeting, **Boards are asked to provide a short overview briefing to summarise the work and impact of the ACF in the previous 12 months**.

4. As with the meetings with Partnership Forums, the core agenda will provide a focus for discussion of key matters of national interest at these meetings. The emphasis on the various elements of the agenda may again differ, depending on local issues and priorities. There will still be room for some discussion of purely local topics, but generic issues need to be central.

Outline Agenda

5. The Minister will wish to explore the Forum's contribution to the delivery of the 2020 Vision which may include the following key topics:

    - CMO's commitment to 'Realistic Medicine' and National Clinical Strategy;
    - Person-centred;
    - Safe Care;
    - Primary Care;
    - Unscheduled & Emergency Care;
    - Integrated Care;
    - Care for Multiple and Chronic Illnesses;
    - Early Years;
    - Health Inequalities;
    - Prevention;
    - Workforce;
    - Innovation;
    - Efficiency & Productivity; and
    - *Everyone Matters* 2020 Workforce Vision implementation.

ANNEX G

MINISTERIAL MEETING WITH AREA PARTNERSHIP FORUM (APF)

1. The Minister will meet representatives of the Area Partnership Forum. Boards should arrange a suitable venue and for a representative group of members of their APF (or equivalent) to attend the meeting. A member of the Scottish Partnership Forum will normally attend this meeting.

2. Though workforce planning may factor in the main Review meetings, this meeting will be the primary opportunity for the Minister to reflect on how the Board is placed in relation to the implementation of *Everyone Matters: 2020 Workforce Vision*.

3. In implementing *Everyone Matters* we would expect to see continuing progress across all 5 priorities: healthy organisational culture, sustainable workforce, capable workforce, and a workforce to deliver integrated services, effective leadership and management to deliver against the 2017-18 actions and in planning delivery of the 2018-19 actions.

Outline Agenda

4. We may look at progress being made by Boards regarding:

    a) staff engagement and development, and by looking at local staff governance;
    b) workforce planning and management of workforce risks, including progress in reducing levels of sickness absence;
    c) progress in promoting dignity at work, reducing levels of bullying and harassment and how the Board is raising awareness of local whistleblowing policies and issues; and
    d) progress in implementing PIN Policies.

5. The Annual Review day runs to a tight timetable and therefore it is important that the meeting **does not overrun the allocated time**.

6. To provide the Minister with context for this meeting, **Boards are asked to provide a short overview briefing to summarise the work and impact of the APF in the previous 12 months**.

ANNEX H

MEETING WITH PATIENTS/CARERS

1. The Minister will then meet with a representative group of patients/carers. A local Scottish Health Council (SHC) representative and PFPI staff member from the Board should be available to provide support during the meeting, if required.

2. As it is important that patients and members of the public have ownership of this meeting, there is no set agenda. As in the past, **it would be useful to know in advance if any particular issues have been identified for discussion – please advise your SG contact**. The main purpose of the meeting remains to give people the opportunity to air their views based on their experience of their local NHS.

3. Boards should arrange a suitable and accessible venue, and work with the SHC representative to identify a group of around six patients/carers or other members of the public who can give Ministers a perspective from local service users. Wherever possible Boards should aim to include in the group:

    a) people who have used local NHS services within the last six months;
    b) a person who can reflect the Board's work on equality and diversity; and
    c) people representative of the diversity of the population.

4. Boards will be responsible for providing the chosen participants with any support and advice they require to play their full part in the discussions. This will include issuing invitations, greeting on arrival, provision of refreshments, payment of expenses, etc.

5. Boards should ensure that their staff are available to meet attendees and brief them on the purpose of the meeting. The selected attendees should be asked to attend a pre-meeting at which the arrangements can be explained to them and any questions/concerns they may have addressed.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	25 October 2018
Agenda Reference:	Item No: 19
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:

Service Pressures
The service continues to experience ongoing workforce pressures primarily related to high levels of staff absence. Following a significant adverse movement in absence rates over June and July, the Chief Executive has led on an Attendance Management Task Group to focus on improving performance in this critical area. The group has met monthly and will report to the Staff Governance Committee on actions and outcomes. There has been a 1.6% improvement in absence rates in August. Actions have included:

- A series of 15 staff engagement events running across the Hospital to meet with as many staff as possible:
- A structured HR support meeting for all managers covering all aspects of staff absence in their areas and ensuring compliance with policy.
- Enhanced training on absence management for managers.

Staff recently recruited to the funded establishment and additional staff to the nurse pool will commence during November following their training and induction. Further recruitment may be necessary to both areas in the New Year.

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 several 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 were identified and weighting agreed to apply to options for all three pathways.

The outcome of the High Secure Option was shared at the last meeting in October with the highest ranked option being co-location of a High Secure Female Service with Medium Secure Female services. Cost factors have still to be applied prior to discussion with Chief Executives.

EU Withdrawal Update
The Chief Executive is working with Scottish Government and colleagues in other Boards to ensure a consistent approach to the management of service risks associated with EU withdrawal.

Service Visits
We were pleased to support visits to the service from colleagues in Gothenburg on the 26th of September and from our new Scottish Government Sponsor Elizabeth Connell on the 27th.

National Projects
- Chaired a meeting of the National FCAMHS Advisory Group on 28th August.
- Chaired meetings of the National Boards Internal Support Services Transformational Project Board on the 3rd September and 1st October.
- Participated in the Female Forensic Pathway meeting on the 5th September and 10th October
- Over September and October attended meetings of the Scottish Medicines Consortium, National Boards and Chief Executives Meetings.
- Supported the appointment of a new clinical lead for the Police Healthcare Network.

3 PATIENT SAFETY UPDATE

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

Improving Observation Practice (IOP) - New SPSP Workstream
Colette Johnston, Staff Nurse within the State Hospital, took up post as the IOP lead on the 24th June 2018. Since June the IOP lead has made positive progress towards observation changes and branched out to our nursing, medical and AHP staff alike.

Part of the IOP Sub team is Dr Skilling who is the RMO behind our 'Clinical Pause' which has been successfully piloted and implemented in one of the hubs and is now being successfully piloted within Colette's Hub in Iona. The plan is to embed this into practice within Iona and then move onto our last two Hubs, Arran and Lewis, in the hope that the 'Clinical Pause' will be fully embedded and used within the State Hospital and become common practice.

Within the hospital we have piloted and now fully implemented the use of 'Patient Support Plans' which fully support the IOP work and were developed by one of our staff nurses who works on a part time basis within the Practice Development team.

Areas of Good Practice across all workstreams
- 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.

Next Steps

- Monitor roll out of electronic PRN form
- 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.
- Continue with EssenCES as a replacement for the patient and staff safety climate tools, and engage in discussions and planning with the Hub Clinical Forums in response to the findings.
- Ensure DASA scores are being used each shift by clinical teams to inform decision making
- Develop use of DASA data in 6 month and 12 month clinical reviews
- Test the use of DASA within Iona 2, with a view to developing this as a validated tool for the Intellectual Disability patient group.
- Monthly Audit of completion of debrief tool
- Respond to national guidance on Improving Observation Practice, revising local policy and practice to focus more fully on prevention, early intervention and least restrictive options.

4 HEALTHCARE ASSICIATED INFECTION (HAI)

This is a summary of the Infection Control activity from 1st August – 30th September (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. There has been a notable improvement in submissions since April. 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.

<u>August</u>
11 out of a possible 12 were submitted (rationale accepted)

<u>September</u>
12 out of a possible 12 were submitted

The overall hand hygiene compliance within the hubs varies between 80-100%, Skye Centre 55-60% 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.

The importance of Hand hygiene was promoted via the OneLan system within the Skye Centre during September; however there has been no improvement noted.

Healthcare Waste and Workplace Inspections

No data available as it is out with the reporting timeframe.

DATIX INCIDENTS FOR INFECTION CONTROL 1st August – 30th September 2018

There were a total of 2 incidents for the period under the Category of Infection Control.

- 2incidents relating to patient with Vomiting & Diarrhoea.

There were 2 incidents cited as a secondary category involving spitting.

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):

Following the poor compliance with the 4 core modules the ICC agreed to provide a 3month extension and prioritize these modules. In addition to the current management of mandatory learning by the Learning Centre, Mark Richards agreed to pursue this with individual line managers.

This will be discussed again at the ICC in December.

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 currently underway and results will be presented in due course.

Hepatitis C Treatment

During this review period we have had 0 patients eligible to commence treatment. Success of treatment for the previous 4 patients 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 3 August until 12 October 2018.

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds (i.e. those actually available)	108	12	120
Admissions	9	0	9
Discharges / Transfers	7	0	7
Average Bed Occupancy as at 11th of October 2018			109 Patients 91% of available beds 78% of all beds

6 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 24.01.19 9.45am Boardroom		Thursday 28.03.18 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 07.02.19 9.45am Boardroom			Thursday 30.05.19 9.45am Boardroom			Thursday 29.08.19 9.45am Boardroom			Thursday 28.11.19 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 27 September & Monday 30 September