NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 24 OCTOBER 2019
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 22 August 2019	For Approval	TSH(M)19/08
4. Matters Arising:		
Actions List: Updates	For Noting	Paper No. 19/73
5. Chair's Report	For Noting	Verbal
6. Chief Executive Officer's Report	For Noting	Verbal

CLINICAL GOVERNANCE

7. Review of the Clinical Service Delivery Model Report by the Medical Director	For Decision	Paper No. 19/74
8. Overseas Travel Request Report by the Medical Director	For Decision	Paper No. 19/75
9. Medical Appraisal and Revalidation – Annual Report Report by the Medical Director	For Noting	Paper No. 19/76
10. Person Centred Improvement – 12 Monthly Report Report by the Director of Nursing and AHPs	Fort Noting	Paper No. 19/77
11. Patient Safety, Infection Control and Patient Flow Report Report by the Director of Nursing and AHPs	For Noting	Paper No 19/78
12. Clinical Governance Committee Draft Minutes of meeting held 15 August 2019	For Noting	CG(M)19/03

STAFF GOVERNANCE

13. Attendance Management – Board Update Report by the Interim Director of HR	For Noting	Paper No. 19/79
14. Attendance Management Improvement Task Group Report by the Interim Director of HR	For Noting	Paper No. 19/80

15.	**Health and Care Staffing Bill – Update** Report by the Director of Nursing and AHPs	For Noting	Paper No. 19/81
16.	**Workforce Plan – Update** Report by the Interim Director of HR	For Noting	Paper No. 19/82
17.	**Staff Governance Committee** Draft Minutes of meeting held 29 August 2019	For Noting	SG(M)19/03

CORPORATE GOVERNANCE

18.	**Internal Audit Provision** Report by the Chair of the Audit Committee	For Decision	Paper No. 19/83
19.	**Finance Report to 30 September 2019** Report by the Finance & Performance Management Director	For Noting	Paper No. 19/84
20.	**Corporate Governance – Improvement Plan Update** Report by the Board Secretary	For Noting	Paper No. 19/85
21.	**Audit Committee** Chairs Report of meeting held 10 October 2019	For Noting	Verbal
22.	**Board and Committee Meeting Schedule 2020** Report by the Board Secretary	For Noting	Paper No. 19/86
23.	**Any Other Business**		
24.	**Date and Time of next meeting** 19 December 2019, 9.45am, venue to be confirmed.		

25.   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.

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1.   Apologies

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3.   Minutes
To submit for approval and signature the Minutes of the Board   For Approval   TSH(M)19/08
meeting held on 22 August 2019

03 - Board Minute
-Aug 19 - Draft versi

4.   Matters Arising:

Actions List: Updates   For Noting   Paper No. 19/73

04 - Actions List   -
Public Session.doc

5.   Chair's Report   For Noting   Verbal

6.   Chief Executive Officer's Report   For Noting   Verbal

CLINICAL GOVERNANCE

7.   Review of the Clinical Service Delivery Model   For Decision   Paper No. 19/74
Report by the Medical Director

07 - Clinical Model
Board Paper - Octob

8.   Overseas Travel Request   For Decision   Paper No. 19/75
Report by the Medical Director

08 - Overseas
Travel Requests - b.c

9.	**Medical Appraisal and Revalidation – Annual Report** Report by the Medical Director	For Noting	Paper No. 19/76

09 - Medical Appraisal and Revali

10.	**Person Centred Improvement – 12 Monthly Report** Report by the Director of Nursing and AHPs	Fort Noting	Paper No. 19/77

10a - PCIS Twelve Month Board Repor

10b - PCIS Twelve Month Board Repor

11.	**Patient Safety, Infection Control and Patient Flow Report** Report by the Director of Nursing and AHPs	For Noting	Paper No 19/78

11 - Patient Safety - HAI - Flow.docx

12.	**Clinical Governance Committee** Draft Minutes of meeting held 15 August 2019	For Noting	CG(M)19/03

12 - Draft CG Minute - 15 August

STAFF GOVERNANCE

13.	**Attendance Management – Board Update** Report by the Interim Director of HR	For Noting	Paper No. 19/79

13 - Attendance Management Repor

14.	**Attendance Management Improvement Task Group** Report by the Interim Director of HR	For Noting	Paper No. 19/80

14 - AMTG Update.doc

15.	**Health and Care Staffing Bill – Update** Report by the Director of Nursing and AHPs	For Noting	Paper No. 19/81

15 - Health and Care Staffing Bill.do

16.	**Workforce Plan – Update** Report by the Interim Director of HR	For Noting	Paper No. 19/82

16 - Workforce Plan Update.doc

| 17. | **Staff Governance Committee**
Draft Minutes of meeting held 29 August 2019 | For Noting | SG(M)19/03 |

17 - Staff
Governance Minute

| | **CORPORATE GOVERNANCE** | | |

| 18. | **Internal Audit Provision**
Report by the Chair of the Audit Committee | For Decision | Paper No. 19/83 |

18 - Internal
Audit.doc

| 19. | **Finance Report to 30 September 2019**
Report by the Finance & Performance Management Director | For Noting | Paper No. 19/84 |

19 - Finance Report
to 30 September 201

| 20. | **Corporate Governance – Improvement Plan Update**
Report by the Board Secretary | For Noting | Paper No. 19/85 |

20a - Report- CG
Improvement plan.d

20b - CG Blueprint
Improvement Plan.d

| 21. | **Audit Committee**
Chairs Report of meeting held 10 October 2019 | For Noting | Verbal |

| 22. | **Board and Committee Meeting Schedule 2020**
Report by the Board Secretary | For Noting | Paper No. 19/86 |

22a - Meetings
Schedule 2020.doc

22b - Meetings
Schedule 2020.doc

| 23. | **Any Other Business** | | |

| 24. | **Date and Time of next meeting**
19 December 2019, 9.45am, venue to be confirmed. | | |

| **25.** | **EXCLUSION OF PUBLIC AND PRESS** | | |

To consider whether to approve a motion to exclude the
Public and press during consideration of the items
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nature of the business to be transacted.

NHS SCOTLAND

TSH (M) 19/08

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 22 August 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Chair:	Terry Currie
Present:	
Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
Non-Executive Director	Nicholas Johnston
Chief Executive	Gary Jenkins
Non-Executive Director	David McConnell
Director of Finance and Performance Management	Robin McNaught
Director of Nursing and AHPs	Mark Richards
Medical Director	Lindsay Thomson
In attendance:	
Head of eHealth	Thomas Best [Item18]
Person Centred Improvement Lead	Sandie Dickson [Item 7]
Senior IT Analyst	John Fitzgerald [Item 19]
Acting Head of Social Work	Peter Di Mascio
Head of Communications	Carline McCarron
Vice Chair of Clinical Forum	Sheila Howitt
Head of Corporate Planning and Business Support	Monica Merson
Interim HR Director	Kay Sandilands
Board Secretary	Margaret Smith
Director of Security, Estates and Facilities	David Walker

1   APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Currie welcomed everyone to the meeting, and apologies were noted from Mrs Maire Whitehead.

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 20 June 2019 were noted to be an accurate record of the meeting, subject to minor correction to Item 17 to add that it was also noted (in relation to Patient

Funds) that the full background report had been presented to the Audit Committee which recommended approval by the Board. The Board provided approval on this basis.

APPROVED

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board noted progress on the action points from the last meeting – each item either had been completed or formed part of the agenda of today's meeting.

NOTED

5 CHAIR'S REPORT

Mr Currie reported on the meeting of the NHS Chairs' group, which took place on 24 June 2019. There had been a presentation on NHS Endowments outlining the main task underway to address the conflict of interest in Endowments Committee, which in the main currently comprise of NHS Board staff and Non- Executive Directors. The direction of travel would be for the NHS Board to no longer be the trustee of the endowment fund, and for an independently chaired Endowment Board, the majority of members of which to be independent from the NHS Board.

The Chairs' Corporate Governance Group has prioritised the development of two eLearning modules for Board Member development on Finance and Audit and Risk to have effective learning material that will equip Board Members with the knowledge and skills for constructive scrutiny and challenge to ensure that systems of control were robust and reliable.

The Chairs' Group had a discussion on mental health trajectories, led by the Minister for Mental Health reflecting current focus on performance in the delivery of mental health care. NHS Boards were asked to set trajectories for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies as part of their Annual Operational Plans and performance would be scrutinised in this respect. Board Chairs had been requested to provide updates for their Board relative to the 40 actions set out in the mental health strategy.

It was noted that all NHS Boards have submitted an Annual Operational Plan, which have been through a rigorous review process. Following this, the Director General for NHS Scotland has written to each NHS Board. Scottish Government would be monitoring the plans to ensure that swift action could be taken should there be deviation from the plans. NHS Boards will be held to account for the delivery of these plans at the Annual Reviews.

Dr Jason Leitch, National Clinical Director for Healthcare Quality & Strategy presented on the Use of Evidence and Implementation of Best Practice, recognising NHS Scotland as a world leader in quality improvement evidenced by work in patient safety, prison centred care and child health. He noted that a well developed understanding existed across health and social care systems of the technical and social factors required to support the spread and sustainability of quality improvement. In the region of 800 fellows were trained in delivering quality improvement across the public sector. NHS Chairs welcomed the update and were in agreement to having a more centralised approach to the sharing and spread of best practice and innovation. The Golden Jubilee Foundation would be involved taking forward any work on this along with Healthcare Improvement Scotland (HIS).

Mr Currie also noted that the Minster for Mental Health had written to the Board regarding the last Annual Review, and that this was an item on the agenda for today's meeting. Further, that a response had been submitted to the Cabinet Secretary for Health and Sport as a result of the Sturrock report, and that Mr Jenkins would be providing the Board with an update later in the meeting.

Mr Currie noted that the closing date for applications for Whistleblowing Champions was the 12 August 2019 with the recruitment process then taking place.

He noted that the results of the staff iMatter survey had been received, with levels of participation in the organisation being on a par with the last survey.

There had been a Carers' Event at the hospital on Monday 5 August, with a small number of carers and patients in attendance. Mr Currie and Mr Brackenridge had attended the event. Representatives from the Mental Welfare Commission and the Scottish Health Council had attended the event. Mr Derek Barron who is chairing the Review of Forensic Mental Health Services was attending the site that day and so was also able to attend the event.

Mr Currie asked the Board to note that the Moderator of the Church of Scotland is visiting Lanark Presbytery over a three day visit in October 2019, and asked to visit The State Hospital (TSH) on 30 October. Mr Brackenridge would be in attendance at that visit, as Mr Currie would on a period of annual leave.

Planning for staff recognition awards was underway and it was noted that Ms Smith would provide a further update on this under Item 21, Corporate Governance Improvement Plan.

NOTED

6   CHIEF EXECUTIVE'S REPORT

Mr Jenkins provided the Board with an update of his activities since the date of the last Board meeting.

In particular, he provided an update on the work of the National Boards Collaborative, most notably the collective buying power this gave in procurement to support efficient ways of working. Mr Jenkins advised that he had invited a review of IT infrastructure at The State Hospital (TSH) through National Services Scotland (NSS). A visit to TSH was scheduled with the CEO of NHS Education for Scotland (NES) Ms Caroline Lamb.

Mr Jenkins had attended the NHS Scotland CEO Group and assured the Board of the focus on the Sturrock report in that forum led by the Cabinet Secretary.

He advised that TSH had been put forward as a pilot site for the Health and Care Staffing legislation, and that the Chief Nursing Officer's team would be visiting the Board in this regard in the near future.

Mr Jenkins assured the Board that preparations for EU Withdrawal on 31 October 2019 were on course within TSH, under the leadership of the Director of Security, Estates and Facilities. TSH would continue to focus closely on developments and work collaboratively with partner organisations.

Mr Jenkins had attended the launch of the Independent Review of Forensic Mental Health Services, along with Professor Thomson. He underlined the multi-agency approach to each of the themes within the review. The review had an ambitious time frame to conclude the work. Mr Jenkins confirmed that he would act as the lead CEO for NHS Scotland on the group.

Mr Jenkins also advised that he had recently attended the Patient Partnership Group (PPG) and wished to support the PPG in delivering on their objectives, and had asked Mr McNaught to assist in reviewing possibilities for a funding mechanism in this regard.

He advised the Board the presentation of long service awards to staff had commenced in the hospital, and he was pleased to be involved in presenting awards directly.

He advised that he had taken on the role of Chair of the Police Care Network, and would also be attending the Health and Social Care Prisons Board.

Finally, Mr Jenkins confirmed that the Executive Team had participated in two Away Days with a focus on supporting a corporate team approach.

NOTED

7   PATIENT STORY

The Board received a presentation from the Director for Nursing and AHPs which included an emotional touchpoint story led by a patient and which flowed from the recent What Matters To You? Event at TSH.

Ms Dickson was in attendance to lead Members through this presentation, which highlighted what patients felt could make their days within the hospital good or bad. She noted that the themes did not present any new information from the patient group. The feedback was presented from the view of each day in ward areas, the Hubs as well as the Skye Centre.

Mr Richards underlined the involvement of and importance of local teams identifying any actions that should be taken following on from this feedback from patients.

There was positive feedback in particular around the availability of activities for patients although some concern for those occasions when activities had to be postponed due to staffing unavailability, Mr Richards provided assurance that focus within TSH was on how to manage staffing to ensure that the Skye Centre remained open consistently for activity sessions.

Ms Dickson asked Board Members to note positive patient feedback on undertaking involvement roles when possible e.g. in staff awards.

The Board received this presentation warmly and noted that patient feedback was a crucial reminder of the importance of delivering person centred care.

NOTED

8   REVIEW OF THE CLINICAL SERVICE DELIVERY MODEL

A paper was received from the Medical Director, which provided the Board with an update on the review and options appraisal process currently underway in relation to the clinical service delivery model.

Professor Thomson provided the Board with a summary of the key points, including the six options outlined. She provided an update on the next steps in the process, notably the options appraisal workshop scheduled to take place on 16 September 2019 in which a scoring of the options would take place based on the benefits criteria identified. This would produce an overall clinical assessment of each option for suitability for care delivery within TSH. This would be followed by financial analysis of each option as well as sensitivity analysis focussing on risk, reputation and workforce issues to find an emergent preferred option. She also noted that further engagement was planned to take place with staff, stakeholders and patients. .

Mr Jenkins provided further detailed assurance to Members on the process that would be undertaken in respect of financial and sensitivity analyses leading to the final decision. This would demonstrate the feasibility of each option weighting all the factors including costs. Professor Thomson also

provided further detail in respect of the clinical desktop exercise to be carried out in terms of how existing patient group would fit into the model options, and the suitability of each option in these terms. A further report would be presented to the Board at its next meeting on 24 October for their consideration of the preferred option as well as updating advice on the process undertaken to reach the emergent recommendation.

Mr Currie noted that the Board would be asked to consider the review and make a decision at its next meeting in October. He underlined the very detailed nature of the review process undertaken as well as the participation of patients, staff and wider stakeholders. He thanked Professor Thomson and Ms Merson for their leadership on this work and expressed the Board's thanks to all the staff involved.

NOTED

9 MEDICAL EDUCATION ANNUAL REPORT

A paper was received from the Medical Director, which provided the Board with an assessment of the undergraduate and postgraduate training undertaken at TSH during the period 1 August 2018 to 31 July 2019. This provided assurance to the Board for governance of medical education in the context of General Medical council (GMC) standards in this regard.

Professor Thomson led Members through the detail of the paper, underlining the continuing high standard of medical education within the hospital and highlighting the award of Good Practice Recognition from NES and the very positive first Scotland Deanery Quality Management visit.

Board Members received this report positively, and Mr Currie passed thanks to Dr MacCall and Dr Billcliff for their continued good work in this area.

NOTED

10 IMPLEMENTATION OF SPECIFIED PERSONS LEGISLATION – ANNUAL REPORT

A paper was received from the Director of Security, Estates and Facilities, which provided the Board with an annual report on the implementation of the specified person regulations at the TSH, under the terms of the Mental Health (Care & Treatment) (Scotland) Act 2006.

Mr Walker summarised the key points for the Board, advising that the data did not vary greatly from reporting in previous years. He noted that the data was routinely reported in more detail through the Clinical Governance Committee.

The Board approved the report for submission to Scottish Government as outlined in the report.

APPROVED

11 PATIENT SAFETY, INFECTION CONTROL AND PATIENT FLOW REPORT

A paper was received from the Director of Nursing and AHPs, which summarised activity within the hospital in relation to patient safety, healthcare associated infection (HAI) and patient flow. Mr Richards summarised the report for the Board.

In response to a query from Mr McConnell, Mr Richards confirmed that responsibility for funding of Hepatitis C treatment for patients lay with the host Board and this interface was being managed

through the Finance Department.

The Board noted that specific action should be taken on management of laundry tags given the impact on infection control, and asked that the Board's concern in this area this should be fed back to the Infection Control Committee

Action – Mr Richards

Members also requested that further context should be provided in respect of patient flow to provide historical context. Mr Richards that the next report to the Board would include the data from 2011 onwards, providing data since the hospital re-build.

Action - Mr Richards

NOTED

12 CLINICAL GOVERNANCE COMMITTEE

The Chair of the Committee, Mr Johnston provided an update to Members on the last meeting of the Clinical Governance Committee, which took place on 15 August 2019 which had focussed on the review of the clinical model. The Committee had also asked for a review of the timetable for delivery of the action plan on the Continuous Quality Improvement Framework Action Plan to ensure that this was realistic, given the substantial nature of the plan.

NOTED

13 TSH ACTION PLAN IN RESPONSE TO THE STURROCK REPORT

The Board received a presentation from the Chief Executive to outline progress of work at TSH in response to the Sturrock Report. The response had provided an opportunity within TSH to review staff feedback through recent iMatter reporting and through the engagement process undertaken as part of the review of the clinical model.

In addition, a specific engagement process was launched to seek staff feedback through a questionnaire, with work progressed in partnership by the Chief Executive, Interim Director of Human Resources and the Employee Director to draw out the emergent themes. He also acknowledged that the response rate to the exercise had been low and the need to engage widely throughout the organisation.

Mr Jenkins led the Board through these themes: Communications and Engagement, Leadership and Management, Human Resources, Culture and Behaviours, Staff Support and Governance. He outlined the process underway to provide this feedback through committee and forum structure throughout the organisation including the Partnership Forum.

Mr Hair added that, although the response rate had been low to and the results may not be indicative of the whole picture within the hospital, it did provide a good baseline from which to improve going forward. Mr Jenkins picked up from this point adding that the Partnership Forum had demonstrated a commitment to progressing this work further in partnership. This commitment to sharing leadership may be particularly effective in encouraging open and transparent engagement from across staff groups. Mr Jenkins also added a suggestion made through the Senior Management Team meeting for a role for focus groups across the hospital. A small partnership group would be set up to take this forward.

Mr Brackenridge asked whether making changes in the organisation was envisioned as a result of

the response to Sturrock. Mr Jenkins outlined his view for the way forward for the organisation overall and the opportunity for this work stream to help inform the structure. He referenced the ideas around

self organising systems approach and the importance of taking decision-making to the appropriate level of the organisation. This would be intertwined with the workstream on the review of the clinical model as well as iMatter reporting.

It was essential to take forward these conversations now through the partnership group, with all staff groups with an emphasis on a listening approach. This would be the focus over the next 12 weeks to help inform action planning towards improvement.

Mr Currie agreed that this was a great opportunity for TSH, and would enable a bigger survey of opinion from staff across the hospital allowing both negative and positive feedback to be taken on board. He summed up the feeling around the table form Board Members on the positive nature of the outlined approach.

The Board were content to note continued progress in respect of the TSH response to the Sturrock response.

NOTED

14   ATTENDANCE MANAGEMENT REPORT

A paper was received from the Interim Director of Human Resources, which outlined staff attendance data over the course of May 2019, and Ms Sandilands also provided a verbal update that the sickness absence figure for June 2019 was 5.56%.

This represented continued downward progress overall in sickness absence rates at TSH, and the Board received the report noting the excellent progress made in this area. At the same time it was acknowledged that sustaining this improvement was imperative.

Mr Hair noted the continued support provided from the Human Resource team to line managers especially in providing a supportive return to work for colleagues.

The Board asked that feedback should be cascaded to all staff on the positive nature of this improvement.

Actions – Ms Sandilands/ Ms McCarron

NOTED

15   STAFF GOVERNANCE COMMITTEE – UPDATE

The Board noted the minutes of last meeting of the committee, which had taken place on 23 May 2019, which had focused on attendance management and statutory and mandatory training; as well as initiating the workstream around TSH response to Sturrock.

NOTED

16   FINANCE REPORT AS AT 31 JULY 2019

The Finance Report to 31 July 2019 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 overall underspend position of £47k. Mr McNaught noted that the Annual Operational Plan set out a balanced budget for 2019/20 based on achieving £2.103m efficiency savings which were set out in this paper, and that a significant savings gap existed.

He noted that overtime in nursing was still higher than budget year to date but that there was improvement in comparison to previous years with stabilising measures in place going forward. The year end projection for revenue and for capital were for a break even position.

Mr McConnell queried the consistency of presentation of efficiency savings in the report, Mr Johnston asked for an amendment to be considered on the presentation of the key pressures and benefits table. Mr McNaught noted the need for clarification on these points and would take this forward.

Action – Mr McNaught

There was discussion on the improved position in relation to nursing spend, and Mr Jenkins confirmed that trend analysis was underway in budgeting around variance, and the impact of control processes so that improvement is fully understood and lessons learnt in a concrete way leading to long term sustainability.

The Board noted the content of thus report, and the ongoing work on efficiency savings.

NOTED

17   PERFORMANCE REPORTING

a)   UPDATE ON STRATEGIC REVIEW OF PERFORMANCE

A paper was submitted to the Board, from the Director of Finance and Performance Management which provided the Board with work undertaken to review the current performance management framework to ensure that performance measures were in place that provided effective monitoring towards achieving organisational outcomes. Mr McNaught outlined progress to date which involved a move toward a balanced scorecard approach to achieve this goal.

Provisional reporting should be in place allowing testing of data for validity by October 2019, and further reporting brought back to the Board thereafter.

Action – Mr McNaught

b)   PERFORMANCE REPORT

A paper was received from the Director of Finance and Performance Management, which outlined performance during Quarter 1 of 2019/20 and the Board were content to note this report.

NOTED

18   e HEALTH – ANNUAL REPORT

A paper was submitted from the Director of Finance and Performance Management, which provided

the Board with an overview of the work progressed within eHealth over 2018/19. Mr Best was in attendance to lead the Board through the key points of the report.

There was discussion on the key achievements of the department with given resources and under challenging circumstances. The focus should be prioritisation of project work to achieve key results.

It was also noted that Mr Jenkins had commissioned an independent review of IT infrastructure within TSH through NSS. Mr Best provided assurance to the Board on the secure nature of the network and work progressed on data storage, and the resilience this provided to the organisation.

The Board noted the content of the report, and asked Mr Best to convey their appreciation to the eHealth team, of the good work undertaken throughout the year in challenging circumstances. It was agreed that further work around identifying the key priorities for eHealth should be taken forward.

Action – Mr McNaught

NOTED

19   NETWORK INFORMATION SYSTEMS (NIS) & INFORMATION SECURITY POLICY FRAMEWORK (ISPF) 2018

A paper was received from the Director of Finance and Performance Management, which outlined the work progressed at TSH in relation to the work progressed at TSH for the implementation of this legislation.

Mr Fitzgerald was in attendance and provided Board Members with a presentation to give assurance on the nature of the progress to date, with detailed reporting made through the Senior Management Team.

The Board were content to note the content of this report.

NOTED

20   COMMUNICATIONS – ANNUAL REPORT

A paper was received from the Chief Executive, which outlined work progressed and performance for 2018/19.

Ms McCarron led the Board through the key highlights of the report, and the report was received positively. There was discussion and appreciation of the volume of work undertaken within available resources; and Board Members congratulated Ms McCarron on the successful progress made. It was noted that the Board would receive further updates on the priorities and challenges of the department going forward.

The Board were content to note this report.

NOTED

21   CORPORATE GOVERNANCE IMPROVEMENT PLAN

A paper was received from the Chief Executive, which outlined progress made in relation to the Corporate Governance Improvement Action Plan since the date of the last Board Meeting.

Ms Smith provided Members with a summary of progress to date; as well as highlighting the steps suggested within the report to enhance visibility of Non- Executive Directors across TSH. The Board were receptive of this plan and agreed that this would meet the ambition of the improvement plan and should be taken forward. Mr Hair added his support Employee Director to help facilitate this workstream.

Ms Smith asked the Board to note that the staff award ceremony would take place on 24 October 2019, and that in order to accommodate this the Board meeting on that day would also take place at TSH. The intention would be to hold the following Board meeting in December at an external site.

The Board noted the content of this report, and through discussion provided their support to the direction of travel outlined therein. A further report would come to the next meeting of the Board.

NOTED

22   ANNUAL REVIEW OUTCOME LETTER

A paper was submitted to the Board to summarise the key points from the Scottish Government feedback letter regarding the Annual Review 2017/18, which took place at TSH on 14 January 2019.

Mr Jenkins asked Members to note the six action points and provided assurance that work was progressed in relation to each point.

23   AUDIT COMMITTEE

The Board noted the approved minutes of the meeting of the Audit Committee held on 28 March 2019, as well as the draft minutes of the meeting of the Audit committee which took place on 20 June 2019.

Mr McConnell outlined the key business undertaken at each meeting, highlighting the key nature of the work progressed at the June meeting in regard to the annual reports, annual accounts and patient funds accounts to enable the Committee to recommend approval by the Board.

NOTED

24   ANNUAL SCHEDULE OF BOARD AND SUB BOARD MEETINGS -2020

A paper was received on behalf of the Board Chair to propose a meeting schedule for the Board and its standing committees throughout 2020.

Ms Smith highlighted that this schedule did not propose any change from the existing pattern of meetings and Board Members were asked to provide feedback on the schedule so that it could be agreed electronically.

NOTED

25   ANY OTHER BUSINESS

Ms Merson asked the Board to note the launch of the hospital wide quality improvement initiative TSH3030 would take place on 5 September 2019, with an awards ceremony, which would include patients as well as staff to take place in December 2019. Board Members would be provided with

details to enable their attendance.

NOTED

26   DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 24 October 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs.

NOTED

27   EXCLUSION OF PUBLIC AND PRESS

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

AGREED

ADOPTED BY THE BOARD

CHAIR   _____
                       (Signed Mr Terry Currie)

DATE   22 August 2019

NHS SCOTLAND

MINUTE ACTION POINTS
THE STATE HOSPITALS BOARD FOR SCOTLAND
(From August 2019)

ACTION NO	AGENDA ITEM NO	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	11	Patient Safety, Infection Control and Patient Flow Report	Feedback to Infection control Committee re concerns over laundry tagging. Incorporate patient flow data from 2011 to date, into reporting.	M Richards M Richards	Immediate October 2019	**Completed** **Completed**
2	14	Attendance Management Report	Communicate to wider staff group on improvement in attendance figures.	K Sandilands	October 2019	**Completed**
3	7	Finance Report	Clarification on presentation of efficiency savings/ key pressures and benefits data,	R McNaught	Immediate	**Completed**
4	13	Strategic Review of Performance	Provisional reporting in place to allow testing of data.	R McNaught	October 2019	**Completed**
5	22	E Health Annual Report	Further work to identify key priorities for e Health.	R McNaught	Ongoing 2019/20	**Remit to SMT to take forward – added to workplan**

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No. 7
Sponsoring Director:	Medical Director
Author:	Chief Executive Officer
Title of Report:	Clinical Service Delivery Model
Purpose of Report:	To seek approval on the option for a revised Clinical Service Delivery Model

1. SITUATION

The Board has received regular progress reports on the status of the Clinical Care Model process.

2. BACKGROUND

It was agreed at the August Board meeting that a report on the next stages of the process would be brought to the October Board meeting with a view to seeking support for a preferred option.

3. ASSESSMENT

This paper provides an overview of progress since August including:

Clinical Forum Engagement
- Definitions and Options: Clinical Function

Option Appraisal Methodology
- Benefits Criteria Development
- Weighting the Benefits
- Scoring of the Options

Testing & Adapting of the Preferred Option
- Clinical Overlay of Preferred Option
- Financial Analysis

4.   RECOMMENDATION

The Board is asked to:

    i.   endorse the method applied to reaching the 'emerging preferred option'
    ii.   acknowledge the significant contribution of the Clinical Forum
    iii.   note the multi-professional and stakeholder engagement in the process to date
    iv.   be aware of the variable factors associated with the forensic mental health estate overall which could alter the known planning assumptions at this point in time
    v.   accept that the affordability of providing an eleven ward model would create significant financial pressures across the organisation
    vi.   endorse a detailed planning and implementation process allowing The State Hospital to move towards a ten ward model based on eight MMI wards and two ID wards (6.1.b)
    vii.   Support the establishment of a quarterly review process to assess the effectiveness and challenges of operating on the ten ward model

1. Context: The Clinical Care Model

The Clinical Care Model describes the way The State Hospital provides high secure services to patients with a mental disorder, many of whom have offended.

The need to review the Clinical Care Model arose from issues raised through a staff engagement exercise focussed on readiness for change. In that exercise, issues of safety were spontaneously raised in several responses. A presentation was given to the Board in June 2018 by the Service Transformation and Sustainability Group. The Board endorsed the need to progress with a Clinical Model Review.

The Clinical Model Review was divided in three elements:

a) Review of the clinical model principles:

A review of the clinical model principles was carried out through staff consultation and stakeholder engagement activities. The principles of the current model were found to be still current and applicable for the delivery of care and treatment with a small amount of revision required.

b) Review of safety data:

A review of safety data related to the delivery of clinical care in the hospital was carried out to examine trends over a 5 year period. This was commissioned in July 2018 and reported to the Board in October 2018. The data reviewed included incident reports on violence and aggression and a staff survey. The incident data indicated:

-   There has been an increase in the number of violent and aggressive incidents in the last 5 years, however the trend was not linearly upward and numbers vary each year
-   No evidence was found to support the theory that TSH is dealing with a higher number of the prison population with antisocial behaviour who would carry out assaults
-   The Intellectual Disability (ID) population has more incidents and assaults than the Major Mental Illness (MMI) population allowing for its size
-   There is a small number of patients who carry out assaults on staff, this varies and this number has not shown an increasing pattern. There are a very small number of patients (2-3 in 2017-18) who carried out the majority of assaults
-   There is an increasingly complex use of enhanced observation, seclusion and use of soft restraint kit with additional staff

c) Review of the clinical service delivery model:

The review of the clinical service delivery model has been in process since December 2018 and builds on the findings from the clinical model principles and safety review themes. This paper provides an update on that work and a recommendation for the future clinical service delivery model at The State Hospital.

2. Progress Overview

A summary of the key engagement events associated with the overall process is recorded in table one below:

Table One – Key Engagement Events

Activity	Timescale	Status
Staff and Patient Safety Report	Oct 2018	Complete and action plan being implemented
Review of the Principles of the Clinical Model	Oct / Nov 2018	Complete with slight change to principles
Staff Questionnaire	Dec / Jan 2019	Complete and results shared with staff and participants
Staff Workshop (creation of options)	Feb 2019	Complete and options developed
Stakeholder Workshop	Feb 2019	Complete and options developed
Patient Workshop and Engagement	Feb 2019	Complete – will revisit and inform on decision making
Staff Engagement	Mar / Jun / Aug / Sep 2019	Complete and presentation given to Board
Benefits Criteria Workshop	May 2019	Further work agreed to define the options
Clinical Forum Activity	May – Aug 2019	Impartial definitions of the clinical environment developed
Benefits Criteria Workshop	Aug 2019	Complete
Options Appraisal	Sep 2019	Complete
Patient Partnership Engagement	Sep & Oct 2019	Complete
Stakeholder Engagement	Oct 2019	Complete
Overlay of Patients against defined ward criteria	Oct 2019	Complete
Financial Model	Oct 2019	Complete
Board Meeting	Oct 2019	-

The State Hospital Board have been provided with regular updates on the progress.

It was agreed at the August Board meeting that a report on the next stages of process would be brought to the October Board meeting with a view to seeking support for a preferred option.

This paper provides an overview of progress since August including:

Clinical Forum Engagement
- Definitions and Options: Clinical Function

Option Appraisal Methodology
- Benefits Criteria Development
- Weighting the Benefits
- Scoring of the Options

Testing & Adapting of the Preferred Option
- Clinical Overlay of Preferred Option
- Financial Analysis

3. Clinical Forum Engagement

A short life working group (SLWG) of the Clinical Forum was commissioned to provide further detail on proposed clinical configuration options. The SLWG provided objective clarification on the meaning of each option, including worked examples, and created a consistency in the use of the definitions to assist members of the scoring workshop.

3.1) Agreed Definitions

a) Admission and Assessment Wards
The purpose of these wards should be about the initial assessment (including multidisciplinary assessments, physical health investigations, completion of structured risk assessments and where appropriate personality assessments) resulting in the clinical team being confident they have a comprehensive and robust understanding of the risk presented by the patient, the needs they have and being able to formulate a comprehensive care and treatment plan to inform the next stages of treatment. The environment will be tailored to the needs of the patients within an assessment area – therefore may be more restrictive. Care and treatment should be based upon individual patient needs as far as possible, whilst assessment is being undertaken.

b) Treatment and Recovery Wards
These wards will meet the needs of a large proportion of the current patient cohort. The wards will provide ongoing treatment and rehabilitation once the individuals' care and treatment needs are understood. These wards are likely to include patients with complex needs, high dependency and patients with additional physical needs. Patients who are high risk, but where the risk is well understood and the management of their risk is clearly articulated with a defined care package, should be placed here.

c) Transition Wards
These wards will meet the needs of patients whose risk and needs are well understood and articulated, and the level of care and management required is lower and less intensive. The environment will offer the least restrictive area across the organisation as an opportunity to support appropriate rehabilitation for patients as they progress towards leaving The State Hospital.

Patients may have been identified as being ready to move onto less secure settings and should have full grounds access, be fully compliant with their care and treatment, met many of their treatment goals, have a full timetable, and not require to be cared for with increased or enhanced levels of observations. Should the status of these change significantly, the patient should be transferred back to a Treatment and Recovery ward. These wards are not limited to patients already on the transfer list, as long as the other criteria are met.

3.1.2) Clinical Configuration Options

Five potential clinical configuration options were shortlisted using the agreed definitions:

Option 1:   Status Quo

Option 2:   Hubs with 3 wards and x1 ID ward in a separate hub
Ward 1 Admission & Assessment, Ward 2 Treatment and Recovery, Ward 3 Transitions, ID x1 Ward in separate hub

Option 3:   Hubs with 3 wards and x2 ID ward in a separate hub
Ward 1 Admission & Assessment, Ward 2 Treatment and Recovery, Ward 3 Transitions, ID x2 Ward in separate hub

Option 4:   Hubs with different functions 3 wards and x1 ID ward
Hub 1 Admission & Assessment, Hub 2 Treatment and Recovery, Hub 3 Transitions, Hub 4 ID x1

Option 5:   Hubs with different functions 3 wards and x2 ID ward
Hub 1 Admission & Assessment, Hub 2 Treatment and Recovery, Hub 3 Transitions, Hub 4 ID x2

Principles and assumptions were agreed which align to all five options:

- Clinical parameters should guide when a patient moves ward, it should not be based on timeframe or length of stay

- There will be no dedicated high dependency unit for complex challenging patients

- The current physical infrastructure of the environment should not be majorly modified

- All patients are to be admitted to an admission and assessment ward, but can be discharged from any ward

- Newly admitted Intellectual Disability (ID) patients will all go to the ID ward(s). In any clinical option with only one ID ward, the ward will need to meet needs of all ID patients at all stages in their admission. This is unlikely to be achievable all of the time, due to patient mix difficulties. Considerations should include how ID patient needs would be met, patient mix, and also staff with specialist skills.

- Based on Clinical Effectiveness data on seclusion, on occasion TSH may need to utilise up to 4 seclusion suites at any one time. Some of the options may not have sufficient seclusion suites directly aligned to the ward function.

- All models are, as far as possible, based on the available data regarding patient numbers and profiles. It will be necessary to have a pragmatic outlook as the reality of admissions, discharges and patient need will not be static. At times, there may be a need for a bed within an area and there is not one empty. The implementation phase should consider what contingency plans would be put in place when teams have to go outwith the parameters of the clinical model.

4) Option Appraisal Methodology

Option appraisal is a systematic evaluation of the relative positives and negatives of alternative options in meeting specific health objectives before resources are committed to one or more programmes. The methodology is commonly used to model clinical scenarios across NHS Scotland

4.1) Benefits Criteria

A set of benefits criteria were established, consulted and agreed on, based on the priorities and key themes that emerged from staff engagement process. Table two provides a summary of those benefits for assessing clinical model options.

All reference to Forensic Mental Health Services includes services for both Major Mental Illness and Intellectual Disability.

Table Two – Benefits Criteria

Ref	Description	Definition
A	Safety	This option should provide a safe service for all staff, patients volunteers and visitors. All clinical and environmental risks associated with the options should be assessed and managed. The option should ensure a safe environment for the delivery of care. Safety is defined in the context of physical, relational and procedural
B	Opportunity for staff specialism and development	This option should provide staff the opportunity to develop their professional skills and expertise and specialise in areas of clinical service delivery appropriate to the needs of patients and requirements of the hospital
C	Opportunity for patient engagement in activities	This option should provide adequate opportunity for patients to engage in and experience a range of activities relevant to their needs and abilities
D	Ability to reconfigure service to meet changes in external factors	The extent to which this options support sustainability of the service is important to ensure we plan for any potential changes in external environment and can adapt to these, e.g. Increase or decrease in admissions. The option should be able to accommodate changes in patterns of care and the changing needs of the population over the longer term.
E	Continuity of care	The option should support the premise that during their time in the state hospital patients can expect to have their care delivered by a substantially stable team of clinicians who develop therapeutic relationships to support the patient in their recovery.
F	Ability to individualise security measures	The option should be flexible and support individualised security approaches so that the least restrictive security is applied for each patient. Patients can expect to have a progressive and risk assessed approach to security through this option without detriment to the overall safety of the hospital.
G	Disruption to patients and staff	The degree to which this option would impact on the requirement of staff and patient moves to implement the clinical model. The extent to which clinical services can be maintained during any implementation phase and the timescale of the implementation phase should be considered.
H	Progression through hospital	The option should outline a clear pathway for progression through the hospital which is defined and understood by staff and patients.
I	Physical environment	The physical environment of patient bedrooms, wards, hubs and the Skye centre is suitable to provide safe care under the new model. Care should be provided in an environment that will maximise benefit to the individuals to aid their health and wellbeing. This includes the design and functionality of the building.

The benefits criteria were weighted at a workshop of senior clinical leads and managers in August 2019. The weighting was carried out by comparing each benefit against the other to produce an overall consensus weighting. The ranked outcomes are shown in table three:

Table Three – Weighted Benefits Criteria

Criteria	Rank
Safety	1
Ability to individualise security measures	2
Opportunity for patient activities	3=
Progression through hospital	3=
Continuity of care	5
Physical environment	6
Opportunity for staff to specialise	7
Ability to reconfigure to meet changes in external factors	8=
Disruption to patients and staff	8=

4.1.2) Scoring the Options

A further workshop was held in September 2019 attended by 45 senior leaders and clinicians. Attendees individually scored each option against the pre agreed benefits criteria. Clinical Effectiveness calculated the individual scores to assess if a preferred option could be identified.

The outcome is that Option 3 (*3 hubs with 3 wards and 2 ID*) is the 1st ranked preference. The Status Quo was the least preferred option ranked in 5th place.

Rank	Option	Score
1st	Option 3: 3 hubs with 3 wards (Ward 1 – Admission & Assessment, Ward 2 – Treatment & Recovery, Ward 3 – Transition) and 2 ID wards in separate hub	722.78
2nd	Option 5: 3 hubs with different functions (Hub 1 – 2 Admission & Assessment Wards and 1 Transition Ward; Hub 2 – 3 Treatment & Recovery Wards; Hub 3 – 2 Treatment & Recovery Wards, 1 Transition Ward; Hub 4 – 2 ID Wards)	664.72
3rd	Option 4: 3 hubs with different functions (Hub 1 -2 Admission & Assessment Wards; Hub 2 – 3 Treatment & Recovery Wards; Hub 3 – 2 Treatment & Recovery Wards; 1 ID Ward, Hub 4 – 2 Transition Wards)	651.39
4th	Option 2: 3 hubs with 3 wards (Ward 1 – Admission & Assessment, Ward 2 – Treatment & Recovery, Ward 3 – Transition) and 1 ID ward in separate hub	635.83
5th	Option 1: Status Quo	519.17

These combined exercises produced an overall 'emerging preferred option' for the service model within The State Hospital.

5) Testing of the Emerging Preferred Option

At the September workshop, it was agreed that that a desktop exercise would be carried out following the scoring process. The aim of the desktop exercise was to establish if the 'fit' against the 'emerging preferred option' is deliverable within the current patient population.

Forms were issued to each RMO on 24 September to be returned by 09 October, containing the name of each patient. Each RMO consulted with their clinical team and selected the most appropriate ward type by patient. Any difference of opinion was recorded. The results are contained in tables four and five below:

Table Four - Major Mental Illness

Hub	Admission & Assessment	Treatment & Recovery	Transition	Disagreement
Arran (22)	5	12	5	No
Iona (19)	0	13	6	No
Lewis (30)	5	18	7	No
Mull (19)	4	10	5	No
Total (90)	14	53	23	

NB - There were 3 admissions during the analysis period. These are included above. 2 other patients were placed on the waiting list for admission – they are not included in these figures.

Table Five - Intellectual Disability

Current ID Population	ID Ward 1	ID Ward 2	Disagreement
Iona 2 (12)	8	4	1 case*
Mull 2 (1)	0	1	No
Total (13)	8	5	

*Psychology and social work thought patient could go to ward 2 but nursing staff thought ward 1 – RMO supported ward 1.

Table Six - Additional Analyses: Number of Admission Sept 18 to Aug 19: Proposed Ward Type
n=29. There are approximately 30 admissions per year

Admissions (33) 11/9/19–9/10/19	Admission & Assessment	Treatment & Recovery	Transition	ID 1	ID 2	Transferred
MMI (31)	12	7	0	-	-	12 (1 readmitted)
ID (2)	-	-	-	2	0	0
Total						

NB - 4 patients have been admitted under exceptional circumstances – 4 are included in the admission and assessment cohort.

A formal transfer list meeting is held on a regular basis between medical records administration and the Responsible Medical Officers. Any patient who has been referred to another service for transfer is listed. Patients on the list can be awaiting assessment, being assessed or accepted for transfer. Some patients will also have won appeals against being held under excessive security under the Mental Health (Care and Treatment) (Scotland) Act 2003 / 2015.

Table seven provides an overview of patients currently in The State Hospital who are within this criteria.

Table Seven - Transfer List and Proposed Ward Type

Transfer List – 30 Sept '19	Admission & Assessment	Treatment & Recovery	Transitions	ID 1	ID 2
MMI – won appeal against excessive security			8		
MMI – accepted by local service			7		
MMI – assessment		1	5		
Excessive Security	4				
ID – won appeal against excessive security					
ID – accepted by local service					1
ID - assessment					
Total	4	1	20		1

5.1) Clinical Model Viability

Major Mental Illness (90 patients)

From the desktop exercise, the number of patients allocated to each proposed speciality ward at this point in time is:

- Admissions and Assessment   n=14
- Treatment and Recovery   n=53
- Transition   n=23*

*(*26 patients were listed for transition ward but 3 did not have full grounds access as required for the model and were recalculated to treatment & recovery wards)*

The numbers fit none of the options precisely. Based on the desktop assessment outcome, there is a demand for:

- Admissions and Assessment   2 wards   (24 beds)
- Treatment and Recovery   5 wards   (60 beds)
- Transition   2 wards   (24 beds)

Intellectual Disabilities (13 patients)

- 2 wards are viable comprising of 8 and 5 patients
- 1 single ward does not allow all ID patients to 'fit' into one ID service

5.1.2) Consideration and Factors

The occupancy of The State Hospital in October 2019 is 103 patients, with a capacity for 120 patients, whilst operating on a 10 ward model. This gives an occupancy level of 86%. There is sufficient capacity overall to manage the number of patients across a ten ward operational model.

The overall pace of movement for patients in The State Hospital does not necessitate a rapid throughput of clinical speciality functions. Risk management and assessment of patients is carefully planned to minimise adverse events.

The current average length of stay is six years, with individual lengths of stay ranging from less than one month to over 30 years. It is likely that predictability of patient movement will allow sufficient planning time to ensure that patients progress to the appropriate specialty ward within an acceptable timeframe and without detriment to their overall care and treatment pathway. Clinical Teams are known to be more optimistic about patients' rehabilitation and future setting than occurs in reality, therefore regular reviews of patient numbers against ward types should be introduced going forward.

The patient population varies over time and will continue to do so. An expansion in medium or low secure beds would remove the need for exceptional circumstances admissions and allow patients to transfer in a timely manner. There is no imminent planning in place for this at the present time however the Review of Forensic Mental Health Estate may change that position over the next 12 - 24 months.

The LD and Autism Mental Health Act consultation proposes to remove ID beds from a secure hospital setting.

Given the specialist nature of The State Hospital it is recommended that a quarterly multi-professional review takes place to assess and recommend modifications to the clinical model as specialty needs alter and clinical need fluctuates.

5.1.3) **Adaptation of Emerging Preferred Option: 10 Ward Proposal (8 MMI plus 2 ID)**

In order to model the nearest available fit against the principles of the 'emerging preferred option' it is recommended that the following model is established:

Sample Model*	Ward 1	Ward 2	Ward 3
Hub 1	Admission & Assessment	Treatment & Recovery	Treatment & Recovery
Hub 2	Admission & Assessment	Treatment & Recovery	Treatment & Recovery
Hub 3	Intellectual Disabilities	Intellectual Disabilities	
Hub 4	Transition	Transition	

*For modelling purposes only

a) Intellectual Disability Provision

There is strong clinical support for the establishment of two ID wards. Under the current operating model (Status Quo), the ID patient cohort are not managed from one single location. This enables patient disassociations and improves the overall therapeutic milieu of the service. As recorded in the safety report, there is a disproportionate level of incidents and assaults when compared with the MMI patient cohort. Given that a fundamental principle of the review process was to address the safety features, it would appear counter-intuitive to revert back to a single ID ward potentially increasing the risk factors for staff and patients.

The two ward model, based on the current patient cohort would have an overall occupancy level of 54% (13 / 24 beds allocated to ID).

b) Major Mental Illness Provision

One Admission and Assessment ward would be insufficient to safely and effectively manage the admission function.

The number of patients at this time would exceed the available beds (14 / 12). The Admission and Assessment ward running on >100% occupancy would prove challenging with patient mix, disassociation, the management of risk, and the use of seclusion when necessary. It would be preferable to establish two Admission and Assessment wards to safely manage new admissions into The State Hospital.

The two ward Admission and Assessment model, based on the current patient cohort, would have an overall occupancy level of 58% (14 / 24 beds allocated to MMI Admission and Assessment). The surplus capacity could enable sufficient flexibility to retain patients under review for transfer to the Treatment and Recovery wards. This would however require careful consideration and form part of the contingency options as endorsed by the Clinical Forum.

The majority of current patients would fit with the proposed Treatment and Recovery wards (53 patients).

A five ward Treatment and Recovery option would be optimal. However it is not immediately viable from both a staffing or resource perspective to create 60 beds for the Treatment and Recovery function.

It is proposed that four wards are allocated to Treatment and Recovery totalling 48 beds. It is likely that this area will have the most fluidity associated with patient movement to and from

the other ward functions. The Treatment and Recovery Wards would be staffed to a higher compliment.

6) Financial Analysis

The NHS England NHS Benchmarking team have been contacted to discuss benchmark nurse staffing levels within medium and high secure services in England. They have verbally shared high level staffing data which is based on an average of nursing staff per 10 beds. Within both medium and high secure services, there is an average nurse staffing of 33 WTEs per 10 beds.

As a requirement of safe staffing legislation, workload tools and professional judgement will be run in all wards as part of the delivery of the 'common staffing method.' To date a full 6 week run has been completed in Lewis 1. The workload tool output was for 32.5 WTEs in this ward, with the professional judgement tool being 33.5 WTEs.

It is reassuring that the workload tools, professional judgement and NHS England Benchmarking are all broadly consistent with the planning assumptions of the Clinical Model.

The last identified process for nurse staffing levels in The State Hospital created a base establishment of:

Day Shift: 4 staff per ward
Back Shift: 4 staff per ward
Night Shift: 2 staff per ward

It is clear from the recurring financial challenges that this base number does not adequately align with the actual clinical needs of the service. This creates difficulties with allocation of staff, financial control and forecasting.

In the costing assumptions for the Clinical Model, the modelling has been undertaken on revised establishment numbers:

Function	Day Shift	Back Shift	Night Shift
Transitions	4	4	2
I.D. (Based on <70% occupancy)*	5	5	3 (+2)
Admission & Assessment**	6	5	2
Treatment & Recovery**	7	6	3

* If the two ID wards are grouped in the same Hub, the night shift total would be 5 staff (3+2).
** If Admission & Assessment plus two Treatment & Recovery wards are in the one hub, the night shift total would be 8 staff (3+2+3)

6.1) Provision Cost Profile:

Two models have been developed for the purpose of costing the Clinical Model:

Model One is based on the current shift pattern (Treatment & Recovery having 7 staff working the day shift pattern 0700-1445)

Model Two is based on using an alternative shift pattern (Treatment & Recovery having 6 staff working the day shift pattern 0700-1445, plus one member of staff working 0900-1700)

a) 11 Ward Model

Provisional financial modelling has looked at the affordability of 11 wards, i.e. the 'emerging preferred option'. The revised indicative cost of operating an eleven ward model is:

- **£15,880,163** This cost is **(£561,000)** p.a. <u>greater</u> than the current revenue allocation (based on current shift model)
- **£15,669,474** This cost is **(£351,000)** p.a. <u>greater</u> that the current revenue allocation (modelling 9am – 5pm shifts)

Furthermore, eleven wards cannot be safely staffed at this time due to vacancies in the nursing workforce, in spite of multiple attempts to recruit. This reflects challenges elsewhere in NHS Scotland.

An eleven ward option would necessitate a reduction and possible dis-establishment of posts elsewhere to bridge the affordability gap. From a financial perspective, it is unattractive and would pose significant constraints elsewhere across the organisation if this option was recommended.

b) 10 Ward Model

Provisional financial modelling has looked at the affordability of 10 wards. The revised cost of operating a ten ward model is:

- **£15,124,433** This cost is **£194,500** p.a. <u>less</u> than the current revenue allocation (based on current shift model)
- **£14,784,940** This costs is **£534,000** p.a. <u>less</u> that the current revenue allocation (modelling 9am – 5pm shifts)

The ten ward model is affordable within the existing recurring revenue allocation.

7) Recommendation

The Board is asked to:

i.   endorse the method applied to reaching the 'emerging preferred option'
ii.   acknowledge the significant contribution of the Clinical Forum
iii.   note the multi-professional and stakeholder engagement in the process to date
iv.   be aware of the variable factors associated with the forensic mental health estate overall which could alter the known planning assumptions at this point in time
v.   accept that the affordability of providing an eleven ward model would create significant financial pressures across the organisation
vi.   endorse a detailed planning and implementation process allowing The State Hospital to move towards a ten ward model based on eight MMI wards and two ID wards (6.1.b)
vii.   Support the establishment of a quarterly review process to assess the effectiveness and challenges of operating on the ten ward model

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Review of Clinical Service Delivery model as detailed in paper.
Workforce Implications	Fully outlined in paper
Financial Implications	Fully detailed in paper
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board requested paper
Risk Assessment (Outline any significant risks and associated mitigation)	As outline din paper
Assessment of Impact on Stakeholder Experience	As outlined in paper
Equality Impact Assessment	Not indicated
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

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THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 8
Sponsoring Director:	Medical Director
Author(s):	Associate Medical Director
Title of Report:	Overseas Travel Request
Purpose of Report:	For Decision

1   SITUATION

Requests for overseas travel require to be submitted to the Board for their approval. This request relates to work currently being undertaken by Dr Khuram Khan in Pakistan to assist with the development of mental health services. This is in keeping with the NHS Global Citizenship initiative.

2   BACKGROUND

The following request has been received. Line management approval has been given and there are limited financial costs to The State Hospital as detailed.

Travel costs will be at Dr Khan's expense.

EVENT/LOCATION	DATE	STAFF INVOLVED	COST
Protecting Human and Legal Rights of Mentally Disordered People and Offenders in Pakistan.	03- 04 October 2019	Dr Khuram Khan	£300 (all cost can be met through the appropriate departmental budget)

3   ASSESSMENT

Many of the Hospital's staff are asked to present at Conferences and this is an opportunity to share best practice with colleagues from other organisations and to raise the profile of the work carried out within The State Hospital and within the Forensic Network.

Dr Khan has been actively involved in assisting mental health professionals in Pakistan in improving mental health services. Through this work he has been invited to provide an educational presentation on the rights of patients and offenders with mental health problems in Pakistan. This work is in keeping with the NHS Scotland Global Citizenship initiative.

Attendance at this event is regarded as a positive opportunity to raise the profile of the Forensic Network and State Hospital initiatives.

4   RECOMMENDATION

Members are asked to approve the request received for the costs for Dr Khan to attend this event.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Monitoring of spend of staff requests for International Travel related to sharing of best practice, training and development.
Workforce Implications	Cover by Consultant Colleagues for study leave
Financial Implications	None – organisers are covering the costs
Route To Board Which groups were involved in contributing to the paper and recommendations.	Request received by Chief Executive. Board Members to consider at their next meeting thereafter.
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholders	Learning shared across the organisation for the benefit of patient care. Awareness of international developments in service provision and research.
Equality Impact Assessment	No issues
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	No issues
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 9
Sponsoring Director:	Medical Director
Author(s):	PA to Medical & Associate Medical Directors
Title of Report:	Medical Appraisal and Revalidation Annual Report
Purpose of the Report:	For Noting

1   SITUATION

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

2   BACKGROUND

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

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

3   ASSESSMENT

- The Revalidation and Appraisal Committee met twice in 2018-19: 7 May and 5 November 2018.

- Revalidation Policy
  The Revalidation and Appraisal Policy was approved by the Senior Management Team on 3 August 2016 and is available on the Intranet. The Policy was due for review in August 2019 and this will be undertaken at the next Revalidation Steering Group meeting on 7 November 2019.

- Responsible Officer
  The Medical Director has undertaken Responsible Officer training and attends Responsible Officer Network meetings.

- Revalidation System
  Revalidation system has been used for 12 Consultants and 2 speciality doctors in 2018-19. This includes one doctor on secondment to Scottish Government. One Consultant is appraised and revalidated through the Chief Medical Officer.

Revalidation system for former / retired colleagues with honorary contracts is in place (n=1).

- Appraisals
  From 1 April 2018 to 31 March 2019, of the 13 medical staff at The State Hospital 12 were appraised during this period.

- Revalidation
  One speciality doctor was revalidated during the specified period. All revalidations are up to date.

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

- CARE Questionnaire
  Due to the number of questionnaires patients have been asked to complete in recent months, it was agreed that these would be issued bi-annually.

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

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

The TSH Self-Assessment paperwork for 2018-19 was submitted NHS Education for Scotland in 16 April 2019.

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- Annual Audit

Consultants	Last Date for Recommending Revalidation	Date of Revalidation	360 Degree Appraisal Date	Appraisal 01/04/17-31/03/18	CARE Questionnaire Return	Form 4 Completed	Appraisal 01/04/18-31/03/19		Appraisal 01/04/19-31/03/20
	20/11/2023	22/11/2016		22/02/2018	Aug 2018	Yes	07/02/2019		
	16/10/2021	17/10/2016		28/08/2017	Aug 2018	Yes	30/08/2018		24/09/2019
	02/09/2020	03/09/2015		29/03/2018	Aug 2018	Yes	21/02/2019		
	12/02/2020	12/02/2015				Yes	29/11/2018		
	21/12/2019	21/12/2014		13/04/2018					20/09/2019
	02/08/2021	02/08/2016		18/07/2018	Aug 2018	Yes	15/03/2019		
	27/12/2022	27/12/2017		06/12/2017	Aug 2018	Yes	06/12/2018		04/09/2019
	28/03/2024	28/03/2014		27/12/2018	Aug 2018	Yes	28/02/2019		
	21/12/2020	21/12/2015		07/02/2019	Aug 2018	Yes	20/12/2018		
	29/07/2020	29/07/2015		01/02/2018		Yes	28/01/2019		
	21/03/20	23/03/2015		13/06/2018	Aug 2018	Yes	25/04/2019		
	27/10/2019	28/10/2014		19/06/2017	Aug 2018	Yes	14/01/2019		
Specialty Doctors									
						Yes	31/02/2019		
	29/06/2024	05/06/2019		16/06/2017		Yes	29/11/18		
Appraised by Other Organisations									
	15/12/2023	15/12/2018			Aug 2018				30/04/2019
Retired Consultants									
	08/04/20	09/04/15	25/03/14	15/06/2018	Aug 2018 (locum cover)		15/02/2018		09/09/2019

4 RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	N/A
Workforce Implications	Revalidation and appraisal are requirements to work as a doctor and essential to ensuring our continued medical workforce.
Financial Implications	Nil
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	HIS requirement. Report will be shared with MAC.
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	Captures feedback on stakeholder experience and provides opportunity to improve this
Equality Impact Assessment	EQIA Screened – no identified implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 10
Sponsoring Director:	Director of Nursing and Allied Health Professions
Author(s):	Person Centred Improvement Lead
Title of Report:	Person Centred Improvement Service Twelve Month Report 2018/19
Purpose of Report:	For Noting

1   SITUATION

The remit of the 'Person Centred Improvement Service' (PCIS) includes work streams emerging from:

- Person-centred improvement projects.
- Stakeholder involvement.
- Volunteer Services.
- Carer support.
- Spiritual and Pastoral Care.
- Equality Agenda.
- Supporting the role of the Patients' Advocacy Service (PAS).

2   BACKGROUND

The State Hospital's Person Centred Improvement Service Delivery Plan builds on the national commitment to provide services developed through "mutually beneficial partnerships between patients, their families and those delivering healthcare services, which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision-making" (Scottish Government, 2010).

This report relates to the period November 2018 to October 2019 and reflects another productive year, during which the service continues to support wider disciplines including nursing and medical colleagues in terms of national drivers, including 'Realistic Medicine' and 'Excellence in Care' (Scottish Government, 2015), which make explicit the need to ensure that stakeholder feedback is embedded within the design of services.

This report provides an update in respect of the above work streams under the umbrella of 'person-centred care', in relation to contributing to the delivery of high quality care and treatment which is based on individual need.

This year has seen extensive partnership working with external stakeholder groups, including the Scottish Government Person Centred Stakeholder Group, Scottish Health Council, Volunteer Scotland and Carers' Trust Scotland to ensure that the Board continues to discharge its duties, where appropriate, adopting a tailored approach, mindful of pressure on resources in relation to the number of patients in its care.

3   ASSESSMENT

The data illustrates progress to key performance indicators, demonstrating achievement of 11 of the 16 indicators.

The report highlights key achievements including:
- Developed new improved feedback database to support more effective approach to identifying themes and trends and a more robust monitoring approach.
- Delivered person-centred 'What Matters to You?' (WMTY) initiative.
- Facilitated patient engagement in the Clinical Care Model Consultation process.
- Developed process to enable patients to engage in Staff and Volunteer Excellence Awards process.
- Supported patient engagement in TSH3030.
- Introduced 'Building Thoughts, Connecting Blocks' feedback mechanism to the patient feedback toolkit.
- Facilitated carers' event as part of the national 'Getting Carers Connected in their Communities' initiative.
- Facilitated volunteers' event as part of the national 'Time to Celebrate' initiative.
- Increased the opportunity for the Board to hear stakeholder feedback through use of 'Emotional Touchpoint' presentations.

Actions for the next twelve months including:

- Refresh of TSH Volunteering policy and Procedure.
- Tailor national 'Interpretation and Translation Policy' for implementation locally.
- Develop Carers' Policy.
- Introduce 'carer link' roles in each ward.
- Adapt VIA to incorporate national volunteering framework.
- Develop guidance to support solution based QI approach to respond to feedback.
- Spread EQIA skills.
- Provide mentoring for patients to engage meaningfully in TSH3030 project.

4   RECOMMENDATION

The Board is invited to*:*

- Note the progress outlined in the Report.
- Note the emerging issues, learning opportunities and key actions for the next twelve months.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Supports delivery of the Person Centred Improvement Service Delivery Plan and person-centred deliverables within TSH Local Delivery Plan.
Workforce Implications	None
Financial Implications	None
Route to the Committee Which groups were involved in contributing to the paper and recommendations?	Person Centred Improvement Steering Group Patient Partnership Group Carers' Support Group Volunteer Service Group Scottish Health Council
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	Captures feedback relating to stakeholder experience and provides opportunities to develop systems / processes through which learning from feedback informs service design. Supports Board's commitment to assessing the impact of service delivery on stakeholder experience.
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	The Equality Impact Assessment process highlights potential inequalities and support development of plans to mitigate against such practice.
Data Protection Impact Assessment (DPIA) See IG 16	There are no privacy implications. ~~There are privacy implications, but full DPIA not needed~~ ~~There are privacy implications, full DPIA included.~~

THE STATE HOSPITALS BOARD FOR SCOTLAND

PERSON CENTRED IMPROVEMENT SERVICE

TWELVE MONTH UPDATE REPORT

NOVEMBER 2018 - OCTOBER 2019

Contents   **Page**

1. Introduction

The 'Person Centred Improvement Service' (PCIS) supports services across The State Hospital (TSH) through its diverse work streams contributing to the achievement of strategic objectives within the scope of the service, namely:

- Person-centred improvement projects (Person-centred Health Care Programme (ref 1)).
- Meaningful stakeholder involvement: patients, carers, volunteers, and the public (limited to external regulatory/supporting bodies and third sector partners).
- Volunteer Services.
- Carer / Named Person / visitor support.
- Spiritual and Pastoral Care.
- Equality Agenda.
- Supporting the role of the Patient Advocacy Service (PAS).

TSH Person Centred Delivery Plan (2018-21) builds on the national commitment to provide services developed through "mutually beneficial partnerships between patients, their families and those delivering healthcare services, which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision-making" (Scottish Government, 2010 (ref 2)).

This report relates to the period *November 2018 to October 2019, reflecting on another productive year, during which the service continues to support wider disciplines including nursing and medical colleagues in terms of a range of national drivers e.g. 'Realistic Medicine' (Scottish Government, 2016) (ref 3) and 'Excellence in Care' (Scottish Government, 2015) (ref 4), which make explicit the need to ensure that stakeholder feedback is embedded within service design.

The previous twelve month report covered the period 1 January 2018 – 31 December 2018. Due to the timing of this paper, the reporting period no longer relates to the calendar year.

The State Hospital's Board (the Board) is committed to continuously improving systems and processes which support safe, effective, person-centred care, adopting a balanced and proportionate response to legislative and national drivers including:
- Mental Health Strategy (2017-2027) (ref 5).
- Health and Social Care Delivery Plan (2016) (ref 6).
- Rights in Mind (2017) (ref 7).
- Safety and Protection of Patients, Staff and Volunteers in NHSScotland (2017) (ref 8).
- Public Sector Equality Duty (2016) (ref 9).
- British Sign Language (BSL) National Plan (2017-2023) (ref 10).
- Equality Act (2010) (Specific Duties) (Scotland) (ref 11).
- Patient Rights (Scotland) Act (2011, updated 2019) (ref 12).
- Carers (Scotland) Act (2016) (ref 13).
- Fairer Scotland Duty (2018) (ref 14).
- Volunteering for All: Our National Framework (2019) (ref 15)

This year has seen extensive partnership working with external stakeholder groups, including the Scottish Government Person Centred Stakeholder Group, Volunteer Scotland, Scottish Health Council, Health Improvement Scotland and Scottish Carers' Trust to support the Board to discharge its duties, adopting a tailored approach, mindful of pressure on resources in relation to the number of patients in its care.

2. Governance arrangements

The Person Centred Improvement Steering Group (PCISG), chaired by the Director of Nursing and Allied Health Professions, meet monthly to monitor progress in respect of the mainstreaming of processes supporting delivery of the above remit. This multi-disciplinary group ensures the organisation is compliant with legislative requirements and supports the service to respond to national drivers and support local practice relating to the above portfolio. The patient Chair of the Patient Partnership Group (PPG), members of the Carers' Forum and Volunteer Service Group are included within the core membership, in addition to a representative from the Scottish Health Council and the Patient Advocacy Service (PAS).

The group discuss a wide range of quarterly monitoring reports including:
- Patient and Visitor Experience.
- Volunteering input.
- Spiritual and Pastoral Care input.
- Progress to TSH Equality Outcomes (2017-21).
- Progress to TSH British Sign Language (BSL) Action Plan (2018-24).
- Advocacy input.
- Protected Characteristic groups equality monitoring
- Learning from Complaints and Feedback.
- Person Centred Improvement Projects.

In recognition of the value of maximising opportunities to embed patient and carer experience in service design, the 'Learning from Feedback' Report is also included within quarterly monitoring reports presented to the Clinical Governance Group (CGG) and Clinical Governance Committee (CGC).

3. Key pieces of work undertaken

- Service review informing successful recruitment to vacant post.
- Developed new improved feedback database to support more effective approach to identifying themes and trends and a more robust monitoring approach.
- Delivered person-centred 'What Matters to You?' (WMTY) initiative (appendix 1).
- Facilitated patient engagement in the Clinical Care Model Consultation process.
- Developed process to enable patients to engage in Staff and Volunteer Excellence Awards process.
- Supported patient engagement in TSH3030.
- Introduced 'Building Thoughts, Connecting Blocks' feedback mechanism to the patient feedback toolkit.
- Facilitated carers' event as part of the national 'Getting Carers Connected in their Communities' initiative.
- Facilitated volunteers' event as part of the national 'Time to Celebrate' initiative.
- Increased the opportunity for the Board to hear stakeholder feedback through use of 'Emotional Touchpoint' presentations.
- Supported completion of Advocacy service tendering process.

4. Wider input

> **TSH Strategic Objectives 2017-22: Quality Ambition No. 9: Effective**
> "Create conditions for supporting quality assurance, quality improvement and change".

The Person Centred Improvement Lead (PCIL) is a member of TSH Quality Improvement (QI) Forum whose role supports the spread of QI skills across the Hospital. The PCIL uses formal QI qualifications and experiential learning to provide mentoring input across the Hospital directly relating to improvement initiatives including:
- WMTY outcomes.
- Patient Active Day project.
- TSH 3030 initiative.
- Equality of access e.g. Intellectual Disability/non-English speaking patients.
- Carer engagement in the Care Programme Approach (CPA) process.
- Supporting Healthy Choices work streams.
- Visiting experience.

These skills are also used to support external QI projects including:
- Refresh of Investing in Volunteering Award.
- Assessing the impact of volunteering.
- Review of NHS Spiritual and Pastoral Care standards.
- NHS Interpretation and Translation Processes.

The PCIL was invited to join the International Forum: 2019 Quality & Safety in Healthcare organising committee, resulting in 6 TSH staff receiving fully funded delegate places for the three day conference in Glasgow in March 2019. This collaboration continues with the PCIL providing input to screening abstracts for the 2020 conference in Copenhagen, through which TSH input in this respect will be formally acknowledged.

5. Key performance indicators

	Improvement Indicator	Outcome Measures
1.	Patients from all areas of the Hospital are meaningfully engaged in contributing to service design.	a) Patient Partnership Group (PPG) is facilitated 48/52 weeks. b) PPG membership includes representation from all hubs. c) An average of 10 patients attend PPG each week. d) PPG engage with a wide range of internal and external partners.
2.	More patients have the opportunity to receive visits.	a) 10% increase in volunteer visitor referrals when compared to 2018. b) Conversion rate of 70% (from referral to visits commencing).
3.	Evidence impact of volunteering programme.	a) Undertake baseline assessment using locally tailored Volunteer Impact Assessment. b) 'Green' level achieved for 80% of indicators.
4.	Progress to TSH BSL Action Plan (2018-24)	a) 6 of total of 18 indicators achieved
5.	Carers are enabled to contribute meaningfully to patient outcomes.	a) Complete baseline Triangle of Care assessment (ref 16). b) 'Green' level achieved for 50% of indicators. c) Undertake cycle 2 assessment. d) 'Green' level achieved for 55% of indicators.
6.	Quality of Equality Impact Assessments undertaken	a) 25% increase in quality compliance scores when compared to 2017.
7.	Progress to achieving the three published TSH Equality Outcomes by April 2020.	*Outcome 1 – already complete.* a) Outcome 2 - 5 of 7 indicators completed b) Outcome 3 – 7 of 9 indicators completed.

1) **Patients from all areas of the Hospital are meaningfully engaged in contributing to service design**

Number of patients attending PPG
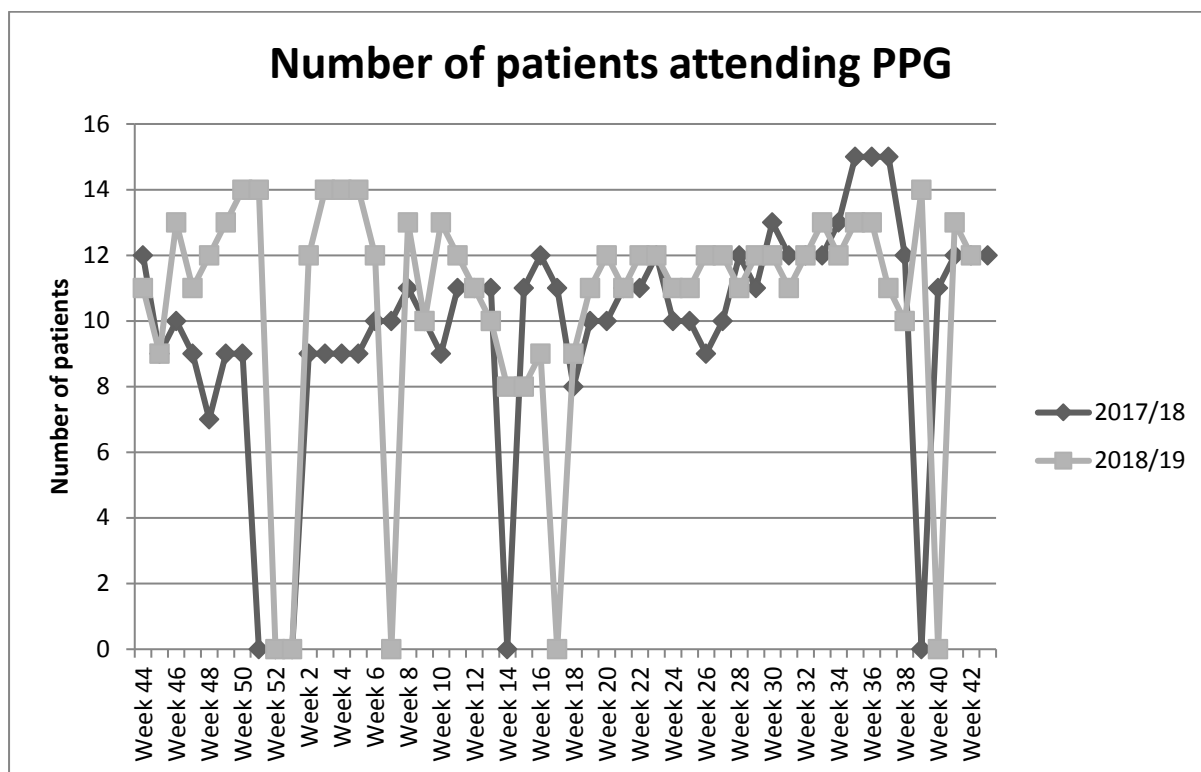
Planned closures
2017/18 – Weeks 51, 52, 1, 14, 39
2018/19 - Weeks 52, 1, 17, 40

Unplanned closures
2018/19 - Week 7 = staffing issues.

a) **Patient Partnership Group (PPG)** *facilitated 48 weeks during the year* (target of less than 52 weeks accounts for 4 weeks public holidays).

Delivery to outcome measure a): Unachieved. 47 weeks. Some challenges around resourcing, specifically to cover leave, with support from other disciplines on four occasions and direct input from PCIL on a regular basis to ensure continuity of service delivery.

b) *PPG membership includes representation from all 4 hubs*

Delivery to outcome measure b): Achieved. 100% of hubs represented at all meetings, succession plan in place to ensure continuity of involvement as patients transfer to step down services.

c) *An average of 10 patients attend PPG each week*

Delivery to outcome measure c): Achieved. Target of ten patients influenced by total number of people in the group, including staff and visitors in conjunction with environmental Health and Safety restrictions, safety and security when working with large patient groups and ensuring all patients have the opportunity to engage meaningfully. Attendance at meetings fluctuates depending on the meeting agenda, mental health presentation of group members and requirement to attend tribunals and external clinical appointments which cannot be scheduled around the group timetable. The average attendance in 2018/19 was 11 patients.

> *"At first I was nervous about taking on the role but with staff support I soon felt OK with it. Part of the job is keeping order in the group, it can be a bit noisy at times. Nobody falls out though as we are all friends. Another part of my job is taking a report to another group where I give them an update on what's been happening in PPG in the last month or so. I've settled into it now and don't feel out of place at all. Because of my role I have had the opportunity to meet and talk to the Chief Executive and Nursing and AHP Director. One of the big discussions we have had was looking at the options for the way the Hospital will run in the future. We had a whole morning to discuss this and it's great that we are being asked to be involved in our care and treatment."*

PPG Chair, September 2019

d) *PPG engage with a wide range of professionals and external partners*
Delivery to outcome measure d:) Achieved. In addition to monthly input from Catering staff, Scottish Health Council, and PAS, a wide range of stakeholders have engaged with PPG during the year, including: Chief Executive, Chair, Director of Nursing and AHP, Medical Director, Director and Deputy Director of Security, Occupational Therapy, Lead AHP, Dietetics, Speech and Language Therapist, Higher Trainee Psychiatrist, Nursing staff, Professional Nurse Advisor, Infection Control Practitioner, Skye Centre staff, Scottish Government Person-centred Team and Chair of the Review of Scotland's Mental Health Services.

2) More patients have the opportunity to receive visits

a) *10% increase in volunteer visitor referrals when compared to 2017/18*
Delivery to outcome measure a):) Unachieved. Clinical outcomes monitoring continues to highlight the number of patients who receive no visits. Clinical Teams receive regular reminders to consider use of the volunteer visitor referral scheme. Data from the most recent monitoring report (Jul 2019) indicates that 42 of the 107 (45%) patients in the hospital at that time did not receive any non-professional visits. Data will be recorded moving forward to support a better understanding of the rationale e.g. mental health presentation, patient preference.

Volunteer Visitor Referrals

Year	No. of referrals
2017	3
2018	7
2019	4
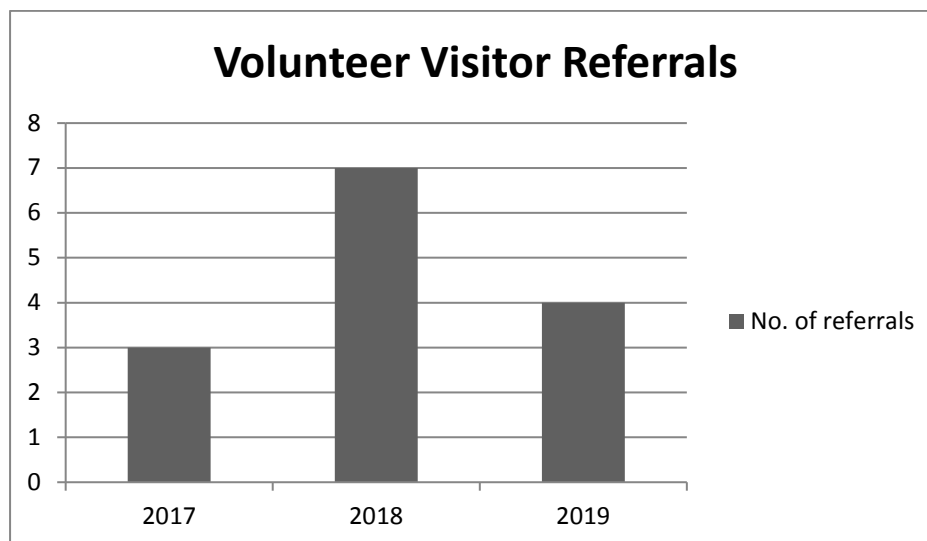
b) *Conversion rate of 70% (from referral to visits commencing)*
Delivery to outcome measure b): Achieved. Three of the four patients referred are now receiving visits, equating to a 75% conversion rate against the target of 70%. One of the patients involved experienced a significant decline in metal health during the process and was therefore unable to engage at that point. The referral is reviewed regularly by the Clinical Team who will resubmit when appropriate.

"We had a social event in the hub and I was able to invite my volunteer visitor so I had my own 'family' there like other patients".

TSH patient August, 2019

"I feel part of the Hospital community. I'm kept well informed about what's going on which helps me to understand about challenges staff have working in this setting. Staff are very welcoming and make sure that the patient is able to enjoy his visit with me".

TSH Volunteer Visitor, September 2019

3) Evidence impact of volunteering programme

a) *Undertake baseline assessment using locally tailored Volunteer Impact Assessment (VIA)*
Delivery to outcome measure a): Achieved.

b) *Green' level achieved for 80% of indicators*
Delivery to outcome measure b): Achieved.

4) Progress to TSH BSL Action Plan (2018-24)

a) *6 of total of 18 indicators = 33% achieved*
Delivery to outcome measure a): Achieved.

5) Carers are enabled to contribute meaningfully to patient outcomes

a) *Undertake baseline Triangle of Care assessment (43 indicators)*
Delivery to outcome measure a): Achieved.

b) *Green' level achieved for 50% of indicators*
Delivery to outcome measure b): Unachieved. 28% = 12 indicators
The initial baseline assessment highlighted some issues relating to practice which is in place however not supported by evidence and therefore scored within the 'amber' category. Agreement reached with all stakeholders to remove one indicator which is not pertinent to this environment and merge one other to support a cohesive approach to achieving a robust outcome.

c) *Undertake cycle 2 assessment*
Delivery to outcome measure c): Achieved.

d) 'Green' level achieved for 55% of indicators (41 indicators)
Delivery to outcome measure d): Unachieved. 44% = 18 indicators

Standard	Red	Amber	Green	Total No. of Indicators
No. 1	2 (5)	3 (3)	3 (0)	8
No. 2	1 (1)	1 (1)	1 (1)	3
No. 3	2 (2)	2 (2)	4 (4)	8
No. 4	1 (1)	2 (2)	2 (2)	5
No. 5	3 (6)	3 (2)	6 (5)	*12 (13)
No. 6	3 (6)	1 (0)	2 (0)	**5 (6)
Total	**11 (21)**	**12 (10)**	**18 (12)**	**41 (43)**

Figures in brackets relate to outcome of baseline assessment.

*2 indicators merged
**1 indicator removed following consultation with external partners

6) Quality of Equality Impact Assessments Undertaken

a) *25% increase in quality compliance scores when compared to 2018*
Delivery to outcome measure a): Unachieved. Although quality compliance has increased by 12% since 2018, there is still work to be done to enhance the quality of Equality Impact Assessments (EQIA) undertaken.
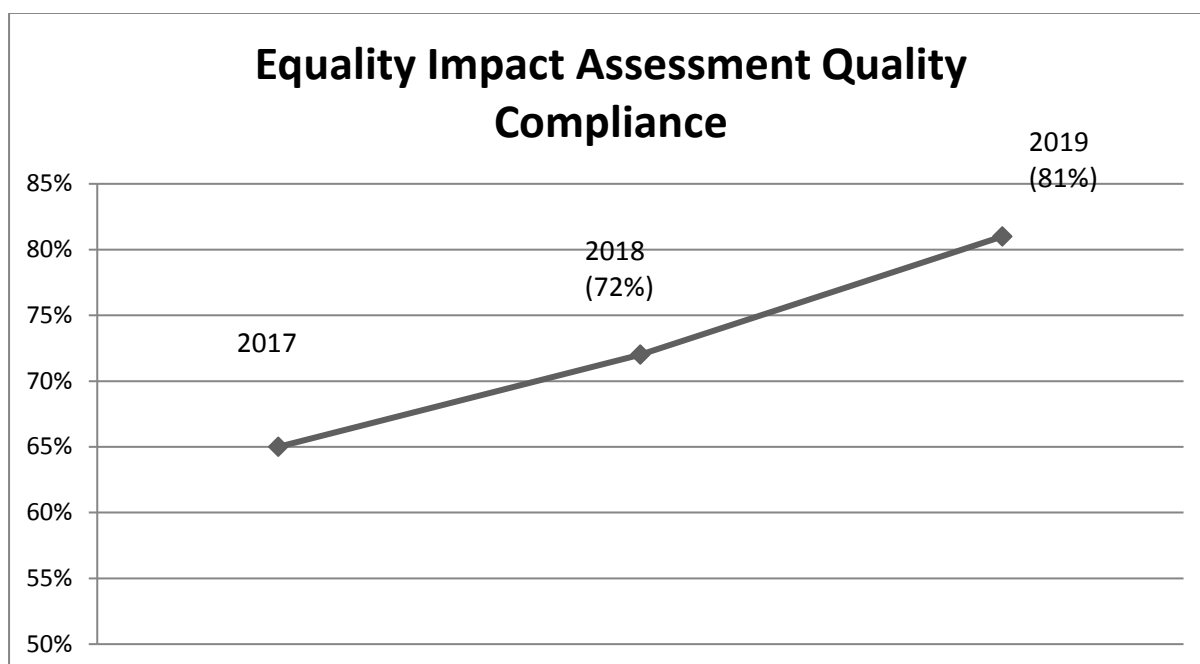
TSH currently has a suite of 132 policies, 40 of which have not undergone the local EQIA process. 18 of which are owned by Human Resources, the majority 'Once for Scotland' policies which will not require a local EQIA. 12 of the outstanding polices require a new EQIA as the policies were implemented prior to the new EQIA being introduced in 2015.

The quality of EQIAs produced has improved again this year, potentially directly linked to additional 1:1 support provided to the majority of policy authors. Due to the dynamic nature of resourcing, responsibility for writing policies regularly changes, resulting in the need for delivery of an annual training session supported by tailored input thereafter. Service leads have been asked to ensure that staff required to develop policies have been appropriately trained.

The data continues to indicate a lack of awareness around the impact of policies / protocols, specifically in relation to the Protected Characteristic groups**.** The characteristics relating to 'disability', 'age' and 'race' are of particular relevance to the organisation in the context of future-proofing clinical service delivery, particularly relevant to current discussions relating to the configuration of clinical services moving forward.

Local expertise supporting the EQIA process is an area for consideration as the PCIL is currently responsible for providing support, in addition to screening all completed EQIAs prior to submission to SMT. Due to resourcing issues within the service it has not been possible to spread this skill set within the team to support wider spread across all services.

7) Progress to achieving TSH Equality Outcomes by April 2020

a) **Outcome 2 - Implementation of individually tailored healthy lifestyle plans which support the physical health and well being of all patients within the Hospital:** *5 of 7 indicators complete*
Delivery to outcome measure a): Achieved.

b) **Outcome 3 - Service delivery will enable all patients within the Hospital to benefit from equitable access to care and treatment:** *7 of 9 indicators complete*
Delivery to outcome measure b): Achieved.

Key performance indicator overall performance
11 of 16 indicators achieved – within 10 months of the original 12 month period – 1 January 2019 – 31 December 2019.

6. Wider service specific performance objectives

Delivery of Mandatory Equality and Diversity Training
This area of our training suite continues to be delivered via the mandatory online module, which was updated this year, in addition to attendance at a half day interactive workshop. In common with other mandatory training, we continue to experience challenges, in terms of nursing attendance, particularly valuable in terms of the opportunity to engage in multi-disciplinary values based discussions, based on local case studies.

Enabling Patients to share Feedback which Contributes to Service Design
Patient and carer feedback has previously been reported within the 'Learning from Complaints and Feedback' Report. Following a review of the functions of the two services involved in compiling this report, it was agreed that feedback would form part of a dedicated report as of April 2019.

A new recording system has been developed (appendix 2) to ensure that feedback data is disseminated to support service improvement, which results in an enhanced experience for patients and carers.

Data shared identifies the area to which it relates in order to enable local teams to understand the impact of practice on patient / carer experience. Local teams are empowered to take ownership for developing actions in collaboration with stakeholders, which support the organisation to share best practice and learn about opportunities to improve service delivery from colleagues who have tested and implemented improvement ideas.

Use of this new system enables the organisation to respond to benchmarking relating to specific national programmes including 'Realistic Medicine', specifically around shared decision making, 'Excellence in Care' and 'What Matters To You?'.

Engaging in the national 'What Matters to You?' initiative continues to provide a wealth of opportunities for service improvement incorporating stakeholder feedback.

All hubs and the Skye Centre participated in this year's WMTY event which was facilitated across the Hospital on 6 June, 2019. A variety of methods were adopted to support patients to share their feedback including creative medium, feedback questionnaires, 1:1 conversations and group discussion.

The Art and Music Therapists supported this year's Skye Centre event enabling patients who experience significant barriers to communication to participate. Patients were also encouraged to use 'Lego', adopting the concept of 'Building Thoughts: connecting blocks' to support those with limited vocabulary to share their views in a less stressful way.

"I'm not alone, it's important that I have people I can go to in here that I trust to help me. Sometimes that's staff but sometimes it's other patients."
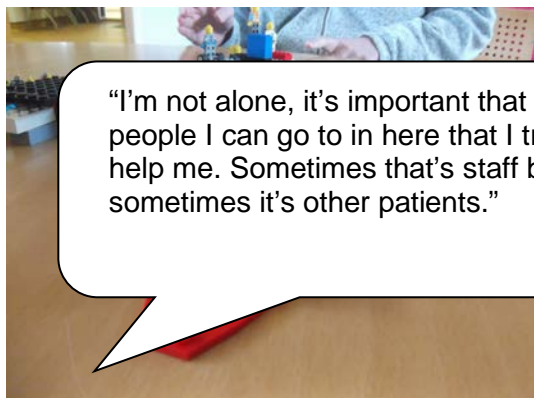
Teams were asked to review the feedback shared and agree on a maximum of three actions for their area in collaboration with patients. In order to manage aspirations, they were reminded that emerging actions should be realistic in terms of timeframes and cost neutral unless a revenue source has been identified. All areas submitted their outcomes and action plans, which are updated on a quarterly basis through Hub / Skye Centre Leadership Team Meetings and monitored by the Person Centred Improvement Steering Group.

PPG suggested that an award be presented to recognise an output emerging from WMTY feedback which has the most positive impact on patient experience. Patients will agree on a shortlist and vote for the winning action to be presented in the spring of 2020.

A session was facilitated in February 2019 through which patients were supported to contribute their feedback to the wider consultation process relating to the Clinical Care Model delivery options.

The *'River' Model was used (appendix 3) to record responses (appendix 4) to three questions:
- What do you think works well with this model?
- What do you think might not work so well with this model?
- What else do you think we need to think about, such as a completely different model?

"You could use the rehab wards to test patients to see if they're ready to move on instead of sending them outside for shopping outings when the papers take photos of them.
Being able to use hot water and tools and showing you have coped with moving through different hubs and worked with lots of different clinical teams is a good test to see how you would cope with being in Rowanbank. It's not just about whether you've had any security problems like you've hit someone or shouted at someone. People say that this isn't a good idea cos you don't get to do these things when you first move on but that's a problem to do with how they manage medium secure places, not ours"

"We should have a ward for folk who need more help, not for their mental health – for guys who are older or need to use things to help them walk or can't speak English or see/hear properly or when they ask staff about the same thing all the time cos they forget what they're doing".

"I'm older than most of the guys in my ward and I can't be bothered having to listen to their loud chat and what they want to watch on the TV or them wanting to listen to the music channels for young folk."

"You're always going on about person-centred care when you tell, us this is about treating us as individuals. But this doesn't happen here – outside, there's different units for young people and older folk."

As a member of a number of internal groups, the PCIL ensures the views of stakeholders are shared within discussions informing service design:
- Senior Management Team (SMT).
- Clinical Governance Group.
- Skye Centre Leadership Team.
- Patient Active Day Project Group.
- Mental Health Practice Steering Group.
- Clinical Forum.
- QI Forum.
- Security Governance Group.
- Service change consultation / Short Life Working Groups.

The PCIL also ensures the unique needs of TSH stakeholders are shared in respect of influencing the national person-centred landscape, through membership of external groups including:
- NHS Person-centred Leads.
- NHS Equality Leads.
- Scottish Government Person Centred Stakeholder Forum.
- NHS/Third Sector Volunteer Leads.
- Scottish Government Cross-Party Volunteering Forum.
- NHS Spiritual and Pastoral Care Leads.

The Chief Executive has attended PPG on a number of occasions since his appointment in April. PPG welcome his presence and the opportunity to share what matters to them. Directly as a result of this engagement, in response to feedback, a small budget has been allocated to the group to support improvement initiatives.

Patient Engagement in Spiritual and Pastoral Care Activities
The number of patients regularly engaged in spiritual and pastoral care activities, including weekly denominational services of worship, Christian Fellowship and 1:1 ward based input, remains consistent at an average of 14.

Input	No of closures	Rationale	
Mass	9	**Planned closure** 3 x Public Holidays *4 x Chaplain's Annual Leave,	**Unplanned closure** *2 x unanticipated parish commitments
Church	12	**Planned closure** 4 x Chaplain's Annual Leave **6 x International Placement	**Unplanned closure** 1 x unanticipated parish commitment 1 x no patient movement
Christian Fellowship	1		**Unplanned closure** 1 x no patient movement
Total	22		

*4 of 8 patients opted to attend church and Christian Fellowship and therefore had access to spiritual and pastoral care during those weeks.

**3 sessions covered by another Minister

Volunteer Service Development
There are currently 17 volunteers (20 in 2017/18) providing a wide range of input to complement service delivery across the Hospital. In response to Stakeholder feedback volunteer recruitment is now a targeted approach in collaboration with services who are encouraged to identify specific roles which compliment gaps in patient activity. This practice supports a mutually beneficial outcome in terms of ensuring volunteers have the skills/interests required for the area in which they are placed.

The Scottish Government National Volunteering Framework, developed over a number of years, was published in April 2019. A gap analysis was undertaken, highlighting amendments required to the VIA in order to support a nationally agreed approach. The Volunteer Service Group are currently informing discussions to update the VIA.

Volunteers were presented with gifts made by patients at an event in June hosted by the Board as part of National Volunteer Week: 'Time to Celebrate'.

A number of volunteers were nominated by staff and patients in TSH Staff and Volunteer Excellence Awards. Two individual volunteers and the Christian Fellowship Group have been short-listed as finalists in the awards process culminating with the awards ceremony on 24 October, 2019.

The role of Volunteer Fundraiser has been advertised for some time however we have recently commenced the recruitment process with a view to having the applicant in place early in 2020. This role will facilitate Hospital wide support to identify external funding opportunities which will contribute to improvement projects which aim to improve patient experience.

Carer Support
The Board hosted an event in August 2019 as part of National Carers' Week: Getting Carers Connected in their Communities. For the first time, the event was facilitated in the Family Centre, providing an opportunity for carers and patients who do not normally access this environment to enjoy a new experience, including access to the outdoor area.

Feedback relating to the visit experience continues to highlight ongoing challenges in relation to delays in transporting visitors to the wards, frustrations around access for food and fluids, concerns relating to use of the ward dining rooms as visiting areas and a lack of

access to the outdoor environment. The Visit Experience Short Life Working group met for the first time in August 2019 to commence a scoping exercise and identify opportunities to enhance the visiting experience. Recommendations will be shared with the Senior Management Team for further discussion.

Carers continue to benefit from financial support towards the cost of travelling to and from the Hospital. A full review of home locations was undertaken in February 2019, resulting in amendments to existing complimentary transport arrangements. This realigning of the budget has enabled opportunities to provide additional travel support for carers wishing to visit more regularly / attend social events, in addition to encouraging attendance at care review meetings.

Patient Advocacy Service (PAS)
The PCIS continue to support the role of PAS, ensuring that the PAS Patient Board member is able to attend regular meetings and participate fully in the PAS AGM, held externally, via video link, along with the PPG.

The PCIL meets regularly with the PAS Manager to discuss forthcoming Mental Welfare Commission visits, and general feedback shared, maximising opportunities for learning.

The Person Centred Improvement Advisor, PAS Manager and Complaints Officer meet every month to share feedback from patients, identify trends / themes and use a triangulated approach to analysing the data included within the quarterly 'Learning from Feedback' Report.

The Advocacy Service tendering process has been undertaken, with the existing provider the preferred bidder, ensuring continuity of input for patients. Key Performance Indicators have been refreshed within the Service Led Agreement Contract to reflect changes in practice during the time in situ.

7. Contribution to organisational objectives

In addition to working towards service KPIs and objectives, the PCIS has been proactive in terms of supporting progress to a number of organisational objectives within the Local Delivery Plan 2017-2020:

Clinical Model Principle 2 Patient Focussed Care	Action	Outputs
Local Delivery Plan 7.2 Patient Experience "As outlined in the National Services Framework, we will place patients and their carers at the centre of all service planning and delivery".	Meaningfully engage patients and carers in the Supporting Healthy Choices (SHC) project implementation work streams.	• PPG engaged in supervised online shopping pilot project and short life working group. • PPG involved in group exploring increased access to fruit. • PPG have established the 'Oot and Aboot' Active Group as part of their group structure. • Visitor Information Pack updated to support healthier choices of gifts of food / fluids.
	Respond to anecdotal feedback from patients and carers in respect of challenges around meaningfully contributing to the Care Programme Approach (CPA) process including: • time of meeting; • duration of meeting; • complex paperwork; • numbers present; • language (jargon); • support to contribute to the process.	Semi-structured feedback tool introduced in 2018 to elicit data relating to attendance at discharge/transfer CPA Meetings. As a result of insufficient responses it has not been possible to identify learning opportunities. Agreement that this process will now be undertaken by the PCIA. A suite of feedback pro-formas has now been developed as part of ToC workstreams which will support a holistic approach to learning about all aspects of the CPA process.
	Respond to patient and carer feedback relating to challenges around the clinical model of service delivery, specifically in respect of access to activity and being confined to bedrooms periodically as part of the organisational response to resourcing challenges.	Feedback shared through quarterly 'Learning from Feedback' Report. Feedback incorporated within wider piece of work commissioned by the Board in relation to reviewing Clinical Service Delivery Model.

	Support patients to engage in the national 'WMTY?' initiative (June 2019).	Dedicated Skye Centre stakeholder event involving patients, staff and volunteers, from which action plans have been developed from feedback shared. Quarterly progress updates reviewed by teams involved informing service development. All hubs participated, developing action plans which are monitored by Hub Leadership Teams. Quarterly update reporting to PCISG, Clinical Governance Committee and SMT WMTY initiative outputs shared nationally as an exemplar of 'best practice' by Health Improvement Scotland via the Person-centred Health and Care Programme.
Ensure the patient and carer 'voice' is heard at a senior level within the organisation.		Leadership walk rounds continue, facilitated by senior managers, during which time patients are encouraged to share their experience. Throughout this year, TSH Board Meetings have regularly commenced with a patient / carer story, shared through a range of medium including Emotional Touchpoints, the River Model and WMTY creative feedback outputs.

Engage with external partner stakeholders to ensure the unique needs of TSH patients / carers are understood and opportunities to influence national service / policy design are maximised.	The Scottish Health Council attends PPG regularly and form part of the membership of the PCISG. The PCIL meets with the Mental Welfare Commission (MWC) as part of their regular visit process. Contact throughout the year is ongoing in response to patient feedback shared directly with the MWC. The Person-centred Health Improvement Scotland Team has attended PPG this year and provide feedback in response to national submissions relating to the WMTY initiative. The Scottish Government (SG) Person-centred Lead has attended PPG this year and engages with the PCIL through the quarterly SG Person-centred Stakeholder Group meetings. Carers' Trust Scotland are supporting the Triangle of Care assessment process, providing valuable input from a wider perspective. Patients and carers contributed to TSH Annual Review process in January, 2019, through direct engagement with the Board / Minister as part of the Stakeholder Engagement Session.

Progress to key actions identified within 2018 twelve month report

Action	Outcome
Develop 'Supporting Patient Communication Policy'	Complete.
Undertake service review to inform resourcing structure.	Complete.
Recruitment to vacant post.	Complete.
Develop Hospital wide feedback processes.	Complete.
Facilitate WMTY initiative.	Complete.
Facilitate TSH Annual Review Stakeholder forum.	Complete.
Present outcomes emerging from Triangle of Care.	Complete.
Spread skills relating to EQIA.	Deferred to 2020 until new staff in post.
Complete Equality Outcomes	Partially complete. Remain on target.
Extend VIA to include staff feedback.	Deferred to 2020 pending refresh of VIA.
Make recommendations to enhance patient / carer engagement in CPA process.	Deferred to 2020. Insufficient data.
Contribute to the spread of QI skills across the Hospital.	Ongoing.
Contribute to development of person centred Key Performance Indicators informing organisational performance monitoring and reporting framework.	Ongoing.

8. Progress to key actions identified within 2018 twelve month report

Challenges	Solutions / Development Opportunities
Stakeholder Feedback Inconsistent systems in place to support a QI approach which adopts evidence based approaches to acting on learning opportunities and sharing best practice.	• Develop guidance to support solution based QI approach which enables services to demonstrate collaborative service design.
Carer Input Maximising the opportunity to actively engage carers.	• Develop TSH' Involving Carers' Policy'. • Develop online Carer Awareness Module. • Introduce Ward Carer Link roles.
Equality Impact Assessments Spread the knowledge and skills relating to this process to ensure that the organisation adopts a resilient approach and is able to demonstrate a consistent, robust approach which satisfies scrutiny in relation to equality of service delivery to *Protected Characteristic groups: *Age, disability, gender, gender reassignment, marriage and civil partnership, maternity and pregnancy, race/ethnicity, religion and/or belief, sexual orientation.	• Work with service leads to develop expertise within their areas, including delivery of supplementary training. • Identify policies which still require EQIAs, analyse to highlight where there may be training needs which could be met through a group workshop session.
Visit Experience Consistent feedback in relation to issues around the quality of the visiting experience.	• Support Hospital wide working group to identify and explore options to enhance the visiting experience.

9. Implications

Staffing

Despite significant progress again this year, the increased workload in relation to supporting a more robust quality improvement approach has had some implications in terms of completing the full complement of key actions.

The Patient Involvement Facilitator (PIF) role has been vacant since December 2015. This gap in clinical staffing impacted significantly on facilitation of front line groups and the ward outreach programme, specifically around spiritual and pastoral care and the patient involvement agenda. Since 2016, the service has been fortunate to benefit from the input of an experienced staff nurse registered with the Nursing Pool, who has consistently provided two/three full days input. The PIF post has a full-time remit within the establishment of this area of service delivery. This contingency part-time resourcing has proved to be insufficient in terms of meeting the service objectives relating to follow-up work streams supporting improvement of the patient / carer / volunteer experience.

Maintaining facilitation of front line groups has, on many occasions, this year relied on support from a wide range of colleagues across the Hospital whose input is acknowledged and commended, given their own responsibilities.

In addition to undertaking a busy remit, the PCIS regularly support the work of the Skye Centre Team to ensure patient placements remain open.

Recruitment to fill the vacant post was approved in the spring of 2019. An initial recruitment process proved to be unsuccessful in respect of appointing a candidate with appropriate experience. Following re-advertisement of the post in June 2019, interviews took place in September 2019. Two very experienced internal nursing candidates, (due to retire at the end of this year) have been appointed on a job share basis, to the role of Patient Experience Improvement Advisor (the new designation to replace that of Patient Experience Facilitator).

Finance

All elements of the service were delivered within budget during the year. As a result of the resourcing shortfall, significant savings have been made within the workforce element of the PCIS budget, contributing to the Nursing and AHP directorate budget.

10. Key actions for the next twelve months

- Refresh of TSH Volunteering policy and Procedure.
- Tailor national 'Interpretation and Translation Policy' for implementation locally.
- Develop Carers' Policy.
- Introduce 'carer link' roles in each ward.
- Adapt VIA to incorporate national volunteering framework.
- Develop guidance to support solution based QI approach to respond to feedback.
- Spread EQIA skills.
- Provide mentoring for patients to engage meaningfully in TSH3030 project.

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Appendix 1

'What Matters to You'? 2019 Outcomes

Area	Actions Agreed	Timescale
Arran Hub	Increased access to fresh air: more walking groups, patio open when possible.	Jul 19
	Increased opportunities for exercise: open hub gym when possible, walking groups, look into pedometers, exercise bike for Arran 1.	Aug 19
	Healthy eating: more fruit on ward, healthy eating programme as part of Hub education.	Sep 19
Iona Hub	Prioritise access to fresh air by support from wider disciplines to maintain walking groups.	Jul 19
	Support more regular 1:1 conversations with Key / Associate Key Worker.	Oct 19
	Develop processes to support visiting within the hub area.	Jan 20
Lewis Hub	*Awaiting Actions*	
Mull Hub	Increase range of Hub activities, ensuring they are fit for purpose.	Dec 19
	Alternative arrangements to ensure patients are occupied when placements are cancelled.	Mar 20
	Develop information for patients which details projected pathway through / out of the Hospital.	Mar 20
Crafts	More themed sessions e.g. 1 day workshops	Nov 19
	Pop up shop to sell items produced	Nov 19
	Exhibition of patient work: rotate cabinet items regularly	Nov 19
Gardens	Ensure access to gardens placements are maximised over summer period	Jul 19
	Consider potential external funding opportunities for projects e.g. allotments	Sep 19
	Explore possibility of patients using fruit and veg in therapeutic cooking sessions	Jul 19
Atrium	Recruit patient café volunteer	Oct 19
	Xbox to be more regularly available during Patient Day sessions	Jul 19
	Facilitate a minimum of two evening social activity events	Aug 19
Sports	Tea / coffee available within sports area	Jun 19
	Recruit patient volunteers / mentors	Oct 19
	Consider weekend / evening activities	Dec 19
PLC	Water cooler / dispenser	Jul 19
	Reduce noise levels within a number of sessions	Dec 19
	Offer new interactive learning opportunities	Oct 19
PPG	More robust succession planning process	Dec 19

		Ensure patient representation from every ward	Aug 19
		Influence progress to supervised internet shopping project	Jul 19

Appendix 2

Learning from Feedback – Coding system

Level 1 coding	Level 2 coding
Person Centred Values (PCV)	PCV - Cultural and faith related matters
Consistency and Continuity of Care (CCC)	PCV - Spirtituality
Efective Communication (EC)	PCV - Dignity and Respect
Physical Comfort (PC)	PCV - Discrimination
Emotional Support (ES)	PCV - Vistimisation and Harassment
Effective Relationships (ER)	PCV - Quality of Life matters
Access to Care (AC)	PCV - Shared Decision Making
	EC - Diagnosis
	EC - Medication
	EC - Therapuetic Intervention
	EC - Physical Health Promotion
	EC - Individual communication needs
	PC - Daily living activities
	PC - Catering Service
	PC - Shopping
	PC - Clean and Comfortable Surroundings
	ES - Safety and Security
	ES - Physical and Verbal Aggression
	ES - Clinical Status
	ES - Grounds Access
	ER - Decision making
	ER - Meaningful involvement of carers
	ER - Accommodation of individual needs
	ER - Access to Hospital Environment
	ER - Interactions with staff
	AC - Step down/alternative sevices/transfer to prison
	AC - Internal/External services waiting times
	AC - Outings
	AC - Equality and Opportunity

Appendix 3

River feedback model – Clinical Care Model Consultation
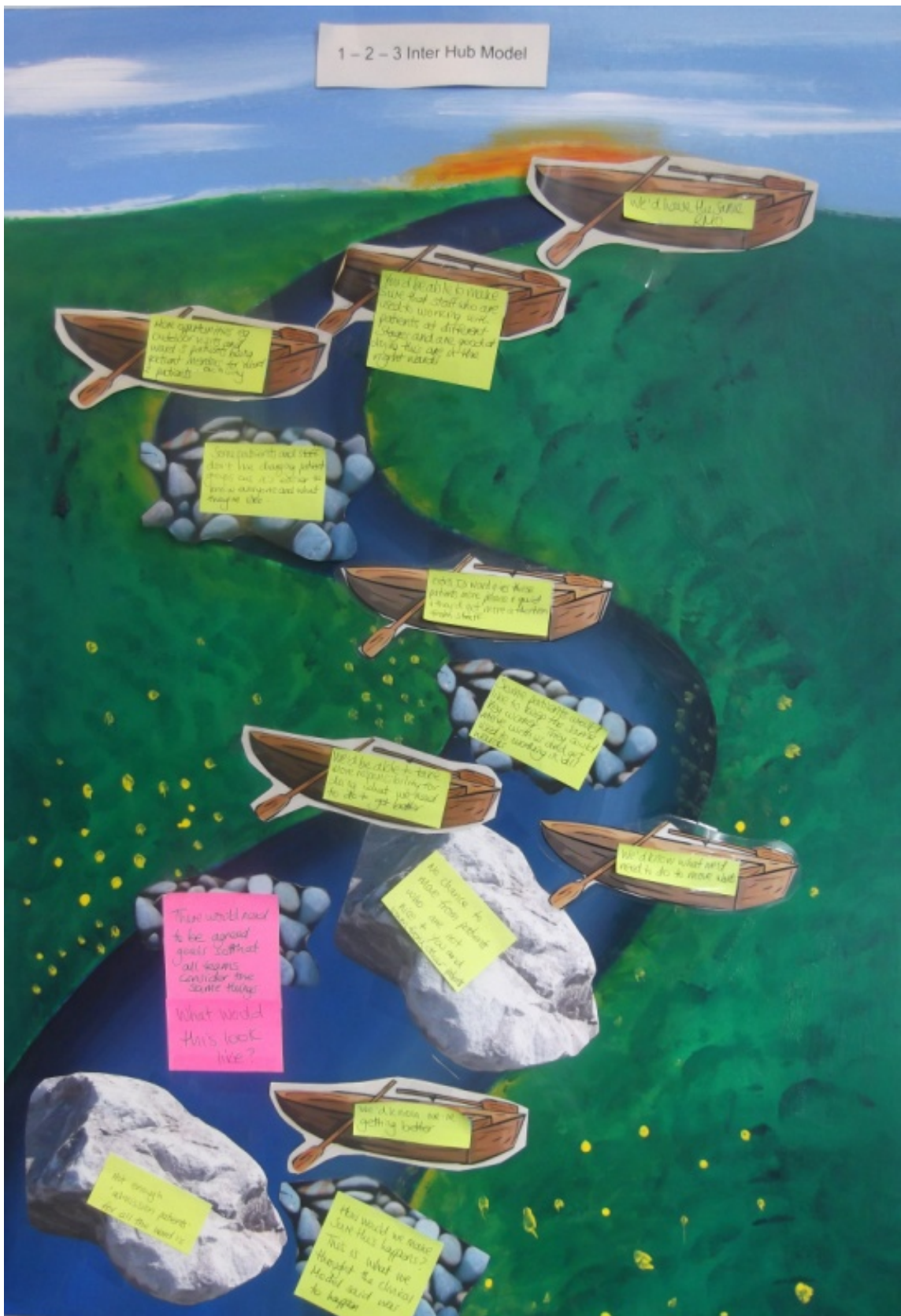
Appendix 4   Clinical Care Model Consultation responses

Option 1	Boats (opportunities)	Pebbles (challenges)	Boulders (obstacles)
1-2-3 Inter Hub Model plus 2 Intellectual Disability Wards	You'd be able to make sure that staff who are used to working with patients at different stages and are good at doing this are in the right wards.	How would we make sure this happens? This is what the Clinical Model says should be happening now.	No chance to move from patients who are not nice to you and have the chance to live with other patients who can teach you things.
	More opportunities e.g. outdoor visits, activity, ward 3 patients being patient mentors for ward 2 patients.	Some patients would like to keep the same key worker. They could move with us and get used to working in all wards.	Not enough admission patients to make three wards so you'd have lots of staff spread out.
	Extra ID ward gives these patients more peace and quiet and they'd get more attention from staff.	Some patients and staff don't like changing patient groups cos it's easier to know everyone and what they're like.	
	We'd have the same RMO		
	We'd be able to take more responsibility for doing what we need to do to get better.		
	We'd know we're getting better.		
	We'd know what's needed to move hubs.		

Option 2	Boats (opportunities)	Pebbles (challenges)	Boulders (obstacles)
Ward Configuration Model 2 x Admission, 2 x Intellectual Disability, 4/5 x Continuing Care, 2 x Discharge	If you're not very well, you know that staff looking after you know what they're doing.	Anxious about living with different patients and being looked after by different staff.	
	Getting to know other patients who can talk to you about the same things you're going through.	Coping with moving back to the 'admissions' ward if you have a problem – like taking a step back, being punished.	
	Patients at the same stage.		
	Patients able to help other patients.		
	Staff can let you help out more in the ward cos everyone is the same risk.		
	Able to do more together.		
	Extra Intellectual Disability ward would be good for these patients who need less patients round about them.		

	Change of Clinical Team – this might be good because you'd have to change teams when you move to another ward. Some doctors are better than others at helping patients to get to Medium Secure. But it might be difficult for other patients depending on what stage they're at because of how you begin to trust each other.

Option 3	Boats (opportunities)	Pebbles (challenges)	Boulders (obstacles)
Status Quo Model	Same RMO (doctor).	Feels safe because we know this model but we know it's not right.	Staff moving about between wards a lot.
		You've got new staff working with patients who aren't very well who they don't know how to care for them.	Ward routine depends on how well patients are – often all about one or two patients who are very sick so that means everyone else can't do things.
		Most wards are noisy when new patients come in and it means you can't relax.	People don't know what needs to happen to make progress. Patients often a long time in the 'admission' stage.
		Depending who's on shift, depends on how the ward runs and what you get to do. Some staff let you do things other staff say you're not allowed to do.	Staff don't have time to speak because they're having to deal with patients not very well.
		Takes too long for everything to happen like grounds access, starting to go to the Skye Centre.	Doesn't work cos we've been locked in our rooms.
			We're all treated the same – apart from the phone, mail and grounds access, restrictions are the same no matter what stage you're at.
			Because you can't open bedroom doors at night, even with patients who are ok, when your key worker is on night shift, you can only speak to them through the door.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item: 11
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Board Secretary
Title of Report:	Patient Safety, Infection Control and Patient Flow Report
Purpose of Report:	For Noting

1   BACKGROUND

This report is presented to the Board to provide an update in relation to patient safety, healthcare associated infection and patient flow.

2   PATIENT SAFETY UPDATE

The last patient safety meeting was held on 1 October.

A brief summary of Scottish Patient Safety Programme (SPSP) activity across the Hospital in the last two months under the four workstream headings includes:

Communication
Post incident debriefs are ongoing but awaiting further input around how these will link in with the psychological first-aid proposed by the psychology department.

Weekly pre-weekend safety briefings continue to take place on a Friday afternoon to ensure multi-disciplinary awareness of any expected or potential issues that may arise, and this includes on-call Duty Director and RMO.

Least Restrictive Practice
All Hubs have now had a formal introductory session with Dr Skilling and the Clinical Pause process is now live on RiO. All four Hubs have now held Clinical Pauses. It is anticipated that the process will continue to improve with ongoing PDSA cycles and feedback.

- Improving Observation Practice (IOP) Workstream
Gap analysis updated in terms with compliance with 'From Observation to Intervention' document. Short Life Working Group (SLWG) priority to draft a new observation policy. This was discussed in detail at the October meeting. It is anticipated this policy will be formally consulted on in November.

During the month of September, there was only one report of secure holds being used across the hospital site.

Leadership and Culture
Six walkrounds have taken place so far in 2019. Areas visited are Human Resources, Lewis 3, Mull 2, Mull 1, Lewis 1 and Iona 3. Actions and owners are discussed monthly at the Chief Executive Business meeting and the Patient Safety group. One action highlighted by a Charge Nurse has resulted in an improvement project being established to introduce a ward tablet to aid with access to systems outwith the ward area.

Physical Health

- Safer Medicines Management
The electronic PRN (as required medicine) form has been implemented across all wards. In August, Arran hub had 100% compliance of both checks with PRN recording.

Links continue with the physical health steering group to ensure compliance with this workstream.

3   HEALTHCARE ASSOCIATED 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 the Board, Infection Control Committee and Senior Ward staff routinely. The Senior Nurse for Infection Control (SNIC) will contact individual wards which are non compliant to allow a late submission.

- The compliance within the Skye Centre continues to be of concern; however with the installation of the free standing dispenser an increase has been shown for the month of September.

- DATIX incidents continue to be monitored by the SNIC and Clinical Teams, with no trends or areas identified for concern with the exception of the Safe Management of Linen. The Risk Management Team Leader, SNIC and Housekeeping & Linen Services Manager have undertaken audits during this time and fed back to SCN's directly. Improvements have been noted.

- 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 for compliance with NHS Lanarkshire Antimicrobial Prescribing Formulary. The Infection Control Committee review antimicrobial prescribing quarterly with no trends or areas identified for concern. The biennial audit is due to commence in November 2019. The SNIC is now a member of the Hospitals Medicines Committee & Medication Incident Review Group.

Audit Activity:

Hand Hygiene
During this review period, there was a drop in the number of audits submitted. Investigation shows that those responsible for undertaking the audits were either on annual leave or night shift. This reinforces that the audit submissions remain person dependent. The Senior Charge nurses have been made aware of this by the SNIC. Reminders to submit and follow up of non compliance will continue to be carried out by the SNIC.

August
8 out of a possible 12 were submitted

September
9 out of a possible 12 were submitted

The overall hand hygiene compliance within the hubs varies between 83-100%. During this audit period there has been a significant improvement noted within the psychology department, 92% across the hospital.

The Skye Centre continues to remain the lowest at 70%; however this was based on one audit being submitted during this period. The installation of a free standing dispenser at the end of the wooden screens may have contributed to this increase. As part of the TSH30:30 the Skye Centre atrium staff will be focusing on hand hygiene compliance within this area.

It should be noted that scores of 1% demonstrates non-compliance

% Compliance Among Disciplines Across Hubs August 2019

% Compliance Among Disciplines Across Hubs September 2019
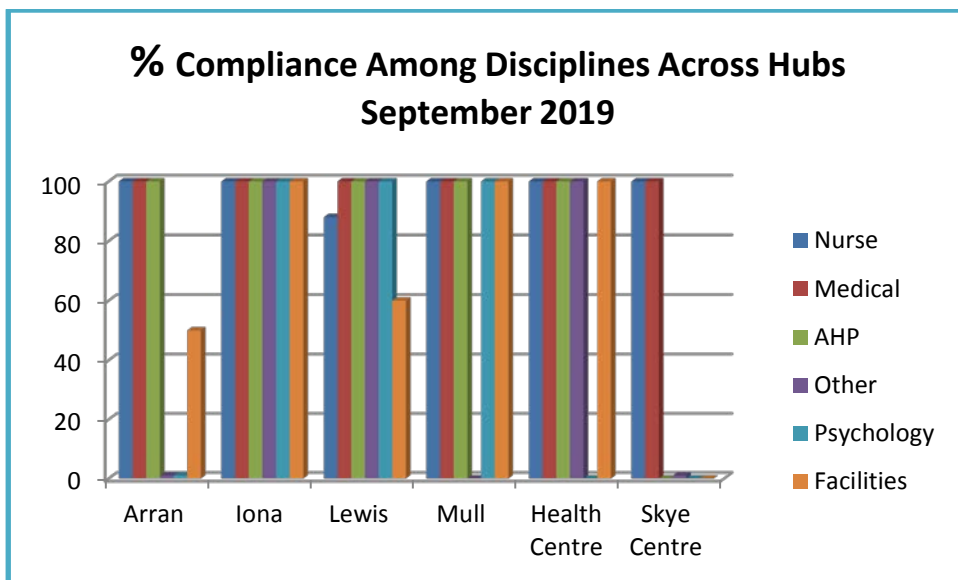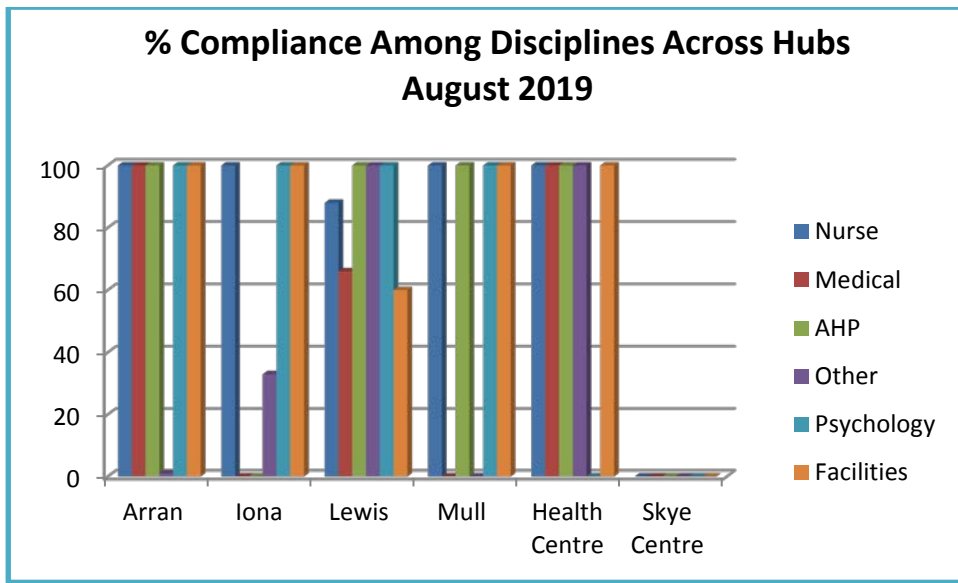
DATIX Incidents for Infection Control

There were a total of 15 incidents for the period under the Category of Infection Control, 14 of which relate to clinical waste (safe management of linen). All 14 of these relate to the labelling of the bags. Audits were undertaken to ascertain if the laundry tags are falling off in the laundry cage, this would appear not to be the case. DATIX will continue to be completed until an improvement is noted.

1 incident related to the exposure to blood & bodily fluids.

There were 5 incidents recorded within the secondary category of Infection Control 3 of which were superficial self harming incidents. This is being reviewed by the clinical team.

The remaining 2 were not deemed to be infection control related.
All Infection Control related DATIX incidents are investigated by the Senior Nursing Staff, clinical teams (as required) and reviewed by the SNIC to ascertain if there are learning outcomes identified. In addition the Infection Control Committee is presented with this data quarterly.

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

There is no data available at this time.

Hepatitis C Treatment

Funding has been secured for the one patient who was waiting for treatment; however he is being transferred imminently and it was deemed not appropriate to commence him on treatment at this time. All communication will be passed on to the receiving hospital (which is located in his home board) where he will receive his treatment.

Policies and Guidance

All infection control policies and procedures are being reviewed as per policy schedule and there are no outstanding policies.

Flu vaccination Clinics

The flu vaccinations for staff will commence on 28th October. There are 5 clinics planned, all of which will be held in the family centre. It was felt that this area was most central and staff have to pass this building on route to their department. All staff have received a letter advising them of the clinics and if they are unable to attend the clinic how they can make arrangements to receive their vaccine. The Healthy Working Lives group have donated a 'misfit' fitness tracker as a raffle prize for those who have received their vaccine. Further information will be provided in the next report.

4   PATIENT ADMISSION / DISCHARGES

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

The NHS Board has requested further detail on bed occupancy for the period from the opening of the new hospital on site in 2011 to date. The following table outlines the high level position.

Bed occupancy October 2011 - September 2019

5   RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To provide the Board with specific updates on patient safety, infection control and patient admission and discharges as well as any other areas specified to be of interest to the Board.
Workforce Implications	As detailed within sections 2 and 3 of report
Financial Implications	No financial implications identified
Route To Board Which groups were involved in contributing to the paper and recommendations.	Nursing and AHP Directorate/ Health Records – Board requested information
Risk Assessment (Outline any significant risks and associated mitigation)	Not identified for this report
Assessment of Impact on Stakeholder Experience	Not identified
Equality Impact Assessment	Not formally assessed
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	Not identified as relevant
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND   **CG(M) 19/03**

Minutes of the Clinical Governance Committee Meeting held on Thursday 15 August 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs

CHAIR:
Non Executive Director   Nicholas Johnston

PRESENT:
Non Executive Director   David McConnell

IN ATTENDANCE:
Chairperson   Terry Currie
PA to Finance and Performance Management Director   Fiona Higgins (Minutes)
Chief Executive   Gary Jenkins
Head of Psychological Services   John Marshall
Head of Corporate Planning and Business Support   Monica Merson
Director of Nursing and AHP   Mark Richards
Clinical Effectiveness Team Leader   Sheila Smith
Medical Director   Lindsay Thomson
Security Director   David Walker

1   APOLOGIES AND INTRODUCTORY REMARKS
Nicholas Johnston welcomed those present to the meeting and apologies for absence were noted from Khuram Khan; Robin McNaught, Maire Whitehead and Margaret Smith

2   CONFLICTS OF INTEREST
There were no conflicts of interest noted in respect of the business to be discussed.

3   TO APPROVE THE MINUTES / ACTON NOTE OF PREVIOUS MEETING HELD ON 9 MAY 2019
The Minutes of the previous meeting held on 9 May 2019 were approved as an accurate record.

4   PROGRESS ON ACTION NOTES
- *CIR 18/01*
Members received and noted a report on CAT 1 Review 18/01 – Ending of Seclusion which was presented by David Walker, Security Director, who advised that the report had been considered in draft by the Senior Management Team at its meeting in October 2018 with a formal report agreement in November 2018 where it was agreed that a smaller task group would consider the recommendations made and feedback to the Senior Management Team an appropriate action plan. The purpose of this update was to inform the Committee of the progress made on the implementation of the action plan.

David Walker advised that the Task Group had focussed on the redesign of the Modified Safe Room (MSR); Personal Protective Equipment (PPE) and CCTV, seeking advice from the other high secure hospitals in England and from the Prison and Police Services.

Members noted that a "mock up" of a modified MSR would be installed in Arran 3. The major alterations were around the door design, which is now outward opening and includes a hatch, allowing better access for communication and provision of medication, food and water without the necessity of staff having to enter the room. Changes to the internal configuration include removal

of walls to make a square shaped room for maximum observation and the inclusion of a recessed sink and toilet area which will be pixilated on CCTV to ensure privacy.

The CCTV will be installed as part of the current Security refresh; modifications to the MSR will form part of a proposal to the Senior Management Team and will be reviewed after installation in one MSR prior to rolling out across the Hubs. David Walker emphasised that any changes to the Clinical Model as part of its current review will be factored into both of these proposals.

Lindsay Thomson commented on the use of a door hatch and acknowledged that this would be a useful tool; however would never replace the need to enter a MSR as the basis of the Clinical Model is engagement and there may also be occasion where medical intervention is essential.

Mark Richards concurred with Lindsay Thomson's position and highlighted the difference between the Models of Care used within the English Special Hospitals to the State Hospital's Clinical Model.

No issues were raised from members in regard to the installation of CCTV.

In relation to the recommendations around PPE and the changes to current practice that this would require, were discussed at length with the main concern being around:

- significant change to the ethos of the Clinical Model
- the use of shields, pads and helmets
- the requirement to upskill staff and the challenges in maintaining skills and confidence when the use of enhanced PPE is low
- limitations when comparing to the English Special Hospitals as the patient group and clinical model at the State Hospital is not comparable
- impact on patients when nursing staff are wearing enhanced PPE
- impact on staff having to undertake this enhanced level of PPE

David Walker noted the comments and concerns raised whilst acknowledging that the use of recognised national standard PPE when delivering PMVA techniques equates to the threat level and is designed to protect both staff and patients whilst undertaking these techniques.

Terry Currie highlighted that the Hospital Board needs to be assured from a governance perspective that the recommendations made following the independent review have been considered and responded to. The Board will require an evidenced response for each recommendation, detailing the action taken or the provision of a rationale and justification as to why a recommendation was not implemented.

David Walker agreed to have an interim discussion at the Chief Executives Business Meeting and then to prepare a report for consideration at the September meeting of the Senior Management Team. A further update will be provided to the Clinical Governance Committee at its meeting on 14 November 2019.

ACTION: DAVID WALKER

Members further noted that in relation to the communication and sharing of intelligence recommendations that David Walker is meeting with the National Head of Prison Service in September in relation to a review of national information sharing protocol.

In relation to other items on the Clinical Governance Minute Action Points members noted that these are either on the agenda or are ongoing.

5   MATTERS ARISING

There were no further matters arising.

6   PSYCHOLOGICAL THERAPIES SERVICE 12 MONTHLY REPORT

Members received and noted the Psychological Therapies Service 12 Monthly Report, which was presented by John Marshall, Head of Psychological Services. The report covered the period January to December 2018 and had previously been presented to the Clinical Governance Group. The report is centred on the six quality dimensions from the Healthcare Quality Strategy for NHS Scotland, as detailed below.

- Safe
- Effective
- Efficient
- Challenges
- Person Centred
- Equitable
- Timely

Service developments undertaken during the reporting period included:

- Changes to group work to be more trauma informed
- Delivery of healthy living and diabetic intervention groups
- QI projects supported by NHS Quality Improvement Scotland, helping to increase group therapy productivity and efficiencies, improved leadership and contribution to TSH3030 projects. Significant link with national and international academic and doctoral trainee psychologists programmes.
- Structured formulation guide and audit of formulation quality is currently underway.
- Continued involvement in local and national strategic groups.

Challenges highlighted in the report included:

- Delivering further SLA's and increasing the efficiencies of the service
- Contributing to the work of reducing staff sickness absence rates
- Increasing the quality of clinical care in keeping with scientific and technical development in psychological models of care/intervention.

Members noted that patient engagement and satisfaction is high which is significant when considering the complexity of the patient group and the challenges associated with ensuring patient readiness to move on to further therapies and the need to ensure there are other patients also ready to move on when this is group therapy. The requirement for Multi Disciplinary Working is key in relation to MAP interventions and ensuring Key Worker involvement to aid patient motivation and engagement.

Mark Richards commented on the clear detailing of the activities and impacts within the report and noted the decrease in participation within the healthy living group. John Marshall highlighted the possibility of securing funding from NES for a Trainee Health Psychologist, this is a significant gap in the current Psychology Workforce. A discussion also took place around the Psychology staff participating in the PAA rota and the subsequent impact on service provision. It was noted that this should form part of the discussion around the Clinical Model.

David McConnell commented on the usefulness of the vignettes throughout the report and John Marshall agreed to continue with their inclusion. Nicholas Johnston highlighted the interesting content of the analysis from the Risk Needs section.

ACTION: JOHN MARSHALL

Members asked that in light of the delay in presenting the annual report to the Committee, due to absence, that an update be provided to the next meeting, with the presentation date of next year's report remaining the same on the workplan.

ACTION: JOHN MARSHALL

Members **noted** and **approved** the content of the report.

7   MEDICINES COMMITTEE 9 MONTHLY REPORT

Members received and noted a 9 Monthly Report on the Medicines Committee which was presented by Morag Wright, Lead Pharmacist, who advised that the report provided an overview of the work of the Medicines Committee including key areas of work and future developments. The report presented covers a 9 month period rather than the normal 12 month period as a result of a review of the clinical Governance Workplan.

Key areas of work during the reporting period included:

- Extensive Clinical Audit Programme
- Medicines supply planning
- Medication Incident Review Group progression
- New prescribing guidance documentation

Morag Wright information members that in relation to the Clinical Audit, post injection monitoring is now electronic using the Hospital RiO system. Preparation work is ongoing in relation to Medical Supplies and Brexit. The establishment of a monthly Medication Incident Review Group, led by Mark Richards, Nursing and AHP Director and the Nursing Practice Development staff has been key in promoting wider medicines awareness and the proactive engagement from the Hospital's new GP and the newly qualified Pharmacy Prescriber have also been helpful in taking the work of this group forward. The introduction of electronic prescribing is currently with NHS Lothian who continue to await clarity around funding from the Scottish Government, without this funding there is no option to facilitate electronic prescribing.

Members noted the continued progress of the work undertaken by the Medicines Committee and in particular around Brexit planning and receiving of medication supplies. Gary Jenkins advised that he would speak with David Walker, as Chair of the Hospital's Resilience Committee to seek assurance in relation to medical supplies.

ACTION: GARY JENKINS

Morag Wright provided assurance to the Board that the Hospital has a significantly small number of Medication Incidents when you consider the number of patients and number of medications given daily, which would equate to approximately 800 potential incidents per day. Most incidents are administration errors and communication is through the Staff Bulletin; directly with the Senior Charge Nurses and is on each Hub Business Meeting agenda. An audit is programmed to take place in September through the Practice Nurse Development Team.

Members **noted** and **approved** the content of the report.

8   PATIENT SAFETY 12 MONTHLY REPORT

Members received and noted a 12 month report on the Scottish Patient Safety Programme which was presented by Mark Richards, Nursing and AHP Director, who advised that the report provided an overview of the Patient Safety Programme for the period July 2018 to June 2019. During this period, in February 2019 a relaunch of the Patient Safety Programme safety principles was undertaken, this included:

- Communication
- Leadership and Culture
- Least Restrictive Practice
- Physical Health

Mark Richards informed members that these principles fit well with the Board focus and would not require any changes to current governance arrangements, which include a bi monthly meeting of the Patient Safety Group who are taking forward work in relation to:

- Introduction of Patient Support Plans
- Leadership Walkrounds
- Observation Practice from observing to intervention, with Policy Development and practice change underway for this and a detailed case study highlighted in the report.
- Dynamic Appraisal of Situational Awareness (DASA) as part of the Tableau Project has received positive feedback and work continues on this

Mark Richard advised members that in comparison to last year where all actions were completed and areas of good practice were noted there may be capacity issues this year with the loss of 2 days per week of Clinical Effectiveness / data capture support. Terry Currie asked that this be monitored.   **ACTION: MARK RICHARDS**

Lindsay Thomson advised that work on drafting the Observational Policy had been undertaken and National Guidance had now been received. Mark Richards informed members that there were no significant changes required following receipt of guidance and advised that the gap analysis had been completed and the draft policy would be issued in September for consultation with the finalised policy expected to be approved in October/November.

Nicholas Johnston asked that a clear statement in relation to avoiding unintended harm be included in the report and Mark Richards advised that this could be evidenced around the Medication Incidents Group and audit findings and agreed to provide an assurance statement within the report and to speak with Monica Merson, Head of Corporate Planning and Business Support to consider including this within Duty of Candor.
                                                                                           ACTION: MARK RICHARDS

Members **noted** the progress outlined in the report and **approved** the 12 month rolling report.

9   FORENSIC MEDIUM AND HIGH SECURE CARE STANDARDS ACTION PLAN
Members received and noted the annual update from the Continuous Quality Improvement Framework Action Plan which was presented by Sheila Smith, Clinical Effectiveness Team Leader, who advised that the action plan had been drafted following the Peer Review which took place in April 2018. A total of 37 actions were identified and these are split into 3 categories as detailed below:

- 11 high graded actions
- 15 medium graded actions
- 11 low graded actions

All actions are either in progress or have been completed and members noted the updates included within the action plan.

In relation to Theme 5 and considering the feedback received from carers, families and professional visitors and the peer review team regarding all aspects of the visiting experience members noted that a review of visits is currently being undertaken by Security with a proposal expected to be submitted to the Senior Management Team. Terry Currie and Nicholas Johnston both highlighted concern that the timescale for completion of this action is June 2020. Gary Jenkins informed members that there is a national focus on visitor and carer experience and as such he would speak with David Walker, Security Director to ensure this progressed at a faster pace, suggesting that a 3 month timeline would be more appropriate for this action.
                                                                                              ACTION: GARY JENKINS

In relation to Theme 4 on reflective practice members suggested that the timescale of September 2019 may require extending to allow completion of the consultation process and Sheila Smith agreed to speak to the action owner in relation to this.

ACTION: SHEILA SMITH

Members **noted** the updated action plan and asked that monitoring continue to ensure the positive progress made is maintained.

10   LEARNING FROM FEEDBACK

Members received and noted a report on Learning from Feedback, including "What Matters to you" 2019 Outcomes, which was presented by Mark Richards, Director of Nursing and AHP who advised that the report provided an overview of activity relating to the feedbacks received for the period 1 April to 30 June 2019 and also included outcomes emerging from the What Matters to You initiative, facilitated on 6 June 2019.

Members noted that the during the reporting period there were 56 items of feedback received, 18 of which related to patients' meal service and 29 compliments relating to the Skye Centre Event. From the feedback 5 outstanding actions remain and all outcomes are detailed within the report.

The emerging themes from the What Matters to You initiative include:

- More access to fresh air
- More access to exercise
- Increased contact from family and friends
- Access to placements
- Opportunity for social activities at weekends and evenings

These are being taken forward by Sandie Dickson, Person Centre Improvement Lead with the leadership teams across the site, a 6 month update on this will be provided to the Committee.

Members were advised that staff within Mull Hub had the opportunity to see the Emotional Touch Point feedback previously shared with the Hospital Board.

Members **noted** the new format of this report and to its ongoing development and **noted** the 2019 What Matters to You outcomes and that an update on these outcomes will be presented to the Committee in March 2020.

ACTION: MARK RICHARDS

11   LEARNING FROM COMPLAINTS

Members received and noted a report on Learning from Complaints which was presented by Lindsay Thomson, Medical Director who advised that the report provided an overview of activity of complaints, concerns and enquiries for the period 1 April to 30 June 2019. The report also provided detail on Scottish Public Service Ombudsmen (SPSO) contact and the results of the evaluation and audit of the complaints process.

Members noted that during the reporting period 16 complaints and 10 concerns/enquiries were received. From these complaints:

- 2 were withdrawn
- 13 closed
- 4 were upheld
- 2 were partially upheld
- 2 responses are being reviewed by the SPSO
- Timescales for responding met for all complaints

There is a significant reduction in the number of complaints received when compared to the same period in 2018/19 however this can be explained due to the high number of complaints received in relation to a telephone and a bedroom chair issue which created a high volume of complaints during that period. This has been concluded and lessons learnt. There are no particular issues of note or any obvious emerging trends.

Mark Richards highlighted the low number of complaints in relation to staff shortages when compared with previous years and suggested that this may provide a false assurance. Members noted that a report on Ward Closures is due to be presented to the Committee in November.

Members **noted** the content of the report.

12   INCIDENT REPORTING AND PATIENT RESTRICTIONS
Members received and noted a report on Incidents and Patient Restrictions which was presented by Lindsay Thomson and provided an overview of activity of incidents and patient restrictions for the period 1 April to 30 June 2019, there were no noticeable trends or areas of concern and members were content to **note** the report.

13   DISCUSSION ITEM
- *Clinical Model*

Members received and noted a presentation on the Clinical Model which was delivered by Monica Merson, Head of Corporate Planning and Business Support, who advised that a Benefits Criteria Workshop is scheduled to take place on 21 August 2019 with a follow up Options Appraisal scheduled for 16 September 2019. The results of the options appraisal and weightings, including financial and human resource analysis will be presented to the Board along with this presentation at its meeting in October 2019.

Members asked that a document detailing clear definitions be provided by the Clinical Forum in advance of the benefits criteria in order that a desk top exercise can be undertaken to ensure accurate scoring can be achieved at the options appraisal.

ACTION: MONICA MERSON

14   AREAS OF GOOD PRACTICE / AREAS OF CONCERN
There were no comments received in relation to good practice or areas of concern.
It was agreed that the log of good practice / areas of concern should be included with future meeting papers.

ACTION: SHEILA SMITH

15   WORKPLAN
Members received and noted the Workplan for 2019 and agreed that the Discussion Item for November would be either the Clinical Model or Policy Work for Improving Observational Practice.

ACTION: SHEILA SMITH

16   ANY OTHER BUSINESS
There was no other business.

17   DAY, DATE, TIME AND VENUE FOR NEXT MEETING
The next meeting will be held on 14 November 2019 at 9.45am in the Boardroom.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 13
Sponsoring Director:	Interim HR Director
Author(s):	Interim HR Director
Title of Report:	Attendance Management Report
Purpose of Report:	For Noting

1   SITUATION

The State Hospital (TSH) sickness absence level in-month figure for August 2019 was 6.10%; with an average rolling 12 month figure of 6.54% for September 2018 to August 2019. The rolling 12 month figure is 2.44% lower than the September 17 to August 2018 figure (8.98%).

The Board should note the local target level is 5%.

2   BACKGROUND

Over the last 3 years, TSH monthly absence levels have frequently been between 8% and 10%. Consequently absence management and monitoring have been areas of particular focus.

Absence data reported is extracted from both the SWISS, the national source and SSTS local information system to provide this report.

3   ANALYSIS

The August 2019 sickness level of 6.10% is the lowest August figure recorded by TSH in the last 4 years. However, this does exceed the 5.0% target and the NHS Scotland level of 5.21% for the same period (Appendix IV).

Long/short term absence split is 4.45% and 1.65% respectively. These figures were recently recalibrated and therefore make comparison with historic data irrelevant. (Appendix II).

The in-month absence level equates to a loss of 4517.45 hrs / 27.75 WTE.

The current average rolling 12 month sickness figure is 6.54% for the period 1 September 2018 to 31 August 2019. This represents a 2.44% lower figure than 2017/18 (8.98%). The current national target is to achieve a 0.5% reduction in sickness absence per annum over 3 years.

The main reasons for absence continue to be Anxiety/Stress/ Depression/Other Psychiatric Disorders (36%), Musculoskeletal (10%) and Fractures (9%) (Appendix I).

4   RECOMMENDATION

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

Appendix I : Absence Reasons 1ˢᵗ June 2018 to 31ˢᵗ May2019

Absence Reason Description 1 September 2018 to 31 August 2019 Source: SSTS	Short Term Sick %	Long Term Sick %	Total (SL+II) Working Hours Lost	Total & inc Industrial Injury
Anxiety/stress/depression/other psychiatric illnesses	8.26 %	47.13 %	33018.13	36.47 %
Other musculoskeletal problems	6.54 %	6.67 %	9482.96	10.47 %
Injury, fracture	5.03 %	8.36 %	8119.67	8.97 %
Gastro-intestinal problems	20.99 %	5.75 %	7523.05	8.31 %
Cold, cough, flu - influenza	19.00 %	1.86 %	4606.13	5.09 %
Heart, cardiac & circulatory problems	1.40 %	6.56 %	4564.70	5.04 %
Back problems	8.54 %	3.54 %	4274.17	4.72 %
Other known causes - not otherwise classified	4.46 %	4.32 %	3871.58	4.28 %
Genitourinary & gynecological disorders - exclude pregnancy related disorders	2.12 %	4.15 %	3109.58	3.43 %

Details all absences amounting to greater than 2%. Source: SSTS

Appendix II : LONG / SHORT TERM ABSENCE BREAKDOWN – NATIONAL DATA (SWISS)

Sickness Absence 2018/2019 (Long/Short Term Split)

Source: SWISS

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Long Term %	3.24	5.1	5.69	4.47	4.08	3.7	3.34	4.25	4.38	4.36	3.82	4.45
Short Term %	3.58	3.78	3.24	2.84	5.16	2.36	3	1.29	0.96	1.19	1.31	1.65
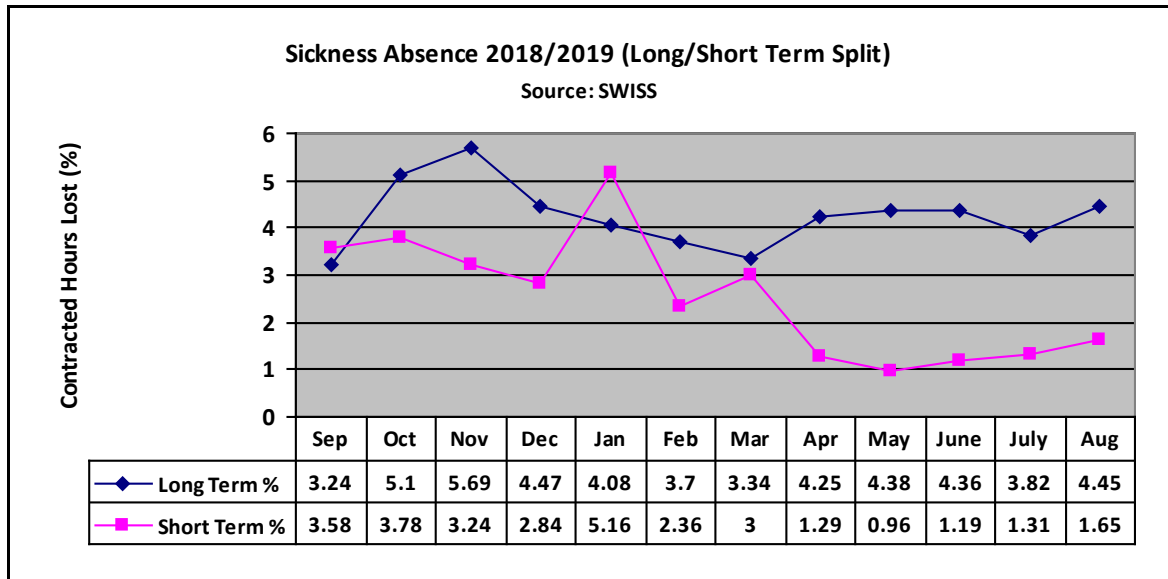
Chart 1 provides a rolling monthly comparison of long and short-term absence from SWISS for the State Hospital only.

Appendix III : YEARLY AND MONTHLY COMPARISON - details the breakdown in percentage of sickness absence for the financial years 2012/13, 2013/14, 2014/15, 2015/16, 2016/17, 2017/18, 2018/19. This data is derived from SWISS.

Sickness Absence Annual Comparison
Source: SWISS
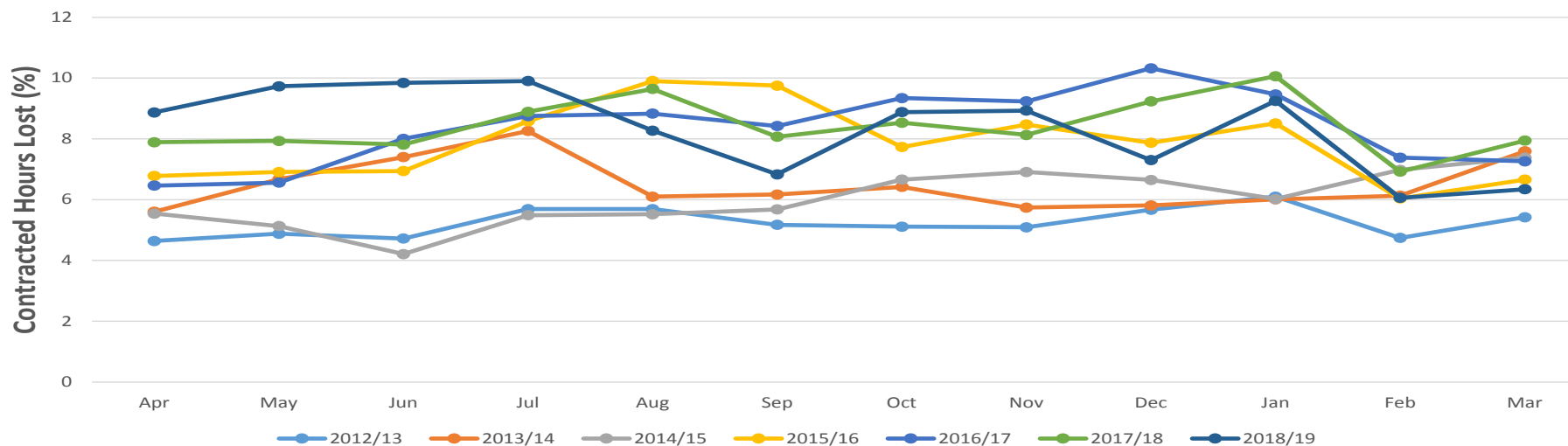
Year/Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13	4.64	4.88	4.72	5.69	5.69	5.17	5.11	5.09	5.67	6.1	4.74	5.42
2013/14	5.6	6.67	7.4	8.26	6.1	6.17	6.42	5.74	5.81	6.01	6.13	7.59
2014/15	5.54	5.13	4.21	5.49	5.52	5.68	6.66	6.91	6.65	6.02	6.98	7.38
2015/16	6.78	6.91	6.94	8.58	9.9	9.75	7.73	8.47	7.87	8.51	6.04	6.66
2016/17	6.46	6.56	8	8.75	8.83	8.42	9.34	9.23	10.32	9.46	7.38	7.26
2017/18	7.89	7.93	7.81	8.89	9.64	8.07	8.53	8.13	9.23	10.06	6.92	7.94
2018/19	8.87	9.73	9.84	9.9	8.27	6.83	8.88	8.93	7.3	9.25	6.06	6.34
2019/20	5.55	5.34	5.56	5.13	6.1							

Appendix IV : National Comparison with NHS Scotland and The State Hospital - August 2019

	Absence Rate			Instances			Absence Reason	
	Total	Long Term[1]	Short Term[2]	Total	Long Term[1]	Short Term[2]	Yes	No[3]
Scotland	**5.21**	**3.49**	**1.72**	**24,244**	**7,762**	**16,482**	**21,214**	**3,030**
NHS Ayrshire & Arran	4.88	3.36	1.52	1,346	464	882	1,210	136
NHS Borders	4.39	2.78	1.61	495	136	359	418	77
NHS National Services Scotland	4.52	3.26	1.26	450	145	305	431	19
NHS 24	7.50	4.73	2.77	456	139	317	392	64
NHS Education For Scotland	1.67	1.15	0.52	78	22	56	46	32
NHS Healthcare Improvement Scotland	4.06	2.85	1.21	51	18	33	49	2
NHS Health Scotland	2.05	0.70	1.35	30	5	25	24	6
Scottish Ambulance Service	8.98	6.49	2.49	893	379	514	831	62
The State Hospital	6.10	4.45	1.65	94	47	47	87	7
National Waiting Times Centre	4.38	2.85	1.53	251	74	177	212	39
NHS Fife	5.50	3.92	1.58	1,213	478	735	1,110	103
NHS Greater Glasgow & Clyde	5.55	3.92	1.62	5,871	2,191	3,680	5,375	496
NHS Highland	5.16	3.41	1.74	1,505	432	1,073	1,027	478
NHS Lanarkshire	5.58	4.09	1.49	1,617	652	965	1,419	198
NHS Grampian	4.42	2.68	1.74	2,261	558	1,703	1,786	475
NHS Orkney	4.46	2.40	2.06	103	19	84	102	1
NHS Lothian	4.81	2.69	2.12	4,008	906	3,102	3,539	469
NHS Tayside	5.01	3.42	1.59	1,782	568	1,214	1,566	216
NHS Forth Valley	5.52	3.79	1.73	864	308	556	806	58
NHS Western Isles	5.04	2.91	2.13	179	40	139	151	28
NHS Dumfries & Galloway	4.54	2.76	1.79	610	166	444	551	59
NHS Shetland	3.31	1.68	1.64	87	15	72	82	5

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.	SMT, Partnership Forum
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	Failure to achieve the 5% target will impact on stakeholder experience
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 14
Sponsoring Director:	Interim Director of Human Resources
Author(s):	Interim Director of Human Resources
Title of Report:	Attendance management task Group
Purpose of Report:	For noting

1   SITUATION

The Attendance Management Task Group (AMTG) was reconvened in August 2018, at the request of the Staff Governance Committee / Board, due to a concerning increase in sickness absence levels in QI & II of 2018/19 (levels ranging from 8.27% to 9.9%). The group developed and implemented an Action Plan to achieve a 3% reduction from the June 2018 level of 9.8% to 6.8% by March 2019.

This target was achieved with a 5.55% absence level reported in March 2019. Levels have been maintained at or below 6% throughout QI and II to date.

2   BACKGROUND

Over the last 3 years, TSH monthly absence levels have frequently been high. However, throughout QI & II in 2018/19 levels peaked to between 8-10%. The Attendance Management Task Group resumed and developed an Action Plan to enhance

- **Leadership**
  Ensure full engagement of senior managers and staff on the improvement target.

- **Training & Support**
  Ensure staff were well informed on sickness absence policy
  Support Line Managers to implement policy

- **Policy Compliance**
  Achieve full compliance with implementation of TSH sickness absence policy

- **Monitoring of outcomes**

Board Paper 19/80
The group led the implementation of the plan with the support of Partnership Forum and the Senior Management Team.

3   ASSESSMENT

The engagement of HR, Managers and Partnership with employees in the implementation of this plan has resulted in a significant improvement in sickness absence levels. There is a recognised on-going need to continue with this approach and actions initiated in the AMTG Action Plan are continuing to be embedded into practice.

The group acknowledge that wider consideration to factors of culture, values & behaviour, etc may further enhance staff attendance but as a programme of work is underway through the TSH Sturrock review, the AMTG should be stood down in the short term. The Staff Governance Committee support this proposal.

4   RECOMMENDATION

The Board is invited to note the content of this report and the support of the Staff Governance Committee for the suspension of the AMTG.

Board Paper 19/80

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Continues to support management of attendance but allows focus to shift to impact of culture / values and behaviours.
Workforce Implications	Supports ongoing monitoring of absence and potential to reconvene AMTG as required if absence starts to increase.
Financial Implications	Lower absence levels reduce cost on supplementary staffing.
Route To Board Which groups were involved in contributing to the paper and recommendations.	AMTG SGC
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	None identified
Equality Impact Assessment	None identified
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 15
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Director of Nursing and AHPs
Title of Report:	Health and Care Staffing Bill
Purpose of Report:	For noting

1   SITUATION

The Health and Care (Staffing) (Scotland) Bill was unanimously passed by parliament on 2 May 2019 and received Royal Assent on the 6th June 2019. Statutory guidance is currently under development, and enactment of the legislation is anticipated in mid-2020. It remains likely that there will be a phased approach to the implementation of the requirements of the Bill.

The purpose of this paper is to ensure that the Board remains sighted on the overall requirements of this legislation, the role of the Board, and specific actions that need to be progressed to ensure readiness for enactment of the legislation. This paper also sets out the work undertaken this year to ensure we are prepared to meet our requirements in response to the Act.

2   BACKGROUND

The aim of the Health and Care (Staffing) (Scotland) Act is to provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high quality care and improved outcomes for service users. It will do this by ensuring that the right people with the right skills are in the right place at the right time, creating better outcomes for patients and service users, and supporting the wellbeing of staff.

The Act does not seek to prescribe a uniform approach to workload or workforce planning. Instead, it enables the development of suitable approaches for different settings. It will:

- provide assurance that staffing is appropriate to support high quality care, identify where   improvements in quality are required and determine where staffing has impacted on quality of care

- support an open and honest culture where clinical/professional staff are engaged in relevant processes and informed about decisions relating to staffing requirements

- enable further improvements in workforce planning by strengthening and enhancing arrangements already in place to support transparency in staffing and employment practice across Scotland and through the use of, and outputs from, the Common Staffing Method and associated decision making processes

- ensure the clinical voice is heard at all levels by ensuring arrangements are in place to seek and take appropriate clinical advice in making decisions and putting in place arrangements in relation to staffing including: identification of any risks; mitigation of any such risks, so far as possible; notification of decisions and the reasons why and a procedure to record any disagreement with the decision made

3   ASSESSMENT

All territorial Health Boards and those Special Health Boards delivering patient facing clinical services are covered by the legislation, which is underpinned by guiding principles and duties.

These have been set out in a previous paper to the Board, but in summary, the main purposes of staffing for health and care services is to provide safe and high-quality services and to ensure the best health or care outcomes for service users.

The duties on Health Boards which are described in the Act are:

1. Ensure appropriate staffing
2. Ensure appropriate staffing: agency workers.
3. Have real-time staffing assessment in place
4. Have risk escalation process in place
5. Have arrangements to address severe and recurrent risk
6. Seek clinical advice on staffing
7. Ensure adequate time given to clinical leaders
8. Ensure appropriate staffing: training of staff
9. Follow the Common Staffing Method

Reporting
The Board will be required to publish and submit to Scottish Ministers an annual report which details how we have complied with the duties in the Act.

Scottish Ministers must collate these reports and produce a statement detailing how they have or will use the information in their policies for staffing in the Health Service.

At this point in time, the Act is not enacted, so there is no formal reporting requirement for the Board.

Progress to date
In preparation for the legislation coming into force, the Board is receiving funding until September 2020 to employee a 0.5 WTE Senior Nurse – Workforce Planning to take forward this work.

The Senior Nurse is working closely with a Healthcare Staffing Programme (HSP) Advisor to prepare for meeting the requirements set out in the Bill, particularly the Common Staffing Method.

The HSP Advisor aligned to the State Hospital provides the necessary support required to build capacity and capability within the Board to ensure:

- Effective application of the workload tools, common staffing method and roster management

- Robust analysis of reports and workforce information for the organisation
- Identification and or development of approaches and strategies for effective risk assessment, mitigation, escalation and prioritisation of nursing workload and workforce planning concerns

In addition, the Programme Advisor will provide education and training and specific advice to ensure:

- Frontline clinical staff, clinical leaders and managers have an understanding of the mental health workload tool and common staffing methodology
- The mental health workload tool and common staffing methodology is embedded in practice
- Frontline clinical staff, clinical leaders and managers have an understanding of effective roster management and impact of this on staffing requirements
- Frontline clinical staff, clinical leaders and managers have an understanding of how to access and analyse information in standard Healthcare Staffing reports
- Frontline clinical staff, clinical leaders and managers have an understanding of how to identify, mitigate, escalate and prioritise risk, and systems and process are in place which enables transparent decision making based on this risk assessment
- Frontline clinical staff are engaged in the process, know how to escalate concerns and are informed of decisions made following application of the common staffing method

A quality improvement approach is being used in preparation for the Health and Care Staffing Legislation. An action plan has been developed with the Senior Nurse and Programme Advisor with 5 headline actions as set out below. A progress report against each action is offered.

1. **Effective application of the workload tools, common staffing method and roster management:**

- Workload tool test of change and spread plan throughout the State Hospital by end of December 2019, to ensure tools are reflective of workload including peaks and troughs of activity. These will be used continuously over the next 6 months in all wards. There are initial outputs from Lewis Hub.
- Common staffing triangulation adopted although requires further work to incorporate the Excellence in Care (EiC) assurance and workforce measures.
- Substantial work has been undertaken in establishing baseline staffing levels within each ward. Reporting templates have been established for the predicted absence allowance, staff in post, supplementary staffing used and borrows from the nursing pool. Next steps include inclusion of the EiC workforce and assurance measures.
- The Senior Nurse is working with SSTS West of Scotland Region SSTS Systems Manager. Rostering is a key feature within improving current systems and is an ideal platform for starting discussions around workforce change. There has been a focus on current rostering practice and in particular planned leave within the Predicted Absence Allowance (PAA) Rostering practice is under review with an aim to standardize and maintain planned leave within the PAA.
- Mull 2 has been identified to test out the new developments currently available within SSTS interactive rostering. This will commence in October.
- The State Hospital has been identified as an early adopter and test site for eRostering.
- Work is underway in developing underpinning rostering policies
- Reporting is through the Clinical Operations Manager, Nurse Director and Partnership.

2. Robust analysis of reports and workforce information for the organisation:

- Reporting and monitoring templates have been developed
- The reports are shared with the Clinical Operational Manager and Nurse Director as well as Senior Charge Nurses and ward teams
- Reporting will be via the recommendation of a Forum (guiding coalition) which will report to the Partnership Forum and the Board.

3. Identification and /or development of approaches and strategies for effective risk assessment, mitigation, escalation and prioritisation of nursing workload and workforce planning concerns:

- Work has progressed well against actions 1 and 2 as part of the scoping and establishing baseline information identifying the challenges, risks, levers and areas for improvement.
- Monthly meetings established between Senior Nurse, HSP advisor, Clinical Operations Manager and Nurse Director. The Head of HSP will attend these meetings when required
- Further work to be undertaken with transparency and governance around leave management and use of supplementary staff.
- Further work to be done matching workforce demand to staff. This will include workforce demographics.
- Staff work fixed shift patterns of unequal lengths. This removes flexibility and is difficult to manage the variances
- To develop a strategy in line with the areas within the common staffing method as a template for the board.
- Embed QI approaches to managing workforce change and develop feedback mechanism for clinical staff to raise concerns
- Continue to build knowledge, capability and confidence around workforce planning with all staff groups.

4. Education and training for staff:

- Significant work undertaken engaging staff in both preparation for the legislation and application of workload and professional judgement tools.
- Encouraging Senior Charge Nurses to understand workload activity, rostering and the PAA and how this links to the quality of care and wellbeing of patients and staff
- Feedback on the outputs of the tools established in the test wards.
- Develop mechanisms for staff to raise concerns or improvement ideas.

5. Ensuring representation at local and national forums, to influence, shape and contribute to the National Policy Agenda:

- The Senior Nurse – Workforce Planning is a member of the Healthcare Staffing Programme group which meets formally with workforce leads across the NHS Boards.
- Links have been forged with NHS Ayrshire and Arran and NHS Forth Valley to develop robust templates for data collecting and reporting.
- The Senior Nurse – Workforce Planning represents the Hospital at the developmental build meetings for SSTS interactive rostering.

As part of the assessment of the Board's readiness for the requirements of the Act, RSM UK will undertake an audit in this area in January 2020. This audit will run from 6 to 10 January 2020, the finding of which and associated recommendations will be reported through the Audit Committee of the Board in due course.

4   RECOMMENDATION

The Board is invited to **note** this update on safe staffing legislation, and invite a further update at the February meeting of the Board.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Sets out the Board's legal duty as it relates to safe staffing.
Workforce Implications	The common staffing method will be applied which may have implication for the size and shape of the clinical workforce.
Financial Implications	Outputs from the common staffing method and subsequent advice to Board may have financial implications. These are not fully quantified at this point in time.
Route To Board Which groups were involved in contributing to the paper and recommendations.	N/A.
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified in terms of readiness for legislation being enacted. Financial risk unquantified as will be informed by outputs from safe staffing method and subsequent advice to the Board.
Assessment of Impact on Stakeholder Experience	Not formally assessed.
Equality Impact Assessment	Not formally assessed.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified to date.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One ✓ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 16
Sponsoring Director:	Interim Director of Human Resources
Author(s):	Interim Director of Human Resources
Title of Report:	The State Hospital Workforce Planning
Purpose of Report:	For noting

1 SITUATION

The State Hospital Board in February 2019 anticipated that a new workforce plan would be produced by September 2019; taking into account the revised clinical model and the outcomes from the Common Staffing Method. This assumed completion of the TSH revised clinical model in May 2019 and availability of outcomes from TSH application of the Common Staffing Methods in July 2019.

Time delays in both the clinical model / Common Staffing Method will delay the production of the Workforce Plan to December 2019.

2 BACKGROUND

TSHs workforce plan 2017/2022 was produced in June 2017 in accordance with Scottish Government "Revised Workforce Planning Guidance", CEL 32 (Scottish Government, 2011).

The plan identified the anticipated internal and external drivers influencing the shape of TSH workforce over a 5 year time period and projected a reduction of 8 WTE staff by 2018; equating to 587.9 WTE.

The First Minister announced the Scottish Government's intention to enshrine safe staffing in law in 2016. In its Programme for Government 2017/18 it indicated its intent to deliver on the commitment starting with the nursing and midwifery workforce. These commitments led to the Health and Care (Staffing) (Scotland) Bill being produced to enable safe and high quality care by making the provision of appropriate staffing in health and care statutory, resulting in better outcomes for service users.

As a direct result of this action, TSH are obligated to run the Nursing and Midwifery Workload and Workforce Planning Tools as part of a 'Common Staffing Method' on an annual basis taking cognisance of the outcome and determining the best means to risk manage any identified shortfalls.

3 ASSESSMENT

It is acknowledged that workforce planning is an iterative process and TSH Workforce Plan requires to be updated in line with the:

- Revised clinical model and
- Common Staffing method defined by the Health and Care (Staffing) (Scotland) Bill.

The interdependency of the three work streams; Clinical Model, Common Staffing Method and Workforce Plan, is recognised and consequently the delay in the Workforce Plan production until December 2019 is unavoidable.

4 RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Ensures projection of appropriate staff for future needs are aligned to Clinical Model
Workforce Implications	Ensures projection of appropriate staff for future needs
Financial Implications	Accurate workforce projections reduce demand on more costly staffing solutions e.g. overtime. Locums, etc
Route To Board Which groups were involved in contributing to the paper and recommendations.	N/A
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	None identified
Equality Impact Assessment	None identified
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND   *SG(M)19/03*

Minutes of the meeting of the Staff Governance Committee held on Thursday 29 August 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Present:
Non-Executive Director   Bill Brackenridge *(Chair)*
Employee Director   Tom Hair

In attendance:
Board Chair   Terry Currie
Chief Executive   Gary Jenkins
Unison Representative   Anthony McFarlane
Head of Corporate Planning & Business Support   Monica Merson
Clinical Operations Manager   Brian Paterson
Interim HR Director   Kay Sandilands
Organisational Development & Learning Advisor   Gayle Scott
Board Secretary   Margaret Smith

1   APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Brackenridge welcomed everyone to the meeting and noted apologies from Mr Nicholas Johnston and Mrs Maire Whitehead.

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 23 MAY 2019

The Committee approved the Minutes of the previous meeting held on 23 May 2019 as an accurate record.

APPROVED

4   ACTION POINTS AND MATTERS ARISING FROM THE PREVIOUS MEETING

Members noted that each item either had been completed or was on the agenda for today's meeting.

In addition in reference to action point one, Ms Sandilands advised that further training sessions were planned and that the key themes from these sessions would be collated to produce a

Frequently Asked Questions document by way of further support for line managers. She also advised that work was progressing to interrogate the data produced through EASY reporting.

NOTED

5 ATTENDANCE MANAGEMENT REPORT

The Committee received the latest Attendance Management Report (for June 2019) and Ms Sandilands summarised the key issues. The absence rate was 5.56%, which represented a continued fall in the overall rate of absence.

The Committee received the report positively, and noted the continued improvement in this area. This was reflective of the efforts made across The State Hospital (TSH). Mr Brackenridge underlined that this was a welcome improvement and meant that TSH compared more favourably to other NHS Boards in the national context. Mr Hair added praise for the Human Resources department.

Mr Hair also asked a question around what it was in particular that had helped to being about the improvement is sickness absence figures. He asked particularly about the support given to staff when they return to work following an absence. Ms Sandilands noted that there would need to be further review of the data over time to get a clear view on this but that it was likely to be multi-factorial. She acknowledged that staff could be particularly vulnerable when returning to work following an absence. Mr McFarlane agreed with this particularly from a nursing perspective in terms of it familiarity with a ward environment. Mr Jenkins added that it was important to put in a tailored package of measures for each individual upon their return to work.

 The Committee noted the content of the report, and asked for their thanks to be passed to heads of service as well as partnership colleagues for the continued improvement in this area.

NOTED

6 ATTENDANCE MANAGEMENT IMPROVEMENT WORKING GROUP

Ms Sandilands provided a verbal update to the Committee, noting that it was timely to reflect upon the work progressed to date by the Attendance Management Improvement Working Group (AMIWG) within the context of improvement in attendance management performance for TSH.

The original action plan had focussed on the leadership and skill set of line managers within TSH. A broader focus was now required to include influencing the culture and values and behaviours of the organisation, and this was linked to the work being progressed in the response to the Sturrock report.

On this basis, the Committee was asked if it agreed that the AMIWG should be paused at this point, although noting that there should be continued focus on attendance management to ensure that the improvement experience could be sustained.

The Committee was supportive of this course of action, and it was agreed that a paper should be submitted to the Board at its meeting in October on this basis to note this direction of travel.

Action – Ms Sandilands

AGREED

7 HR PERFORMANCE – EMPLOYEE RELATIONS ACTIVITY

The Committee received a report, which provided an update on employee relations activity up to and

including 30 June 2019. Ms Sandilands provided Members with a summary of the key data from the report. She underlined the continuing emphasis on timescale to complete cases, and asked the Committee to note improvement in the number of cases outstanding for over six months since the paper was finalised. Going forward, a monthly report would be produced, which should help to shed light on any potential obstacles to progress and to manage these effectively. The aim was to reach a positon where no cases were outstanding for longer than six months. The Committee considered that any such case should be exceptional and that every step should be considered to progress these cases. Discussion should be progressed in partnership to consider this more fully, including the possibility that a case may be heard in the absence of the employee, depending on the individual circumstances. Members noted, in particular, the detrimental effect that long timeline to complete cases could have for staff.

The Committee noted the content of the report.

NOTED

8 PERSONAL DEVELOPMENT PLAN REPORT

A paper was submitted to the Committee to provide a progress update in relation to personal development planning and review (PDPR) staff governance standards and associated compliance. Ms Dunlop asked Members to note the upward trajectory of performance in this area, which compared well to other NHS Boards in the national context.

Mr Brackenridge asked a question about the rate of completion of reviews and how the quality of the discussions had was evaluated. Ms Dunlop confirmed that the department took forward evaluation with staff and to date the general picture was positive with agreement that the TURAS system did support active involvement by staff with more meaningful conversations during reviews.

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

NOTED

9 STATUTORY AND MANDATORY TRAINING COMPLIANCE

The Committee received an update report on organisational compliance levels for statutory and mandatory training, which focused on assurance that mechanisms were in place to promote completion and address non-compliance for core training. Ms Dunlop led Members through the detail in the report outlining the Core Training Matrix as well as arrangements in place to ensure that all staff members, across different roles in the hospital, understand and have access to the statutory and mandatory training for their role. In addition, monthly reports were issued to line managers as an update of performance within their departments.

In addition, a benchmarking exercise was carried out to compare TSH to other NHS Boards in Scotland. Mr Currie noted that no it appeared that there was no specific training in place across NHS Boards to tackle bullying and harassment in the workplace. Ms Dunlop advised that it was likely that this type of training was delivered as part of other modules e.g. Dignity at Work. Ms Sandilands noted that the direction of travel in the national context would be toward standardised core modules, as part of the 'Once for Scotland' workforce approach.

In answer to a question from Mr Brackenridge on how performance in the area was managed, it was confirmed that this was through line managers. Ms Sandilands noted the possibility existed of restrictions to professional practice if there was a failure to complete statutory training.

Mr Hair added that informal staff feedback received highlighted the helpful and supportive nature of the service provided to staff by the Learning Centre Team.

The Committee noted the content of the report.

NOTED

10   HEALTHY WORKING LIVES (HWL) ANNUAL UPDATE 2018/2019

The Committee received a paper, to provide an annual update on the work progressed by the HWL Group for 2018/19. Since 2008, TSH had achieved and continued to maintain the HWL Gold Award.

Ms Scott was in attendance at the Committee to summarise the detail of the report for Members. She noted the key achievements including the three year strategy, as well as some of the benefits delivered to staff within the organisation. Ms Scott also advised that in the coming year, the HWL Group would benchmark activity by recording and comparing attendance at events as well as iMatter results to help evaluate the benefits to staff.

Mr Brackenridge asked if the HWL Group could provide further input as to the healthiness of staff. Ms Scott noted good involvement rates by staff in schemes to help improve their health such as smoking cessation and weight loss programmes.

The Committee agreed that the work of the HWL Group was exceptional and compared well to other NHS Boards – particularly in the achievement of Gold Award status since 2008. Continued funding was seen as being important in supporting the HWL Group; and also that the benefit to staff should also be considered in conjunction with support provided through the Occupational Health Service.

The Committee noted the content of the report.

NOTED

11   PRINCIPLES OF THE STURROCK REVIEW

The Committee received a presentation from Mr Jenkins to outline progress of work at TSH in response to the Sturrock Report, which had provided an opportunity within TSH to review staff feedback through a number of routes including recent iMatter reporting and the engagement process undertaken as part of the review of the clinical model.

In addition, an engagement process had been launched to seek staff feedback through a questionnaire. This work was progressed in partnership by the Chief Executive, the Interim Director of Human Resources and the Employee Director to draw out the emergent themes. Mr Jenkins acknowledged that the response rate to the exercise had been low and the need to engage widely throughout the organisation.

The following themes had emerged:- Communications and Engagement, Leadership and Management, Human Resources, Culture and Behaviours, Staff Support and Governance. Feedback on this process and these themes was being led through the committee and forum structure throughout TSH including the Partnership Forum. Further staff engagement would follow which would help formulate a structured plan for the organisation.

Mr Brackenridge welcomed this update and noted the initiatives takin place across TSH to influence culture, and offered the view that these should be taken forward as a broad front. Mr Jenkins agreed with this type of approach and added that this could help to take forward more meaningful discussion with staff across the organisation. This should be through circular, engaged communication and collaborative in nature. This partnership approach would support discussion, and provide valuable feedback from staff on what they felt about TSH as an employer. Mr Currie also noted the different strands of work on culture and values and behaviours, most notably through Sturrock as well as the

Review of the Clinical Model and the Corporate Governance Blueprint. He agreed that this work should be linked. The Committee also noted the need to continue to engage with Scottish Government.

Mr Jenkins confirmed that the approach would be to map these components against each other to help produce a comprehensive and sustainable TSH action plan, which would be reported to the Board.

The Committee was content to note this approach.

Action – Mr Jenkins

NOTED

12   SCOTTISH GOVERNMENT CIRCULARS – UPDATE

A paper was received to note Scottish Government circulars on organisational change pay protection arrangements, pay during annual leave and the management of sickness absence.

The Committee noted this update.

NOTED

13   ONCE FOR SCOTLAND – BRIEFING NOTE AUGUST 2019

A paper was received to provide an update on progress of 'Once for Scotland' Workforce policies within NHS Scotland. The draft workforce polices would be reviewed at the Scottish Workforce and Staff Governance (SWAG) Committee Meeting on 23 October 2019. Following approval of core policies, there would be a move towards implementation.

The Committee noted this update.

NOTED

14   EQUALITY DIVERSITY AND HUMAN RIGHTS –
WWORKFORCE ANNUAL MONITORING REPORT 2018/19

The updated report – with one minor change was received and noted by the Committee.

NOTED

15   HEALTH, SAFETY AND WELFARE COMMITTEE - DRAFT MINUTES OF MEETING HELD 28 MAY 2019

Members received and noted the draft minutes of the Health, Safety and Welfare Committee, which had taken place on 28 May 2019.

NOTED

16   PARTNERSHIP FORUM – MINUTES OF MEETING HELD 16 JULY 2019

Members received and noted the minutes from the meeting of the Partnership Forum held on 16

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July 2019.

<u>NOTED</u>

17   CATEGORY 1 AND 2 TIMESCALE REPORT (AREA OF INTEREST FROM CLINICAL GOVERNANCE COMMITTEE)

The Clinical Governance Committee had highlighted performance within adverse event review reporting as an area of concern for consideration by the Staff Governance Committee

A paper was received to outline the key issues, and Ms Merson provided a summary of this for Members, particularly on capacity within the department due to staff absences and vacancy. Ms Merson also underlined the importance of completing adverse event reviews within timescales, and that this would an area of key focus going forward.

Mr Brackenridge underlined the need to complete reviews quickly in order to take on board any learning and change in process or practice where appropriate. Mr Jenkins added his agreement and noted that should reviews not be completed in a timely way, this could leave the organisation open to the risk of recurrence of the original event. It was incumbent on the organisation to develop a resilience framework to meet any possible challenge to completing reviews such as staff absence.

The Committee expressed their concern in this area, and asked for an update report in six months time to demonstrate improvement in this regard. This should include an average timescale to complete reviews at that point, compared to the position reported to the Committee today.

Action – Ms Merson

<u>NOTED</u>

18   ANY OTHER BUSINESS
 There were no other items of business for consideration.

19   DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 28 November 2019 at 9.45am in the boardroom, The State Hospital, Carstairs.

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NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 18
Sponsoring Director:	Finance & Performance Management Director
Author(s):	Finance & Performance Management Director
Title of Report:	Internal Audit – service provision
Purpose of Report:	For Decision

1   SITUATION

The purpose of this report is to enable members to consider and make a recommendation to the Board with regard to the ongoing internal audit service provision.

2   BACKGROUND

Following a competitive tender process in early 2017, RSM were appointed as Internal Auditor to the State Hospital. Under the terms of the tender, their appointment – effective 1st April 2017 – was on the basis of "3 years with the possibility of 2 further 1 year extensions on a one plus one basis".

3   ASSESSMENT

Since their appointment, RSM have completed two full years as our internal audit providers, and are underway with their third year, which will expire on 31st March 2020.

At this point, the Board have the option either to extend the appointment under the terms noted above, or to issue a new tender for the service provision effective 1st April 2020.

Further to discussion at the Audit Committee on 10th October 2019, it is the Audit Committee's recommendation that the option is taken to extend RSM's engagement by one year to 31st March 2021.

4   RECOMMENDATION

It is proposed that, under the terms of the 2017 tender and their subsequent appointment and acceptance thereof, the Board invites RSM to accept an extension of one year to that appointment – effectively extending their period of service provision to 31st March 2021. This will be due for further review in autumn 2020, when there will remain the option of extension by one more year.

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Essential provision of a quality internal audit service
Workforce Implications	None
Financial Implications	None – in line with current budget
Route to the Committee Which groups were involved in contributing to the paper and recommendations?	Audit Committee Chair of the Audit Committee and Finance & Performance Management Director
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.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	No identified implications
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

NHS SCOTLAND

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 19
Sponsoring Director:	Finance and Performance Management Director
Author(s):	Head of Management Accounts
Title of Report:	Financial Position as at 30 September 2019
Purpose of Report:	For noting

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 2019, which is also included in the Partnership Forum agenda, the Board agenda and sent monthly to Scottish Government (SG), with the financial template.

1.2 Scottish Government are provided with an annual Operational Plan (narrative plan – with a financial template forecast submitted for a 3-year period) which was confirmed at the 20 June 2019 Board meeting.

1.3 This Plan sets out a balanced budget for 2019/20 based on achieving £2.103m efficiency savings, as referred to in the tables in section 4.   There is, however, a significant savings gap.
Authorisation by email was given from SG to capitalise the perimeter fence project facilitation / support staff, which is in the process of being confirmed and will help relieve the unidentified savings / pressure.
We have also assumed the reversal of the £0.127m tranche 2 saving for the territorial boards, which then reduced the unidentified savings.

2 BACKGROUND

2.1 **Revenue Resource Limit Outturn**

The annual budget of £37.619m is primarily the Scottish Government Revenue Resource Limit / allocation, now including PAIAW.   A thorough review of Ehealth strategic monies is ongoing.

The Board is reporting an under spend position of £0.165m to 30 September 2019, the table below shows analysis by expenditure type.

In month favourable movement of £0.053m.   Nursing staffing is under establishment, which affects overtime levels, however this is similar to earlier months.
Legal fees pressure. Research projection favourable movement, due to delays in projects.

Spend Type	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 6	Budget WTE	Actual WTE (volume)
Other Operating Income	(582)	(291)	(307)	16	(2.00)	(2.00)
Pay	31,567	15,563	15,517	46	621.32	623.21
Savings	(1,375)	(73)	0	(73)	0.20	0.00
Purchase Of Healthcare	792	381	360	21	0.05	0.00
Non Pay	4,964	2,446	2,287	159	0.00	0.00
Hch Income	(603)	(365)	(355)	(10)	(9.07)	(9.22)
Capital Charges	2,857	1,429	1,423	5	0.00	0.00
	37,619	19,090	18,925	165	610.50	611.99

2.2   The table below highlights areas of key pressures / expected benefits to be received.

PRESSURES	Risk	Best estimate £'k
Holiday Pay - Lock v British Gas - PAIAW - Full Year 19/20 (have also anticipated RRL of £141k for 17/18 retrospection)	High	210
Rebandings arrears	High	tbc
Clinical Model Review	High	tbc
Legal Fees	High	103
EU Exit (may get guidance from sub group)	Low	tbc
Perimeter Fence - FBC - Additional Staff (Capital funding pending)	Low	193
3 yr up for opt out sup'an Nov 19 (approx 100 staff not sup'an)	Med	tbc
BENEFITS	**Risk**	
Exceptional Circumstance Patients (new - recharging host Board)	Med	290
VAT element on Utilities in our favour (v HMRC)	Low	120

2.3   **Forecast Outturn**

The forecast outturn trajectory was an over spend of £0.230m, however the position is £0.165m underspent, therefore a favourable movement of £0.395m.
Comparing the Nursing overspend to the same period last year shows a £0.396m improvement, this explains the large variation in forecast outturn trajectory and actual position.
Unidentified savings are phased to month 12; therefore, there is the requirement to recognise an apportionment for the year to date, a small amount has been addressed September 2019.

HMRC has settled in our favour to reduce VAT on utilities to 5% from 20%, this windfall will benefit TSH in 2019/20 – for which the Electricity is nearly concluded (issues with invoices and credit notes), and we are still awaiting details on Oil and Gas.

PAIAW - funding is set aside for the payment due December 2019 for 19/20 arrears, unsure whether this is enough, thereafter the payment will be made monthly.   Got the anticipated RRL through in the September allocation letter.

A year-end breakeven position was forecast in the Operational Plan, pending outcomes on a number of pressures (most significant noted in the above table at 2.2).

3   ASSESSMENT

3.1   YEAR TO DATE POSITION – BOARD FUNCTIONS

Directorates	Annual Budget 19/20 £'k	YTD Budget Sept 19 £'k	YTD Actuals Sept 19 £'k	YTD Variance (budget - actual) (adverse) / favourable Sept 19 £'k	Budget wte	Actual WTE
Cap Charges	2,857	1,429	1,423	5	0.00	0.00
Central Reserves	(30)	19	21	(1)	0.00	0.00
Chief Exec	1,849	922	904	18	22.45	22.36
Finance	2,970	1,575	1,573	2	37.53	34.27
Human Resources Directorate	836	419	414	5	13.38	13.38
Medical	3,764	1,822	1,725	97	36.08	29.09
Misc Income	(294)	(147)	(25)	(122)	0.00	0.00
Nursing And Ahp's	19,710	10,010	9,946	64	378.53	387.79
Security And Facilities	5,958	3,041	2,945	97	123.63	119.18
Under / (over) spend	**37,619**	**19,090**	**18,925**	**165**	**611.60**	**606.07**

Key Highlights
Central Reserves – Charges are for non-AFC pay awards pending.

Finance – legal fees pressure, invoices exceptionally high this year (re specific cases), offset with projected underspend in Research.

HR – Occupational Health – pressure from backdated invoicing for 18/19, and pressure in year for additional physio sessions (funding now released September).   Learning Centre underspend in course fees.

Medical – Pressure in invoices from other Boards for Senior Trainee Doctors, offset with **Psychology** – continuing vacancies (due to continued closure of two wards).

Miscellaneous Income – targeted saving for VAT benefit on Utilities, not yet realised.

3.2 Further detail on Nursing & AHP's

Nursing & AHP's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 6	Budget WTE	Actual WTE
Advocacy	147	74	73	1	0	0
AHP's & Dietetics & SLA'S	647	324	293	31	13	12
Hub & Cluster Admin & Clinical Operations	812	408	389	19	23	19
PCI & Pastoral	220	110	81	29	3	2
NPD & Infection Control & Clin Gov	416	208	192	16	6	5
Skye Centre	1,735	875	772	102	38	36
Ward Nursing	15,733	8,012	8,146	(134)	295	313
Total Nursing and AHP's	**19,710**	**10,010**	**9,946**	**64**	**378.53**	**387.79**

Key Highlights

AHP's, Skye Centre, Hub Admin, PCI – are all generating underspends from vacancies.

Ward Nursing – Further detail in table below.

Ledger Nursing	Annual Budget £'k	In month / Year to Date Budget £'k	In month / Year to date Actuals £'k	YTD Variance (budget less actuals) £'k	Budget WTE	Actual WTE	Contracted/ conditioned wte's
Ward Nursing 2019/2020							
Total April 19		1,286	1,350	(65)	295.00	318.77	289.30
Total May 19		1,286	1,343	(58)	295.00	315.33	289.30
Total June 19		1,286	1,282	3	295.00	309.54	286.30
Total July 19		1,286	1,286	(1)	295.00	303.18	288.28
Total Aug 19		1,577	1,583	(6)	295.00	309.99	281.72
Total Sept 19		1,293	1,301	(8)	295.00	312.86	291.55
Cum Sept 19	15,733	8,012	8,146	(134)			
Variance analysis:							
Overtime for vacancies backfill				(200)			
Phased savings (not yet realised)				(75)			
'Nursing Resource' to analyse			*	141	New control measures in place		
				(134)			

3.3 Further detail on 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 6	Budget WTE	Actual WTE
Facilities	4,264	2,161	2,045	116	84	76
Security	1,637	823	842	(19)	40	39
Perimeter Security	57	57	58	(0)	0	4
Total Security & Facilities	**5,958**	**3,041**	**2,945**	**97**	**123.63**	**119.18**

Key Highlights

Facilities – Vacancies in Estates & Housekeeping. Utilities underspends.
.
Security – Backfill pressure and acting post.

Perimeter Fence - revenue staff have been 'funded' by increasing the unidentified savings gap, pending capital funding.

4   Savings

The target column of the table is an extract from the Operational Plan, further information shows savings achieved to date and remaining balance to be achieved by the year-end.

Savings Annual Target LDP	Savings Annual Target LDP			Savings (Achieved), as at Sept 19			Savings still to be achieved by year end		
	2019-20 Rec £'k	Non-Rec £'k	Total £'k	2019-20 Rec £'k	Non-Rec £'k	Total £'k	2019-20 Rec £'k	Non-Rec £'k	Total £'k
Efficiency & Productivity Workstreams:									
Service redesign (Clinical)	(22)	(95)	(116)	0	30	30	(22)	(65)	(86)
Drugs & Prescribing	0	(20)	(20)	0	26	26	0	6	6
Workforce	(57)	(481)	(538)	15	421	436	(42)	(60)	(102)
Procurement	0	0	0	0	0	0	0	0	0
Infrastructure (e.g.facilities mgt, IT, other support services)	(56)	(309)	(365)	0	65	65	(56)	(244)	(300)
Other	0	(100)	(100)	0	0	0	0	(100)	(100)
Financial Management / Corporate Initiatives	0	0	0	0	0	0	0	0	0
Unidentified Savings	0	(965)	(965)	0	171	171	0	(794)	(794)
Total In-Year Efficiency Savings	(134)	(1,969)	(2,103)	15	713	728	(119)	(1,256)	(1,375)
Trajectory (1/12ths of LDP)	67	985	1,052						
(under) / over achieved against trajectory	(52)	(271)	(323)						

The following table, by Directorate, provides further clarification on savings.

Cumulative Savings Directorate	Savings - Annual Target £'k	Achieved to date £'k	(Still to be achieved) / over achieved £'k
Chief Executive	(162)	80	(82)
Finance	(99)	47	(52)
Nursing & AHP's	(261)	187	(74)
Human Resources	(33)	10	(23)
Medical	(117)	133	16
Security & Facilities	(367)	100	(267)
Unidentified (offset contingency reserve?)	(100)	0	(100)
Unidentified	(965)	171	(794)
Total	**(2,103)**	**728**	**(1,375)**

Targeted saving 50%, actual saving 35%, underachieved 15%.

5 CAPITAL RESOURCE LIMIT

Capital allocation from Scottish Government is £0.269m.

It is expected we will get Perimeter Fence TSH revenue-staffing costs included in the FBC funding; this would significantly reduce the unidentified savings/pressure in revenue.   There is a delay in the project.

	Annual Plan £'k	YTD Plan £'k	YTD Actual £'k	YTD Variance £'k
Estates	165	30	30	-
IM&T	104	104	104	-
Vehicles	-	-	-	-
Other equipment	-	-	-	-
Security Fence Dvpt	-	30	30	-
TOTAL	**269**	**164**	**164**	**-**

6 RECOMMENDATION

6.1 **Revenue: Under spend of £0.165m year to date.   Year-end projection: Breakeven.**

Overtime in Nursing is still higher than budget year to date, however in comparison to previous years there is much improvement, and with many measures in place it is hoped to stabilise over the remaining months.

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.

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

6.2 **Capital: Breakeven year to date.   Year-end projection: Breakeven**

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

MONITORING FORM

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

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 20
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Corporate Governance Improvement Action Plan
Purpose of Report:	For noting

1   SITUATION

Following Board self-assessment, an improvement plan was developed to support key corporate governance priorities as part of the Corporate Governance Blueprint.

The Board submitted its improvement plan to Scottish Government in April 2019.

2   BACKGROUND

The five key areas of the improvement plan are outlined as follows:

- Setting the Direction
- Holding to Account
- Assessing Risk
- Engaging Stakeholders
- Influencing Culture

3   ASSESSMENT

The improvement plan has been updated to indicate progress against each item (Appendix A) and the Board is asked to note the content of the updated plan, as well as the assurance mechanism through which progress will continue to be monitored.

In particular, the Board is asked to note the work progressed on the development of more robust processes to compare planned and actual spend and to account for any variance (Point 3). In particular, that **a** summary of any significant or material variances will be collated to be reported as appropriate.

Further, progress has been made in the development of risk management with focus on risk register to ensure this is clearly defined with set of mitigating measures against each risk, which also have a focus on improvement actions (Point 9). This is being taken forward through closer risk register monitoring and review process led through the Risk Team Leader.

The Board is asked to note that work on influencing culture and staff engagement has been linked to the work being progressed through the response to the Sturrock report, and that a report will be brought back to the Board at its December meeting.

4   RECOMMENDATION

The Board is asked to <u>note</u> progress in implementation of the improvement plan.

A further update will be brought to the next meeting of the Board in December 2019.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Corporate Governance Blueprint
Workforce Implications	None identified to date
Financial Implications	None identified to date
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board Standing Committees/ SMT
Risk Assessment (Outline any significant risks and associated mitigation)	None identified to date
Assessment of Impact on Stakeholder Experience	Implementation will benefit stakeholder engagement through the workstreams indicated in the improvement plan
Equality Impact Assessment	Not formally assessed
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	No impact identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

BLUEPRINT FUNCTION		ACTION	LEAD	ASSURANCE SYSTEM	TIMESCALE	PROGRESS
SETTING THE DIRECTION	1	Reconfirm the Board's strategic direction, and communicate this through the Strategy Map and development of strapline statement for corporate documents.	CEO	CEBM	June 2019	**Completed:** Strapline finalised following hospital wide competition. Strategy Map reviewed as part of review of Corporate Objectives.
	2	Review of effective rostering system within nursing as component of focus on effective workforce utilization and safe staffing legislation.	Director of Nursing and AHPs	SMT	March 2020	**On Track**. Review In progress.
	3	Development of more robust processes to compare planned and actual spend and to account for any variance.	Director of Finance & PM	SMT /Board	September 2019	**Update:** Planned and actual £ spend per budget line being reviewed with each individual budget holder on a line-by-line basis from the 2019/20 mid-year 6-month reviews (30/9/19) – a summary of any significant or material variances will be collated to be reported as appropriate.
HOLDING TO ACCOUNT	4	Ensure compliance with new national guidelines in management of Executive pay and performance through remuneration Committee approval for annual ESM pay and performance cycle.	Chair /Interim HR Director	Remuneration Committee	Ongoing	**On Track**
	5	Ensure implementation of attendance management policy through support from HR to line managers help identify and act upon patterns of absence.	Interim HR Director	AMITG/ SMT	October 2019	**On Track.** Training for Line Managers and HR Managers implemented in June and July, with further sessions ongoing.

		Continued implementation of the action plan developed through the Attendance Management Improvement Task Group (AMITG).				Update presented on attendance management to each Board Meeting.
	6	Implementation and compliance with Once for Scotland HR policies within TSH. Focus on policy awareness through completion of metacompliance / staff bulletins/ staff training in Single Investigatory process.	Interim HR Director	Partnership Forum/SMT	December 2019	**On Track** – following roll out of the national guidance.
	7	Review performance framework and assurance information systems to support review of performance.	CEO	CEBM	July 2019	**On Track** - Update provided to August 2019 Board Meeting.
	8	Blueprint Improvement Plan to be placed on Board Workplan for review at each Board Meeting.	Chair	Board	June 2019	**Completed**
ASSESSING RISK	9	Further development of risk management with focus on risk register to ensure this is clearly defined with set of mitigating measures against each risk which also have a focus on improvement actions.	Director of Finance	Audit Committee / Board	December 2019	**Update:** -Underway through closer Risk Register monitoring and review process (managed by Risk Team Leader) and reporting to Risk Finance and Performance Group – All risk register items either now with action plan in place or underway.
ENGAGING STAKEHOLDERS	10	Review and develop the Communications Strategy to include	CEO	Board	March 2020	**Review in progress:** with regular updates to the Board.

		proactive engagement with aim of addressing dissonance between strategic aims of the hospital and public perception of these aims.				
	11	Promotion of The State Hospital as an employer in the local area. Increase number of modern apprenticeships. Participate in local school careers events, local and university recruitment fairs	Interim HR Director	SMT	March 2020	**Ongoing** – engagement commenced in university recruitment fairs. Recruitment Fair at TSH in October 2019 (Outwith secure area to enable public engagement).
	12	Encourage carers / volunteers /staff / local population to attend public Board Meetings through additional promotion and links with local community.	Board Secretary	Board	September 2019	**In progress** – through promoting external Board Meetings and Annual Review session in 2020.
	13	Hold two Board Meeting each year at external locations to promote role as national Board.	Board Secretary	Board	April 2020	**Update:** December Board Meeting to be outwith TSH.
	14	Annual Review - Public Meeting to be held outside of the hospital to help engage public engagement and attendance.	Board Secretary	Board	April 2020	Plan to be progressed as part of Annual Review planned expected summer 2020.
INFLUENCING CULTURE	15	Define culture in The State Hospital in terms of key strengths and weaknesses - take forward through development sessions	CEO	Board	December 2019	**Review in progress** – progressed in conjunction with response to Sturrock and update to December Board.
	16	Implement a Staff Recognition Scheme for long service as well as individual contribution to the organisation.	Interim HR Director	SMT	September 2019	**Completed**- first ceremony 24 October 2019.

	17	Embed a culture of quality across the organisation through initiatives such as TSH3030, Quality Forum and sharing our work more widely.	CEO	SMT	March 2020	**On Track** - QI Forum initiatives underway. TSH 3030 launched successfully for November 2019
	18	Senior Management visibility through regular front line staff engagement meetings with CEO / Directors' Group - plan a calendar of events to ensure regular engagement.	CEO	SMT	July 2019	**On Track** - CEO Business Meetings venue held weekly across site, for visibility. CEO attending staff groups across site. OD Lead supporting wider engagement plan across TSH – progressed in conjunction with response to Sturrock.
	19	Senior Team / RMO presence at key events in hospital calendar e.g. patient learning awards/ sportsman dinner. Promote this through management structures.	CEO / Medical Director	SMT	September 2019	**On Track** -Coordination of central diary of events to help facilitate attendance.
	20	Link in with Scottish Government once appointment of the Independent National Whistleblowing Champion has been appointed.	CEO	Board	April 2020	**On Track** National Recruitment process underway.
	21	Plan a schedule of Non-Executive Director informal visits across TSH to help promote the values and behaviours of the organisation.	Chair	Board	August 2019	**On Track** -Approval at August Board, for planned schedule including walkrounds, staff induction and patient engagement.

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	24 October 2019
Agenda Reference:	Item No: 22
Sponsoring Director:	Board Chair
Author(s):	Board Secretary
Title of Report:	Annual Schedule of Board and Sub Board Meetings – 2020
Purpose of Report:	For noting

1   SITUATION

The Board considered the draft schedule of meetings for 2020, at its meeting on 22 August 2019.

2   BACKGROUND

It was agreed that there should be no changes to the usual pattern of the schedule for Board and Committee Meetings in 2020. Some minor amendments were proposed to the draft schedule.

3   ASSESSMENT

The updated Board and Committee schedule is now attached.

4   RECOMMENDATION

Members are asked to note the attached Annual Schedule of Meetings for 2020, which will be published on the NHS Board website.

ANNUAL SCHEDULE OF MEETINGS - 2020
BOARD AND SUB-BOARD

MEETING	Chair/ Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
BOARD	**Terry Currie*** B Brackenridge T Hair N Johnston D McConnell M Whitehead		Thursday 27.02.20 9.45am Boardroom		Thursday 23.04.20 9.45am Boardroom		Thursday 18.06.20 12.30pm Boardroom		Thursday 27.08.20 9.45am Boardroom		Thursday 22.10.20 9.45am Boardroom		Thursday 17.12.20 9.45am Boardroom
AUDIT COMMITTEE	**D McConnell*** B Brackenridge T Hair M Whitehead	Thursday 23.01.20 9.45am Boardroom		Thursday 26.03.20 9.45am Boardroom			Thursday 18.06.20 9.45am Boardroom				Thursday 08.10.20 9.45am Boardroom		
CLINICAL GOVERNANCE COMMITTEE	**N Johnston*** D McConnell M Whitehead		Thursday 13.02.20 9.45am Boardroom			Thursday 14.05.20 9.45am Boardroom			Thursday 13.08.20 9.45am Boardroom			Thursday 12.11.20 9.45am Boardroom	
STAFF GOVERNANCE COMMITTEE	**B Brackenridge*** T Hair N Johnston M Whitehead		Thursday 20.02.20 9.45am Boardroom			Thursday 28.05.20 9.45am Boardroom			Thursday 20.08.20 9.45am Boardroom			Thursday 19.11.20 9.45am Boardroom	
RENUMERATION COMMITTEE **	**T Currie*** B Brackenridge T Hair N Johnston D McConnell M Whitehead		Thursday 27.02.20 2.00pm Boardroom				Thursday 18.06.20 3.30pm Boardroom				Thursday 22.10.20 2.00pm Boardroom		

* Chair of Committee
** Remuneration Committee also meets as and when required

2020
PUBLIC HOLIDAYS: *New Year* :   Wednesday 1 January & Thursday 2 January   *Easter* :   Friday 10 April & Monday 13 April
                    Christmas :   Friday 25 December & Monday 28 December   *Autumn Holiday* :   Friday 25 September & Monday 28 September