THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 19 DECEMBER 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 24 October 2019	For Approval	TSH(M)19/11
4.	**Matters Arising:**		
	Actions List: Updates	For Noting	Paper No. 19/91
5.	**Chair's Report**	For Noting	Verbal
6.	**Chief Executive Officer's Report**	For Noting	Verbal
	CLINICAL GOVERNANCE		
7.	**Patient Story** Report by the Director of Nursing and AHPs	For Discussion	Presentation
8.	**Clinical Service Delivery Model - Incorporating update on Sturrock Response** Report by the Chief Executive	For Decision	Paper No. 19/92
9.	**Approved Medical Practitioner – Request** Report by the Medical Director	For Decision	Paper No. 19/93
10.	**Patient Safety, Infection Control and Patient Flow Report** Report by the Director of Nursing and AHPs	For Noting	Paper No 19/94
11.	**TSH3030 - 2019** Report by the Head of Corporate Planning and Business Support	For Noting	Verbal
12.	**Clinical Governance Committee** Committee Chair's Update - meeting held 14 November 2019	For Noting	Verbal
13.	**Clinical Forum** Approved Minutes of meeting held 15 August 2019	For Noting	CF(M)19/03
	STAFF GOVERNANCE		

14.	**Workforce Plan – Update** Report by the Interim Director of HR	For Noting	Paper No. 19/95
15.	**Attendance Management – Board Update** Report by the Interim Director of HR	For Noting	Paper No. 19/96
16.	**Staff Governance Committee** Committee Chair's Update - meeting held 29 November 2019	For Noting	Verbal

CORPORATE GOVERNANCE

17.	**Finance Report to 30 November 2019** Report by the Finance & Performance Management Director	For Noting	Paper No. 19/97
18.	**Performance Report – Quarter 2 2019/20** Report by the Finance & Performance Management Director	For Noting	Paper No. 19/98
19.	**Corporate Governance – Improvement Plan Update** Report by the Board Secretary	For Noting	Paper No. 19/99
20.	**Corporate Leadership** Report by the Board Secretary	For Noting	Paper No. 19/100
21.	**Board Workplan – 2020** Report by the Board Secretary	For Decision	Paper No. 19/101
22.	**Audit Committee** Draft Minutes of meeting held 10 October 2019	For Noting	A(M) 19/04
23.	**Any Other Business**		
24.	**Date and Time of next meeting** 27 February 2020, 9.45am		

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.

THE STATE HOSPITALS BOARD FOR SCOTLAND TSH (M) 19/11

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 24 October 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Chair:	Terry Currie
Present:	
Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
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:	
Person Centred Improvement Lead	Sandie Dickson [Item 10]
Head of Communications	Carline McCarron
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 Mr Nicholas Johnston and Mrs Maire Whitehead, as well as from Ms Aileen Burnett, Chair of the Clinical Forum.

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.

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 22 August 2019 were noted to be an accurate record of the meeting.

The Board:

1. Approved the minute of the meeting held on 22 August 2019.

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.

The Board:

1. Noted that the action list was up to date.

5 CHAIR'S REPORT

Mr Currie reported on the meeting of the NHS Chairs' group, which took place on 26 August 2019. He advised that the Cabinet Secretary had referred to Brexit and noted that the likeliest outcome now looked to be withdrawal from the E.U. without a deal. NHS Boards had been asked to resubmit the checklist on progress against key issues such as impact on staffing and availability of medicines. As well as the impact on employment and the provision of health and social care services, the Cabinet Secretary had also asked that NHS Boards consider the effects of the no deal scenario on innovation, research and clinical practice.

The Cabinet Secretary had expressed concern about the wide variation across NHS Boards regarding the decision to trigger an Adverse Event process and advised that this was currently being examined. She had advised that the results of the consultation on the decision to establish a new body, Public Health Scotland, had received broad support. It was noted that Mr Jim McGoldrick had been appointed Chair to the Shadow Board. Ms Angela Leitch, currently Chief Executive of East Lothian Council, had been appointed Chief Executive of the new body.

At the meeting, Chairs were asked to note the establishment of a new Directorate at Scottish Government, the Directorate for Community Health and Social Care, and that Ms Elinor Mitchel had been appointed Director. There was a substantial programme of reform underway in primary care, adult social care support and integration with a fundamental consistent purpose of ensuring that more people could enjoy health and care services at home or in a community setting. The new Directorate would provide an opportunity to join up this reform and achieve a shift in the balance of care.

The Cabinet Secretary highlighted access and performance issues within NHS Boards, with performance around elective activity and unscheduled care pre-eminent. The increased levels of attendance at emergency departments was also discussed. She also asked Chairs to note that the Annual Operational Plan process would be moved forward by around six months in the coming year.

Finally, it was noted that a new non-executive website had been activated. Initially this would include details of local and national induction; on-line interactive training; policy into practice videos; integration of health and social care; mentoring and coaching. Further additions would occur between September 2019 and March 2020 including eLearning modules on Finance and Audit and Risk.

Mr Currie asked Board Members to note that a mid-year review session would take place on 8 November 2019 in St Andrews House and would be chaired by Ms Donna Bell, Director of Mental Health. The Chair and Chief Executive had been asked to attend. Further, that Ministers would conduct Annual Reviews for all Health Boards in the summer of 2020.

Mr Currie confirmed that The Health and Sport Committee at the Scottish Parliament were conducting a series of evidence sessions with Health Boards and had invited The State Hospital to attend to give evidence on 3 December 2019 at 10am. He noted that 14 NHS Boards had already attended.

He highlighted that the inaugural Staff and Volunteer Excellence Awards Presentation for The State Hospital would be taking place today in the Skye Centre at 1.30pm and encouraged Board Members to attend to give strong Board representation and support. He also noted that the Moderator of the Church of Scotland would be visiting the hospital on 30 October 2019.

The Board:

1. Noted the update from the Chair.

6 CHIEF EXECUTIVE'S REPORT

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

He had attended the Health and Social Care in Prisons Board in August and had hosted a visit from Ms Alison Taylor, Deputy Director of health and Social Care Integration at Scottish Government. She had been impressed by the work being taken forward at The State Hospital (TSH). He had arranged to visit Barlinnie Prison with colleagues from Scottish Government on 31 October which presented a valuable opportunity to promote the work of TSH in a wider arena.

The Board would today consider a paper in relation to the Review of the Clinical Model, and work on this had been highly focussed during the past two months.

Mr Jenkins highlighted the detailed preparatory work for EU Withdrawal, led by Mr Walker. A Statement of Assurance had been submitted to and accepted by Scottish Government in respect to planning in place at TSH, as events unfolded at a political level.

Mr Jenkins had met with colleagues in the Mental Health Directorate for a quarterly of the Annual Operational Plan for 2019/20 during September, and reported that this had been positive under each heading of the plan.

Mr Jenkins advised Board Members that a fortnightly Executive Team Meeting had been established and that work was progressing through Ms Smith as Board Secretary to benchmark arrangements for corporate leadership teams across NHSScotland for good governance practice.

He referenced the Independent Review into the Delivery of Forensic Mental Health Services, and confirmed that he would be submitting evidence to this on behalf of TSH in November.

As Chief Executive, he had attended a workshop for newly appointed Accountable Officers and had also taken up the role of Chair of the National Boards Estates Strategy. In his role as Chair of the Police Care Network, he was leading in a remodelling and benchmark exercise to re-establish this work; and through this he would continue to promote the profile of TSH.

Mr Jenkins noted that an update would be provided to the Board on the security re-fresh project at TSH during the private session scheduled to take place today following the public session.

Finally, he noted that he would be attending the Mid-Year review with Ms Donna Bell, Director of Mental Health Directorate alongside the Board Chair.

The Board:

1. Noted the update from the Chief Executive Officer.

7 REVIEW OF THE CLINICAL SERVICE DELIVERY MODEL

A paper was received from the Medical Director, which provided the Board with a detailed update on the progress of the review of the clinical model and outlined a preferred option for the Board's consideration and decision.

Professor Thomson provided the Board with a summary of the key developments progressed since the date of the last Board meeting in August 2019. Mr Jenkins then took Members through the key points of the paper in detail covering the life of the review in each stage as it was progressed. He highlighted the empowered role of colleagues from the Clinical Forum who provided professional input. The review had been taken forward through an options appraisal process, well established throughout NHS Scotland, and involving a wide range of leaders and clinicians from across the organisation and which led to ranking of the options and identification of a preferred option for the configuration of clinical services.

Following this, further detailed work was taken forward on viability taking into account fit with the patient cohort: studying patient numbers, characteristics and movement over the previous four years. This noted the stability of patient numbers overall with an increase in the numbers of patients with Intellectual Disability. This placed within the context of findings of the patient safety report led by Professor Thomson on the potential assaultive challenge from this patient cohort.

Each option had been subject to financial costing in terms of the service configuration presented in each, and the number of wards required. Mr Jenkins led the Board through the potential costs of different ward configurations focussing on the cost of the nursing that would be required in each as the key indicator and highlighted the need to be an efficient organisation He outlined the parameters of the configuration of services required, confirmed that this work had established an emergent preferred option, based upon and adapted from the preferred option identified by the options appraisal process

Mr McConnell welcomed the paper, and noted the movement in the recommended option from the preferred option which arose from the options appraisal process. This was clear to understand through the work carried out on the patient cohort. He asked in particular how this adapted model would have fared within the options appraisal process. Professor Thomson acknowledged that none of the options had been found to fully fit the patient cohort, and that therefore focus had been on the principles of the preferred option especially for continuity of care and to adapt the model with this in mind. This would allow medical staff to retain care across hubs for patients. Mr Jenkins also underlined that although transition ward could have been established within hubs, the movement of patients to this ward was seen as being an integral part of their progress. Professor Thomson noted that it must also be accepted clinically that patients who were not able to cope may require to be moved back from the transitions ward.

Mr Richards added that for nursing staff, this model would afford an opportunity to specialise their skills within the transition wards and to liaise with Allied Health Professional colleagues

Mr Brackenridge welcomed the report warmly as a positive piece of work involving whole system review, and which had highlighted potential for re-investment in services at TSH to improve the hospital and for patient care. Mr Jenkins agreed noting the wide range of challenges within the organisation across services. He also noted that the hospital should be ready in its reserves for contingency planning, allowing any spike in admissions or a particular clinical challenge to be met. Overall the need to demonstrate a value for money base as a public service was recognised within the context of the efficiency savings required on all NHS Boards.

Mr Hair noted that it would be essential to ensure that patient flow across wards was shown to be realistic in terms of the number of beds available in each stream, especially for patients with major mental illness, and staff would wish to be reassured on this. Professor Thomson acknowledged this saying that a 120 bed model was clearly realistic, but that the key would be the flow of patients within each stream. For example, whilst admission and assessment wards may have capacity other wards

may not. The logic of the two ID wards in one hub was accepted clinically. She emphasised the need to continuously review patient flow and the impact of this model to ensure that it was working as envisaged and to monitor the impact of change.

Mr Hair offered the view that staff were on the whole pragmatic about the need for realistic modelling and an efficient organisation and believed they would welcome this as being long term viable planning. This was being taken forward in partnership and this should continue to be the case. Professor Thomson added that staff had appeared most concerned that the result of this process may be that change was not taken forward, and Mr Richards echoed this point with positive reaction from staff to date in their participation with the options appraisal process. Staff were aware of the difficulties faced in affordability and the need to ensure the delivery of safe and effective care for patients.

On behalf of the Board, Mr Currie summarised the views around the table in support of the recommended option. He recognised the excellent work over the period of the review process which had been very thorough. He noted in particular that staff had indicated a desire for change in the delivery of clinical services, and that this had been delivered. He paid particular tribute to Ms Merson for her work in support of this review.

The Board:

1. Endorsed the method applied in reaching the emerging preferred option.
2. Acknowledged the significant contribution of the Clinical Forum
3. Noted the multi-professional and stakeholder engagement in the process to date.
4. Noted the variable factors associated with the forensic mental health estate overall which could alter the known planning assumptions at this time.
5. Agreed that the Affordability of an 11 ward model would create significant financial pressures across the organisation.
6. Endorsed a detailed planning and implementation process allowing TSH to move to a tem ward model based on eight MMI wards and two ID wards.
7. Supported the establishment of a quarterly review process to assess the effectiveness and challenges of operating the ten ward model.

8 OVERSEAS TEAVEL REQUEST

A paper was received from the Medical Director, which asked the Board to endorse an overseas travel request in connection with the Global Citizenship programme, previously seen and approved by the Board Chair.

Board Members were content to do so and also recognised the achievement of Dr Khuram Khan, Consultant Psychiatrist in being nominated as a finalist in the Scottish Health Awards for his work in this regard.

The Board:

1. Approved this travel request for costs as indicated.

9 MEDICAL APPRAISAL AND REVALIDATION - ANNUAL REPORT

A paper was received from the Medical Director, which provided the Board with a summary of work progressed within TSH to meet the requirements of revalidation for medical staff as stipulated by the General Medical Council.

There had been no issues to report and work had progressed successfully.

The Board:

1. Noted the content of the report.

10 PERSON CENTRED IMROVEMENT – 12 MONTHLY REPORT

A paper was received from the Director of Nursing and AHPs, to summarise the work take forward by the Person Centred Improvement Service (PCIS) from November 2018 until October 2019.

Ms Dickson was in attendance to highlight the key pieces of work progressed by the service, including delivery of the What Matters To You? Initiative and supported patient involvement in the TSH 3030 quality improvement programme. She also outlined the way in which the service would meet its key performance indicators and would continue to contribute to organisational objectives supported by successful recruitment within the team. Mr Richards asked the Board to note the depth of work undertaken.

The Board received this report warmly and thanked Ms Dickson and her team for continuing good work. In response to a question on what challenges the service met, Ms Dickson outlined a positive picture with the patient feedback being recognised as central to service delivery.

Mr Currie asked Ms Dickson to feedback the Board's appreciation of the work they do in their contribution to improving the patient experience at TSH.

The Board:

1. Noted the content of the report.
2. Acknowledged the excellent work progressed by the Person Centred Improvement Team.

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, which included a summary of patient flow from 2011 to date.

It was noted that the report should in future also include the monthly update on patient numbers and flow, going forward.

Action – Mr Richards

The Board:

1. Noted the content of the report.
2. Requested monthly patient flow figures be included in reporting.

12 CLINICAL GOVERNANCE COMMITTEE

The Board received the draft minutes of a meeting of the Clinical Governance Committee which took place on the 15 August 2019. The Board noted the key issues discussed including the review of the Clinical Model, and the work led by Mr Walker following Critical Incident Review 18.01 through a Task Group. The Committee had reviewed the 12 month reports from the Psychological Therapies Service and on Patient Safety, as well as reviewing the Forensic Medium and Secure Care standards Action Plan as it related to TSH.

The Board:

1. Noted the content of the draft minutes of the Clinical Governance Committee for 15 August 2019.

13 ATTENDANCE MANAGEMENT REPORT

A paper was received from the Interim Director of Human Resources, which outlined staff attendance data over the course of the latest reporting period of August 2019 and placed this within the context of the rolling 12 month figures.

Ms Sandilands advised the Board that although a slight increase had been experienced in the August figure, the rolling 12 month figure demonstrated a 2.44% reduction with the previous 12 month period. Close monitoring of the measures put in place would continue going forward to ensure that the figure stabilised.

The Board:

1. Noted the content of the report.

14 ATTENDANCE MANAGEMENT IMPROVEMENT TASK GROUP (AMITG)

A paper was received from the Interim Director of Human Resources, which outlined the progress made by the AMITG over the course of the past 12 months, and asked the Board to support the Staff Governance Committee in its view that the group should be suspended at present.

Ms Sandilands highlighted that although this request was made in respect of the work focussed in the specific areas as outlined, the actions put in place would continue. However, there was a perceived need to pause and take a wider view of culture across the organisation in light of the Sturrock report, and place this focus in a new arena.

The Board discussed this and took the view that this would be the right way forward provided that this was a pause, and that a continued deterioration in attendance data would prompt the group to be reinstated. The update to the Board should also continue to allow oversight at Board level.

The Board:

1. Supported the view of the Staff Governance Committee to pause the AMITG
2. Requested that updates should continue to be presented to every Board meeting**.**

15 HEALTH AND CARE STAFFING BILL – UPDATE

A paper was received from the Director of Nursing and AHPs, which provided an updated overview of the overall requirements of this legislation, the role of the Board, and the specific actions that need to be progressed to ensure readiness for enactment of the legislation.

Mr Richards provided a summary of the five headline areas including use of workload tools, common staffing method and roster management, robust analysis of reporting and workforce information as well as risk mitigation in this respect. He also outlined work progressed in training and education for staff and representation at local and national forums on the part of TSH. He also asked the Board to note that internal auditors would review the organisation's preparedness as part of the internal audit plan during January 2020. Guidance from Scottish Government was expected at the end of 2019 with enactment expected from 1 April 2020. Finally, the Chief Nursing Officer Office would be visiting the Board on the day of the next Board Meeting to provide an update.

Mr Jenkins added that TSH had requested to be a pilot site, and that confirmation of this was awaited.

The Board:

1. Noted the content of this report.

16 WORKFORCE PLAN

A paper was received from the Interim Director of Human Resources, which confirmed that TSH had anticipated that a new workforce plan would be produced by September 2019. However, time delays in the review of the clinical model within TSH, as well as the delivery of the common staffing method nationally meant that the workforce plan would be made available at the next meeting of the Board in December 2019.

The Board:

1. Noted the content of this report.

17 STAFF GOVERNANCE COMMITTEE

The Board noted the draft minutes of last meeting of the committee, which had taken place on 29 August 2019. Mr Brackenridge provided an overview of the key points discussed at the meeting which had included attendance management and statutory and mandatory training; as well as initiating the workstream around TSH response to Sturrock.

The Board:

1. Noted the content of the draft minutes of Staff Governance Committee on 29 August 2019.

18 INTERNAL AUDIT PROVISION

A report was received from the Finance and Performance Management Director, which asked the Board to note that the current appointment of RSM UK Ltd as internal auditors would expire in March 2020. This appointment had been made on the basis of the possibility of two further one year extensions on a one plus one basis. It was recommended that an extension period of year was offered to RSM UK Ltd to take their period of service provision to 31 March 2021.

Mr McConnell, as Chair of the Audit committee advised the Board that this proposal had been discussed in detail by the Audit Committee, who recommended this proposal to the Board.

The Board:

1. Approved the proposal to extend the appointment of RSMUK Ltd for a period of one year until 31 March 2021.

19 FINANCE REPORT AS AT 31 JULY 2019

The Finance Report to 30 September 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 notably that the Board was reporting an overall underspend position of £0.165m.

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 the main

challenge continued to be the gap in identified savings.

There was discussion on the pressure to identify recurring savings in particular, and in the way recurring and non-recurring savings were defined across NHSScotland. The need to reduce non-recurring savings as a proportion of identified savings was noted. Mr Jenkins also emphasised the importance of efficiency modelling and the need to performance manage on the basis of budget control across the organisation as a focussed way forward.

The Board noted that a request had been made to refresh the presentation of information in the report, and it was agreed that this would be delivered at the next meeting of the Board in December 2019.

Action – Mr McNaught

The Board:

1. Noted the content of thus report, and the ongoing work on efficiency savings.
2. Requested that a re-fresh in presentation of the report for the next Board Meeting.

20 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, highlighting the work on robust process changes within the Finance Department to measure variance as well as continuing development in risk management. She also highlighted the work taken forward in influencing culture and values and behaviours in the organisation by linking this work with the Board's response to the Sturrock report. Ms Smith advised Board members that benchmarking across NHSScotland indicated this as a common approach.

Mr Currie asked for further clarification on work being progressed on rostering and Mr Richards confirmed that this was being progressed in conjunction with the safe staffing work stream, with TSH having requested being a pilot for the implementation of workforce tools.

Mr Currie also asked if the December Board was to be held at an external location. Following discussion, it was decided that Mr Currie and MS Smith should consider the feasibility of holding the meeting outwith The State Hospital

The Board:

1. Noted the content of this report

21 AUDIT COMMITTEE

Mr McConnell outlined the key business undertaken at the meeting of the Audit committee on 10 October highlighting the detailed discussion on the proposed re-appointment of internal auditors, as well as an updated internal audit report into management of sickness absence which provided reasonable assurance. He also highlighted that concern had been raised within the Committee at the number of policies that were out of date and how to expedite the review and approval process. The formal minute would be available at the next Board meeting in December 2019.

Mr Currie highlighted the achievement of the Human Resources Department under Ms Sandilands' leadership in the significant improvement made.

The Board:

1. Noted this verbal update form the Chair of the Audit committee.

22 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 confirmed the changes made since the date of the last Board Meeting and which were approved.

The Board:

1. Noted and approved the meeting schedule.

23 ANY OTHER BUSINESS

Ms Merson asked Board Members to note that the quality improvement initiative at The State Hospital, TSH3030, would commence in November. Planning was underway and there was increased participation across the hospital from staff and from patients.

An award ceremony was planned for December. Ms Merson was planning for this to include patients as well as staff and advised that details would follow. Board Members were warmly welcomed to attend.

Board Members also asked for an update on the appointment of Whistleblowing Champions through the Public Appointments Office, and Ms Smith confirmed that recruitment was underway with the expectation was that appointment would be in place for January 2020.

The Board:

1. Noted the update on TSH3030
2. Noted the update on the appointment of a Whistleblowing Champion.

24 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 19 December 2019, with the venue to be confirmed.

25 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.

ADOPTED BY THE BOARD

CHAIR _____
(Signed Mr Terry Currie)

DATE 24 October 2019

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

ACTION NO	AGENDA ITEM NO	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	5	Chair's Report	Circulate Audit Scotland Report to Non-Executive Directors	Margaret Smith	December 19	**Completed**
2	11	Patient Safety, Infection Control and Patient Flow Report	Include patient flow table to demonstrate month changes in patient numbers.	Mark Richards	December 19	**Completed**
3	19	Finance Report to 30 September 2019	Review the format of report and presentation of data.	Robin McNaught	December 19	**Completed**
4	20	Corporate Governance	Confirm venue of December Board	Margaret Smith	December 19	**Completed**

Board Paper 19/92

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No. 8
Sponsoring Director:	Chief Executive /Medical Director
Author:	Chief Executive
Title of Report:	Transition plan for implementation to the new Clinical Service Delivery Model
Purpose of Report:	For Decision

1. SITUATION

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

The Board endorsed the preferred option for the new Clinical Care Model at its meeting on 24 October 2019. This model outlined a 10 ward model with eight major mental illness wards and two intellectual disability wards. The Board agreed to a quarterly review process to review effectiveness and challenges of operating the new model review.

2. BACKGROUND

It was agreed at the October Board meeting that a detailed planning and implementation process would be developed for review and discussion. This paper outlines the process.

3. ASSESSMENT

This paper provides an overview of the proposed implementation process including:

- Establishment of a Clinical Model Oversight Board
- Establishment of six work stream to plan for the transition
- Commitment to continue to engage with the Clinical Forum, Partnership Forum, staff, patients and stakeholder in development of the plan for transition
- Commitment to establish a quarterly review process

4. RECOMMENDATION

The Board is asked to:

- endorse the detailed planning and implementation process allowing The State Hospital to transition into a ten ward model based on eight MMI wards and two ID wards
- note the deliverables identified in the work stream plans

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support implementation of the clinical model
Workforce Implications	As considered and detailed within report
Financial Implications	As considered and detailed within report
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board requested
Risk Assessment (Outline any significant risks and associated mitigation)	As detailed within report
Assessment of Impact on Stakeholder Experience	As detailed within report
Equality Impact Assessment	To be reviewed as part of process
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 X 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

Leading Change -The State Hospital Clinical Model Implementation

Background

The need to review the Clinical 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. In response to the issues raised, The State Hospital Board endorsed the need to progress with a review of the current Clinical Model in June 2018

The Review Process was divided into three key elements:

i. Review of the Clinical Model Principles

ii. Review of Safety Data

iii. Review of the Clinical Service Delivery Model

Reviews of the Clinical Model Principles and the Safety Data were carried out in 2018. The Safety Data review added weight to the need to review the clinical model. An engagement and options appraisal exercise was then carried out in 2019 to determine a range for options to consider as a new model and the benefits that movement to a new model would realise. In October 2019, The State Hospital Board approved a move to the model below in table 1. This paper sets out the plan for implementation to transition into this model.

Table 1 – New Clinical Model for The State Hospital

Sample Model	Ward 1	Ward 2	Ward 3
Hub 1	Admission and Assessment	Treatment and Recovery	Treatment and Recovery
Hub 2	Admission and Assessment	Treatment and Recovery	Treatment and Recovery
Hub 3	Intellectual Disability	Intellectual Disability	
Hub 4	Transition	Transition	

Introduction

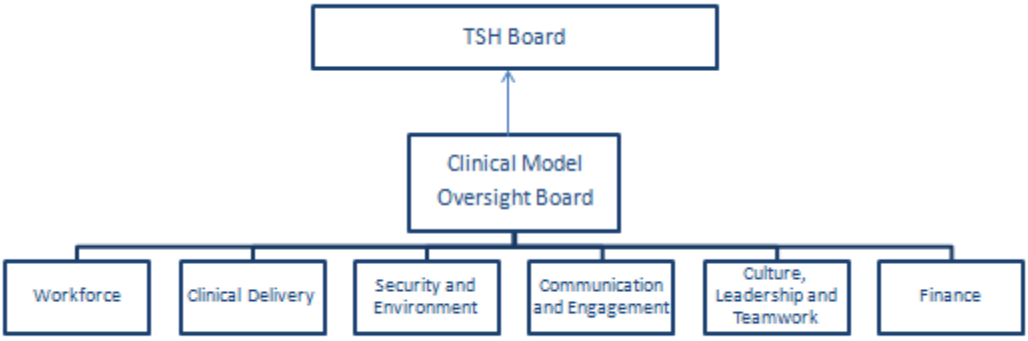
The transition to a new clinical model is complex involving multiple stakeholders and will result in changes in practice for clinical staff and placement of patients' in the hospital Hub environment. It will have executive leadership and multiple interdependent work streams delivering a range of diverse 'products'. There is an opportunity to use quality improvement approaches in the development of some aspects of work. Co design and co production will also be important aspects of developing the programmes of work required to successfully transition to the new model to support delivery of high quality care, organisational effectiveness and an open transparent culture

To support the process of change the change model below developed by NHS England provides a useful organising framework for sustainable change and transformation that delivers real benefits for patients and the public. It was created to support health and care to adopt a shared approach to leading change and transformation.

Our shared purpose – to deliver high quality, safe, effective care and treatment and transition all State Hospital Patients and Staff to the new Clinical Model from April – June 2020

Leadership and governance

The structure to support the delivery of the transition will require Executive Leadership, Gary Jenkins, Chief Executive and Professor Lindsay Thomson, Medical Director will provide joint leadership. A Clinical Model Oversight Board will be established with a role to provide strategic leadership, guidance and receive reports on the delivery of the project. Project Work Streams will also be established to take forward distinct areas of work. They will be represented on the Clinical Model Oversight Board by the Director Lead. Each work stream will have a Project Team which will be responsible for managing and reporting on the individual work streams, managing the risks and issues, milestones and timelines.



Reporting and accountability

The chart above provides an overview of the reporting and accountability structure. Reporting will be through the Clinical Model Oversight Board to the State Hospital Board. The Clinical Model Oversight Board will include representation from the Clinical Forum and Partnership Forum. Consideration will also be given to how to enable the voice of patients and carers in discussions, possibly through linking into PPG regularly as well as other routes of engagement. The Clinical Model Oversight Board will enable identification of any associations, themes or dependencies that sit across the work streams and will advise on any sequencing of activities to support preparation for transition

The work stream leads will be responsible for the quality and progress of their work stream, with overall accountability to the Executive Leads (Gary Jenkins and Lindsay Thomson). Work stream leads will be responsible for the delivery of their work stream and identification of risks, issues and interdependencies. A reporting template will be available for the project work stream groups to update the Clinical Model Oversight Board on progress and challenges.

The Clinical Model Oversight Board will meet every 4 weeks in the planning and implementation phase, this will be reviewed following implementation. When the project has reached a stage where staff and patients are transitioning to the new model a logistics group will be created to oversee the moves and ensure that moves are carried out safely, in accordance with agreed protocols and staff are supported. Any key learning from each move will be used to inform future work.

Each work stream will have input from relevant staff from across the organisation with appropriate skill, expertise and professional knowledge.

Work streams for Implementation

The following work streams will be established to leads the various aspects of implementation.

a) Workforce

Lead: Mark Richards Director of Nursing and AHP, Kay Sandilands Director of Workforce

Aims:

- Delivery of a clear strategic approach to workforce planning and development that is aligned with the delivery of the revised clinical service delivery model.
- Develop and oversee the organisational change required to align staff to the revised model
- Ensure that risk is minimised and the safety of staff and patients is maintained during transition process
- Ensure the hospital has the right staff, in the right place, at the right time, with the right skills.

Objectives:

- Sustainable, affordable, workforce plans are developed across all clinical and non-clinical functions affected by clinical model redesign.
- Our workforce that has knowledge and skills to deliver safe and effective care across all clinical service areas.
- Staff are identified and aligned to revised ward and service functions through an agreed process which will focus on minimising disruption.
- That legislative requirements are met as they relate to safe staffing legislation, and specifically the use of the Common Staffing Method.
- Work is underpinned by a strong commitment to partnership working and engagement at all levels of the organisation.

1. Why? (What is the problem or value proposition addressed by the project? Why is it being sponsored?)

- The clinical service delivery model is being refreshed, with a sharper definition of service functions. The service will be delivered within a 10 ward model, with a key change being that we have an ambition to deliver this as an 8 x mental illness ward and 2 x intellectual disability ward model.
- Safe staffing legislation will be enacted in the near future. This will be for nursing in the first instance, but covering all clinical disciplines in due course. All disciplines and functions, however, require to have an up to date workforce plan that reflects the changed shape of the clinical service delivery model.
- Use of the Common Staffing Method will be a legislative requirement.
- We need to ensure we can consistently achieve the delivery of right staff in the right place at the right time, and in doing so, help ensure safe, effective and person centred care.
- We need to consider different/new clinical roles and models of staff deployment to best ensure we meet the needs of our patients.
- The training and development of staff is important when they are being asked to work in more defined service functions. For example, we need to grow our Intellectual Disability workforce, largely within nursing.
- Our service needs to be affordable and sustainable across all departments and functions. As such, our workforce planning and development activity needs to extend across all

departments affected by the change to the clinical service delivery model, for example, housekeeping.
- The State Hospital needs to positon itself as an exemplar employer, and through this, best ensure retention of existing staff and recruitment of new staff.

2. What? (What is the work that will be performed on the project? What are the major deliverables?)

- Workforce plans will be developed for all clinical services and non-clinical services that are directly affected by the changes to the Model. These will be costed and will be affordable within 2020/21 cost base.
- For nursing, the Common Staffing Method will be used to identify safe staffing levels from an evidence based perspective.
- New roles that are focused on 9-5 working will be described, the jobs evaluated, and they will be recruited to.
- A training and development plan will be developed. Partner with local HEI to undertake a training needs analysis, and to design and deliver a training and development programme. This will be focused on ID services in the first instance, and targeted primarily at nursing staff.
- Staff will be aligned to revised ward and service functions, following a process agreed in partnership to manage this transition.
- Through the personal development planning process, staff will be encouraged to identify areas for development, linked to revised service delivery functions.
- A refreshed workforce strategy will be produced.

3. Who? (Who will be involved and what will be their responsibilities within the project? How will they be organised?)

Key departments/stake-holders who will be involved in this process are:

- Partnership
- Nursing
- Security
- Medical
- Estates and Facilities
- Administration
- Psychological Therapy Services
- Allied Health Professions
- Skye Centre
- Human Resources
- Learning & Development
- Nursing Practice Development.

4. When? (What is the project timeline and when will particularly meaningful points, referred to as milestones, be complete?)

- A refreshed workforce strategy will be produced. **December 2020.**
- Workforce plans will be developed for all clinical services and non-clinical services that are directly affected by the changes to the Model. These will be costed and will be affordable within 2020/21 cost base. **January 2020.**
- New roles that are focused on 9-5 working will be described, the jobs evaluated, and they will be recruited to. **March 2020.**
- A training and development plan will be developed. Partner with local HEI to undertake a training needs analysis, and to design and deliver a training and development programme. This will be focused on ID services in the first instance, and targeted primarily at nursing staff. **January to March 2020.**
- Staff will be aligned to revised ward and service functions, following a process agreed in partnership to manage this transition. **March 2020.**
- Through the personal development planning process, staff will be encouraged to identify areas for development, linked to revised service delivery functions. **During 2020.**
- For nursing, the Common Staffing Method will be used to identify safe staffing levels from an evidence based perspective. **Ongoing.**

b) Clinical Delivery

Lead: Lindsay Thomson, Medical Director and Mark Richards, Director of Nursing and AHP

Aims:

- To develop clinical policies and guidance for admission and assessment wards
- To develop clinical policies and guidance for treatment and recovery wards
- To develop clinical policies and guidance for transition wards, including addressing the issues of graded security and joint working with Skye Centre
- To develop clinical policies and guidance for intellectual disability service
- To develop working methods across hubs in clinical teams to transitions
- To establish clear bed management processes
- To create governance arrangements to check clinical model fidelity

Objective:

To create a sustainably improved:
- Clinical service
- Tailored security
- Increased opportunity for activity

1. Why? (What is the problem or value proposition addressed by the project? Why is it being sponsored?)

- The readiness for change review carried out in April to May 2018 uncovered staff concerns with safety. A subsequent full TSH staff and patient safety report was carried out and this highlighted information relevant to the clinical model.

- The principles of the 2009 clinical model were consulted upon and updated.

- The current review of the clinical model looks at delivery of clinical care.

- The full options appraisal process and subsequent sensitivity analysis have resulted in a preferred model that now requires to be implemented. From a clinical perspective it is essential that the policies and guidance for the different wards are delineated in advance of implementation.

- It is recognised that for the mental illness wards, the proposed model is a tight fit to allow the opening of a second intellectual disability ward. This will remain under regular review.

2. What? (What is the work that will be performed on the project? What are the major products and deliverables?)

- Four working groups should be established with clear terms of reference to deliver on the policies and guidance for the 4 types of wards, including liaison between the transition wards and the Skye Centre.

- An overall group should ensure that the policies and guidance fit together as a whole. This group should address the issues of working across a hub to the transitions hub, bed management and governance.

- The first draft of policies and guidance should be completed by 31 January 2020 to allow time for consultation and implementation.

- The implementation of the clinical model needs decided on by Clinical Model Oversight Board. This could be done incrementally or as a whole.

- Measures by which the success of the clinical model in terms of clinical care should be chosen and monitored.

3. Who? (Who will be involved and what will be their responsibilities within the project? How will they be organised?)

The project workstream will be chaired by Lindsay Thomson, Medical Director. The workstream will report to the project steering group and project team. Project workstream support will be provided by Monica Merson, Head of Performance and Business Support.

a) The key stakeholders
The stakeholders for each guidance and policy group will be made up of multidisciplinary team members

- Medical
- Nursing
- Allied Health Professionals
- Clinical Psychology
- Social Work
- Security
- Administration
- Clinical Effectiveness

b) The key stakeholders that will be involved in leadership aspect will be represented from

- Clinical Forum
- Senior Management Team
- Senior Charge Nurse Cohort
- Heads of Department
- Medical Advisory Committee

4. When? (What is the project timeline and when will particularly meaningful points, referred to as milestones, be complete?)

- First draft policies and guidance for each type of ward 31 January 2020
- Consultation – proposed 3 week period
- Amendment of policies – 1 week
- Senior Management Team – March 2020

c) Security and Environment

Lead: David Walker, Director of Security

Aims:

- Create a safe and secure working environment for staff, patients and visitors
- Identify and prioritise work streams to support the transition towards implementation of the new model within set timescales**.**

Objective:

- Ensure the environmental adaptations support the safety and security of TSH and comply with legal requirements.

1) Why

(What is the problem or value proposition addressed by the project? Why is it being sponsored?)

To support the clinical model, the Security Directorate in partnership will identify the necessary changes required to adapt or amend the physical estate.

2) What

(What is the work that will be performed on the project? What are the major products and deliverables?)

a) Define geographical layout of the site that maximises the 'safe' element of the model.
b) Establish working group to assess requirements of each clinical model component.

3) Who?

(Who will be involved and what will be their responsibilities within the project? How will they be organised?)

This aspect of the project chaired by David Walker, Director of Security. The work stream will report into the Clinical Model Oversight Group. Project work stream support will be provided by Heads of department.

The key stakeholders that will be involved will be representatives from:

- Clinical Teams
- Security
- Estates and Facilities
- Partnership
- Other as required

4) When?

(What is the project timeline and when will particularly meaningful points, referred to as milestones, be complete?)

Anticipated that early identification of the geographical layout of the hospital will require a 10-12 week lead in time for physical adaptations.

Any changes to procedural and relational security practices requires an impact assessment for each hub that outlines the proposed changes.

d) Communications and Engagement

Lead: Monica Merson, Head of Corporate Planning

Aims: To ensure effective communication and engagement regarding the transition to the clinical model with:

- Patients
- Staff
- Stakeholders

Objectives:

A communications and engagement plan will be developed to

- ensure all stakeholders including patients, carers, staff and external interested parties are kept informed of planning for change
- ensure that where appropriate, stakeholders are engaged in shaping changes.
- ensure that scope, timescale and milestones are communicated appropriately
- ensure consistency of message and transparency of development
- inform the development of an EQIA for the implementation process

1. Why? (What is the problem or value proposition addressed by the project? Why is it being sponsored?)

Communication and engagement with patients, carers and stakeholder is essential to successfully embed change. The State Hospital as an NHS Board, is required by legislation to involve people in designing, developing and delivering the health care services they provide for them. The Patient Rights (Scotland) Act 2011 has a set of principles for healthcare provision covering patient focus, quality care and treatment, patient participation, and communication. Staff, Stakeholder and Patient engagement has been a central aspect of the review of the clinical model and will be essential as we move towards planning for implementation and be part of the regular review following implementation.

2. What? (What is the work that will be performed on the project? What are the major products and deliverables?)

1. Stakeholder analysis

2. Communications and Engagement plans for the following groups
- Patients
- Staff
- Stakeholders

3. EQIA

3. Who? (Who will be involved and what will be their responsibilities within the project? How will they be organised?)

- The key stakeholders for the project are

- Staff
- Patients
- Carers
- Volunteers
- Mental Welfare Commission
- Scottish Government
- SHC

- The Person Centred Improvement Steering Group and the PPG will also be a key reference groups for this work
- The group will report into the Clinical Model Oversight Board
- The PPG will also be an important reference group

4. When? (What is the project timeline and when will particularly meaningful points, referred to as milestones, be complete?)

The Communications and Engagement work strand will run throughout the length of the project from planning through to review phase – initial assessment is that this group will run for 12 months and be reviewed in Dec 2020. Meeting will take place every 2 – 3 week for the first 3 months then fall back to 6 weekly following implementation

Feedback from implementation will be gathered to inform ongoing development of approach to ensure learning from implementing is built into process

Key milestones and time scales for the initial planning for implementation phase are detailed below:

Milestone	**Target completion date**
Stakeholder analysis	27th January 2020
Patient Communication and Engagement Plan	10th February 2020
Staff Communication and Engagement Plan	10th February 2020
Stakeholder Communication and Engagement Plan	10th February 2020
EQIA	27th February 2020

e) Finance

Lead: Robin McNaught

Aims:

- Review the team structures of, and support provided by finance, procurement, risk/CE and eHealth **a**ligned to the model implementation.
- Review any organisational change required if there is any realignment of directorate services to the revised model.

Objective:

- Consideration of directorate operational requirements which are identified at all stages from the working groups engaged in the development of the new model

1) Why *(What is the problem or value proposition addressed by the project? Why is it being sponsored?)*

- Ensure early representation from finance, procurement, Risk Team, Clinical Effectiveness and e-Health, also referring to Information Governance at all stages of the evolution of the new model – especially through prompt communication and engagement.

- Ensure any input required from, and impact on these departments is gauged in the initial stages to provide timescales of any required actions to be aligned to the overall project timescale.

2) What *(What is the work that will be performed on the project? What are the major products and deliverables?)*

- Leads of all departments within the directorate require to be engaged with the first phase of the project planning, then to gauge what level of input will be appropriate, if required, for the full implementation.

3) Who? *(Who will be involved and what will be their responsibilities within the project? How will they be organised?)*

Departmental leads, reporting to Finance and Performance Management Director.

The key stakeholders that will be involved in the cultures, values and behaviours aspect have been identified as representatives from the undernoted, which highlights the essential involvement of the directorate:
The key stakeholders are the undernoted:

- Finance
- Risk
- Clinical Effectiveness
- Procurement
- eHealth

4) When? *(What is the project timeline and when will particularly meaningful points, referred to as milestones, be complete?)*

Engagement in all initial project meetings – thereafter dependent on any issues / impacts identified.

f) Values, Cultures, Behaviours and Leadership.

Lead: Gary Jenkins, Chief Executive / Monica Merson, Head of Corporate Planning

Aims:

- Refresh the hospital wide leadership model and management structure
- Create a consistency of values, behaviours and culture embedded with the model implementation
- Team fidelity to the Clinical Model and the values of The State Hospital

Objective:

Create a sustainably improved:

- Culture
- Level of staff engagement, morale and sense of value
- Team approach and fidelity to the values of the organisation
- Sense of worth and empowerment for all staff across The State Hospital
- Leadership model for The State Hospital

1) Why *(What is the problem or value proposition addressed by the project? Why is it being sponsored?)*

The Sturrock Review (The Review) has been a focus for all NHS Board in relation to organisational cultures, behaviours and values. Scoping work, undertaken in autumn 2019, assessed which aspects from The Review were pertinent and giving the workforce at The State Hospital the greatest cause for concern and workplace dissatisfaction.

The consultative stages of the Clinical Model process identified a number of challenges from staff who were dissatisfied with aspects of the organisation; these factors were unrelated to the direct delivery of clinical care. The behavioural and cultural themes were disassociated from the Care Model structure with agreement that the issues would be addressed through an alternative process.

The outcome of the previous two years staff survey results were analysed to assess if recurrent features were being identified and remained unaddressed through the conventional action plan return.

The outcome of the three processes cited above were collated; the following themes were identified for improvement:

- Communication and Engagement
- Leadership and Management
- Human Resources
- Cultures and Behaviours
- Staff Support
- Governance

30 sub-themes were identified in each of the headings noted above (Appendix x)

The 30 identified sub-themes are likely to affect different staff groups in different ways. The method of review and potential resolution is likely to be multi factorial depending of the individual or staff group perception of value, empowerment and sense of organisational engagement.

A number of organisations have studied different way to sustainably improve culture, values, behaviour and leadership. Wrightington, Wigan & Leigh Foundation Trust (WWL) have published a paper following a successful process that took them from the bottom 20% of NHS Trusts to the top 10% in the National Staff Survey 2014 and 2015.

WWL used a technology based approach (the Go Engage) survey tool to measure the nuances of staff satisfaction across the multi-disciplinary layers of their organisation. This enabled tailored and target support to support cohorts of employees where satisfaction and morale were problematic. A set of exploratory questions were sent to staff on a quarterly basis; this enabled measurements of success and challenge to be analysed recurrently and support targeted development measures where and when issues arouse. Particular areas of focus included:

i. Working relationships – did staff feel supported?
ii. Recognition – did staff feel valued?
iii. Resources – did staff have the resources they needed to work effectively in their roles?
iv. Clarity – did staff understand what was going on in their role / team / organisation?
v. Perceived fairness – did staff feel processes and treatment was fair?
vi. Personal Development – did staff have development opportunities?
vii. Influence – did staff feel involved in change and decisions affecting them?
viii. Mindset – did staff feel confident in their jobs and optimistic about the future?
ix. Trust – are staff empowered to do their job?

2) What *(What is the work that will be performed on the project? What are the major products and deliverables?)*

a) Further scoping work will be undertaken to assess how cultural, values and behaviours based improvement can be achieved, delivered and sustained across the entire organisation.

b) A further review of the sub themes will be explored with the Senior Management Team. This will also be designed to assess the level of synergy and barriers to effective working within The State Hospital.

c) A Working Group will be established to take forward the cultures, behaviours and values work stream. This is a separate and distinct issues and will be disaggregated from the leadership aspects of this process.

d) A review of leadership developments needs will occur contemporaneously to assist the organisational management team in changing the dynamic and experience of staff working within The State Hospital.

e) A set of measures will be developed based on the 30 sub-themes and overlaid with the nine headings from the WWL approach noted above, and other models explored.

f) The implementation of the Clinical Model from April 2020 will have embedded principles that enable:

- staff satisfaction to be measured,
- escalation mechanisms for staff to highlight concerns or areas of good practice
- create space and time to allow team formation to be central to the workplace environment

3) Who? *(Who will be involved and what will be their responsibilities within the project? How will they be organised?)*

The project work stream will be chaired by the Chief Executive. The work stream will report into the Clinical Model Oversight Board. The project work stream support will be provided by Head of Corporate Planning and Business Support.

a) The key stakeholders that will be involved in the cultures, values and behaviours aspect will be representatives from (e.g.):

- Medical
- Nursing
- Security
- Estates and Facilities
- Partnership
- Administration
- Psychology
- AHPs
- Patient Focus and Public Involvement
- Human Resources
- Organisational Development
- Other

b) The key stakeholders that will be involved in the leadership aspect will be representatives from:

- The Senior Management Team
- The Senior Charge Nurse Cohort
- Heads of Department
- Organisational Development
- Human Resources
- Partnership

4) When? *(What is the project timeline and when will particularly meaningful points, referred to as milestones, be complete?)*

Following agreement in partnership for the placing of staff in any new staff groupings to support the re defined ward functions, team development to support and reinforce NHS cultures and values will be carried out. Themes emerging from staff engagement will also be used to inform future work towards creation of a supportive change culture within Hubs and wards

Resources

Wherever practical internal resources will be used to provide all leadership and management of this project. There may be a need to re prioritise some current work streams to enable a focus on the transition to the new model.

A Clinical Model Review Process will also be developed to monitor implementation. Terms of Reference for the Clinical Model Oversight Board and the Work Stream Groups will be developed to support project implementation, reporting and accountability.

It is likely that implementation will take place in a phased process to minimise disruption to patients and enable learning from each phase to inform the next. Contingency plans and risk assessment will take place prior to moves.

Project Plan

This will be developed a separate document to detail the key milestones and timelines associated with the project implementation.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No: 9
Sponsoring Director:	Medical Director
Author(s):	PA to Medical & Associate Medical Directors
Title of Report:	Board approval for Approved Medical Practitioner status
Purpose of Report:	For Decision

1 SITUATION

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

2 BACKGROUND

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

3 ASSESSMENT

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

4 RECOMMENDATION

The Board is invited to agree the following recommendation:

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	As per report
Workforce Implications	Detailed in report
Financial Implications	No financial implications if approved
Route To Board Which groups were involved in contributing to the paper and recommendations.	Medical Director
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	Not required
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. X 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:	19 December 2019
Agenda Reference:	Item: 10
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Risk Mangement Team Leader/ Senior Nurse for Infection Control/ Health Records Manager
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 main focus since the last report has been around the development of the Observation Policy which is based on the Improving Observation in Practice guidance. This has required significant nursing input and will be launched for The State Hospital consultation in the very near future.

Other work continues around the '8' rights of Psychotropic PRN medication, leadership walkrounds (8 delivered during 2019), patient safety training as part of safeguarding day (28 November 2019) and links with the Physical Health Steering Group. A Patient Safety Group meeting was held on 3 December 2019 with the main focus being Draft 2 of the Observation Policy. The next meeting is proposed for February 2020.

3 HEALTHCARE ASSOCIATED INFECTION (HAI)

This is a summary of the Infection Control activity from 1st October 2019 – 30th November 2019 (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 Senior Charge Nurses to advise a non compliance.

- 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. Following

audits by the Risk Management Team Leader, SNIC and Housekeeping & Linen Services Manager during September 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 will take place over the next few months to allow for adequate data to be examined.

- Seasonal Flu vaccinations clinics have been offered with promising uptake. A table top exercise to test the Pandemic Influenza Contingency Plan was conducted 5th December, learning from this exercise will be incorporated into the review of the plan and presented to the Infection Control Committee, Resilience Committee and Senior Management Team in the New Year.

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 from the Senior Nurse for Infection Control will continue.

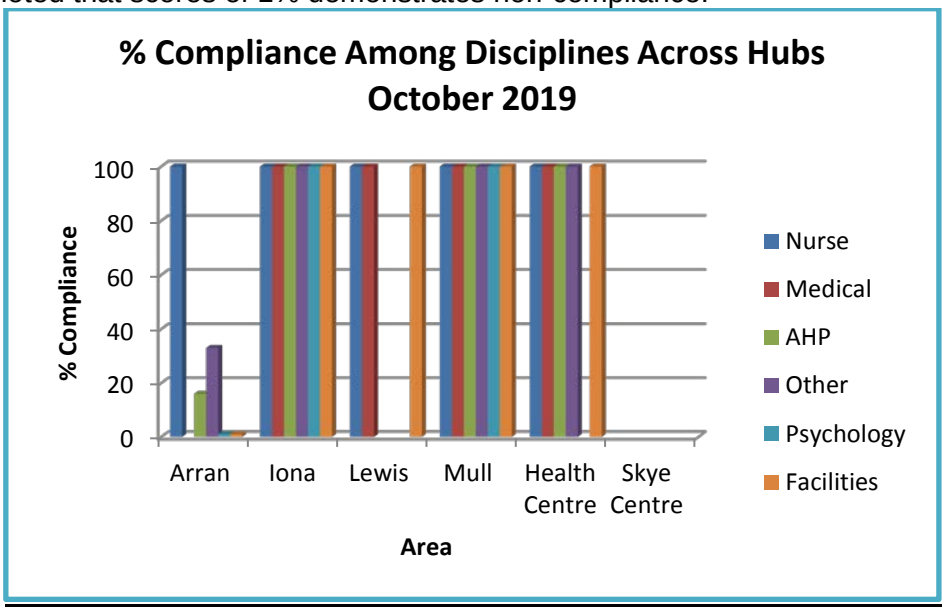
<u>October</u>
10 out of a possible 11 were submitted (Skye Centre omitted due to TSH30:30).

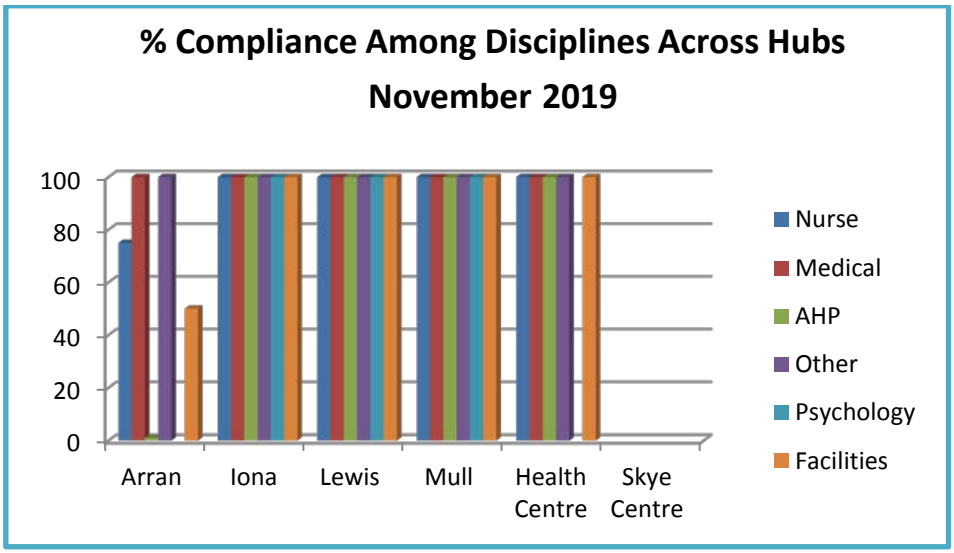
<u>September</u>
9 out of a possible 11 were submitted (Skye Centre omitted due to TSH30:30).

The overall hand hygiene compliance within the hubs varies between 65-100%. This is a decrease in one area and the Senior Nurse for Infection Control will liaise directly with the Senior Charge Nurses for this area.

The compliance within the Skye Centre continues to be of concern. Following agreement with the Senior Nurse for Infection Control no audits were submitted during this period. The rationale being, Palm to Palm (TSH30:30) initiative was underway during this period. Any improvements or suggestions for improvement will be reviewed by the Senior Nurse for Infection Control.

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





DATIX Incidents for Infection Control

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

- 5 of which relate to clinical waste (safe management of linen) which were investigated at ward level and process and policy reinforced to be monitored by SCN.
    - 4 incorrect segregation
    - 1 no label
- 1 Diarrhoea & Vomiting (all actions appropriate and in line with policy)
- 1 needlestick injury (all actions appropriate and in line with policy)

DATIX will continue to be completed until an improvement is noted. 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):

A breakdown by department of the 87 staff who had not completed the SIPCEP core modules at 30 September 2019 is provided below.

Department	No. of staff
AHP	3
Estates	8
Hub Admin	5
IT	3
Nursing	34
Occupational Health	3
Procurement	3
Security	5
Skye Centre	7
Social Work	5
Other departments (combined)	11
TOTAL	**87**

A breakdown by module of current completion numbers for the individual SIPCEP core module is provided for information below.

Core modules

1. Why Infection Prevention and Control Matters - 591 (88.6%) completions.
2. Breaking the Chain of Infection – 607 (91.5%) completions.
3. Hand Hygiene – 602 (90.1%) completions.
4. Respiratory and Cough Hygiene – 596 (89.4%) completions.

Other Modules (target groups are not all staff)

5. Safe disposal of waste (inc Sharps) – 383 (78.9%) completions.
6. PPE – 383 (81.1%) completions.
7. Prevention and Management of Occupational Exposure (inc Sharps) – 384 (79.2%) completions.
8. Blood and body fluid spillages – 393 (84.8%) completions.
9. Safe Management of Care Environment – 301 (75.6%) completions.
10. Safe Management of Care Equipment – 256 (72.9%) completion.
11. Safe Management of Linen – 308 (77.2%) completions.
12. Patient Placement/ Infection Risk – 259 (76.6%) completions.

The Learning & Development Team continue to report monthly to Line Managers staff who have yet to complete online modules.

Hepatitis C Treatment

Processes have been put in place to ensure that a delay in treatment does not occur in the future.

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

All staff received a letter advising them of the flu vaccination clinics and how they can make arrangements to receive their vaccine if they were unable to attend these clinics. The flu vaccinations for staff commenced on 28th October 2019. There were five clinics located in the Family Centre, facilitated by the Senior Nurse for Infection Control and Occupational Health Department. Three further clinics were held in Iona at 6.30am, one of which was held on a Sunday to enable night shift and weekend staff to received the vaccinations. The SNIC attended individual wards to provide staff the opportunity to receive the vaccine. In addition, the Occupational Health Nurse attended the Management Centre and Harris in order to increase uptake.

By way of promoting of the clinics the Healthy Working Lives Group donated a 'misfit' fitness tracker as a raffle prize for those who have received their vaccine, staff were offered tea/coffee, some home baking and small gift packs containing tissues, pens and post-its were made available. Early indications would suggest that there is an increase on last year's uptake. Further information will be provided in the next report.

Water Safety Group

Water safety continues to be an area of concern within NHS Scotland. Water Safety has been incorporated into the Infection Control Committee agenda and will be discussed at each meeting. On 5th December 2019 an extraordinary meeting was called to seek assurance that the hospital was responding appropriately to external recommendations. The Infection Control Committee are satisfied with all action taken.

Water Risk Assessments Update

The buildings of The State Hospital are used by a cross section of society with persons of varying ages, with the accompanying variance in health etc.

It must therefore be assumed that there is a potential for 'at risk' persons to use or be affected by the water services on site and therefore L8, HSG274 and SHTM04 compliance is required.

Within The State Hospital the two procedures used to control the water systems is temperature control and flushing. The hot water storage is monitored and kept above 55^{O}C and the cold water storage is monitored and kept below 20^{O}C. Both the hot and cold water systems prevent stagnation of the water via day to day usage, and where this not practical, a flushing regime is introduced.

Legionella Risk Assessments were carried out within all buildings in April 2018. These Risk Assessments raised a total of 338 recommendations across all buildings. The recommendations were further divided into categories, and the explanation of each category is provided below.

Category 1 **Urgent Significant Investigation & Urgent Remedial Action Required.** Carry out review of Control Procedures. Recommendations within this category should be carried out immediately / as soon as is reasonably practicable. Where appropriate remedial actions to rectify the faults cannot be taken immediately / as soon as is reasonably practicable alternative actions to reduce the risk should be carried out.

Within The State Hospital there were **no** Category 1 Recommendations

Category 2 **Significant Investigation & Remedial Action Required.** Carry out review of Control Procedures. Recommendations within this category should be carried out as soon as is reasonably practicable. Where appropriate remedial actions to rectify the faults cannot be carried out quickly practicable alternative actions to reduce the risk should be carried out.

Within The State Hospital there were **138** Category 2 Recommendations

Category 3 **Investigate / Reduce.** Remedial actions required. Recommendations within this category should be carried out in a timely manner. Additional monitoring / inspection to ensure the risk does not increase should be carried out until actions completed.

Within The State Hospital there were **111** Category 3 Recommendations

Category 4 **Maintain Level.** Managed by routine Planned Preventative Maintenance Procedures.

Within The State Hospital there were **89** Category 4 Recommendations

Below in table 1 is a breakdown of all recommendations by building and the number completed.

Table 1

Building	**Category 1**		**Category 2**		**Category 3**		**Category 4**	
	Comp	**To Do**	**Comp**	**To Do**	**Comp**	**To Do**	**Comp**	**To Do**
Arran Hub	N/A	N/A	10	0	3	0	0	6
Iona Hub	N/A	N/A	11	2	6	1	0	8
Lewis Hub	N/A	N/A	9	0	6	1	0	10
Mull Hub	N/A	N/A	4	0	11	0	1	1

Skye Centre	N/A	N/A	16	3	23	5	3	34
Family Centre	N/A	N/A	17	0	5	0	0	2
Harris	N/A	N/A	10	3	4	0	0	2
Management Centre	N/A	N/A	4	2	3	1	0	4
Islay	N/A	N/A	7	3	1	9	0	4
Essential Services	N/A	N/A	17	4	13	1	0	10
Reception	N/A	N/A	4	0	4	0	N/A	N/A
Occupational Health	N/A	N/A	7	5	6	8	0	4

In summary: Category 1 No Recommendations
Category 2 138 Recommendations – 116 Completed, 22 To be addressed
Category 3 111 Recommendations – 85 Completed, 26 To be addressed
Category 4 89 Recommendations – 4 Completed, 85 To be addressed

For all Category 2, 3 and 4 recommendations that have still to be addressed, the guidance within the Category explanations above are in place to keep the risks to a minimum.

The majority of Category 2 recommendations is in relation to the expansion vessels installed throughout the site.

The recommendation is to change these for a 'flow through' type of expansion vessel. The vessels we have installed have the potential to hold stagnant water. However, the replacement cost for one vessel to change to the 'flow through' type is approximately £2000 and we have over 20 on site. The cost for a like for like replacement is approximately £500. There are currently no problems with the vessels, so there is no requirement to change them. The Estates Department have a monthly PPM in place to flush the expansion vessels that alleviates the issue of stagnant water.

The Estates Department continue work through all recommendations and further updates will be issued to the Control of Infection Committee.

4 PATIENT ADMISSION / DISCHARGES

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

The following table outlines the high level position from 1 August 2019 to 30 September 2019.

	MMI	**LD**	**Total**
Bed Complement (as at 30/09/19)	126	14	140
Staffed Beds (ie those actually available) (as at 30/09/19)	108	12	120
Admissions (from 01/08/19 – 30/09/19)	3	0	3
Discharges / Transfers (from 01/08/19 – 30/09/19)	4	0	4
Average Bed Occupancy August - September 2019	-	-	101 84.2% of available beds 72.1% of all beds

The following table outlines the high level position from 1 October 2019 to 30 November 2019.

	MMI	**LD**	**Total**
Bed Complement (as at 30/11/19)	126	14	140
Staffed Beds (ie those actually available) (as at 30/11/19)	108	12	120
Admissions (from 01/10/19 – 30/11/19)	10	0	10
Discharges / Transfers (from 01/10/19 – 30/11/19)	3	0	3
Average Bed Occupancy October - November 2019	-	-	105 87.5% of available beds 75.0% of all beds

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 **CF(M)19/03**

CLINICAL FORUM

Minutes of the meeting of the Clinical Forum held on Thursday 15 August 2019 which commenced at 10am in Harris Seminar Room, The State Hospital, Carstairs.

Chair: Dr Aileen Burnett	Consultant Clinical Psychologist
Present:	
Sandie Dickson	Person Centred Improvement Lead
David Hamilton	Social Work
Sarah Innes	Occupational Therapy
Carolin Walker	Professional Nurse Advisory
In attendance:	
Margaret Smith	Board Secretary
Apologies:	
Sheila Howitt	Consultant Psychiatrist
Lesley Murphy	ID Service
Sheila Smith	Clinical Effectiveness
Fiona Warrington	Pharmacist

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

The Forum Chair, Aileen Burnett, welcomed everyone to the meeting and apologies were noted.

NOTED

2. CONFLICT(S) OF INTEREST

There were no conflicts of interest declared.

NOTED

3 MINUTES OF PREVIOUS MEETING HELD ON 7 FEBRUARY 2019

The minutes of the meeting that took place on 9 May 2019 were approved.

NOTED

4 ACTION POINTS AND MATTERS ARISISING

The present positon was noted, and that a rolling action list would be put in place going forward.

NOTED

5 REVIEW OF THE CLINICAL MODEL

Members discussed the engagement of the Clinical Forum in this process, and the challenges this had presented. However, Members were of the view that this was a positive engagement and were keen to continue to contribute to the review process.

It was agreed around the table that work had progressed well and Members had met informally this month to continue to progress. The Forum Chair encouraged Members to continue to provide their input so that the Forum could be in a position to report to the workshop arranged for 21 August, which would centre on the benefits criteria. To do so, Aileen Burnett would share the most up to date version of the report with Members following this meeting and asking for their further input.

Members discussed the importance of ensuring wide engagement around the organisation at all level across the workforce. There was also concern raised on how realistic the review would be in terms of the possibility of change within the organisation, depending on the Board's overall financial position. It was noted that there was a general concern noted among staff that this process may not actually lead to change. The Forum noted the need for any proposed change to be pragmatic and realistic in terms of what would be possible. There was also some discussion around how any change to the clinical model within The State Hospital (TSH) would be viewed in the context of the national review of the forensic mental health estate.

The Forum also noted the invite for them to visit another high secure hospital e.g. Broadmoor, and it was agreed around the table that this was a helpful offer but that it may be more effective to take up this offer during the implementation stage of the process.

All Members were asked to provide any further feedback to Aileen Burnett by 20 August 2019.

Action – All Members

NOTED

6 TRIANGLE OF CARE UPDATE

Sandie Dickson provided an update to members, confirming that this would be reported to the Person Centred Improvement Group at their next meeting. She advised that good progress had been made over the past six months, but this was a very wide ranging piece of work and that it was important to take sufficient time to progress it effectively.

Carolin Walker noted the success of the visit from colleagues from Ashworth Hospital.

A full update would be brought to the next meeting of the Clinical Forum.

Action – Sandie Dickson

NOTED

7 TSH3030 2019

The Forum noted that the launch date for TSH3030 in 2019 would be 5 September.

Sandie Dickson noted that she would engage with patients to encourage their involvement, as they would not be attending the launch. Patients would be able to attend the awards ceremony at the conclusion of the initiative.

It was also noted that Quality Improvement training would be available to all staff during October, to help support the expansion of the available skill set among staff. Work was progressing well in coordination with Training and Development to promote a QI zone as part of eLearning at TSH

NOTED

8 PROMOTING THE CLINICAL FORUM

Margaret Smith provided a verbal update to members on the development of Clinical Forums within NHSScotland, and confirmed that governance advice and administrative support to the Forum would be provided by the Board Secretary and her team. She noted that given the particular nature of the care offered at TSH, the Clinical Forum at TSH may differ in function when compared to territorial NHS Boards. At the same time there were also similarities and she was arranging for links to be made for the Chair and Vice Chair of this Forum through the national Chairs Group for the national Area Clinical Forum Chairs Group.

The Forum discussed the way forward, and agreed that bi-monthly meetings mat be conducive to the effective review of business and agreed to the meetings taking place on the first Tuesday of the month (bi-monthly).

There was also discussion in relation to continuing to engage with the Chief Executive and the Chair, and it was agreed that they should be invited to attend meetings for a specific slot to provide an update from the Board. More widely, the Forum also discussed the benefit of inviting key Executive Leads to their meeting to discuss relevant items of business and provide updates directly to the Forum. It was agreed that this would be considered for the Forum going forward.

The Forum also discussed representation from the health centre and it was agreed to ask for a nomination from nursing colleagues in this regard.

The Forum also agreed that it would be helpful to benchmark their terms of reference to other NHS Boards, especially special boards. This should be added to the workplan.

It was agreed that Margaret Smith would take forward these actions on behalf of the Forum.

Actions – Margaret Smith

AGREED

9 UPDATES FROM EACH ADVISORY COMMITTEE ON SALIENTS POINTS/ APPROVED MINUTES TO NOTE.

The Forum noted the most recent minutes from the Nursing and Allied Health professional Advisory Committee (NAHPAC) held on 2 April and 18 June 2019, and Carolin Walker provided a summary of the main points of discussion.

Further updates from the advisory groups would be circulated.

NOTED

10 CLINICAL FORUM – FORWARD PLANNER

The forum discussed possible items to be added to the workplan including Board updates; TSH3030; Clinical Model; Triangle of Care; Sturrock Report; review of the Terms of Reference for the Forum. Margaret Smith would review and update the workplan based on this discussion.

Action – Margaret Smith

11 DATES OF MEETINGS

The revised schedule of meeting dates for 2020 was agreed. A further meeting of the Forum would be arranged for 2019.

AGREED

12 ANY OTHER BUSINESS

The Forum noted that the date of the next Annual Review for TSH had not yet been confirmed.

NOTED

13 DATE AND TIME OF NEXT MEETING

To be confirmed.

Board Paper 19/95

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No: 14
Sponsoring Director:	Interim Director of Human Resources
Author(s):	Interim Director of Human Resources
Title of Report:	The State Hospital Workforce Plan
Purpose of Report:	For noting

1 SITUATION

As part of the Clinical Model Implementation Plan, a Workforce Planning, Training and Development workstream will lead on the development of a workforce strategy to deliver the revised clinical model. This partnership group will develop the Board Workforce Plan, oversee any organisational change required to align staff to the revised model and ensure the hospital has the right staff, in the right place, at the right time, with the right skills. The group will endeavour to minimise risk and maximise safety of staff and patients during the transition.

Provisional timelines (Appendix I) have been set and these now indicate completion of a Workforce Plan in March 2020.

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.

In October 2019, the Board endorsed a new Clinical Model and the Implementation Plan for this provides the framework for the Workforce Plan going forward.

3 ASSESSMENT

The Board Workforce Plan will be overseen by the Workforce Planning, Training and Development workstream as part of the Clinical Model Implementation process. The workstream group is being set up and has a proposed timeline to work to (Appendix I). The proposal is that the Workforce Plan will fully consider the revised Clinical Model and be developed in partnership.

In the meantime, work is ongoing on the application of the Common Staffing Method in nursing to ensure models are based on a safe staffing levels and all services have completed their initial workforce planning proposals for consideration by the workstream.

4 RECOMMENDATION

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

Appendix I : Timeline for Workforce Planning, Training and Development Workstream

Action	**Date**
Workforce Strategy	Dec 2019
New development (e.g. 9-5 role)	March 2020
Training and Development Plan (including Training Needs Analysis)	Jan - March 2020
Staff Alignment	March 2020
Staff development through PDP	Ongoing through 2020
Common Staffing Method application	Ongoing
Workforce Plan – based on 2020/21 budget	March 2020

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.

Board Paper 19/96

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No: 15
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 September 2019 was 6.24%; with an average rolling 12 month figure of 6.53% for October 2018 to September 2019. The rolling 12 month figure is 2.41% lower than the October 17 to September 2018 figure (8.94%).

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 September 2019 sickness level of 6.24% is the lowest September figure recorded by TSH in the last 4 years. However, this does exceed the 5.0% target and the NHS Scotland level of 5.29% for the same period (Appendix IV).

Long/short term absence split is 4.28% and 1.96% 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 5424.69 hrs /33.33 WTE.

The current average rolling 12 month sickness figure is 6.53% for the period 1 October 2018 to 30 September 2019. This represents a 2.41% lower figure than 2017/18 (8.94%). 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 (11%) and Fractures (9%) (Appendix I).

4 RECOMMENDATION

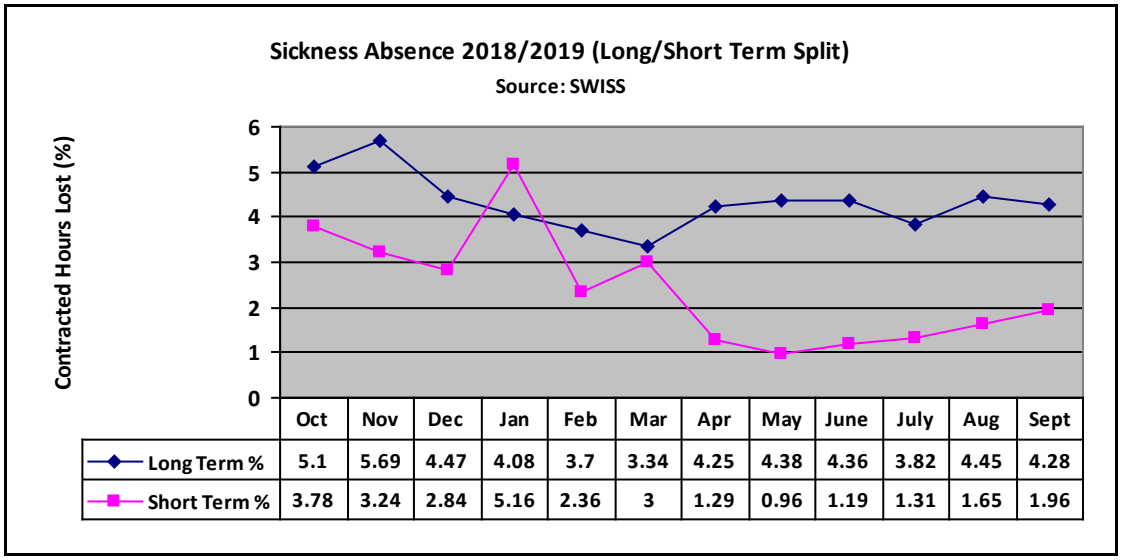
The Board is asked to **note** the content of the report.

Appendix I : Absence Reasons

Absence Reason Description	Short Term Sick %	Long Term Sick %	Total (SL+Il) Working Hours Lost	Total Sick Leave inc. Industrial Injury %
Anxiety/stress/depression/other psychiatric illnesses	8.48 %	46.74 %	33038.79	36.31 %
Other musculoskeletal problems	7.19 %	7.15 %	9795.21	10.76 %
Injury, fracture	4.55 %	8.10 %	7752.77	8.52 %
Gastro-intestinal problems	21.69 %	5.64 %	7687.01	8.45 %
Heart, cardiac & circulatory problems	1.98 %	6.74 %	4821.43	5.30 %
Cold, cough, flu - influenza	18.32 %	1.72 %	4477.62	4.92 %
Other known causes - not otherwise classified	4.30 %	4.66 %	4077.29	4.48 %
Back problems	7.84 %	3.22 %	3983.63	4.38 %
Genitourinary & gynecological disorders - exclude pregnancy related disorders	1.78 %	3.33 %	2529.24	2.78 %

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

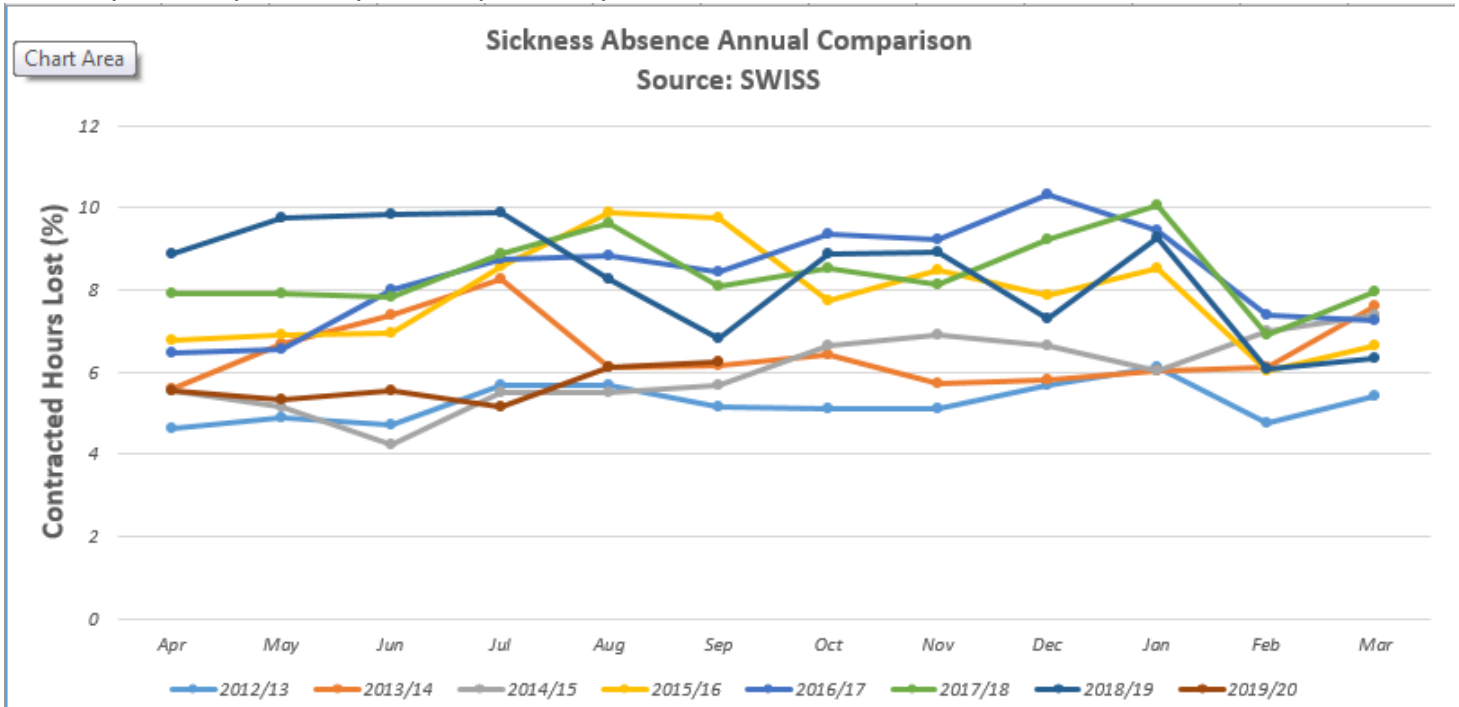
Appendix II : LONG / SHORT TERM ABSENCE BREAKDOWN – NATIONAL DATA (SWISS)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Long Term %	5.1	5.69	4.47	4.08	3.7	3.34	4.25	4.38	4.36	3.82	4.45	4.28
Short Term %	3.78	3.24	2.84	5.16	2.36	3	1.29	0.96	1.19	1.31	1.65	1.96

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.



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	6.24						

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

	Absence Rate			Instances			Absence Reason	
	Total	Long Term [1]	Short Term [2]	Total	Long Term [1]	Short Term [2]	Yes	No [3]
Scotland	**5.29**	**3.44**	**1.85**	**27,145**	**8,139**	**19,006**	**23,776**	**3,369**
NHS Ayrshire & Arran	4.64	3.14	1.51	1,450	457	993	1,324	126
NHS Borders	4.84	3.10	1.74	548	149	399	483	65
NHS National Services Scotland	4.67	3.21	1.46	541	156	385	512	29
NHS 24	8.93	5.59	3.34	524	155	369	443	81
NHS Education For Scotland	1.86	1.21	0.65	89	22	67	59	30
NHS Healthcare Improvement Scotland	2.96	1.82	1.14	62	10	52	60	2
NHS Health Scotland	3.50	1.07	2.43	54	4	50	43	11
Scottish Ambulance Service	8.43	6.18	2.25	893	385	508	840	53
The State Hospital	6.24	4.28	1.96	103	50	53	94	9
National Waiting Times Centre	4.23	2.37	1.86	280	69	211	246	34
NHS Fife	5.52	3.74	1.78	1,386	488	898	1,283	103
NHS Greater Glasgow & Clyde	5.59	3.83	1.76	6,387	2,290	4,097	5,854	533
NHS Highland	5.30	3.20	2.11	1,790	432	1,358	1,237	553
NHS Lanarkshire	5.72	4.03	1.69	1,878	714	1,164	1,645	233
NHS Grampian	4.61	2.70	1.91	2,614	595	2,019	2,035	579
NHS Orkney	4.96	2.39	2.58	132	16	116	128	4
NHS Lothian	4.87	2.72	2.15	4,436	969	3,467	3,907	529
NHS Tayside	5.21	3.47	1.74	2,060	595	1,465	1,828	232
NHS Forth Valley	5.56	3.79	1.77	985	334	651	927	58
NHS Western Isles	5.13	2.99	2.14	190	44	146	164	26
NHS Dumfries & Galloway	5.00	3.21	1.79	642	190	452	569	73
NHS Shetland	2.97	1.76	1.21	101	15	86	95	6

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.

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No: 17
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Head of Management Accounts
Title of Report:	Financial Position as at 30 November 2019
Purpose of Report:	For Noting

1 SITUATION

The Board is asked to consider the Revenue and Capital Resources spending plans, and monitor financial outturn. This report provides information on the financial performance to 30 November 2019, which is also reported to the Senior Management Team and Partnership Forum, and is issued monthly to Scottish Government (SG) along with the statutory financial reporting template.

2 BACKGROUND

Scottish Government are provided with an annual Operational Plan and 3-year financial forecast template, which was confirmed at the 20 June 2019 Board meeting, setting out a balanced budget for 2019/20 based on achieving £2.103m efficiency savings, as referred to in the tables in section 4.

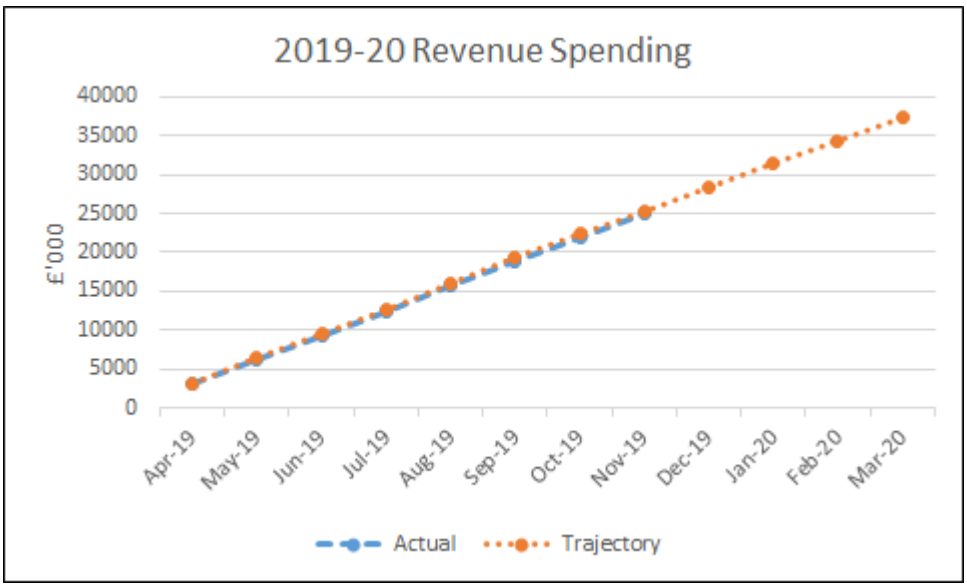
The annual budget of £37.654m is primarily the Scottish Government Revenue Resource Limit allocation, now augmented with the addition of part funding of the costs of the recent Pay As If At Work ("PAIAW") agreement).

3 ASSESSMENT

3.1 Revenue Resource Limit Outturn

The Board is reporting an under spend of £0.217m to 30 November 2019 – which is a year-to-date variance of 0.8%.

Per the chart below, the current spending position is therefore closely aligned with the forecast trajectory / budget. It is currently anticipated that the forecast break-even position will be achieved for the 31 March 2020 year-end, although certain pressures are highlighted in paragraph 3.2, and outstanding savings pressures remain to be addressed per para. 4.



At this stage in 2018/19, there was an overspend of £0.289m. Much of the improvement is due to the reduction in Nursing ward overtime costs of £0.648m.

Specific nursing controls were introduced in 2019 with the aim of reducing overtime – e.g. limiting individual overtime hours in each month; restricting overtime for staff returning from sick leave. These controls are being monitored by nursing with the aim of evaluating their impact on 2019/20, and to provide meaningful comparisons for the future evaluation of the impact of the new clinical model in 2020/21.

However, while overtime levels are reduced, they continue to be affected by nursing staffing continuing to be under establishment.

3.2 **Key financial pressures / potential benefits.**

	PRESSURES	Risk	Best estimate £'k
(i)	Holiday Pay - Lock v British Gas - PAIAW - Full Year 19/20 (have also anticipated RRL of £141k for Aug 17 to Mar 18 retrospection)	High	210
(ii)	Rebandings arrears	High	tbc
(iii)	Clinical Model Review	High	tbc
(iv)	Legal Fees	High	103
(v)	Office 365	High	250
(vi)	3 yr up for opt out sup'an Nov 19 (approx 100 staff not sup'an)	Med	tbc
(vii)	EU Exit (may get guidance from sub group)	Low	tbc
(viii)	Perimeter Fence - FBC - Additional Staff (Capital funding pending)	Low	193
	BENEFITS	**Risk**	
(ix)	Exceptional Circumstance Patients (new - recharging host Board)	Med	290
(x)	VAT element on Utilities in our favour (v HMRC)	Low	120

i - PAIAW
Payments in 2019/20 to date comprise (SG funded) Aug 2017- Mar 2018 £141k, and TSH funded Apr 2018 - Mar 2019 £210k. In addition, the value for 2019/20 is estimated as £212k (first tranche of which is to be paid December 19, and is to be funded by TSH).
There has been a thorough review of central reserves and finance for this has been identified.

ii - Rebandings
There remain a number of rebanding appeals for certain posts within the hospital, the most recent of which was backdated to 2015; costs of these require to be recognised in the year of settlement.
This year to date (Nov 19) we have paid £25k of arrears.

iii – Clinical Model review
The review of the clinical model has identified potential recurring savings in ward nursing, - values to be confirmed – which would be beneficial from early 2020/21 and will be monitored as part of the overall evaluation of the model.
There are, however, potential unidentified 2019/20 costs yet to be determined subject to the steps required to prepare for the implementation of the model e.g. Estates costs – these are being established within the implementation plan now underway.

iv – Legal fees
These are currently higher than budgeted due principally to individual one-off cases requiring significant CLO input. All use of CLO is scrutinised to ensure it is essential and their advice is taken at all times regarding potential settlement of cases in order to minimise their input where possible.

v – Office 365
NHS Scotland are directing all Boards to the implementation of Office365 in 2020. This will require input from all directorates and much staff commitment. While the plan is likely to be underway in early 2020, the potential costs are being evaluated and should additional funding be required to meet the demands of this, a specific business case will be developed.

vi – Superannuation opt-out
Staff who are not superannuated will be automatically enrolled at the end of November 2019 (this happens every three years), for those who do not choose to opt out, the Board will incur sup'ers on costs.

vii – EU Exit
While there are no specific costs currently identified, this aspect will continue to be monitored regularly up to the 31 January proposed date.

viii – Perimeter Fence project
While we have had authorisation by email that certain additional staff costs (facilitation / support staff) directly related to the project will be able to be included in the final capital settlement, this remains noted as a potential risk in case there is any change in the application of the allocation by SG.

ix – Exceptional Circumstance patients
There are six boards who are due to pay TSH for patients who are at the Hospital under "exceptional circumstances" from other territorial boards – generally due to lack of bed availability. The six boards have all been written to formally regarding o/s payments and while one board has responded positively to date (£50k approx.), responses from the others remain (£290k approx.) This matter will be escalated between Finance Directors to Chief Executives should this be required.

x – HMRC
HMRC has settled in our favour to reduce VAT on utilities to 5% from 20%, providing a windfall payment, which has benefitted TSH in 2019/20 (£64k). This has concluded the process re Electricity costs, with details now awaited re Oil and Gas.

3.3 **Year-to-date position – allocated by Board Function / Directorate**

Directorates	Annual Budget 19/20 £'k	YTD Budget Nov 19 £'k	YTD Actuals Nov 19 £'k	YTD Variance (budget - actual) (adverse) / favourable Nov 19 £'k	Budget wte	Actual WTE
Nursing And Ahp's	19,762	13,286	13,077	209	378.53	375.01
Security And Facilities	5,915	3,994	3,883	111	123.63	120.21
Medical	3,732	2,461	2,316	145	36.58	33.84
Chief Exec	1,844	1,229	1,195	34	22.45	21.77
Human Resources Directorate	836	558	562	(4)	13.38	13.38
Finance	2,977	2,048	2,076	(28)	37.53	34.04
Cap Charges	2,857	1,905	1,902	3	0.00	0.00
Misc Income	(224)	(149)	(89)	(60)	0.00	0.00
Central Reserves	(45)	(180)	13	(193)	0.00	0.00
Under / (over) spend	**37,654**	**25,151**	**24,934**	**217**	**612.10**	**598.25**

Nursing & AHPs - see further detail below

Security & Facilities – see further detail below

Medical – There is in–year pressure due to cross-board costs for Senior Trainee Doctors, although this has been more than offset by continuing vacancies in Psychology (due to continued closure of two wards).

Chief Executive – There is a small underspend resulting from the current interim HR director being with TSH on a 0.5 WTE basis against a full-time budget.

HR – While there is no overall significant variance, there are in-year pressures from Occupational Health due to backdated invoicing for 2018/19, and for additional physiotherapy sessions (for which funding was in fact then released in September). These pressures have been offset by an underspend in course fees through the Learning Centre.

Finance – The main overspend is the result of the higher legal fees for the year to date (as noted in para 3.2.iv.

Capital Charges – These relate to depreciation for the period and have no significant variance.

Miscellaneous Income – The benefit is noted of the forecast saving for VAT benefits on utilities, now partly realised per para. 3.2. x.

Central Reserves – Balance of unidentified savings are higher than reserves, giving a small credit balance, remaining reserves are mainly for apprenticeship levy and provisions that hit the ledger at the year-end. Other reserves are for additional funding from SG for specific projects (many are Nursing), however there are timing delays and some of this helps fund some of the pressures noted in 3.2 above.

3.3.1 **Nursing & AHPs** – further breakdown as below –

Nursing & AHP's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 8	Budget WTE	Actual WTE
Advocacy	147	98	97	2	0	0
AHP's & Dietetics & SLA'S	647	432	394	37	13	12
Hub & Cluster Admin & Clinical Operations	830	550	521	29	23	21
PCI & Pastoral	220	146	112	34	3	2
NPD & Infection Control & Clin Gov	416	277	263	14	6	1
Skye Centre	1,735	1,161	1,034	127	38	36
Ward Nursing	15,768	10,621	10,655	(34)	295	303
Total Nursing and AHP's	**19,762**	**13,286**	**13,077**	**209**	**378.53**	**375.01**

Underspends (apart from Advocacy) are due to staff vacancies.

Ward Nursing – further breakdown as below -

2019/2020							
Ledger Ward 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
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**
Total Oct 19		**1,287**	**1,264**	**23**	**295.00**	**296.78**	**285.70**
Total Nov 19		**1,322**	**1,244**	**78**	**295.00**	**302.54**	**287.00**
Cumulative	**15,768**	**10,621**	**10,655**	**(34)**			
Variance analysis:		PAIAW Aug 19					
Overtime for vacancies backfill				(280)			
Phased savings (not yet realised)				(100)			
'Nursing Resource' to analyse			*	346	New control measures in place		
				(34)			

The overspend above of £0.034m, in comparison to the previous year's £0.648m, is significantly improved, this is due to management control measures now introduced and in place. It is hoped that this stabilisation since June 2019 will continue for the remaining months of 2019/20, although this will continue to be carefully monitored in order to prepare for meaningful comparison to levels under the new clinical model in 2020/21.

3.3.2 **Security and Facilities** – further breakdown as below –

Security & Facilities	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 8	Budget WTE	Actual WTE
Facilities	4,196	2,818	2,683	135	84	76
Security	1,637	1,094	1,118	(23)	40	39
Perimeter Security	82	82	82	(0)	0	5
Total Security & Facilities	**5,915**	**3,994**	**3,883**	**111**	**123.63**	**120.21**

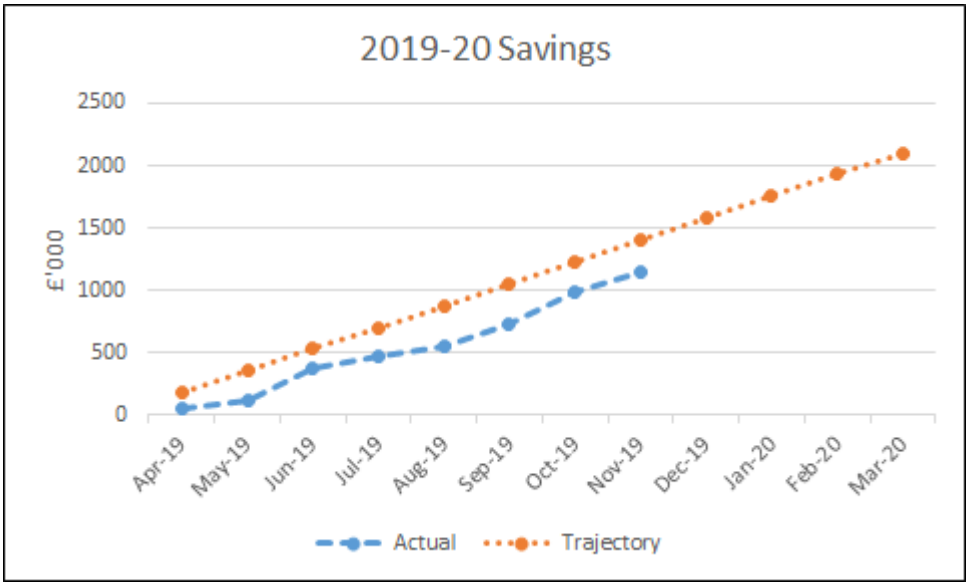
Facilities – The favourable variance for the period is due to vacancies in Estates & Housekeeping, and an underspend in the utilities costs for the year. Utilities costs remain difficult to forecast due to unpredictable weather through the year, and can vary significantly between months.

Security – The overspend is mainly due to Backfill for vacancies.

Perimeter Fence – The potential pressure of the costs of project staffing are currently recognised within unidentified savings pressures, pending final confirmation of their inclusion in capital funding (per para. 3.2. viii).

4 ASSESSMENT – SAVINGS

4.1 While there have been strong efforts across all directorates towards achieving a challenging savings target, the board at 30 November remains behind trajectory on the planned savings to date.



There remains a major focus through all directorate budget-holder reviews to identify the means of addressing this shortfall, and this will continue as the main financial priority.

The table shows the target savings from the Operational Plan, with savings achieved to date and the remaining balance still to be achieved by the year-end.

Savings Annual Target LDP	Savings Annual Target LDP 2019-20 Rec £'k	Non-Rec £'k	Total £'k	Savings (Achieved), as at Nov 19 2019-20 Rec £'k	Non-Rec £'k	Total £'k	Savings still to be achieved by year end 2019-20 Rec £'k	Non-Rec £'k	Total £'k
Efficiency & Productivity Workstreams:									
Service redesign (Clinical)	(22)	(95)	(116)	0	55	55	(22)	(40)	(61)
Drugs & Prescribing	0	(20)	(20)	0	36	36	0	16	16
Workforce	(57)	(481)	(538)	22	604	626	(34)	123	88
Procurement	0	0	0	0	0	0	0	0	0
Infrastructure *(e.g.facilities mgt, IT, other support services)*	(56)	(309)	(365)	5	199	204	(51)	(110)	(161)
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	223	223	0	(742)	(742)
Total In-Year Efficiency Savings	**(134)**	**(1,969)**	**(2,103)**	**27**	**1,116**	**1,143**	**(107)**	**(853)**	**(960)**
Trajectory (1/12ths of LDP)				**89**	**1,313**	**1,402**			
(under) / over achieved against trajectory				**(62)**	**(197)**	**(259)**			

It remains a key target to reduce the over-reliance on non-recurring savings. While the extensive work on the clinical model review was not undertaken with the aim of savings, it is anticipated that the planned model's implementation will however result in some being achieved – and this would provide a key contribution to improving the recurring / non-recurring balance.

While an improved level of the proportion of recurring savings is a national focus that has been highlighted by audit, it should be noted that of the Hospital's budget, nearly 85% of costs are pay/staff-related. The remaining non-pay cost element from which recurring savings are being pressured is therefore only 15%.
By comparison, many territorial boards have a non-pay cost element of around 65%, and other National boards have non-pay costs ranging from around 80% (NSS, NES) to 30/40%.

4.2 **National Boards Contribution**

The eight National Boards (formerly Special Boards) continue to work towards joint efficiencies and collaborative working. With a challenging £15m collective savings target to be achieved per annum, there is pressure on each board to contribute towards any shortfall. The State Hospital's share of this in 2017/18 was £440k, and when this was proposed again in 2018/19 it was resisted due to other costs and savings pressures, and a contribution was agreed of £220k as then approved by the Board. We have anticipated the return of the £0.127m.

While the level to which the Board have agreed for 2019/20 has remained at £220k, there continues to be pressure due to the £15m not yet being fully attained. However, the position presented by both the Finance & Performance Management Director and the Chief Executive at their respective National Board sessions is that £220k remains our maximum contribution, subject only to any significant underspend should it be the position after final year-end audit, and while also noting that there is currently no contribution for 2019/20 from another, larger board.

5 CAPITAL RESOURCE LIMIT

The capital allocation from Scottish Government for the year is £0.269m, from which as noted below a part-contribution is agreed each year towards the perimeter fence project.

The Capital Group meets regularly to monitor capital spend and demands across the site, and it is anticipated that the allocation will be fully utilised in the year, with projects identified for the remaining unspent balance.

	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	-	45	45	-
TOTAL	**269**	**179**	**179**	**-**

6 RECOMMENDATION

Revenue
Year-to-date: £0.217 under-spend; year-end projection: break-even
Capital
Year-to-date: break-even; year-end projection: break-even

Quarterly Financial Review meetings across all directorates, over and above the regular monthly Management Accounts meetings, help maintain accurate revenue budgeting in the accounts and support forecasting the year-end outturn. A strong emphasis on the management of savings remains the priority for the Board.

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.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No: 18
Sponsoring Director:	Finance and Performance Management Director
Author:	Head of Corporate Planning and Business Support
Title of Report:	Performance Report Q2 2019/2020
Purpose of Report:	For Noting

1 SITUATION

This report presents a high-level summary of organisational performance for Q1 July - September 2019. A summary table and run charts for the performance indicators may be found in Appendix 1. We have added Q4 red, amber, green data to this table to give some trend data.

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

2 BACKGROUND

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

3 ASSESSMENT

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

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

On 30 September 2019 there were 101 patients in the hospital. Five of these patients were in the admission phase. Eight CPA documents had not been reviewed within the 6 month period. All 8 were out of date (uncertain currently of reasons – being checked with relevant staff). This gives a compliance of 91.7% which is a slight drop from June's 92.6% compliance. This indicator remains amber.

Health Records staff continue to send reminder emails to RMOs and medical secretarial staff to advise that a patient's review or renewal of detention is due. The renewal of detention ties in with the annual CPA document being completed. These continue to be completed and uploaded to RiO by secretarial staff in shorter timescales than previously noted.

No 3 Patients will be engaged in off hub activity centres

For Q2, 84% of patients were involved in off-hub activities. This is a slight increase on last quarter (Q1 83%). This increase is due to new admissions being approved by Clinical Team to attend activity at the Skye Centre.

This percentage doesn't include patients planned to attend the hospital shop, patients scheduled to attend the Health Centre or those who regularly attending the Café Area. This means that patients engaging in off hub activities remains in the amber zone.

No 4 Patients will be offered an annual physical health review

This indicator improved from 71% to 100% in Q2. This moved the indicator from red to green.

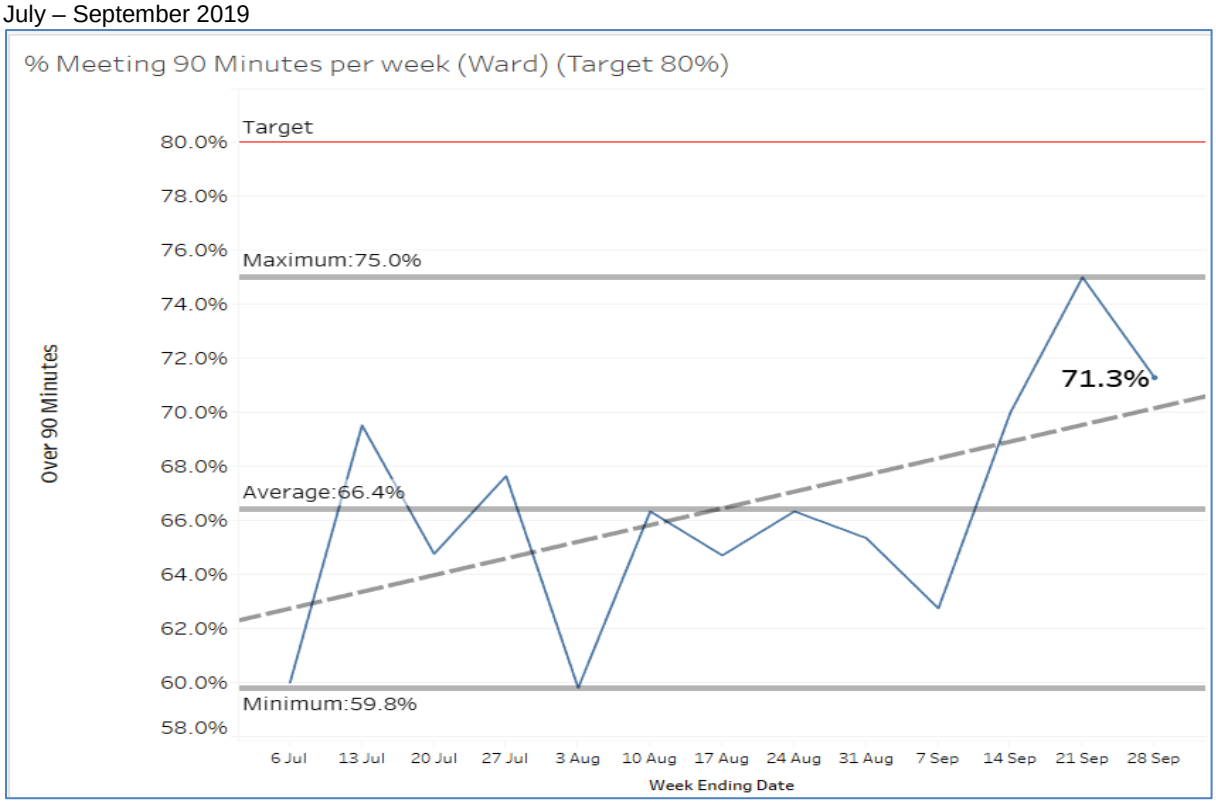
No 5 Patients will undertake 90 minutes of exercise each week

The Physical Activity levels over the second quarter have averaged 66.4%. This is an increase from 64.2% in the last quarter. The Physical Health Steering Group are currently reviewing data over the last year to look at trends and possible ways of improving the uptake of Physical Activity. Due to the 80% target this indicator remains in the red zone.

To ensure robustness of the data, spot checks were carried out to ensure a minimum of 2 physical activity entries were being completed in a 24 hour period. The spot check showed that there were 2 entries consistently being made per day and the data is therefore robust.

Data recorded is patient participation in Moderate physical activity intervention, this data includes patients participating at the Sports and Fitness, Gardens, ward and hub based activities, escorted walks, Walking Groups. This data also includes patients using Ground Access as a means of physical activity. Caution should be used to this however, as this is based on patient self-reporting.

July – September 2019



No 6 Healthier BMI.

The RiO report shows that 8% of patients have a healthy BMI in September 2019. This is a reduction from 10% in June 2019. This compares with 10% in March 2019, 11.6% in December 2018, 14.5% in September and 18.8% in June 2018. This is concerning as there has been a steady decline since June 2018. The data collection has moved to monthly in December 2018 for this indicator with nursing staff taking measurements as opposed to the Dietetic Technician measuring on a 6 monthly basis. This means we have more data being collected more regularly for all patients. This indicator remains in the red zone.

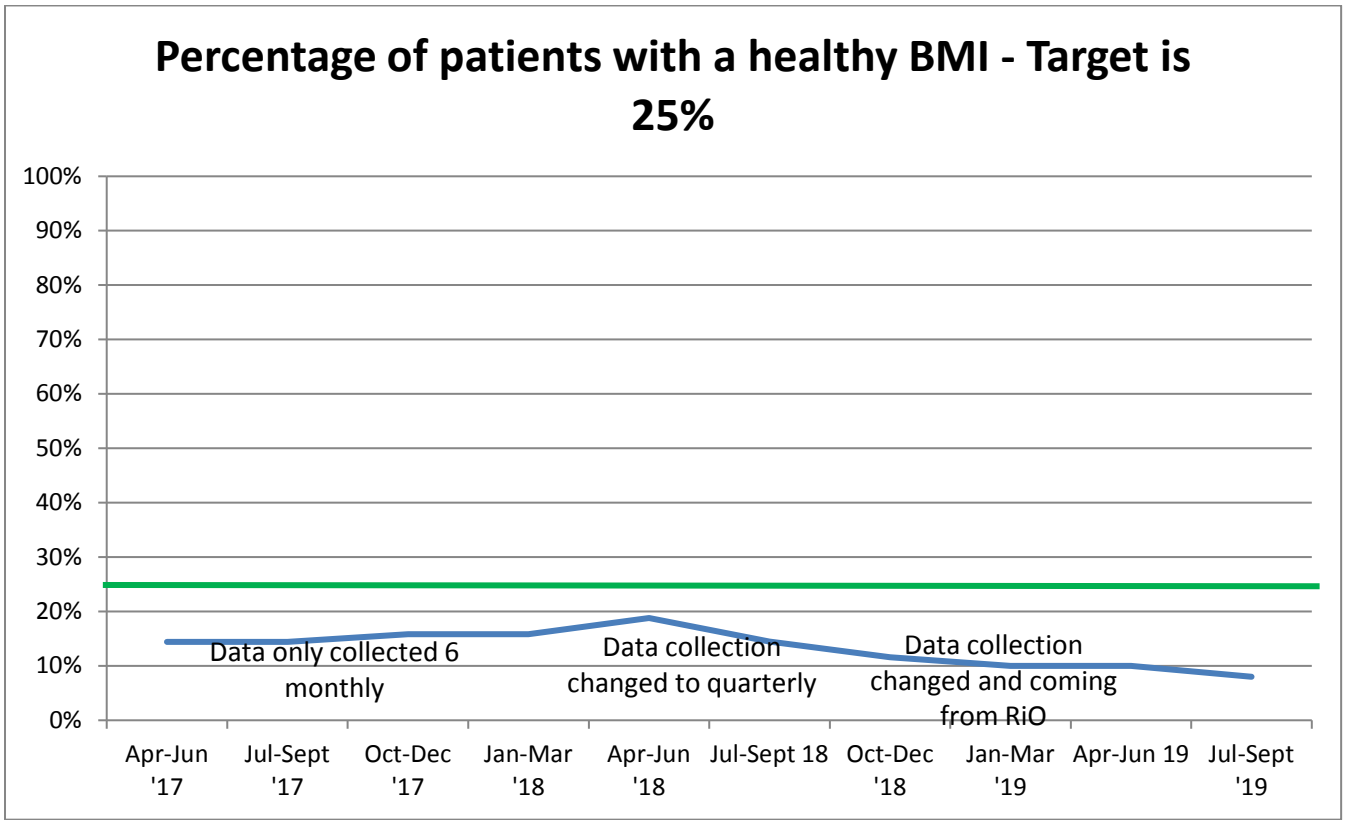


Table 1

Weight Range by BMI	Number of Patients (Q2 2019/20)	% (Q2)	Number of Patients (Q1 2019/20)	% (Q1)	Number of Patients (Q4 2018/19)	% (Q4)	Number of patients (Q3 2018/19)	% (Q3)
<18.5 underweight	0	0	0	0	0	0	1	0.9
18.5-24.9 healthy	8	8	11	10	10	10	15	14.5
25-29.9 overweight	38	92	38	89	39	90	30	85.5
30-39.9 obese	46		48		46		49	
>40 obese	8		6		8		8	

Over the last Quarter

- There were 3 new admission who all had an admission BMI over 25-29.9 overweight.
- There were 8 discharges; 4 had a BMI 30-39.9 obese, 3 had a BMI 25-29.9 overweight and 1 had a Healthy BMI
- 1 patient moved from the underweight category into the Healthy Category
- From the 8 patients within the >40 obese category; 2 patients have a BMI over 43

No 7 Sickness absence.

The sickness absence rate for the quarter was 5.82%. This is a slight increase from Q1 5.48%. July's figure was 5.13%, August 6.10% and September 6.24%. Within the quarter there was a month on month increase.

This moves this indicator from green to amber as the hospital is between 0.5% and 1% away from their target.

No 8 Staff have an approved PDP.

The PDR compliance level over July to September averaged out at 86.9% This is an increase of 0.6%% from the last reporting period (i.e. 30 June 2019).

Although this indicator remains in the red zone, monthly monitoring continues to show a positive upwards trajectory and there is clear evidence of month-on-month improvements in organisational compliance.

No 15 Attendance by clinical staff at case reviews.

Key Worker attendance has increased slightly to 81% from 72% in Q1. This is still a significant improvement from last years Q3 figure of 49%. The target is 80%.

Occupational Therapy attendance has decreased from 83% in Q1 to 79% in Q2 against a target of 80%. This indicator remains in the green zone at the moment.

Pharmacy has increased from 57% in Q1 to 63% in Q2 against a target of 60%. They remain in the green zone at present.

Clinical Psychologist attendance fell further from the 80% target to 61%, compared to 77% in Q1. This has moved them to the red zone. The Psychology attendance decreased from 91% in Q1 to 86% in Q2. This moves this indicator from amber to red.

Security attendance has increased further from 42% in Q1 to 56% in Q2 against a target of 60%. This moves this indicator from the red zone to the green zone.

Social Work attendance decreased from 74% in Q1 to 72% in Q2. This indicator remains at amber as the target is 80%.

4 RECOMMENDATION

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

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

Appendix 1

Item	Principles	Performance Indicator	Target	RAG Q2	RAG Q1	Actual	Comment	LEAD
1.	8	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	A	A	91.7%	The figure for June 2019 was 92.6%	LT
2.	8	Patients will be engaged in psychological treatment	85%	G	G	90.7%	*Figures for September 2019* – 91% (average) engaged in therapy.	JM
3.	8	Patients will be engaged in off-hub activity centres	90%	A	A	84%	Excludes shop / health centre information (brief visits). This also doesn't include patients who are regularly attending the Café Area	MR
4.	8	Patients will be offered an annual physical health review	90%	G	G	100%	All patients eligible for an annual physical health review were offered for Q2.	LT
5.	8	Patients will undertake 90 minutes of exercise each week	80%	R	R	66.4%	For this quarter the indicator remains in the red zone but has increased from 64.2% in the previous quarter. There has been up upward trend since January 2019.	MR
6.	8	Patients will have a healthier BMI	25%	R	R	8%	There has been a steady decline since June 2018.	LT
7.	5	Sickness absence rate(National HEAT standard is 4%)	** 5%	A	G	5.82%	5.13% in July, 6.10% in August and 6.24% in September gives a quarterly average of 5.82% This is a slight decline from last quarter of 5.48%	KS
8.	5	Staff have an approved PDR	*100%	R	R	86.9%	This indicator has been showing a steady improvement since October 2018.	KS
9.	1, 3	Patients transferred/discharged using CPA	100%	G	G	100%	This indicator maintained at 100% in Q2. All patients had a CPA meeting prior to transfer/discharge.	KB
10.	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	G	G	100%	This indicator maintained at 100% in Q2.	LT
11.	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	100%	All patients referred and not already in treatment met the standard	JM
~~12.~~	~~1, 3~~	~~Patients will engage in meaningful activity on a daily basis~~	~~100%~~	~~-~~			~~*New indicators and business processes in development as reported to the June Board.*~~	~~MR~~
13.	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	G	G	97.9%	101 patients. 5 new admissions, 94 patients with current risk assessments and 2 risk assessments out of date (one due to section change, the other is running late due to staff leave).	LT
~~14.~~	~~2, 6, 7, 9~~	~~Hubs have a monthly community meeting.~~	~~-~~	~~-~~		~~-~~	~~*New indicators and business processes in development as reported to the June Board.*~~	~~MR~~
15.		Refer to next table.						All Clinical Leads

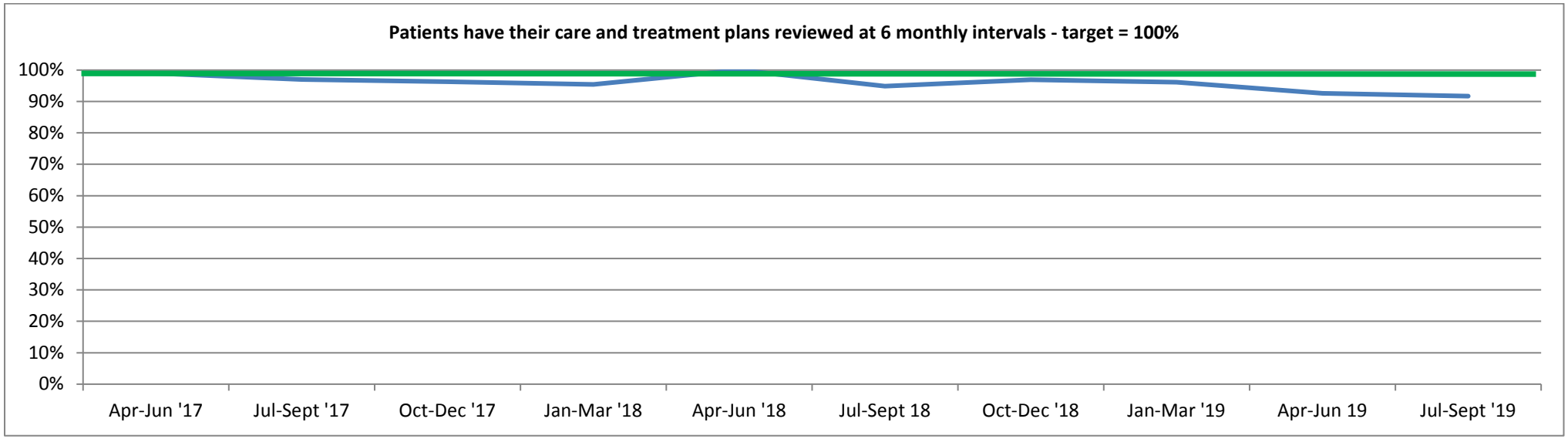
Item	Code	Principles	Performance Indicator	Profession (Lead)	Target	RAG Q2	RAG Q1	Overall attendance July-Sept 2019 (n=43)	Overall attendance April – June 2019(n=50)	Overall attendance Jan-Mar 2019 (n=53)	Overall attendance Oct-Dec (n=51)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO **(LT)**	90%	G	G	91%	93%	93%	90%
				Medical **(LT)**	100%	G	G	95%	96%	98%	96%
				Key Worker/Assoc Worker **(MR)**	80%	G	A	81%	72%	74%	49%
				Nursing **(MR)**	100%	G	G	98%	100%	98%	96%
				OT**(MR)**	80%	G	R	79%	83%	52%	61%
				Pharmacy **(LT)**	60%	G	G	63%	57%	71%	41%
				Clinical Psychologist **(JM)**	80%	R	G	61%	77%	79%	92%
				Psychology **(JM)**	100%	R	A	86%	91%	98%	98%
				Security**(DW)**	60%	G	R	56%	42%	41%	39%
				Social Work**(KB)**	80%	A	A	72%	74%	86%	71%
				Skye Activity Centre **(MR)** (only attend annual reviews)	tbc	-	-	5%	0%	0%	4%
				Dietetics **(MR)** (only attend annual reviews)	tbc	-	-	45%	67%	59%	30%

Definitions for red, amber and green zone

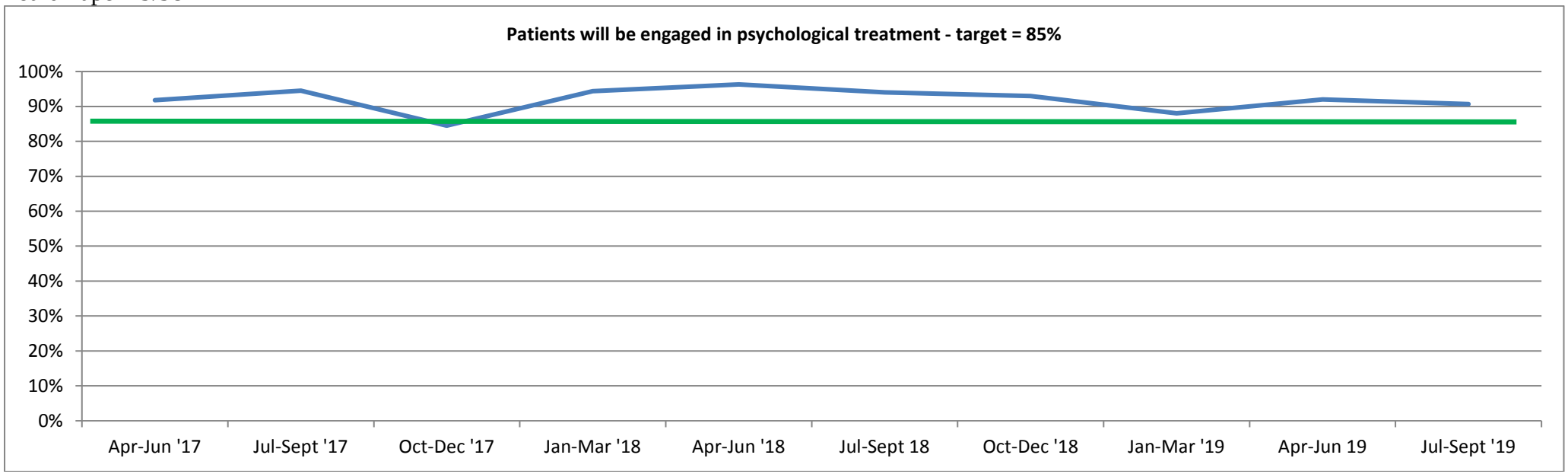
- For all but item 6 and 7 green is 5% or less away from target, amber is between 5.1% and 10% away from target and Red will mean we are over 10% away from target
- For item 6 'Patients have a healthier BMI' green will be 3% or less away from target, amber will be between 3.1% and 5% away from target and red will be over 5% away from target
- For 7 'Sickness absence' green is less than 0.5% from target, amber will be between 0.51% and 1% away from target and red will be over 1% and away from target

Trend Graphs for Performance Management Data

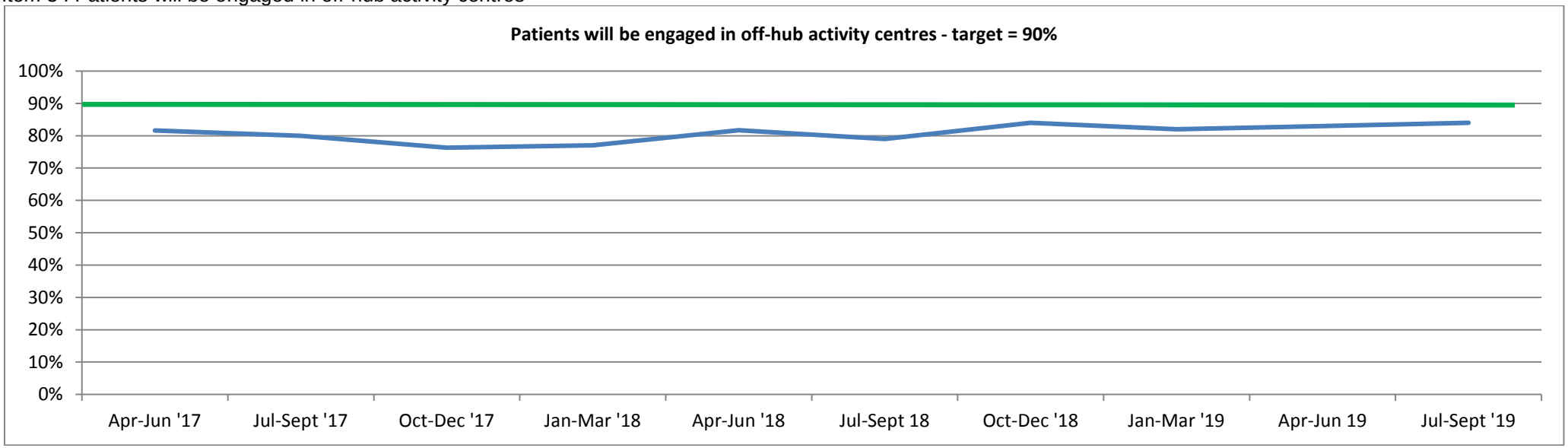
Item 1 : Patients have their care and treatment plans reviewed at 6 monthly intervals



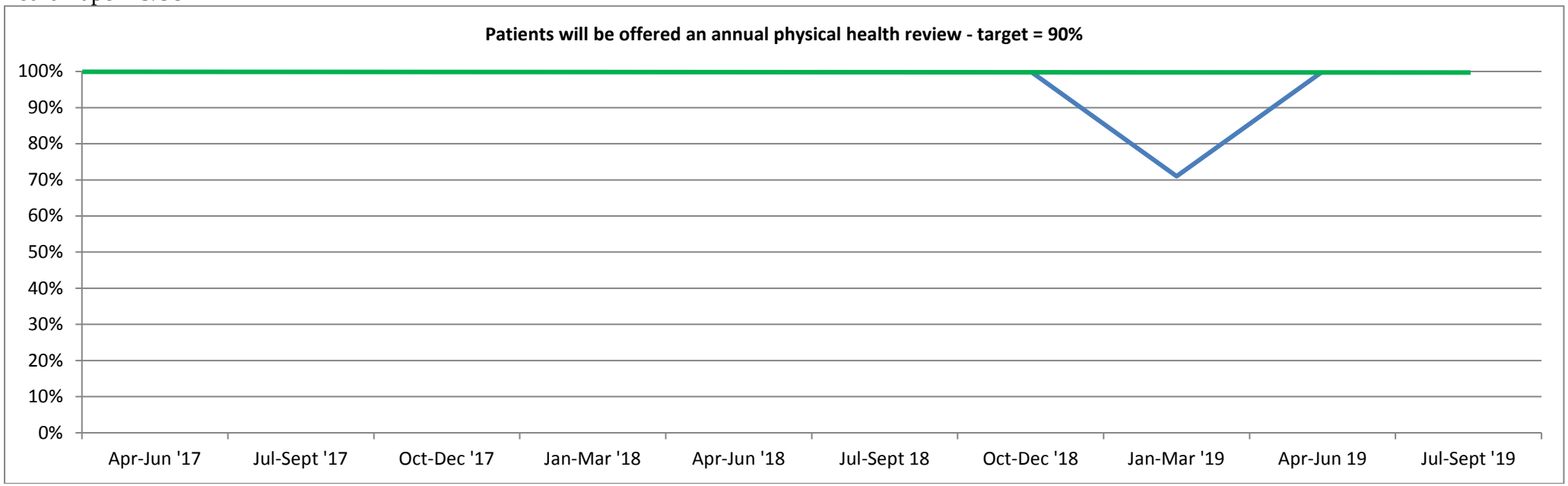
Item 2 : Patients will be engaged in psychological treatment



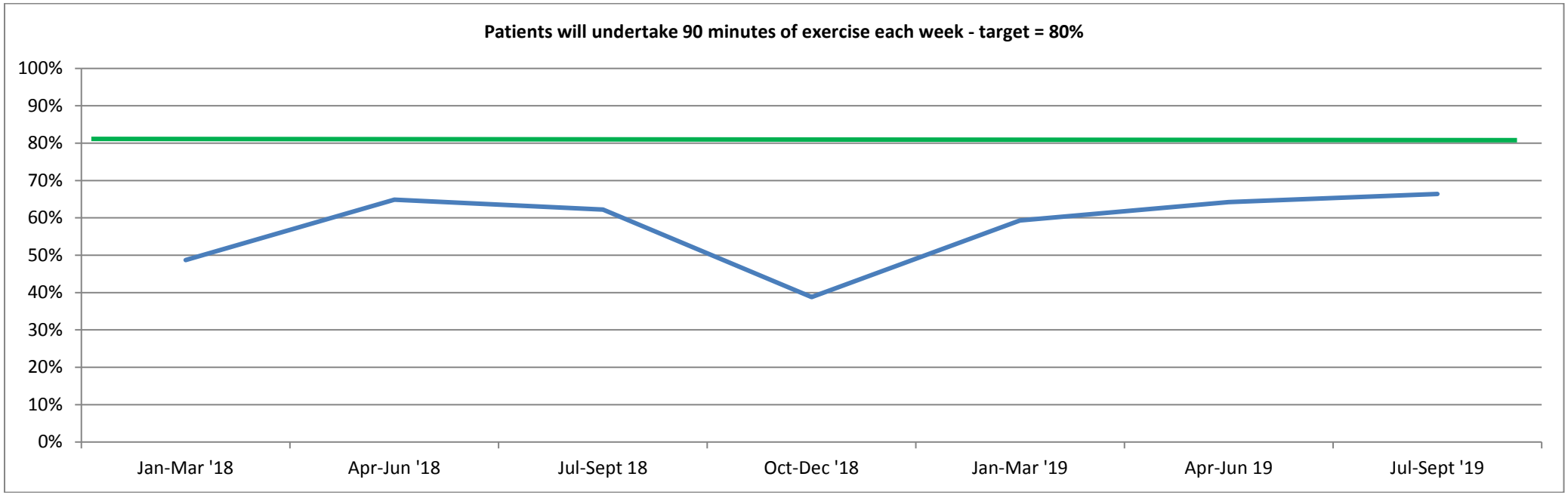
Item 3 : Patients will be engaged in off-hub activity centres



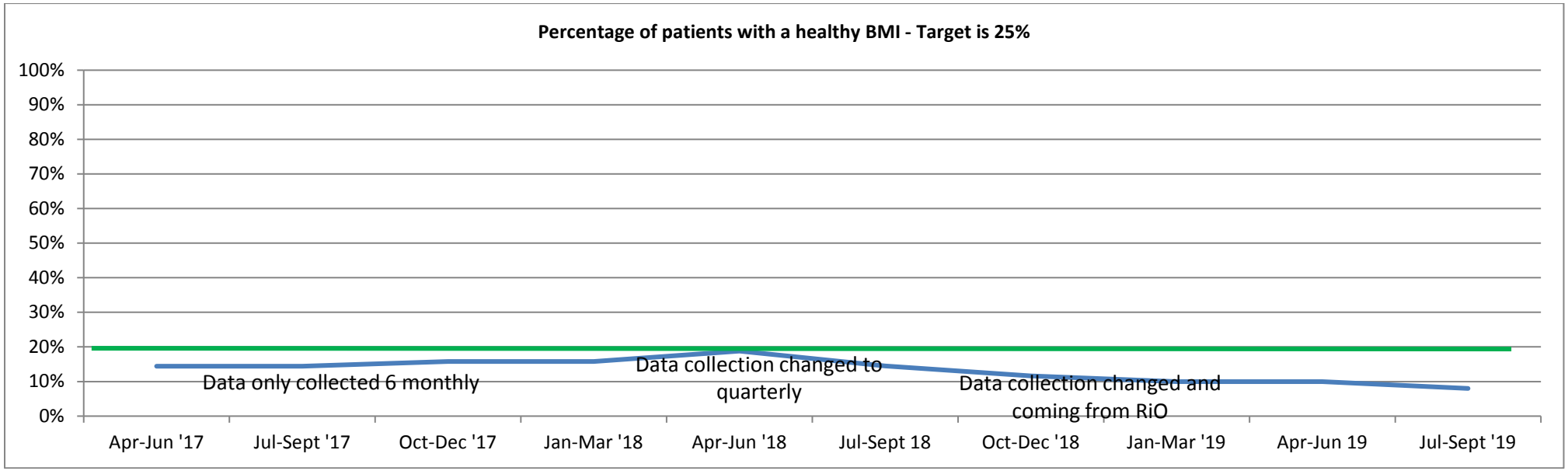
Item 4 : Patients will be offered an annual physical health review



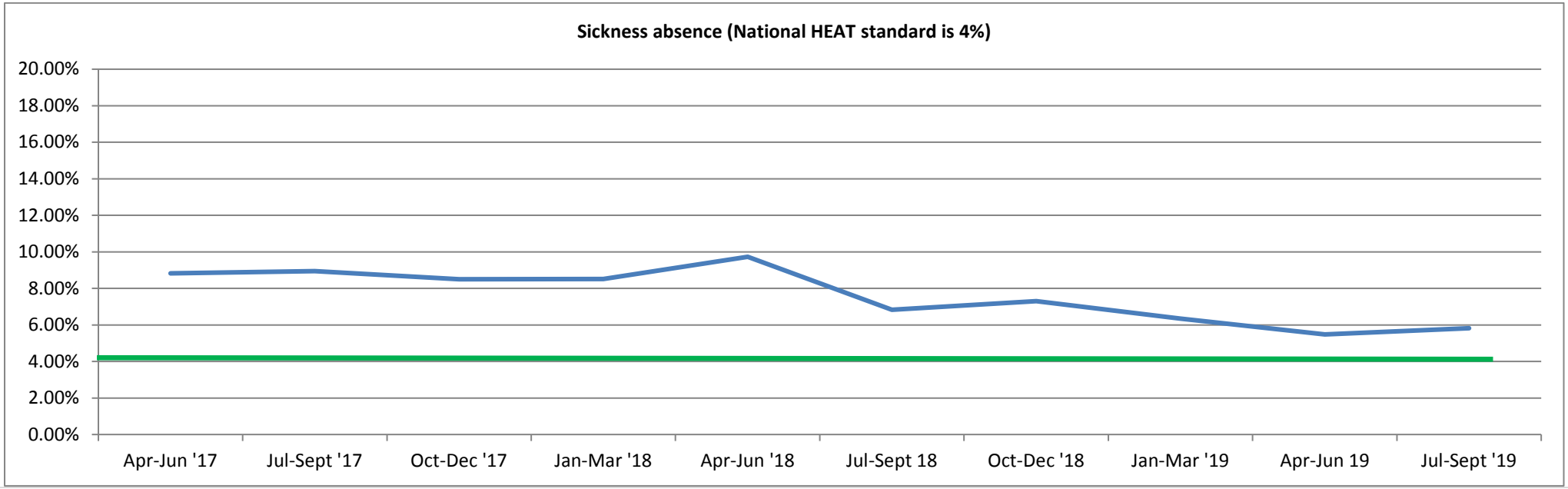
Item 5: Patients will undertake 90 minutes of exercise each week



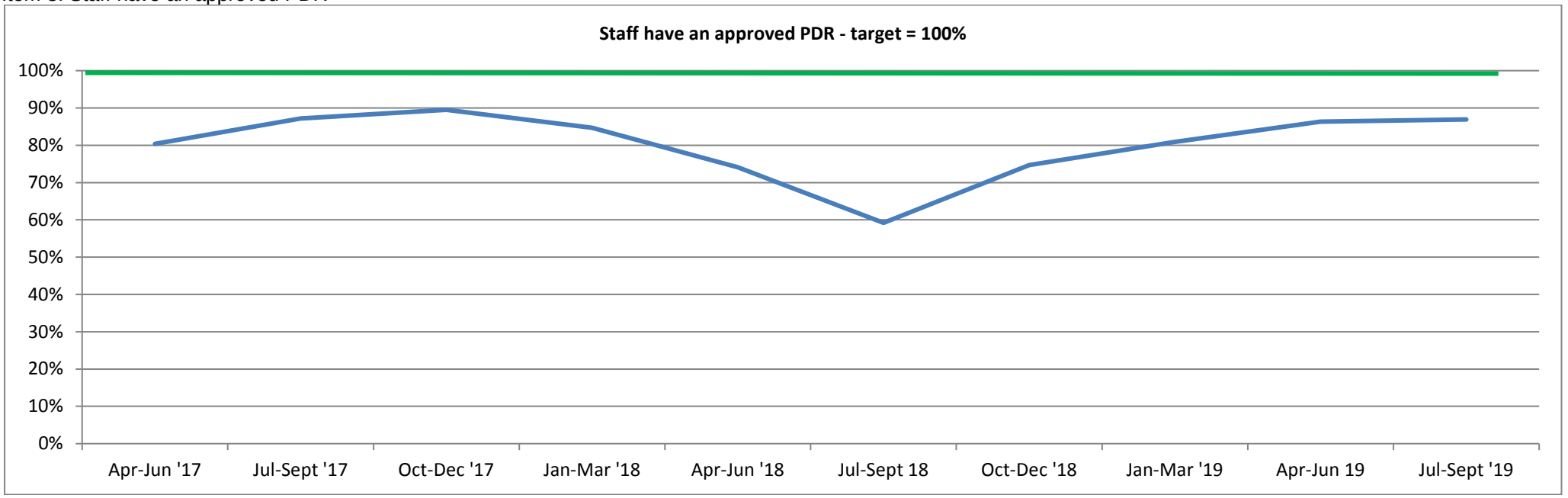
Item 6: Patients will have a healthier BMI



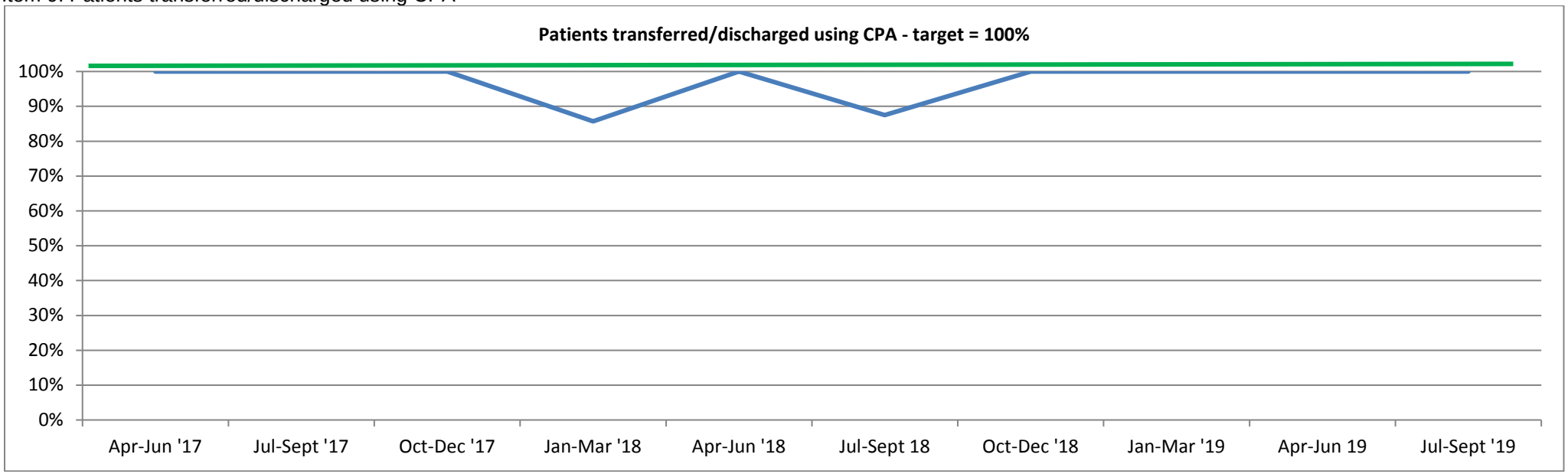
Item 7: Sickness Absence



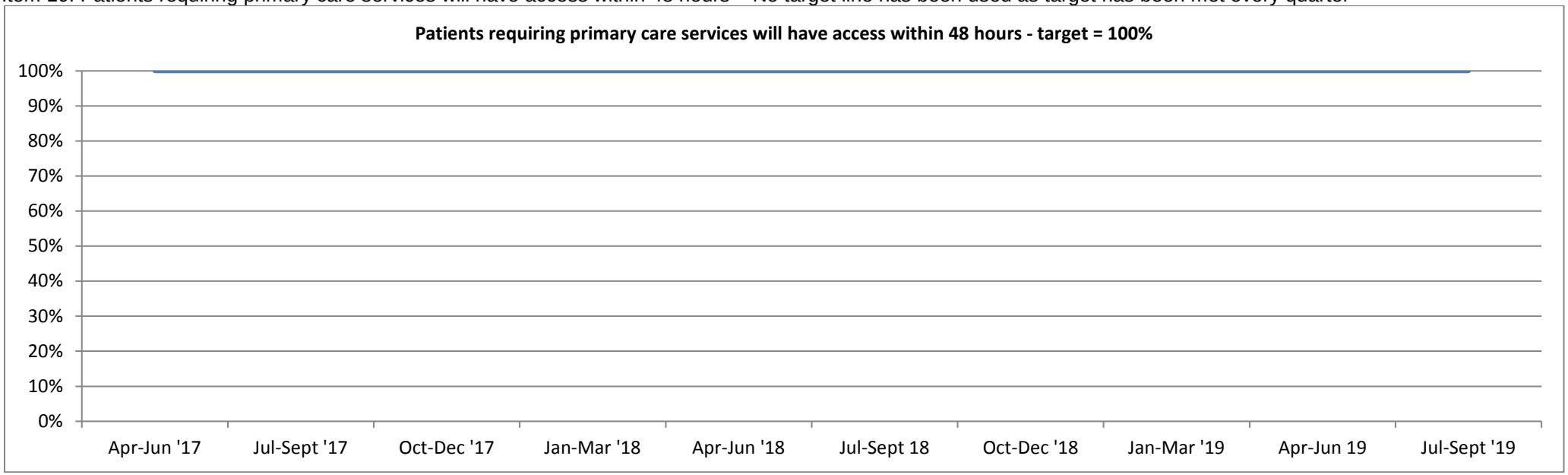
Item 8: Staff have an approved PDR



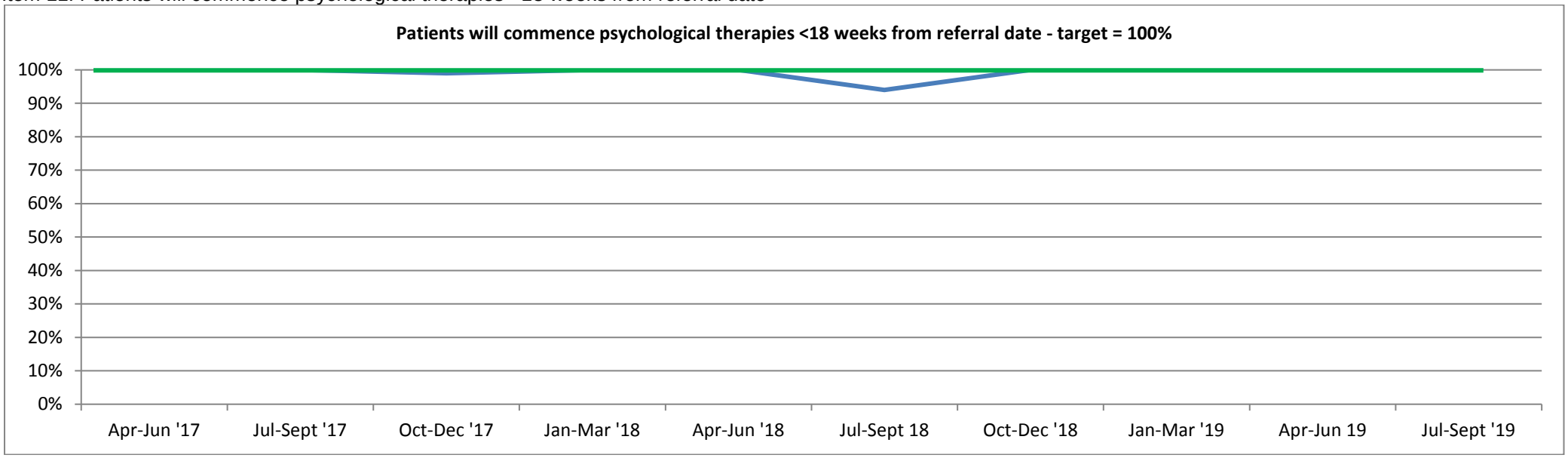
Item 9: Patients transferred/discharged using CPA



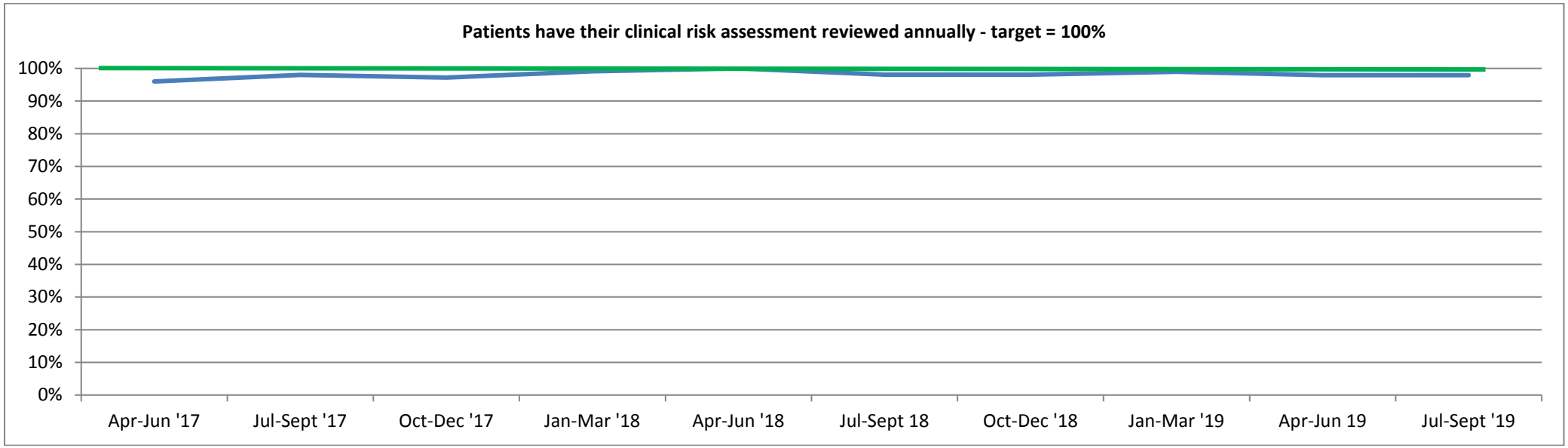
Item 10: Patients requiring primary care services will have access within 48 hours – No target line has been used as target has been met every quarter



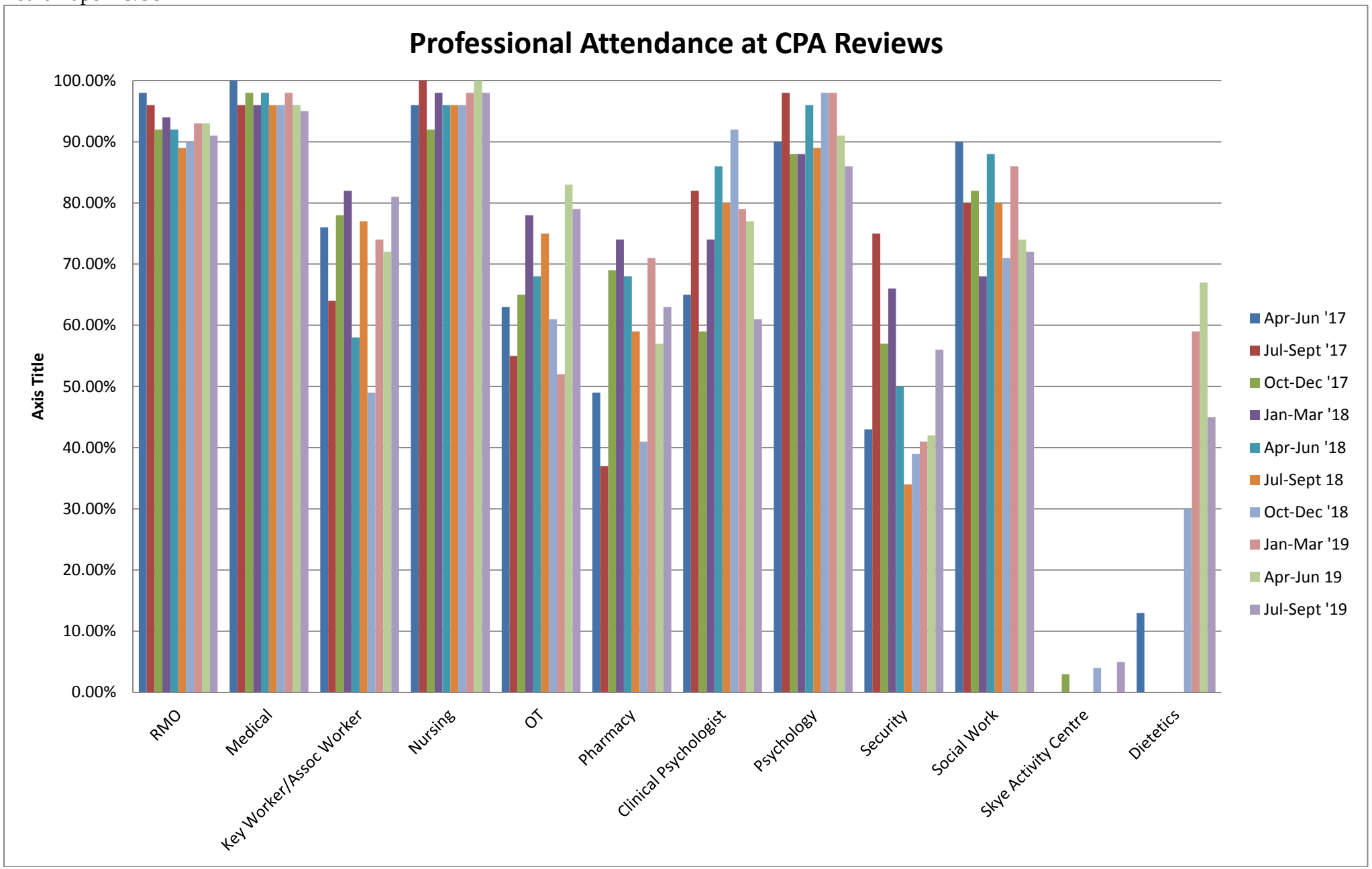
Item 11: Patients will commence psychological therapies <18 weeks from referral date



Item 13: Patients have their clinical risk assessment reviewed annually



Item 15: MDT Attendance at Case Review


Professional Attendance at CPA Reviews
Axis Title
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
RMO
Medical
Key Worker/Assoc Worker
Nursing
OT
Pharmacy
Clinical Psychologist
Psychology
Security
Social Work
Skye Activity Centre
Dietetics
Apr-Jun '17
Jul-Sept '17
Oct-Dec '17
Jan-Mar '18
Apr-Jun '18
Jul-Sept 18
Oct-Dec '18
Jan-Mar '19
Apr-Jun 19
Jul-Sept '19

Board Paper 19/99

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No: 19
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, and submitted a six-month progress report in November 2019. It is understood that a further Board Self-assessment is being planned at a national level to take place in 2020, and further details will be provided as soon as these become available.

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.

In particular, the Board is asked to note the work progressed within nursing on an effective rostering system (Action 2). This has included testing of an eRostering model. Additionally, flexible shift patterns have been introduced for all new appointments to ward nursing posts. The Board has received assurance reporting during 2019 on preparedness for the enactment of safe staffing legislation which will take place in 2020, and should now note that internal audit work will be carried out in this respect in January 2020.

The Board is also asked to note the work progressed in respect of recruitment (Action 11) particularly of new nursing graduates, and the intention to continue to develop this in the coming year.

4 RECOMMENDATION

The Board is asked to note progress in implementation of the improvement plan.

A further update will be brought to the next meeting of the Board in February 2020.

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.

THE STATE HOSPITALS BOARD FOR SCOTLAND - IMPROVEMENT PLAN **Appendix A**

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**. Work is ongoing to ensure effective rostering is in place with the support of electronic systems. Currently testing SSTS eRostering module in one ward with a view to rolling this out wider. Restrictions on effective rostering remain due to fixed shift pattern; alternative, flexible shift pattern introduced for all new appointments to ward nursing posts. This has increased capacity and much more flexibility to support effective rostering. Internal Audit are undertaking work in January to review preparedness for safe staffing legislation.
	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	**Completed:** Process in place- Planned and actual £ spend per budget line 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 is 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. Continued implementation of the action plan developed through the Attendance Management Improvement Task Group (AMITG).	Interim HR Director	AMITG/ SMT	October 2019	**On Track.** Training for Line Managers and HR Managers implemented. Update presented on attendance management to each Board Meeting. AMITG paused to reflect action plan implemented and wider work plan through Sturrock response.
	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** – to align with 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 -** Strategic Review of Performance underway with draft performance framework in development based on balanced scorecard approach of better

						health better care, better value and better workforce. Operational definitions for suggested KPI's being developed with associated data sources identified.
	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. Board Workplan 2020 to include regular updates on Corporate Risk Register.
ENGAGING STAKEHOLDERS	10	Review and develop the Communications Strategy to include proactive engagement with aim of addressing dissonance between strategic aims of the hospital and public perception of these aims.	CEO	Board	March 2020	**Review of media strategy in progress:** with regular updates to the Board.
	11	Promotion of The State Hospital as an employer in the local area. Increase number of modern apprenticeships.	Interim HR Director	SMT	March 2020	**Ongoing** – engagement work commenced at university level to recruit new graduates to nursing

		Participate in local school careers events, local and university recruitment fairs				posts. This was trialed in one University and plan is to roll out further for 2020 graduates. Further recruitment to take place early 2020 for registered nurses.
	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	**On track** – through promoting Board Meetings and in due course 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	Planning in place for external Board Meetings.
	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 took place successfully in November 2019, with update to Board in December.

	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, and taken forward in 2020.

Board Paper 19/100

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No. 20
Sponsoring Director:	Chief Executive Officer
Author(s):	Board Secretary
Title of Report:	Corporate Leadership
Purpose of Report:	For Noting

1 SITUATION

The corporate management structure should be reviewed and refreshed regularly to ensure to ensure effective development and oversight of strategy, policy and performance against the NHS Board's agreed corporate objectives; and to provide effective reporting to the NHS Board in these areas.

2 BACKGROUND

Review of the existing structure to support corporate management within The State Hospital (TSH) is required to ensure continuation of effective governance.

The corporate leadership of the organisation should manage the business of the NHS Board through the development and endorsement of Board strategy and policies. This should ensure that a corporate positon is achieved prior to submission to the Board and its Standing Committees for consideration and decision-making.

3 ASSESSMENT

A benchmarking exercise has been carried out with other NHS Boards to consider the structures in place across NHS Scotland and to help consideration of whether a change to the present structure within TSH should be taken forward.

From this exercise, it can be seen that the structure within TSH is somewhat flatter in comparison to other NHS Boards; with evidence of a more layered and structured approach in place across NHS Scotland to facilitate and support strategic leadership and oversight of policy and performance.

A new Corporate Management Team (CMT) will now be formalised, with clear terms of reference in place, and will meet fortnightly. In conjunction to this, the Senior Management Team (SMT) will continue to function with oversight of the operational functions of the organisation. To ensure effectiveness, SMT will report to the CMT, acting as an additional mechanism on key operational areas to highlight any potential areas of concern.

There should also be a link from the Partnership Forum to the CMT, to facilitate partnership working and the Employee Director should continue to sit as a member of SMT. In addition, the Employee Director should be in attendance at CMT by invitation on key sessions arranged to discuss strategy and policy on workforce issues. This structure will continue to underpin strong partnership working within TSH.

This revised structure should be a platform from which to generate a review of reporting within TSH, within each discipline taking into account the remit of the group receiving reporting, and the purpose of the report being submitted. This will support the CMT with an effective flow of information to underpin informed decision-making and to support the achievement of the Board's aims and objectives.

The CMT will report directly to the Board, through a number of avenues including the Chief Executive's update submitted to each meeting, as well as reporting through each Executive Lead for their remit. This new structure will strengthen the corporate leadership of TSH to provide the Board with expert advice on how to take forward the corporate objectives of the organisation as well as the ability to monitor performance across all metrics, from a fully informed position.

The CMT key functions should encompass the following:

- Provision of clinical service delivery for high quality service and consideration of patient and staff feedback;
- Planning in the development of proposed strategic direction;
- Security of the hospital;
- Leadership in the Board's financial plan and delivery of financial performance;
- Oversight of a robust performance management framework and implementation of the Annual Operational Plan;
- Oversight and delivery of the Workforce Plan.
- Risk, including oversight of the Corporate Risk Register and Health and Safety;
- Property and Asset Management.

The revised structure should include reporting to the CMT from the following groups:

- Clinical Governance Group
- Security Governance Group
- Health, Safety and Welfare Committee
- IT Sub-Group
- Information Governance Group/ FOI Committee
- Capital Group
- Risk, Finance and Performance Group
- Person Centred Improvement Group

4 RECOMMENDATION

The Board is invited to note the following developments:

- A revised corporate structure, led by the Corporate Management Team.
- The terms of reference of SMT and other reporting groups will undergo refresh to reflect this structure.
- Note the refresh of reporting arrangements to the Board, linked through the Board workplan and led by the Corporate Management Team.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support the Board's Corporate Objectives and strengthen reporting to the NHS Board
Workforce Implications	Not applicable
Financial Implications	Not applicable
Route To Board Which groups were involved in contributing to the paper and recommendations.	Executive Team
Risk Assessment (Outline any significant risks and associated mitigation)	As outlined within report
Assessment of Impact on Stakeholder Experience	As outlined in report
Equality Impact Assessment	Not required
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 relevant
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.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	19 December 2019
Agenda Reference:	Item No: 21
Sponsoring Director:	Chief Executive Officer
Author(s):	Board Secretary
Title of Report:	Board Workplan – 2020
Purpose of Report:	For Decision

1 SITUATION

The Board requires to review its workplan for the coming year to to identify the key considerations and actions required during 2020.

2 BACKGROUND

The Board considers and approves a workplan annually, and the Board Secretary will support the Board by ensuring that each component part of the workplan is allocated to meeting(s) throughout the year.

3 ASSESSMENT

The updated Board Workplan for 2020 is attached.

In particular, the Board is asked to note the reporting arrangements for the implementation of the Clinical Model to April 2020, followed by quarterly review reporting on the impact and effectiveness of the new model.

The Board will receive updates in relation to preparation for the enactment of Health and Care Staffing legislation, followed by compliance reporting to the Board.

A Quality Assurance and Improvement report will be brought to each meeting of the Board as a piece of additional assurance reporting, dedicated to and summarising all the work in this remit (e.g. complaints/ clinical effectiveness indicators) as well as a key focus on Quality Improvement. This will be a consolidated report to bring together reporting made separately to the Clinical Governance Committee throughout the year.

The Board will undertake a refresh of security arrangements during the coming year, with a Project Board being established. Given the sensitivity around security arrangements for The State Hospital, elements of reporting will be made in private session. However, at the same time there will be transparency through progress reporting to the public session of the Board.

The Corporate Risk Register has been added as a standing item to the Workplan meaning that the Board will review this at each meeting; and will also have an opportunity to decide whether any item discussed at each meeting would necessitate it being added to the register. This will be supported by an annual Risk Management Report, as well as resilience reporting to each meeting on a standing basis.

4 RECOMMENDATION

The Board is asked to:

- Review the revised workplan and advise whether this provides a robust structure for the consideration and scrutiny of the Board's business in 2020.

- To consider any addition required and/or to approve the plan.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support the Board's Corporate Objectives and strengthen reporting to the NHS Board
Workforce Implications	Not applicable
Financial Implications	Not applicable
Route To Board Which groups were involved in contributing to the paper and recommendations.	Executive Team
Risk Assessment (Outline any significant risks and associated mitigation)	As outlined within report
Assessment of Impact on Stakeholder Experience	As outlined in report
Equality Impact Assessment	Not required
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 relevant
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.

THE STATE HOSPITALS BOARD FOR SCOTLAND: BOARD BUSINESS 2020

27 February 2020	23 April 2020	18 June 2020	27 August 2020	22 October 2020	17 December 2020
• Board Minute and Actions • Chair's Report • CEO Report	• Board Minute and Actions • Chair's Report • CEO Report	• Board Minute and Actions • Chair's Report • CEO Report	• Board Minute and Actions • Chair's Report • CEO Report	• Board Minute and Actions • Chair's Report • CEO Report • Annual Schedule of Board/Committee meetings	• Board Minute and Actions • Chair's Report • CEO Report
• Governance Committee Minutes • Clinical Forum Minutes • Corporate Governance Blueprint Update	• Governance Committee Minutes • Clinical Forum Minutes • Board Effectiveness Self-Assessment *(date tbc)* • Corporate Governance Blueprint Update • Annual Review Planning Update – 2019/20	• Governance Committee Minutes • Clinical Forum Minutes • Governance Committee Annual Reports • Clinical Forum Annual Report • Corporate Governance Blueprint Update	• Governance Committee Minutes • Clinical Forum Minutes • Corporate Governance Blueprint Update	• Governance Committee Minutes • Clinical Forum Minutes • Corporate Governance Blueprint Update • Annual Review 2019/20 Feedback	• Governance Committee Minutes • Clinical Forum Minutes • Corporate Governance Blueprint Update

27 February 2020	23 April 2020	18 June 2020	27 August 2020	22 October 2020	17 December 2020
• Clinical Model Implementation Plan • Patient Learning Annual Report • Consultant – Annual Report • Patient Advocacy Annual Report *(deferred from Dec 2019*) • Patient Safety, Infection Control and Patient Flow Report	• Patient, Carer & Volunteer Stories • Clinical Model Implementation Update • Nurse and AHP Revalidation – Update • Quality Assurance and Improvement • Patient Safety, Infection Control and Patient Flow Report	• Clinical Model Implementation Update • Skye Centre 12 Monthly Report • Forensic Network Annual Report • Quality Assurance and Improvement • Patient Safety, Infection Control and Patient Flow Report	• Patient, Carer and Volunteer Stories • Clinical Model Review Quarter 1 • Implementation of Specified Persons Annual Report • Medical Education Annual Report • Duty of Candour Annual Report • Quality Assurance and Improvement • Patient Safety, Infection Control and Patient Flow Report	• Clinical Model Review – Quarter 2 • Medical Appraisal and Revalidation Annual Report • Quality Assurance and Improvement • Patient Safety, Infection Control and Patient Flow Report	• Patient, Carer and Volunteer Stories • Person Centred Involvement Annual Report • Patient Advocacy Annual Report • Quality Assurance and Improvement • Patient Safety, Infection Control and Patient Flow Report
• Attendance Management – Update • Safe Staffing – Update • Sturrock Action Plan Update	• Attendance Management Update • Workforce Plan • Safe Staffing – Update • Sturrock Action Plan Update	• Attendance Management Update • Safe Staffing Report • Sturrock Action Plan Update	• Attendance Management Update • Safe Staffing Report • Sturrock Action Plan Update	• Attendance Management Update • Safe Staffing Report • Sturrock Action Plan Update	• Attendance Management Update • Safe Staffing Report • Sturrock Action Plan Update
• Finance Report • Draft Corporate Objectives • Draft Annual Operational Plan • Performance Report Quarter 3 – 2020/21 • Corporate Risk Register • Resilience Reporting	• Finance Report • Annual Review of Standing Documentation • Corporate Risk Register • Project Board Update • Resilience Reporting	• Finance Report • Annual Accounts • Performance Annual Report 2019/20 • PAMS Submission • Corporate Risk Register • Project Board Update • Resilience Reporting	• Finance Report • Performance Report Quarter 1 – 2020/21 • Communications Annual Report • eHealth Annual Report • Corporate Risk Register • Project Board Update • Resilience Reporting	• Finance Report • Corporate Risk Register • Risk Management Annual Report • Project Board Update • Resilience Reporting	• Finance Report • Performance Report Quarter 2 -2020/21 • Information Governance Annual Report • Corporate Risk Register • Project Board Update • Resilience Reporting

THE STATE HOSPITALS BOARD FOR SCOTLAND

Draft Minutes of the meeting of the Audit Committee held on Thursday 10 October 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs.

PRESENT:

Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
Non-Executive Director	David McConnell **(Chair)**

IN ATTENDANCE:

Internal

PA to Finance and Performance Management Director	Fiona Higgins **(Minutes)**
Procurement Manager	Mary Frame *(Item 11)*
Chief Executive	Gary Jenkins
Finance and Performance Management Director	Robin McNaught
Interim Human Resources Director	Kay Sandilands *(Items 6 and 7)*
Risk Management Team Leader	Nicola Watt *(Item 12)*

External

Auditor, Scott Moncrieff	Mhairi MacMillan *(excluding item 16)*
Head of Internal Audit, RSMUK	Marc Mazzucco *(excluding item 16)*
Senior Manager, RSMUK	Asam Hussain *(excluding item 16)*
Auditor, RSMUK	Sue Brookes *(excluding item 16)*

1 APOLOGIES

David McConnell chaired the meeting and welcomed those present, introducing Mhairi MacMillan of Scott Moncrieff to her first meeting.

Apologies for absence were noted from Terry Currie; Maire Whitehead and Monica Merson.

In order to accommodate diary commitments for two of the presenters it was agreed that Items 11 – Procurement Strategy and Annual Report and 12 – Risk Management Annual Report would be heard at the start of the meeting, the running order of the minute has not been amended to reflect this rather it has been kept in line with the published agenda.

2 CONFLICTS OF INTEREST

Marc Mazzucco advised of a conflict of interest at agenda item 16 – Internal Audit Review and members agreed that this item would be heard following the main meeting and would be held in private with Audit Committee members only in attendance, again the running order of the minute has not been amended to reflect this rather it has been kept in line with the published agenda.

3 MINUTES OF THE PREVIOUS MEETING OF 20 JUNE 2019

The Minutes of the previous meeting held on 20 June 2019 were **approved** as an accurate record.

4 MATTERS ARISING - ACTION NOTES UPDATE

Members **noted** that all actions were either complete or were on the agenda for further discussion.

INTERNAL AUDIT

5 PROGRESS REPORT 2019/20, INCLUDING TRACKING REPORT

Members received and noted a Progress Report on 2019/20 Internal Audit work for the period to date, which was presented by Marc Mazzucco, Head of Internal Audit, RSMUK. The report provided an update on progress against the internal audit plan, approved at the Audit Committee in March 2018. To date a Sickness and Absence Management Audit has been undertaken with an outcome of Reasonable Assurance and a Payroll Audit with an outcome of Partial Assurance, both of these are on the agenda.

Work continues on progressing actions from previously agreed audit management actions and a status update on these actions is provided within the Tracking Report which accompanies the Progress Report. Members agreed with the approach being taken by RSMUK in ensuring that the timelines for actions accurately reflect the scope, scale and implementation work required to realistically complete the action.

In relation to the Audit Plan as approved in March 2018 it was agreed that changes may be required in relation to the timings of the Clinical Model Audit and the Security Post Project Evaluation.

Members **noted** the Progress Report and Tracking Report and the possible change to the Audit Plan which will be discussed further at the next meeting,

6 PAYROLL – FINAL INTERNAL AUDIT REPORT

Members received and noted the finalised report following the internal audit of Payroll which was presented by Asam Hussain, Senior Manager, RSMUK. The report's conclusion was noted as Partial Assurance, with the undernoted areas of weakness identified within the current operating controls:

- Authorised Signatory List not being utilised by Human Resources
- Timing of input of new starts and leavers
- No monitoring of changes applied to eESS payroll system
- Errors noted within SSTS entries, including pre-authorisation of overtime

David McConnell noted the Partial Assurance outcome of the audit and the importance of early action. Kay Sandilands responded to the report by advising that in relation to the eESS system, a new National Operating System was implemented at the State Hospital in April 2019, but still requires the manager self service functionality to go live; this would have resolved the errors noted. It is expected that this function will be fully compliant with the Hospital Standing Financial Instructions by the end of this year. In relation to monitoring of changes, as this is a new system staff are only now aware of how the system can be interrogated and reports created to ensure checks are in place. However the early indications of the issues arising from the audit have been helpful in order to promptly address the issues arising from the implementation of a new system.

ACTION: KAY SANDILANDS

In relation to the authorisation of timesheets in advance of the overtime being worked Gary Jenkins agreed that he would discuss the implementation of a more robust process through the Senior Management Team.

ACTION: GARY JENKINS

Members **noted** the conclusions of the audit, the recommendations made and the planned management actions.

7 SICKNESS AND ABSENCE MANAGEMENT – FINAL INTERNAL AUDIT REPORT

Members received and noted the finalised report following the internal audit of Sickness and Absence Management which was presented by Kay Sandilands, Interim Human Resources Director. The report provided the Audit Committee with an outcome of Reasonable Assurance in what is traditionally a challenging area for the Hospital. Members noted the significant reduction in the absence rate from 9.9% in June 2018 to 5.34% in May 2019 against a target of 5% absence as set by the Scottish Government.

Kay Sandilands informed members that the decrease was as a result of continued effort by both Human Resource staff and hospital line managers. This had been despite the challenges associated with changes to trigger points following issuing of interim PIN Guidance in advance of the finalised Attendance Management Policy from the Scottish Government as part of the Once for Scotland Policy Suite due to be received in March 2020, which may result in further changes to the trigger matrix.

Members **acknowledged** the progress made and the continued improvements with policy compliance and absence management and **noted** the recommendations within the audit which Sue Brooke confirmed that the Hospital had implemented.

8 UPDATED INTERNAL AUDIT PLAN AND STRATEGY 2019/20

Members received and noted an updated Internal Audit Plan and Strategy for the period 2019/20 which was presented by Marc Mazzucco, Head of Internal Audit, RSMUK, who highlighted the proposed change, as detailed on page 10 of the report, where the Risk Management Audit has been moved to 2021/22 in light of both the Critical Planning and Business Continuity Audits and the Incident Management Audit taking place in quarters 1 and 3 of 2020/21.

Members also noted that, as discussed at item 5, it may be necessary to move the audits of both the Clinical Model and the Security Post Project Evaluation. Confirmation of this will be provided to the January Audit Committee. Mark Mazzucco advised that if this was necessary there were options for moving Rostering and Scheduling of Workforce Audit and Clinical Observation Audit.

David McConnell asked that future reports have a covering paper which highlights any proposed changes or key issues.

ACTION: RSMUK

Members **agreed** to the proposed change to the Internal Audit Plan to move the Risk Management Audit to 2021/22.

ACTION: RSMUK

OTHER ISSUES

9 FRAUD UPDATE

Members received and noted an update on fraud allegations and notifications received from Counter Fraud Services, which was presented by Robin McNaught, Finance and Performance Management Director. Robin advised that since the previous Audit Committee, two alerts had been received, both now closed with no further actions required. One further alert, reported by the State Hospital, has been highlighted to Counter Fraud and will be included in the next update to the January Committee. This is in relation to a current contract where an accusation of third party involvement was raised. The January report will also include the conclusion of the investigation into the allegation that a staff member received payment for hours not worked.

ACTION: ROBIN McNAUGHT

Members noted the content of the alerts circulated by Counter Fraud Services in the last quarter and the update on fraud allegations.

10 FRAUD ACTION PLAN

Members received and noted an update on the Board's approach to countering fraud and the level of engagement with Counter Fraud Services based on the discussions from the annual customer engagement visit. The update was presented by Robin McNaught, Finance and Performance Management Director, who advised that, as detailed within the report, the last annual prevention meeting to discuss the services available in the Counter Fraud Services Work Plan was held in October 2015. Despite several attempts to arrange this, staffing issues at Counter Fraud Services has prevented this from moving forward.

Marc Mazzucco advised that RSMUK have a Fraud Action Team and suggested that perhaps they could attend the Hospital to undertake a review / provide an awareness / focus on fraud session, over a 5 to 10 day period.

Members agreed that this would be a helpful approach and would be proactive in raising awareness of fraud across the site and agreed that Gary Jenkins and Robin McNaught would discuss this further outwith the meeting.

ACTION: ROBIN McNAUGHT/GARY JENKINS

Members **noted** the progress on engagement activities; **noted** the update on Communication; **reviewed** the Fraud Action Plan (appendix 1) and **noted** the review of the top ten risks identified from the FRAM (appendix 2).

11 PROCUREMENT STRATEGY AND ANNUAL REPORT

Members received and noted the Procurement Strategy for the period 2018/2021 and Annual Report for the period April 2018 to March 2019 which was presented by Mary Frame, Procurement Manager, who advised that the report is required by the Scottish Government in order to ensure there is a continuous drive across all Boards to achieve excellence in procurement activities and focusses on the Regulated Procurement of purchases and contracts in excess of £50k. Members noted that in light of the small size of the organisation and its minimal requirement for procurement purchases over £50k that in the main the return is not highly reflective of the work undertaken by the department.

The Annual Report provided a summary of the regulated procurement expected to be undertaken in the next two years, including:

- Security Upgrade to Perimeter Fence
- Refurbishment of Harris Building
- Replacement of eHealth Wireless Network Infrastructure
- Staff Rostering System
- Security Vehicle refresh
- Patients Advocacy Service
- Fire and Security
- Biomass Fuel Supply

The report also detailed the collaborative work undertaken by the department with the National Health Boards Procurement Group which focusses on collective targeted savings through joint working across the National Procurement community. Being part of this has allowed the Hospital to benefit from the ability to purchase unique products at competitive prices.

Not contained within the report but key to the work and overall business of the Procurement Department members noted that National Procurement are well prepared for any EU Exit issues with no concerns to highlight in relation to the State Hospital.

Members also noted that the implementation of a new Provaleado software will allow the department to accurately record savings that it makes across the financial year and will be an interesting addition to next year's annual update to the Audit Committee.

ACTION: ROBIN McNAUGHT/MARY FRAME

Robin McNaught commented on the significant amount of work undertaken by a small Procurement Department across various areas of work and noted his thanks to the department for their commitment and efforts throughout the year.

Members agreed it was a detailed and useful report and thanked Mary Frame for her presentation to the Committee.

The Procurement Strategy for the period 2018 to 2021 had been presented to the Audit Committee for approval last year and is presented this year for information with no changes to its content.

Members **noted** both the Procurement Strategy for the period 2018/21 and the Annual Report for the period 2018/19.

12 RISK MANAGEMENT ANNUAL REPORT

Members received and noted the Risk Management Annual Report for the period April 2018 to March 2019 which was presented by Nicola Watt, Risk Management Team Leader. The report provided a summary of the work undertaken by the Risk Management team over the reporting period and provides information relating to proposed pieces of work for the 2019/20 period, including:

- Supporting various Committees and Groups, including Health and Safety, Resilience, Risk, Finance and Performance and Patient Safety
- Management of Corporate and Local Risk Registers
- Resilience Planning
- Health and Safety
- Category 1 and 2 Reviews
- Complaints and Claims
- Datix Incident Management
- Participation in National Forums

Members agreed this was a detailed and useful report and thanked Nicola Watt for her presentation to the Committee.

Bill Brackenridge noted the significant rise in patient complaints for the period 2017/2018 in comparison the previous and post reporting period and Nicola Watt advised that this was in relation to two separate issues, a focus on the adherence of the Patient Telephone Policy and removal of bedroom chairs, both of which were undertaken without prior consultation with patients thus resulting in a significant increase in complaints. Lessons from this were learnt. Members were pleased to note that in relation to the new Complaints Procedure a more meaningful engagement process resulting in a positive responsive to ownership of issues and quicker resolution has been a positive benefit for both staff and patients.

Members were assured that a robust process is now in place in relation to auditing of the Hospital's Health and Safety Control Books, this has resulted in increased compliance levels and is monitored through the Hospital's Health and Safety Committee.

In relation to the Corporate Risk Register and as detailed in the September Risk, Finance and Performance minutes, which are presented to the Committee at agenda item 14 for information. Members noted that the Risk, Finance and Performance Group focus on all high risks and corresponding action plans. This will provide assurance to the Audit Committee that the risk and mitigations are being monitored and that control measures are sufficient to address the risk. The Risk, Finance and Performance Group further agreed that the governing Board Sub Committees should also be sighted on any high risks which fall within their remit to allow the sub committees the opportunity for further scrutiny.

Robin McNaught commented on the significant amount of work undertaken by a small Department, experiencing staffing shortages, and providing support across various areas of work and noted his thanks to the department for their commitment and efforts throughout the year.

Members **noted** the content of the report and the significant amount of work undertaken by the department during the reporting period and noted that this had been presented to the Risk, Finance and Performance Group in September 2019.

13 POLICY UPDATE REPORT

Members received and noted the six monthly report on policy implementation across the Hospital, which was presented by Sheila Smith, Clinical Effectiveness Team Leader. The report detailed that, since the previous report, of the 132 policies currently in place across the Hospital:

- 44 policies are outwith the agreed review date, which excludes the Human Resource Policies which form part of the Once for Scotland Policy Suite
- 12 policies are at consultation stage
- 12 policies have been updated and approved
- 8 policies have been uploaded to the State Hospital website
- 3 policies are scheduled for metacompliance

Members noted that focus is now being placed on the 44 policies which are outwith the agreed review date.

Members noted their concern that the number of out of date policies had doubled in comparison to the previous year and Gary Jenkins agreed that a framework to ensure directors take accountability for policies within their areas would be developed, with overall responsibility sitting with the Finance and Performance Management Director and linked to the Chief Executive.

ACTION: SHEILA SMITH / ROBIN McNAUGHT

Members agreed that training and education for Policy Owners would assist with ensuring appropriate review dates and compliance with process. Sheila Smith advised that training will be rolled out on conclusion of new / updated guidance.

It was agreed that a target of reducing the out of date policies to 18 be set and that this be actioned in consideration of the policy risk rather than those that are easy to update.

ACTION: SHEILA SMITH

Members **noted** the content of the report and provided the advice noted above in order to speed up the policy review timeline.

14 RISK, FINANCE AND PERFORMANCE GROUP – MINUTES: 21/2/19; 24/7/19 AND 21/9/19

Members received and **noted** the minutes from the Risk, Finance and Performance Group for its meetings held on 21 February; 24 July and 21 September 2019 which were presented for information.

15 DRAFT AUDIT COMMITTEE WORKPLAN 2020

Members **approved** the Audit Committee Workplan for the period January to December 2020.

ACTION: FIONA HIGGINS

16 INTERNAL AUDIT REVIEW

Item held in private.

17 ANY OTHER BUSINESS

There was no other competent business.

18 DATE AND TIME OF NEXT MEETING

The next meeting is proposed to take place on Thursday 23 January 2020 at 9.45am in the Boardroom.