

THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 28 FEBRUARY 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 13 December 2018 For Approval TSH(M)18/14
 4. **Matters Arising:**
 - Actions List:** For Noting Paper No. 19/01
 - Updates:**
 - Visitor Experience at Reception – Director of Security, Estates and Facilities For Noting Verbal Update
 - Referrals to ASP – Social Work Manager For Noting Verbal Update
 - Information Governance Benchmark to other Boards – Director of Finance and Performance Management For Noting Verbal Update
 5. **Chair's Report** For Noting Verbal
- CLINICAL GOVERNANCE**
6. **Review of Clinical Model**
Report by the Medical Director For Noting Paper No. 19/02
 7. **Clinical Forum – 12 Monthly Report**
Report by the Chair of the Clinical Forum For Noting Paper No. 19/03
 8. **Patient Learning – 12 Monthly Report**
Report by the Director of Nursing and AHPs For Noting Paper No. 19/04
 9. **Global Citizenship:
Link with Pakistan Psychiatric Association**
Report by the Medical Director For Noting Paper No. 19/05

10. Falsified Medicines Directive Report by the Medical Director	For Noting	Paper No. 19/06
11. International Travel Request Report by the Medical Director	For Approval	Paper No. 19/07
12. Clinical Governance Committee Approved Minutes – 15 November 2018 Chair’s Report – 14 February 2019	For Noting	CG(M)18/04 Verbal

STAFF GOVERNANCE

13. Clinical Workforce Planning Report by the Interim Director of HR	For Noting	Paper No. 19/08
14. Attendance Management Improvement Working Group Report by the Interim Director of HR	For Noting	Paper No, 19/09
15. International Training January 2019 – Update Report by the Interim Director of HR	For Noting	Paper No. 19/10
16. Staff Governance Committee Approved Minutes – 29 November 2018 Chair’s Report – 7 February 2019	For Noting	S(G)18/04 Verbal

CORPORATE GOVERNANCE

17. Finance Report to 31 January 2019 Report by the Director of Finance & Performance Management	For Noting	Paper No. 19/11
18. Service Sustainability Report by the Director of Nursing & AHPs	For Noting	Paper No. 19/12
19. Business Intelligence and Tableau – Project Update Report by the Director of Finance & Performance Management	For Noting	Paper No. 19/13
20. Performance Report – Quarter 3 2018/19 Report by the Director of Finance & Performance Management	For Noting	Paper No. 19/14
21. Annual Review – Update Report by the Chief Executive	For Noting	Paper No.19/15
22. Audit Committee Chair’s Report – 24 January 2019	For Noting	Verbal
23. Chief Executive’s Report	For Noting	Paper No. 19/16
24. Revised Meeting Schedule - Board Business 2019 Report by the Board Secretary	For Noting	Paper No. 19/17
25. Any Other Business		
26. Date and Time of next meeting 25 April 2019, 9.45am in the Boardroom At The State Hospital, Carstairs, ML11 8RP		

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

TSH(M)18/14

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 13 December 2018 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Chair: Terry Currie

Present:

Non Executive Director	Bill Brackenridge
Chief Executive	James Crichton
Employee Director	Anne Gillan
Non Executive Director	Nicholas Johnston
Non Executive Director	David McConnell
Finance and Performance Management Director	Robin McNaught
Director of Nursing and AHPs	Mark Richards
Medical Director	Lindsay Thomson
Non- Executive Director	Maire Whitehead

In attendance:

Head of Communications	Caroline McCarron
Deputy Security Director	Brendan McMahon
Head of Corporate Planning and Business Support	Monica Merson
Patient Advocacy Service Manager	Ann Morton [Item 7]
Patient Advocacy Service – Chair	Danny Reilly [Item 7]
Interim Human Resources Director	Kay Sandilands
Board Secretary	Margaret Smith
TSH Volunteer	Myra Struthers [Item 6]
Director of Security, Estates and Facilities	David Walker

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Currie welcomed everyone to the meeting, and noted apologies from Ms Kathy Blessing. He welcomed Mr D McConnell in his role as Non Executive Director as well Mr D Walker attending in his new post as Director of Security, Estates and Facilities.

NOTED

2 CONFLICTS OF INTEREST

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

NOTED

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 25 October 2018 were noted to be an accurate record of the meeting.

APPROVED

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board noted progress on the action points from the last meeting. A minor amendment was noted to the wording of Action 1 to read "Corporate Governance".

NOTED

5 CHAIR'S REPORT

Mr Currie provided Members with an update from two NHSScotland Board Chairs meeting which had taken place since the date of the last Board meeting.

On the 29 October 2018, the group had met with the Cabinet Secretary for Health and Sport, Ms Jeane Freeman. There had been a focus on the Medium Term Financial Framework, two main elements being changes made in terms of previous brokerage arrangements and implementing a new three year cycle for Health Boards. There had also been emphasis from the Cabinet Secretary around leadership on the waiting times improvement plan, and the need for pace in reform. The Cabinet Secretary referred to the Audit Scotland Report, and encouraged Boards to review the recommendations in detail and be prepared to respond.

The group had reviewed the position on planning for EU withdrawal. Winter Planning had been discussed especially work around staff take-up of the flu vaccine with all Boards being encouraged to progress work in this area.

The Cabinet Secretary had highlighted the Scottish Government consultation on the PVG scheme, as well as the consultation on Local Governance and had taken the opportunity to remind the group of the need to respond. She also asked that Boards try to be represented at the International Forum on Quality and Safety in Healthcare, and Mr Currie confirmed that The State Hospital (TSH) would be represented appropriately at this forum.

A further meeting of the Board Chairs took place on 10 December 2018 and at this meeting there had been discussion of the Scottish Government budget as well as the Audit Scotland Report on Health and Social Care. The group had been advised by the Cabinet Secretary that there would be a further announcement made by Scottish Government on policy around mental health in the following week.

The Cabinet Secretary emphasised the importance of each Health Board attaining financial balance by year end on 31 March 2019. She also advised that further direction would come from Scottish Government around the spread of best practice throughout NHSScotland.

Mr Currie advised that the Chairs had set up four working groups on: Governance, Reform and Innovation, Integration and Performance and Workforce and Leadership. Mr Currie was a member of the Workforce and Leadership group. It was expected that each group would report back to the Chairs group at the end of January 2019.

The meeting also discussed work progressing on robust winter planning.

There was discussion on EU withdrawal and potential impact on NHSScotland. There would be further communication in this regard with Chief Executives in the following week – concentrating on potential risk areas. Board Members noted the need to follow national guidance in this area, particularly around the supply of medicines.

NOTED

6 PERSON CENTRED IMPROVEMENT TEAM

A report was received from the Director of Nursing and AHPs, which outlined the work taken forward in the past 12 months by the Person Centred Improvement Team (PCIT). This included improvement projects as well as Volunteer Services, Carer support, Spiritual and Pastoral Care, the Equality agenda and support to the Patient Advocacy Service.

Ms Sandie Dickson, Person Centred Improvement Lead and Ms Myra Struthers, Volunteer were both in attendance. Ms Struthers described a number of volunteer stories and their interaction with patients over the course of the year. She emphasised the mutual benefit found by each party.

Ms Dickson added that there had been particular focus throughout the year on patients who did not regularly receive visits and linking them with volunteers for visits. The Board asked for some more detail in this area, and Ms Dickson advised that this was a focussed piece of work to ensure that patients, who were able to, could receive volunteer visits.

The Board were in agreement about the powerful nature of these stories which gave a good insight into the quality of the care provided. The Board suggested that these stories should be shared by communication across the organisation.

Action – Ms Dickson

The Board discussed the contribution made by volunteers to the organisation and the importance of their work which was much appreciated.

Ms Dickson led the Board through the content of the PCIT 12 Monthly Report in detail. Members asked for more detail in relation to patient feedback and the challenges found in this area. Ms Dickson provided assurance that learning could be taken from national tools whilst at the same time the nature of the care provided at TSH would necessitate local variance. The Board also asked if the organisation was taking every opportunity to learn from feedback. Ms Dickson outlined the routes through which this can be evidenced within TSH. Ms Merson added that further work would be taken forward to highlight themes found in complaints and feedback going forward.

Mr Currie raised a particular issue in respect of the visitor experience through security when they arrive at TSH, highlighting that this area was one that required particular focus to get right given the negative feedback received over time.

Action – Mr Walker

Mr McConnell asked for clarification on the resources available to the PCIT and Mr Richards explained that there had been a conscious decision to pause recruitment to allow a review on complaints to take place. This had been concluded and there should now be a focus on the size and shape of the PCIT.

There was discussion which clarified that only reports aligned to the financial year should be entitled “Annual Report” and that any reporting at departmental level which did not align to this timescale should be titled “12 Monthly Report”. This would enable up to date information to come to the Board through 12 monthly reporting whilst recognising the need for annual reporting to be coordinated across the organisation at year end i.e. there should be two reports produced if necessary. For annual reporting, Mr McNaught and Ms McCarron would agree a workplan and disseminate this across the organisation.

Action – Mr McNaught

Mr Currie thanked Ms Dickson for a thorough report and for the work of her team.

NOTED

7 PATIENT ADVOCACY

Mr Richards advised the Board that the contract with the current providers would come to an end on 31 March 2019, and that a tendering process was under way for provision of this service in the coming year.

A paper was received by the Patient Advocacy Service (PAS) outlining their annual reporting for the period 1 April 2017 until 31 March 2018. Ms Morton and Mr Reilly were in attendance to lead Members through the detail of the report. In answer to a question from the Board, Ms Morton underlined the good relationships her team had within TSH which helped to deliver an effective service. Mr Reilly highlighted the extent of experience within the service and the strength of the leadership by Ms Morton.

The Board asked for further assurance around referrals made to Adult Support and Protection (ASP) and whether this was a source of concern. The Board noted that Ms Blessing would clarify this point and update the Board at its next meeting.

Action – Ms Blessing

Professor Thomson confirmed that it was a positive experience when advocates from the service came to patient case reviews and Ms Morton advised that PAS contact every patient for every case review to ask if they wished for advocate engagement. This is the case even if a patient had previously refused advocacy.

The Board noted the volume of patient contacts through PAC and discussed how to capture learning from any emergent themes. Mr Richards advised that Ms Morton regularly attends the PCIT steering group and provided reporting of this nature throughout the year.

Mr Currie thanked Ms Morton and Mr Reilly for their attendance and the independent guidance provided through their service which was valued by the Board.

NOTED

8 CLINICAL FORUM – UPDATE

A paper was received from the Chair of the Clinical Forum to update the Board on progress made in establishing this forum within TSH as an independent advisory forum for the Board.

The Board noted the work progressed to date and that a further report would be brought to the next meeting in February 2019 which would include the workplan for the forum for the coming year.

NOTED

9 TSH3030

A paper was received from the Medical Director which outlined the recent quality improvement work carried out through the TSH3030 project in the hospital. Ms Merson led Members through the detail emphasising the commitment and enthusiasm across the organisation throughout the life of the project.

The report was received positively by the Board as a great initiative which was taken forward through the efforts of staff during a challenging period for the hospital. The Board were impressed by the range of activities involved as well as the energy and commitment given by staff. There were at least eight individual projects which could be taken forward on a longer term basis. Professor Thomson confirmed that consideration of support for projects involving clinical areas

would be provided through the Clinical Governance Group. Those projects that were being brought to a conclusion would also be supported to measure the impact and share learning.

Mr Crichton added that work was also being progressed towards a staff recognition scheme to be set up in the early part of 2019 as a further opportunity for staff to celebrate good practice. Ms Sandilands added that this project had also provided an opportunity for staff to recognise their own personal development as part of the process.

NOTED

10 CLINICAL GOVERNANCE COMMITTEE – CHAIR’S REPORT

Mr Johnston provided an update on the key issues discussed at the Clinical Governance Committee meeting held on 15 November 2018 and that the minutes would be available at the next Board meeting. The Committee had focused in particular on the action plan leading on from the Safety Plan prepared by the Medical Director as well as the work of the Physical Health Steering Group.

NOTED

11 ATTENDANCE MANAGEMENT TASK GROUP – UPDATE

A report was received from the Interim Human Resources Director to update the Board on the work of the Attendance Management Task Group including an updated action plan. Ms Sandilands was in attendance and advised the Board that although there had been significant improvement in this area during August and September, the initial indicators for the month of October were that there had been a subsequent deterioration on the figures.

The Board asked for further assurance that line managers were implementing policy appropriately, and Ms Sandilands confirmed were providing support to line managers to enable them to have what could be difficult conversations with colleagues. This would assist in ensuring consistency of approach across the organisation. She also noted the introduction of ‘Once for Scotland’ national policies due in April 2019 and training would be put in place for HR Advisors to ensure readiness. The HR department had additional resources in place presently to help with the overall focus on sickness absence.

The Board took assurance that the figures achieved during August and September 2018 demonstrated a longer term move in the right direction. At the same time, there was concern around impact on patient care due to sickness absence

NOTED

12 STAFF ENGAGEMENT – CEO SESSIONS

A paper was received from the Interim Human Resources Director to provide the Board with an overview of the engagement sessions carried out by the Chief Executive with staff across the organisation during October and November 2018.

Mr Crichton advised the Board that these sessions had served to share the nature of the challenges faced by the hospital as well as seeking staff support and ideas for addressing these challenges.

Board Members were in agreement on the importance of good communication with staff across the organisation as well as the power of acknowledgement to recognise the contribution made by staff.

NOTED

13 INTERNATIONAL TRAINING PROPOSAL

A paper was received from the Interim Human Resources Director which outlined a proposal to deliver PMVA instructor training in the United Arab Emirates in January 2019 and which sought Board approval to do so including the international travel associated with doing so.

Ms Dunlop and Ms Clarke were in attendance at the meeting to outline the key points for members. Ms Dunlop advised that in addition to the information within the paper, Central Legal Office advice had been received confirming that CNORIS would not cover an income generating project and that additional insurance should be arranged but that costs for that were not expected to exceed £300.

Ms Dunlop offered apologies to the Board for the lateness of this paper seeking Board approval. She confirmed that this proposal would produce a surplus for the Board of £6000.

Members asked if this type of training had been delivered outwith the hospital before and were assured that this was the case albeit not frequently and this proposal was not part of a strategy to raise income. Further, that there were no implications for intellectual property in terms of the training delivered.

The Board also raised concerns around staff working within the UAE in terms of any human rights or safety considerations. At the same time there was consideration of the collaborative nature of the initiative and the addition to the hospital's reputation in sharing good practice.

Members were concerned as to whether this proposal would lead to further pressures on staffing within the hospital. It was agreed that further assurance would be sought from the Clinical Operations Manager that this would not present difficulty within the hospital which would impact on patient care. The Board agreed to the proposal in principle provided that assurance could be provided on this point.

Action – Mr Richards

Members asked for an update report to the next meeting of the Board in February 2019 on delivery of the training to include impact on staffing levels within TSH and any impact on patient care.

APPROVED

14 STAFF GOVERNANCE COMMITTEE

Mr Brackenridge provided an update to the Board on the last meeting of the Staff Governance Committee meeting held on 29 November 2018 which had focussed on attendance management as well as statutory and mandatory training and progress on completion of PDP completion. The meeting had also received a presentation on the Occupational Health Service. The minutes from the meeting would be available at the next Board Meeting.

NOTED

15 FINANCE REPORT AS AT 30 SEPTEMBER 2018

The Finance Report to 30 November 2018 was submitted to the Board by the Director of Finance and Performance Management, and Members were asked to note the content of this report.

Mr McNaught led Members through the report highlighting the key areas of focus. The Board was reporting an overspend position of £0.289m to 30 November 2018 with an in –month movement being an under spend of £0163m.

Mr McNaught advised the Board that given the present position against the forecast trajectory, actions were being identified to alleviate this pressure for the remainder of the year and to enable the financial forecast to remain a breakeven position for year end. He also advised the Board of potential further pressure due to additional contribution to National Board savings – this would be negotiated through the National Board Directors of Finance meeting and a further update would be brought back to the Board. The Board asked for clarification as to whether the breakeven projection for year end had factored in an additional contribution to National Board savings – and Mr McNaught confirmed that this was not the case. This should be recognised as an additional pressure which may put the Board at risk.

Mr Crichton asked members to note that the forecast year end breakeven position would only be achieved provided that the forecast limits on overtime spending were adhered to and at the same time there was an overriding responsibility to respond to clinical needs within the hospital and not to impair clinical care.

The Board asked for an update to be provided to Members in advance of the date of the next Board meeting on 28 February 2019.

Action Mr McNaught

Mr McNaught also provided an update for members in respect of the capital project, with the procurement process being progressed. A further update would be brought to the next Board meeting.

NOTED

16 SERVICE TRANSFORMATION AND SUSTAINABILITY – UPDATE

A paper was submitted to the Board from the Director of Nursing and AHPs, which set out the progress made since the last meeting of the Board against the workstreams previously agreed in pursuit of service sustainability. Mr Richards summarised the paper for Members, and highlighted the key points in respect of achieving financial balance as well as transformational change looking further ahead.

There was discussion around the work progressed in regard to the clinical model with the Board seeking assurance that this work was being progressed at sufficient pace and acknowledging the work completed on a review of safety which would inform the review of the clinical care model. This was a complex piece of work which required a consultative process with key leaders across the hospital as well as with stakeholders on any proposals then advanced. This work was being progressed to conclusion and the Board would be kept advised on progress made at its next meeting.

Action – Professor Thomson

NOTED

17 PERFORMANCE REPORT – QUARTER 2 - 2017/18

A report was submitted to the Board by the Director of Finance and Performance Management, which presented a high level summary of organisational performance for Quarter 2 – July to September 2018 and the Board noted the content of the report.

NOTED

18 INFORMATION GOVERNANCE REPORT

A report was submitted to the Board from the Director to Finance and Performance Management providing annual reporting from the Information Governance Group for 2017/18.

Mr Lawton was in attendance at the meeting to provide the Board with a detailed summary of the key points within the report.

The Board asked for assurance that staff across the hospital were able to access feedback from the leadership walkrounds which took place and Mr Lawton confirmed that feedback was communicated to all staff.

Members also asked for further clarification around Board performance in relation to FOI requests compared with other Boards in NHSScotland. Mr Lawton advised that although this information was not published he would provide a further update for members for the next Board Meeting.

The Board suggested that inclusion of further detail on future areas of work rather than a general confirmation that work was ongoing would be welcomed in further reporting.

Actions – Mr Lawton

Mr Currie thanked Mr Lawton for his report and for the good work the report evidenced throughout the year.

NOTED

19 ANNUAL REVIEW – UPDATE

A report was submitted to the Board from the Board Secretary to provide Members with an update on the Annual Review due to take place in January 2019.

The Board noted the arrangements made for the Ministerial visit on 14 January 2019 as well as the public session on 23 January 2019.

NOTED

20 AUDIT COMMITTEE

The Board received and noted the draft minutes of the meeting of the Audit Committee which took place on 20 September 2018.

NOTED

21 CHIEF EXECUTIVE'S REPORT

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

Mr Crichton updated the Board on service pressures that had been experienced particularly between 3rd and 10th November 2018, due to a period of informal action which had exacerbated the challenge for staff availability and had required significant adjustments to care delivery. He asked Members to note continued recruitment to the nursing pool to bring additional capacity to the nursing workforce.

Mr Crichton also provided an update in respect of preparedness for EU Withdrawal, advising that the Board was working closely with Scottish Government colleagues in this regard.

Members were content to note this report.

NOTED

22 BOARD WORKPLAN 2019

Members noted and agreed a revised workplan for 2019. Any further feedback on the workplan should be coordinated through Ms Smith.

APPROVED

23 ANY OTHER BUSINESS

Mr Currie nominated Mr David McConnell to be Chair of the Audit Committee with immediate effect and this was ratified by the Board.

APPROVED

24 DATE AND TIME OF NEXT MEETING

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

NOTED

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.

AGREED

ADOPTED BY THE BOARD

CHAIR

(Signed Mr Terry Currie)

DATE

13 December 2018

MINUTE ACTION POINTS
THE STATE HOSPITALS BOARD FOR SCOTLAND
(From 25 October 2018)

ACTION NO	AGENDA ITEM NO	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	6	Person Centred Improvement Team	Share volunteer stories across wider organisation Feedback shared with Person Centred Improvement Steering Group, Mental Health Practice Steering Group and Clinical Forum. Feedback issued in Staff Bulletin in February 2019.	Sandie Dickson/ Caroline McCarron	February 2019	Completed
2	6	Person Centred Improvement Team	Update in respect of visitor experience through security	David Walker	February 2019	On agenda/ verbal update
3	6	Person Centred Improvement Team	Raise awareness and coordinate 12 monthly and annual reporting. Advice issued to report authors to clarify this issued.	Robin McNaught	January 2019	Completed
4	7	Patient Advocacy	Update in respect of number of referrals made to Adult Support and Protection	Kathy Blessing	February 2019	On agenda/ verbal update

5	13	International Training Proposal	Update to February Board in respect of delivery and impact of training.	Kay Sandilands	February 2019	On agenda
6	15	Finance Report	Update to Board prior to the next Board Meeting	Mr McNaught	January 2019	Completed
7	18	Information Governance Report	Further update to Board at February meeting benchmarking FOI performance to other Health Boards	Mr Lawton	February 2019	On agenda/ verbal update

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 6
Sponsoring Director:	Medical Director
Author(s):	Head of Corporate Planning and Business Support
Title of Report:	Review of Clinical Model
Purpose of Report:	Update Board

1 SITUATION

This report provides an update to The Board on a review and consultation on The Clinical Model. The consultation on the Clinical Model arose from a presentation to the Board on 28 June 2018 by the Service Transformation and Sustainability Group where comments were expressed by staff on the current structure for the delivery of care.

2 BACKGROUND

The clinical care model describes the way The State Hospital provides high secure services to patients with a mental disorder many of whom have offended. The need to review the Clinical Care Model arose from issues raised through a staff engagement exercise which focused on readiness to change. As part of the Service Transformation and Sustainability projects, this stream of work has focused on the review of the clinical care model. This work is split into three parts:

1. Review of the clinical model principles
2. Review of safety factors
3. Review of the clinical service delivery model.

The Board received an update in October on point 2. Review of the safety factors, and a further update in December on point 1. Review of the Clinical Model Principles and point 3. Review of the clinical service delivery model, which consisted of staff consultation activities via an online questionnaire and staff workshop.

3 ASSESSMENT

Staff Consultation

All staff were invited to respond to an online questionnaire which was live from 7th December until 14th January, this questionnaire asked the following:

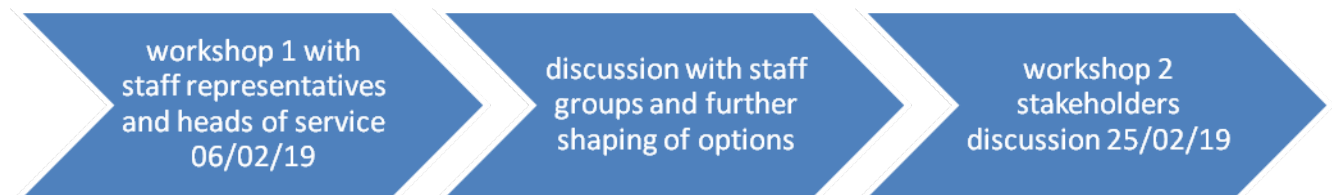
- What are the strengths with how we deliver our clinical care ?
- What are the current problems with how we deliver our clinical care ?
- What changes would you make to improve how we deliver our current clinical care?

Board Paper 19/02

- What would we need to think about to enable your proposed changes to improve how we deliver our clinical care model?
- What else do you need to support you to deliver high quality clinical care?
- Is there anything else you would like to say about how we deliver clinical care?.

Fifty seven responses were received to the above questions and analysis of these feedback to staff via the workshop sessions below

Two workshop sessions were be delivered in February 2019 to develop, consult and test options for delivering clinical care with staff and stakeholders.



Thirty eight staff attended the staff workshop session on the 6th February. An overview of the outputs from the staff workshop session is detailed as appendix 1. This was then shared with staff groups via team meetings and other forums. A second workshop will be held with Stakeholders on 25th February. The aim of this session is to test out options that have been developed through consultation with staff and understand the perspective stakeholders on these. A verbal update will be presented to the Board on the Stakeholder Workshop . A draft timeline and process map is attached as appendix 2

4 RECOMMENDATION

The Board is invited to note progress on the review of the Clinical Model

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<p>Corporate objectives of high quality clinical care and staff experience</p>
<p>Workforce Implications</p>	<p>Workforce implications that may arise from the review of the Clinical Model will be formally assessed at options appraisal stage</p>
<p>Financial Implications</p>	<p>Financial implications that may arise from the review of the Clinical Model will be formally assessed at options appraisal stage</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations.</p>	<p>Clinical Governance Committee / SMT</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>Risks that may arise from the review of the Clinical Model will be formally assessed at options appraisal stage</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>Through stakeholder workshop</p>
<p>Equality Impact Assessment</p>	<p>Not formally assessed</p>

Appendix 1
Report from the Review of the Delivery of Clinical Care workshop
6th February 2018

Situation

A review of the delivery of clinical care was initiated by The State Hospital Board beginning with a Safety Report requested on 28th June 2018. This review is being carried out in phases and the first three are complete:

1. A review of Staff and Patient Safety using 5 years of data.
2. Consultation on the Principles of the Clinical Model with a subsequent minor refresh.
3. Consultation with TSH staff on their experience of delivering care and ideas for change

The staff workshop was used to develop options for change based on the findings to date, feedback from staff and ideas for change generated on the day

Background

Staff from across the hospital were invited to attend the workshop event to gain feedback from the consultation and develop options for any changes to the clinical model. 38 staff attended and all disciplines were represented. Brief background information was presented to inform workshop sessions:

The clinical model describes the way The State Hospital provides high secure services to patients with a mental disorder many of whom have offended. The current clinical model was established in 2009 and sets out nine principles by which we work clinically within the State Hospital. These have recently been consulted upon and remain relevant: patient-

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focused care, integration of components of care, individualised care pathways, positive therapeutic milieu, staff support, multi-disciplinary working, violence risk assessment and management, comprehensive mental and physical health care and treatment, and clinical governance to strengthen and inform care.

The **2009 clinical model** describes each hub having 3 wards and 3 multi-disciplinary clinical teams who work flexibly across the hub, working with a patient from admission until discharge / transfer from the hospital irrespective of where they are within the hub. In each hub, there is an area to which patients are admitted for assessment. A patient may progress to the other wards within that hub for further rehabilitation prior to transfer. This model was chosen to provide continuity of care as the previous model of discrete wards with different functions and teams lead to complaints from patients. Each ward has a maximum occupancy of 12 patients and a dedicated nursing team. Iona 2 ward provides the Intellectual Disability Service. It was envisaged that patients would spend much of their time in the Skye Centre (activity centre) with the hubs being used to provide activity for hard to reach patients. This has not occurred with patients spending on average 3 (range) sessions per week at the Skye Centre. In addition, two wards have been closed so only one hub operates on a three ward basis for major mental illness.

In **2015 the functioning of the Clinical Model was reviewed** and nine options set out which were explored by means of a patient fit exercise and consultation. These options included the following units for specific groups: older patients, patients with physical health problems, additional capacity for patients with intellectual disability, patients with a primary diagnosis of personality disorder, patients with English as a second language, patients in the admission phase, patients with high dependency needs, and patients in the pre-transfer phase.

Four models including the status quo were consulted on and the patient active day model chosen. This is a model that promotes activity by moving patients by ward to the Skye Centre and allows utilization of staff both within the Skye Centre thereby allowing other patients to increase their activity levels, and in the other wards of the hub involved. This has been used in Lewis 2 one day per week and has been extended to all hubs in January 2019.

Presentation of key findings from Staff and Patient Safety Report

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

Presentation of findings from online questionnaire to staff on delivery of clinical care. Fifty seven staff completed the questionnaire between December 2018 and January 2019 and below is a summary of main themes:

Strengths in how we deliver clinical care were noted as

- Strength of MDT working
- High quality of clinical care currently delivered
- Staff commitment and dedication
- Clinical model and ability to offer continuity of care from admission to discharge
- Staff knowledge and experience
- Person centred nature of care

Current problems with how we deliver care

- Current clinical model and resultant patient mix on wards
- Patients lack of access to off ward activity
- Staff shortage
- Skye centre under utilised
- Care is too risk averse
- Care not patient centred enough
- Ward environment too small for effective delivery of care

Board Paper 19/02

- Patients do not see clear pathway for progression

What would you change to improve how we deliver care

- Change current clinical model
- More trained staff
- Early access to activity / More opportunities for off ward activity
- Increase access to the Skye centre
- Change philosophy of care / Consider SCC model
- Change to environment
- Clear patient pathway for progression

What would we need to support proposed changes to care

- More trained staff to enable opportunities for engagement
- Change to current clinical model to support more appropriate mix of patients on wards
- FT opening of Skye centre / Increase activity
- Embrace change / wider adoption of Quality Improvement approach
- Increase patient engagement / Address philosophy of care
- Staff support and opportunities for more reflective practice

What else do you need to support you to deliver care

- Staff resources / Skill mix of staff
- Better management of practice / Clinical leadership
- Staff support / Recognition and appreciation
- Greater patient engagement and activity
- MDT support to nursing
- Reconfigure wards and patient mix

Themes across the responses

- Clinical Model / Configuration of Wards / Continuity of Care
- Increase staff resources / Improve deployment of resources
- Address philosophy of care and increase engagement
- Current care is Excellent / More positive recognition and support for staff

Board Paper 19/02

The workshop sessions then reviewed the feedback from the staff consultation questionnaire and developed options for progression

Assessment

Throughout the workshop session there emerged 2 areas of consensus: need for change in the TSH culture with a focus on clinical empowerment and strengthened clinical management to engage and develop staff; and two options for proposed structural change to the configuration of wards.

Option 1 for structural change to ward configuration:

3 hubs operating a 3 ward system of progression

Ward 1 – Admissions and acutely unwell patients

Ward 2 – Continuing care

Ward 3 - Rehabilitation and pre transfer

4th Hub – 2 wards accommodating ID patients – each ward with fewer numbers of patients

Initial analysis of the potential benefits of this Option 1 - 3 hub 3 differentiated ward model were noted to be :

- more consistent model across the hospital
- active day engagement – can be more streamlined to patient needs
- potential to use the Skye centre resource more fully and be more tailored about the activities offered – also potential to have more rehab patients there more often
- balancing affect of an additional ward
- more tailored patient opportunity for progression and clarity of what this means
- more tailored security
- sense of progression for patients
- supports continuity of care
- less restrictive care where appropriate
- continuity of care – favour the 3 MMI admission ward approach to enable continuity of care
- innovation - opportunity to try out new approaches and be creative and flexible wit in the wards.

Board Paper 19/02

- create more space for ID patients which is more suited to their needs
- Individualised care
- responding to the consultation feedback and supporting staff .e.g. skills development sense of purpose

The Initial analysis of the potential drawbacks of this emerging model were noted to be

- initial patient moves
- initial staff moves
- reconfiguration of staff resources
- financing an extra ward (re opening of course closed ward) for ID patients

Questions

Is this bold enough?

Are there enough admissions to populate 3 wards?

Does this support the ambition of the right staff in the right place at the right time?

Through the afternoon session there was strength of support and a feeling we may have a solution with Option 1 - 3 hub 3 differentiated ward approach, however a further option for structural change to ward configuration, Option 2 emerged from a group discussion, this was:

Option 2 for structural change to ward configuration:

2 admission wards (may be in one hub or spread across 2 hubs)

1 or 2 ID wards

5 (or 4) continuing care wards

2 rehab wards with Skye Centre integration

In support of this option the group felt that this may be seen as transformational change and feel quite different to current model. It may be helpful in having the right staff in the right place at the right time, however a drawback was considered to be around the continuity of care that this approach would take.

What was noted to be important to support implementation of either option was

- Values
- Commitment

Board Paper 19/02

- Leadership
- Will
- Bed management

Requirements for implementation

On further discussion and refinement the importance of culture and the conditions that would support change were more fully explained, these are detailed below;

- Proposed that an initial test of option 1 – with a focus on the the MMI patients could be carried out in one Hub e.g. Lewis or Mull to understand how this would work in practice.
- Consistency of approach in applying criteria of the admission (+acute care) wards and the rehab ward (e.g. rehab ward only for patients who are not on elevated observations).
- Co – production of the criteria for each ward so that there is clinical cross hub ownership and collaboration on this
- Once criteria and model agreed then enable local governance and implementation so that Hub leadership teams have ownership for implementation – and responsibility for this.
- Create a culture of change and improvement with responsibility locally for implementation and management
- Create a culture of leadership based on competency and enable more effective MDT working
- Wider system leadership to ensure that staff are supported and developed
- Wider system enablement to let the model work with less committee reporting
- Progression for nursing staff and differentiation / specialist areas to operate in
- Potential to have a scheme of working across Forensic Network
- Allow / enable staff to choose their preference of where they work to get greater buy in and greater match of interests and skills to area of work.
- Best use of staff skills and provides opportunity for other disciplines to engage

Recommendations

1. Workshop members to share the output proposed model with staff across the hospital to promote engagement in thinking. Teams and meetings to share with include:
 - Hub Leadership Teams
 - Professional teams (Psychology, Social Work, Medicine, Nursing)
 - Present to Nurses Development Session on Sat am – need to check date
 - Skye Leadership team
 - SMT
 - Engagement non clinical teams through team meetings and briefings
 - Board
 - Clinical Forum
2. Stakeholder workshop 25/02/19 – discuss emerging models with Stakeholders and invite feedback
3. Patient engagement session planed for 19th Feb through PICT
4. Review proposed models to work up finance and workforce implications to determine the feasibility of the models and options for how it may be implemented.
5. Develop an implementation plan and agree a test area and timescale

**Appendix 2
Process for Consultation on Clinical Model– Process and Timeline**

Timescale	04/02	11/02	18/02	25/02	04/03	11/03	18/03	25/03	01/04	08/04	15/04	22/04	29/04	May	June	July	August	
<i>Consultation on the clinical model</i>	<i>Workshop with staff</i>	<i>Feedback to staff on output from workshop</i>		<i>Workshop with stakeholder</i>	<i>Feedback to staff on stakeholder event</i>													
<i>Development and appraisal of options</i>		<i>Work up options and criteria</i>			<i>Options appraisal - implications for workforce planning, financial planning. Evaluation of options against criteria</i>				<i>Identification and testing of preferred option</i>									
<i>Board meeting</i>				<i>28/02 Update Board on consultation process</i>								<i>25/04 Update on evaluation of options against criteria and identification of preferred option</i>			<i>20/06 Update on plans for testing</i>		<i>22/08</i>	
<i>Partnership discussion</i>							<i>19/03 Feedback Partnership Forum</i>				<i>16/04 Feedback Partnership Forum</i>			<i>14/05 Feedback Partnership Forum</i>				
<i>SMT</i>			<i>20/02 Update on consultation process and consideration of criteria for appraisal emerging options</i>				<i>20/03 Update on options appraisal and consider any emerging option</i>				<i>17/04 Update on evaluation of options against criteria and identification of preferred option</i>			<i>15/05 Update SMT on implementation plan for preferred option or review alternatives</i>				
<i>Implementation</i>													<i>Plan for implementation - timescale for implementation will depend on the scale of the change</i>					

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 7
Author(s):	Dr Aileen Burnett
Title of Report:	Clinical Forum Annual Report
Purpose of Report:	For Noting

1 SITUATION

The Clinical Forum is required to report on its activities to the Board and this is the first report of its kind.

2 BACKGROUND

The State Hospitals Board for Scotland was asked by the Minister of Health following the 2009 Annual Review to set up a Clinical Forum where senior clinicians regularly meet to consider clinical care issues. The Forum deals with all aspects of the clinical care of patients. Its remit was updated in 2015 and again in 2017 to ensure that it can fulfil its function to be a forum that will support the hospital in the conduct of its business through the provision of multi-professional advice maximising the contribution of clinicians in all aspects of the NHS Boards work. In doing so it represents the integrated multi-professional view of the advisory structures for Medicine, Nursing, Allied Health Professions, and Psychology. It also captures the view of Pharmacy, Security, Social Work, and Involvement and Equality functions.

3 ASSESSMENT

The paper outlines activities that the group has been involved with over the last year, and outlines the future direction of travel.

4 RECOMMENDATION

The Board is asked to note the activities and areas of work the group intends to focus on over the next year.

THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL FORUM

1 INTRODUCTION

The State Hospitals Board for Scotland was asked by the Minister of Health following the 2009 Annual Review to set up a Clinical Forum where senior clinicians regularly meet to consider clinical care issues. The Forum deals with all aspects of the clinical care of patients. Its remit was updated in 2015 and again in 2017 to ensure that it can fulfil its function to be a forum that will support the hospital in the conduct of its business through the provision of multi-professional advice maximising the contribution of clinicians in all aspects of the NHS Boards work. In doing so it represents the integrated multi-professional view of the advisory structures for Medicine, Nursing, Allied Health Professions, and Psychology. It also captures the view of Pharmacy, Security, Social Work, and Involvement and Equality functions.

2 GOVERNANCE ARRANGEMENTS

2.1 Committee membership

Membership is reviewed annually and reported as part of normal monitoring mechanisms. Our membership is currently

- General Manager
- Dr Aileen Burnett, Consultant Forensic Clinical Psychologist – Chair
- Dr Sheila Howitt, Consultant Forensic Psychiatrist – Vice Chair
- Carolin Walker – Professional Nurse Advisor
- Sandie Dickson – Person Centred Improvement Lead
- Jim Irvine – Clinical Security Liaison Manager
- Peter di Mascio – Social Work Team Leader
- Fiona Warrington – Pharmacist
- Sarah Innes – Occupational Therapist
- Shelia Smith – Clinical Effectiveness Team Leader
- Alan Blackwood – Senior Charge Nurse
- Lesley Murphy – Clinical Nurse Specialist

- Admin support provided by Kellie Gourlay

To fulfil its remit, the group may obtain whatever professional advice it requires and invite, if necessary, external experts and relevant members of Hospital staff to attend meetings.

Others may attend the Committee on the approval of the Committee Chair.

2.2 Meetings and Frequency

Meetings are held quarterly, on a Thursday, at 10am in Harris Seminar Room.

The Chair may convene additional meetings as necessary.

Four meetings were held in 2018.

2.3 Purpose

Board Paper 19/03

The Clinical Forum functions as part of the overall clinical governance structure with the State Hospital's Board, ensuring:

- Effective systematic clinical engagement is established and maintained.
- The profile and status of the Clinical Forum is raised, maximising the contribution from clinicians of all disciplines to the planning and delivery of services harnessing their knowledge, skills and commitment to the delivery of effective and efficient healthcare.
- Progression of the key dimensions of the NHSScotland Healthcare Quality Strategy.

The Clinical Forum will manage its business through a workplan, agreed by the Chair of the Committee. This will ensure that the full remit is covered on a rolling basis.

2.4 Functions

The core functions of the Clinical Forum will be to support the work of the Board by:

- Reviewing the business of the various Professional Advisory Committees to ensure a co-ordinated approach is achieved on clinical matters across professions and within the component parts of the organisation.
- The provision of a clinical perspective on the development of the Local Delivery Plan and the strategic objectives of the Board.
- Sharing best practice and encouraging multi-professional working in healthcare and health improvement.
- Ensuring effective and efficient engagement of clinicians in clinical service design, development and improvement playing an active role in advising the Board on potential priorities for service improvement.
- Contributing to planning and development through ensuring and monitoring that there is appropriate clinical engagement in service change and improvement groups.
- Providing an integrated local clinical and professional perspective on national policy issues.
- Ensuring local strategic and corporate developments fully reflect clinical service delivery.
- Taking an integrated clinical and professional perspective on the impact of national policies at local level.
- Engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Professional Committees.

At the request of the State Hospital Board the Clinical Forum may also be called upon to investigate and take forward particular issues on which clinical input is required on behalf of the Board.

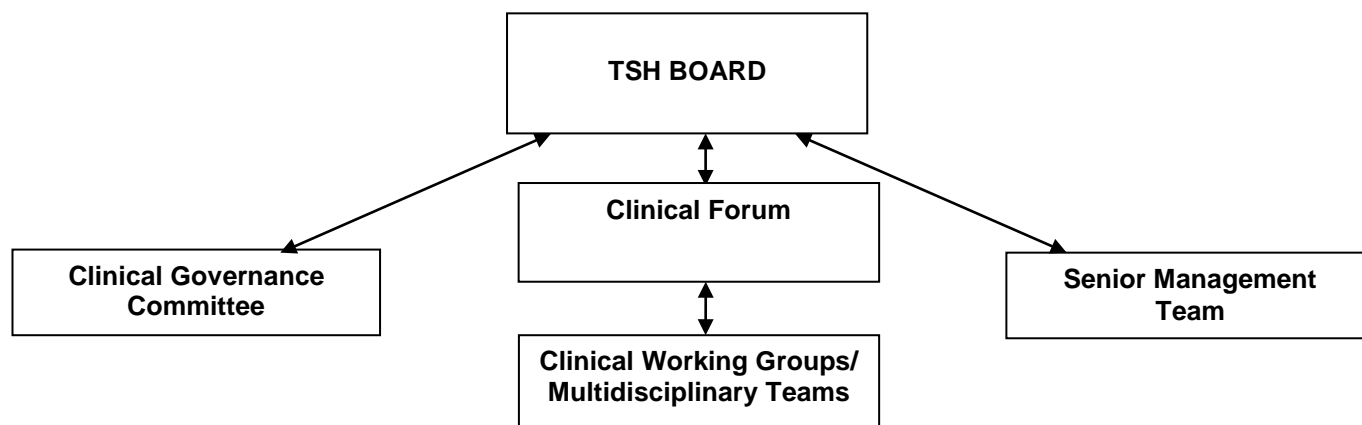
2.5 Authority

The Clinical Forum is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information required to meet its terms of reference from any employee and all employees are directed to co-operate with any request made by the Forum.

2.6 Communication and Links

As outlined in the organisational chart below.

ORGANISATIONAL CHART – CLINICAL FORUM



Reference

Scottish Executive Health Department (2001) Guidance on the implementation of the change programme. *Rebuilding our National Health Service: The Role and Terms of Reference of the Area Clinical Forum.*

3 KEY PIECES OF WORK UNDERTAKEN DURING THE YEAR :

3.1 *Establishing the Clinical Forum*

Our work in 2018 has concentrated on establishing ourselves as a clinical advisory group to the hospital and Board. We have focused on raising awareness of the Clinical Forum among the workforce, and seeking out areas of work which we may be able to support. To this end we have written to the chairs and leads of groups, departments and committees within the hospital to offer our support. These included:

- Clinical Leads for each hub
- Physical Health Steering Group
- Mental Health Practice Steering Group
- Medical Advisory Committee
- Involvement and Equality Service
- Patient Safety Group
- Quality Improvement Group
- Relational Approaches To Care Group
- Trauma Informed Care Group
- Child and Adult Protection Group
- Infection Control Committee
- Corporate parent group
- Security Group
- Patient Day Group
- Healthy Living Group
- Service and Sustainability Group
- Nursing and AHP Advisory Committee
- Psychology Professional Practice Meeting
- Psychological Therapy Nurses Professional Practice Meeting
- Clinical Governance Group
- Realistic Medicine Lead

We also produced a Staff Bulletin to raise awareness of our function and role among the wider workforce.

We spent our initially meetings discussing our approach to our work within our setting, taking cognizance of the unique setting we operate within, but also the common challenges, strategies and opportunities that come from working within NHS Scotland.

3.2 TSH3030

One of the most exciting pieces of work within TSH as a whole in 2018, which we hope to drive forward into 2019, was the TSH3030 initiative. The Clinical Forum is committed to supporting TSH realise the Chief Medical Officer's Realistic Medicine agenda, and believe that the 3030 initiative was a transformative step towards this. We will be contacting all 3030 project leads to offer our support in continuing their great efforts to improve our service.

3.3 Realistic Medicine

We have been approached by the board's Realistic Medicine Clinical Lead, Dr Gordon Skilling, to work alongside him in running a series of workshops in Spring 2019. These workshops will be focused on developing our ability to work in a Shared Decision Making fashion, and harnessing our workforce's experience and enthusiasm to work up ideas to test using a quality improvement framework.

3.4 Reviews

Clinical Forum contributed to the Annual Ministerial Review held on 14th January 2019.

4 FUTURE AREAS OF WORK

- Realistic Medicine
- TSH3030 Follow Up
- What Matters To You Day
- Delivery of Patient Care
- Physical Health
- Patient Active Day Project
- Impact of staffing on clinical care
- Develop link to Board
- Strengthen link to Forensic Network

5 NEXT REVIEW DATE

February 2020.

Appendix 1

STATE HOSPITAL CLINICAL FORUM

Constitution and Remit

1 Purpose

The Clinical Forum functions as part of the overall clinical governance structure with the State Hospital's Board, ensuring:

- Effective systematic clinical engagement is established and maintained.
- The profile and status of the Clinical Forum is raised, maximising the contribution from clinicians of all disciplines to the planning and delivery of services harnessing their knowledge, skills and commitment to the delivery of effective and efficient healthcare.
- Progression of the key dimensions of the NHSScotland Healthcare Quality Strategy.

2 Remit

The Clinical Forum will support The State Hospitals Board for Scotland in the conduct of its business through the provision of multi-professional advice maximising the contribution of clinicians in all aspects of the NHS Boards work. In doing so it will represent the integrated multi-professional view of the advisory structures for Medicine, Nursing, Allied Health Professions, and Psychology. It will also capture the view of Pharmacy, Security, Social Work, and Involvement and Equality functions.

3 Functions

The core functions of the Clinical Forum will be to support the work of the Board by:

- Reviewing the business of the various Professional Advisory Committees to ensure a co-ordinated approach is achieved on clinical matters across professions and within the component parts of the organisation.
- The provision of a clinical perspective on the development of the Local Delivery Plan and the strategic objectives of the Board.
- Sharing best practice and encouraging multi-professional working in healthcare and health improvement.
- Ensuring effective and efficient engagement of clinicians in clinical service design, development and improvement playing an active role in advising the Board on potential priorities for service improvement.
- Contributing to planning and development through ensuring and monitoring that there is appropriate clinical engagement in service change and improvement groups.
- Providing an integrated local clinical and professional perspective on national policy issues.
- Ensuring local strategic and corporate developments fully reflect clinical service delivery.
- Taking an integrated clinical and professional perspective on the impact of national policies at local level.
- Engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Professional Committees.

At the request of the State Hospital Board the Clinical Forum may also be called upon to investigate and take forward particular issues on which clinical input is required on behalf of the Board.

4 Composition

Members will be drawn from each professional committee (Nursing/Allied Health Professions, Medical, and Psychology), and 3 of the members will be chairs of the professional committees (Nursing and AHP, Medical and Psychology). The remaining members will be appointed by each professional committee, and will also be made up of representatives from Pharmacy, Security, Involvement and Equality and Social Work.

If unable to attend any meeting, members may nominate a deputy to attend on their behalf.

5 Quorum

No business shall be transacted unless at least 2 of the professional committees are in attendance.

6 Term of Office

To help ensure equity of opportunity, the term of office for members will ordinarily be 2 years, with eligibility for reappointment for a further 2 year term, subject to serving a maximum of 4 years. After a break of 1 year, they will again be eligible to serve as members of the forum.

7 Chairperson

The Chair of the Clinical Forum will be chosen by members of the Forum from the chairs of the professional committees.

Selection of the Chair will be an open process, and all professional committee chairs may put themselves forward as candidates for the position. Election of the Chairperson will be based on a majority of votes cast

The Clinical Forum Chairperson is responsible for:

- Providing a multi-professional clinical perspective on strategy development and service delivery issues considered by The State Hospital Board.
- Promoting opportunities for clinicians to be involved in decision making locally.
- Championing multi-professional co-operation across the clinical disciplines and providing a vital link between the Board and the Clinical Forum
- Actively participating in national arrangements to promote and develop the role of the Clinical Forum.

8 Vice Chairperson

A Vice Chairperson of the Clinical Forum will be chosen by the members of the Forum from among their number. Selection of the Vice Chairperson of the Forum will be an open process and all members of the Forum may put themselves forward as candidates for the position.

Election of the Vice Chairperson will be based on a majority of votes cast.

The Vice Chairperson will deputise, as appropriate, or the Chairperson.

9 Frequency of Meetings

The Clinical Forum will meet quarterly.

10 Notice of Meetings

A schedule of meetings will be established in March each year for the following year.

11 Agenda for Meetings

The Agenda for meetings will be set one week in advance of the meeting. Standing items will include updates of key issues from the professional committees, The State Hospital Board, progress against the Clinical Forum Annual Work Plan and local implementation of the NHS Scotland Healthcare Quality Strategy.

12 Annual Work Plan

An annual work plan will be developed in March of each year for the following year. This will cover all aspects of the Forums remit and ensure it continues to effectively fulfil its role and function. Progress against the workplan will be reviewed at least midyear ensuring it is achieved in full.

13 Executive Director Lead (Sponsor)

The designated Executive Lead (Sponsor) will support the Chair of the Forum in ensuring that the Forum operates according to / in fulfilment of, it's agreed Terms of Reference.

14 Attendees

In recognition of the Forum's responsibility for championing the local implementation of the NHS Scotland Healthcare Quality Strategy the Clinical Effectiveness Manager will be a standing attendee at the Forum meetings.

It is important that the Forum develops strong linkages with the Senior Management Team. Executive Directors can be invited to attend any meeting of the Clinical Forum.

15 Secretarial support

Secretarial support to the Clinical Forum will be the responsibility of the chair of the Forum to organise.

16 Minutes

Minutes of meetings of the Clinical Forum will be produced in draft within one week of the meeting date and will be agreed with the Chair of the Forum, prior to submission to the next Forum meeting for approval.

Minutes will be submitted to the next meeting of The State Hospitals Board. Minutes will also be circulated to each Professional Committee and logged on the Clinical Forum section of the Intranet.

17 Mid Year Review of Terms of Reference and Annual Workplan

In order to ensure that the Forum functions in accordance with its agreed Terms of Reference / Remit and delivers its Annual Workplan, both documents will be the subject of a mid-year review by the Forum, to identify any areas of slippage on timescales / tasks and put in place any additional actions to ensure full delivery of the Forum's remit and workplan, by the business year end.

This review will also provide an opportunity for the Forum to consider the need for any amendments / updates to the Terms of Reference, which in the event, will require to be approved by the Board.

18 Annual Report

The Forum will submit to the Board, an Annual Report encompassing the name of the Forum; the Forum Chair; members; the Executive Lead (Sponsor) and officer supports / attendees; frequency and dates of meetings; the activities of the Forum during the year, including confirmation of delivery of the annual workplan and review of the Forums Terms of Reference; improvements overseen by the Forum, matters of concern to the Forum.

In addition the annual report which will be circulated to the professional committees, heads of professions for further dissemination across the organisation and logged on the Clinical Forum section of the intranet.

The State Hospital

Clinical Forum – Meeting Workplan 2019

Meeting Date	Proposed Items For Discussion
February	<ul style="list-style-type: none"> ➤ Feedback on Ministerial Review ➤ Realistic Medicine workshops ➤ Mental Health Nurses Day ➤ VBRP ➤ TSH3030 2018 projects <ul style="list-style-type: none"> ○ Referral Dambusters ○ But there isn't a policy for this ○ C Line ○ MDT Working ○ Peaky B-Linders ○ 30 Days of DASA ○ Formulate That ○ Events Team ○ Teamselfie ○ PANSS People ○ Project Iona
May	<ul style="list-style-type: none"> ➤ What Matters to You Day? 2019 ➤ Updates to Clinical Model ➤ Values Based Reflective Practice
August	<ul style="list-style-type: none"> ➤ Triangle of Care Update ➤ TSH 3030 – 2019
November	<ul style="list-style-type: none"> ➤ Review of 2019 ➤ Agree work to take forward into 2020

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2018
Agenda Reference:	Item No: 8
Sponsoring Director:	Kay Sandilands, Interim HR Director
Author(s):	Sandra Dunlop, Training & Professional Development Manager Julie McDonald, Patient Learning Manager
Title of Report:	Patient Learning 12 Monthly Update Report

1 SITUATION

The attached report provides an update on patient learning services within the State Hospitals Board. It details service activity levels and key achievements for the period January-December 2018. Current challenges and future developments are also highlighted within the report.

2 BACKGROUND

Patient learning services within the State Hospital are aimed at:

- Widening access and participation in learning and education
- Raising basic standards of literacy and numeracy
- Increasing skill levels and qualification attainment rates
- Improving the quality and range of learning opportunities available
- Reducing barriers to engagement in education and learning
- Enhancing integration of patient learning and the care and treatment planning process

For patients within the State Hospital, participation in education and learning can be an empowering and socialising process and can make a significant contribution to care, treatment and longer-term recovery and rehabilitation.

3 ASSESSMENT

Despite 2018 being a challenging year, positive progress has been made in a number of areas to help maintain and enhance patient learning services within the State Hospital.

- The curriculum framework continues to provide access to a broad range of nationally recognised qualifications and accredited national units.
- Learning opportunities available range from entry level through to further and higher education and include clear progression pathways.
- A total of 69 patients engaged in formal learning programmes.
- 68 formal qualifications were attained within 2018.

In relation to the LDP target to support improvement in patients' educational attainment and life skills through enhancement of literacy and numeracy skills level, there were 8 core skill progressions during 2018. This brings the total number of progressions since the target was introduced in April 2009 to 91 (with 65 progressions in numeracy and 26 in literacy).

4 RECOMMENDATION

The Board is invited to note the progress that has been made during the past 12 months and the planned future developments that are detailed within this report.

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?</p>	<p>Patient learning services support patient care and treatment and contribute directly to LDP target to enhance patient literacy and numeracy skills.</p>
<p>Workforce Implications</p>	<p>No proposed change to current staff establishment within the Patient Learning Centre.</p> <p>Suitably qualified staff are required to be recruited to the Gardens department to allow the delivery of horticulture-related qualifications. There has been a particular issue being able to recruit to this Senior Rehabilitation Instructor post and the Skye Activity Leadership Group is currently reviewing the gardens service.</p> <p>In addition, staff responsible for the development and delivery of patient learning programmes within the different Skye activity centres require dedicated time to be allocated on a consistent and regular basis to facilitate ongoing delivery of current programmes (e.g. time for marking/assessment; time to review and/or create learning resources, etc) and support development of new programmes and initiatives (e.g. time to develop lesson plans and materials to support the introduction of new qualifications). This resource requirement needs to be factored in to operational work plans plus the organisational workforce plan.</p> <p>Continuing support/resourcing from eHealth is required to assist with ad hoc IT issues relating to patient network system and to provide ongoing maintenance support.</p>
<p>Financial Implications</p>	<p>Patient learning services are managed within the current allocated budget.</p>
<p>Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?</p>	<p>Formal reports on patient learning are reported on an annual basis to The State Hospital Board. Key performance indicators associated with patient learning are also monitored on an ongoing basis by the Skye Activity Leadership Group.</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>Failure to comply with Awarding Body programme resourcing and governance arrangements would mean a risk to our accreditation status within the hospital..</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>Qualification attainment levels are good and patient feedback in relation to patient learning services and activities is very positive.</p>
<p>Equality Impact Assessment</p>	<p>Screened – no issues.</p>

Patient Learning 12 Monthly Update Report

Reference No:		Issue:	1
Lead Author:	Training & Professional Development Manager		
Contributing Authors:	Patient Learning Manager		
Approval Group:	The State Hospital Board for Scotland		
Effective Date:	January 2018-December 2018		
Review Date:	January 2019		
Responsible Officer:	HR Director		

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1. Situation

This report provides an update on patient learning services within the State Hospital. It details service activity levels and key achievements for the period January – December 2018. Current challenges and future developments are also highlighted within the report.

2. Background

2.1 Service overview

Education and learning are widely recognised as important elements in promoting individual health and well-being. Key benefits associated with education and learning include improvements in self-confidence and self-esteem, personal development and self-fulfilment, enhanced life and social skills, social inclusion and behavioural change. The contribution of education in helping to address health inequalities is also well documented.

The following activities fall within the scope of patient learning within the State Hospital:

- Core skills development (i.e. literacy, language and numeracy)
- Open and distance learning (including further and higher education)
- Vocational training (e.g. horticulture, animal care, library and sports)
- ICT skill development
- Arts and crafts
- Personal and social development skills.

Although often encompassing an educational component, therapeutic interventions such as psychological or occupational therapies are regarded as outwith the scope of patient learning.

2.2 Service objectives

Patient learning services within the State Hospital are aimed at:

- Widening access and participation in learning and education
- Raising basic standards of literacy and numeracy
- Increasing skill levels and qualification attainment rates
- Improving the quality and range of learning opportunities available
- Reducing barriers to engagement in education and learning
- Enhancing integration of patient learning and the care and treatment planning process

For patients within the State Hospital, participation in education and learning can be an empowering and socialising process and can make a significant contribution to care, treatment and longer-term recovery and rehabilitation.

2.3 Service delivery

Patient learning programmes are delivered within a range of Skye activity centres. This includes: Patient Learning Centre; Patient Library; Gardens & Animal Assisted Therapy Centre; Sports & Fitness Centre and the Craft Centre.

Learning provision includes both accredited and non-certificated programmes and the hospital has 'approved centre' status with a number of qualification awarding bodies. This includes the Scottish Qualification Authority (SQA), the British Computer Society (BCS), the Royal Environmental Health Institute of Scotland (REHIS), and Sports Leaders UK.

The staffing resource within the Patient Learning Centre is detailed in Table A.

Table A – Patient Learning Centre Staffing 2018

Post	wte	Comments
Patient Learning Manager (Band 7)	1	Supports activity across the hospital and wider Forensic Network
Staff Nurse (Band 5)	1	From April 2018
Education & Learning Officer (Band 5)	2	
Senior Rehabilitation Instructor (Band 5)	1	
Total	5 wte	

During 2018 changes were made to the nursing leadership structure within the Skye Centre to ensure alignment with the nursing workforce plan. The Senior Staff Nurse (Band 6) post within the Patient Learning Centre was replaced with a Staff Nurse (Band 5) in April 2018 and, as a consequence, the PLC lost a member of staff with significant knowledge and experience in patient learning and the associated qualification assessment and verification requirements. A development plan is in place to support upskilling of the new staff member, however, as with any new appointment they will take time to fully develop within the role.

Service delivery within the Patient Learning Centre (PLC) is supported through the use of volunteers. There are currently 3 volunteers who provide input to the PLC on a sessional basis (totalling 3 sessions per week).

Although learning programmes are primarily delivered ‘in-house’, partnership arrangements are in place with several colleges and external training providers, and specialist services and support are sometimes bought in to address gaps in internal expertise (e.g. programme verification for vocational qualifications within gardens; development support for new qualifications).

There is a budget allocation of £6000 to support delivery of patient learning programmes and activities (including all costs associated with qualification approval, candidate registrations, external provider inputs, learning resources, equipment and materials, and staff development).

2.4 Governance arrangements

The Senior Rehabilitation Instructors within each activity centre (which includes the Education & Learning Officers in the PLC) are responsible for operational delivery of patient learning programmes. Service planning and development of the education programmes is co-ordinated and managed by the Patient Learning Manager, and professional leadership and quality management is provided by the Training and Professional Development Manager. Patient learning updates are presented to The State Hospital Board on an annual basis. Key performance indicators associated with patient learning are monitored on an ongoing basis by the Skye Activity Centre Leadership Group.

3. Assessment

3.1 Key achievements during 2018

Details of key achievements and patient learning activities undertaken during 2018 are provided below.

3.1.1 Core skills screening

The aim of the core skills screening process is to obtain baseline data on educational ability levels and identify individuals with literacy, numeracy or language development needs. The assessment tool used is the Core Skills Initial Screening Tool developed by SQA. The tool incorporates two assessments (Communication and Numeracy) and maps the individual's literacy and numeracy abilities against levels 2 - 5 of the Scottish Credit and Qualification Framework (SCQF).

During 2018 a total of 38 patients were invited to take part in the core skills screening process. Of this group, 26 patients (68%) completed the screening, 9 patients (24%) declined to take part at that time, and 3 patients (8%) were unable to participate due to health reasons.

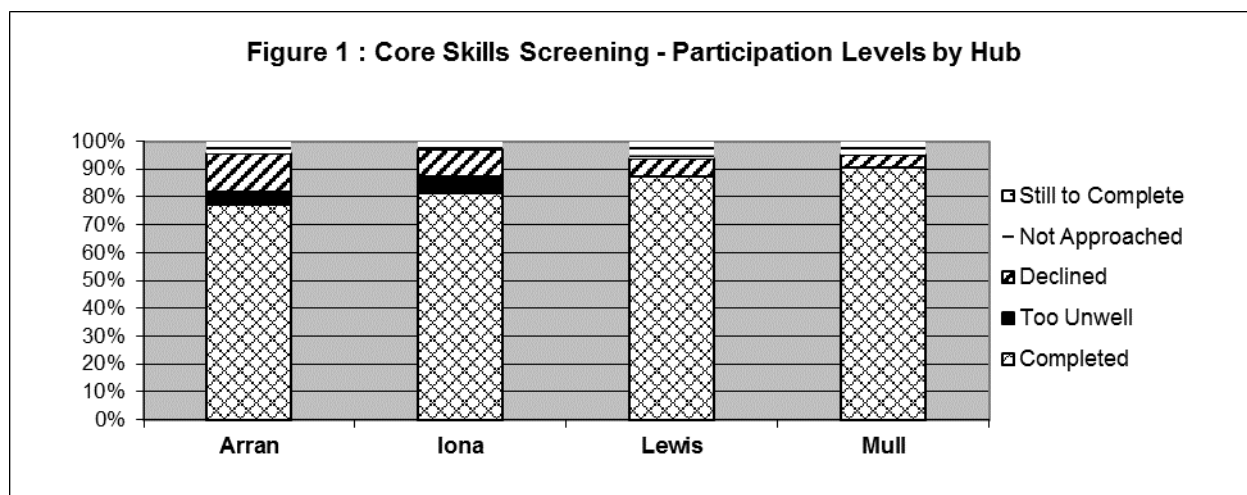
Of the 26 patients screened:

- 2 (8%) were existing patients who had been re-approached after previously being too unwell to take part or having previously declined to participate.
- 24 (92%) were new admissions to the hospital in 2018.

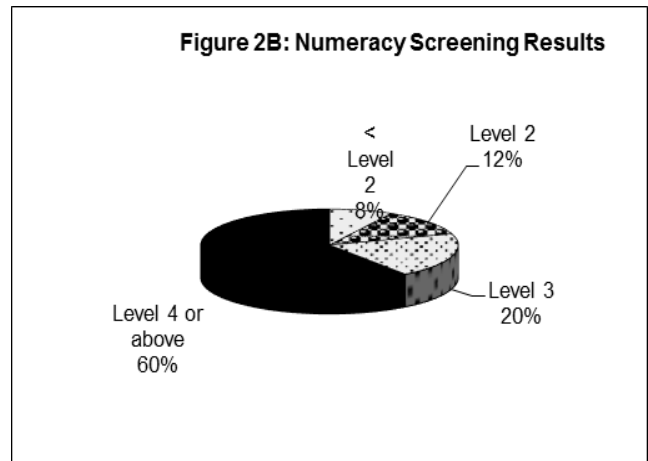
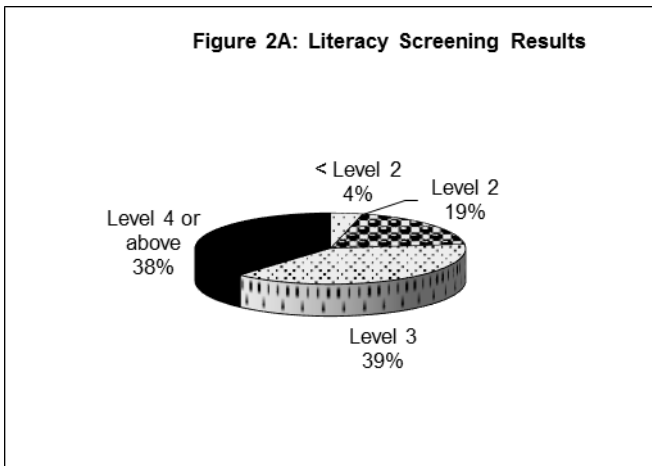
The screening process has been incorporated within the Skye Centre induction programme and of the 26 patients who completed the screening in 2018, a total of 24 patients (92%) did so as part of their Skye Centre induction. The remaining 2 patients (8%) completed the screening process through direct input from the Patient Learning Centre.

At 31 December 2018, a total of 102 patients (95% of the current patient population) had been invited to complete the screening process. Of the 5 patients not yet approached, 1 patient is unable to take part due to English not being his first language, 2 have not yet completed the Skye Centre induction due to their presenting mental health, 1 was not required to redo the induction due to the short time lapse between discharge and readmission and 1 completed the Skye Centre induction but was unable to complete the screening during the induction period.

Of the 102 patients invited to participate, 90 patients (88%) had completed the screening process at 31 December 2018. Of the remaining patients, 9 declined to take part (9%) and 3 were unable to participate due to poor mental health (3%). A breakdown of participation levels by Hub is provided in Figure 1.



The literacy and numeracy screening results for the 26 patients who completed the screening process in 2018 are provided in Figure 2a and 2b.



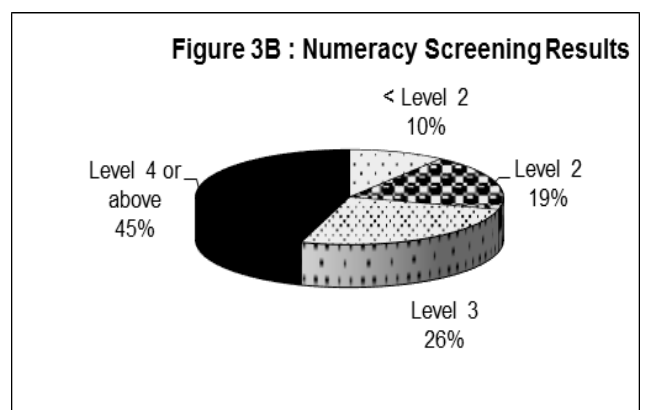
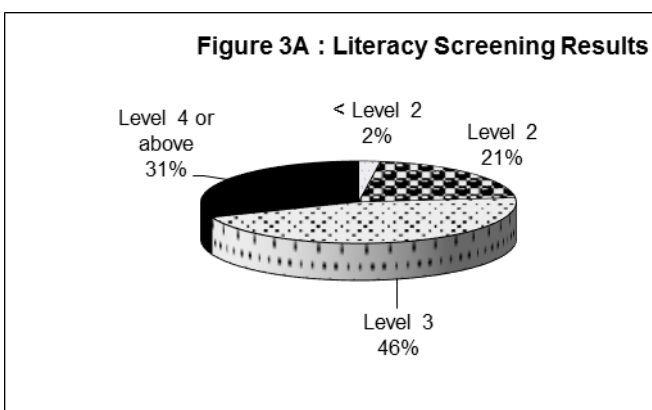
As indicated in Figure 2a and 2b above, of the 26 patients screened in 2018:

- 77% have literacy skills at the functional level of Level 3 or above
- 19% have literacy skills at Level 2 (indicating skill deficits)
- 4% have literacy skill at below Level 2 (indicating significant skill deficits)

- 80% have numeracy skills at the functional level of Level 3 or above
- 12% have numeracy skills at Level 2 (indicating skill deficits)
- 8% have numeracy skills below Level 2 (indicating significant skill deficits)

All patients who were identified with a skills deficit in 2018 were offered a placement within the Patient Learning Centre. Of the 7 patients involved, 2 patients commenced a placement (although one subsequently refused to engage in learning and withdrew from the placement), 1 patient completed the Skye Centre induction in December 2018 and at the time of writing this report his placement referrals have still to be considered (note – this patient was subsequently discharged from the State Hospital in January 2019), 1 patient is currently too unwell to commence a placement, and 3 patients declined to participate in learning at this time.

Details of the literacy and numeracy assessment results for the total current patient population who have completed the screening process are provided in Figure 3a and Figure 3b below.



In summary, of the total patient group screened:

- 77% have literacy skills at the functional level of Level 3 or above
- 71% have numeracy skills at the functional level of Level 3 or above

When compared to screening results from 2017, the number of patients with literacy skills below Level 3 has increased by 2% to 23%, and the number of patients with numeracy skills below Level 3 has decreased by 6% to 29%.

It is worth noting that 9% of patients completing the screening process are patients with a diagnosed Intellectual and Development Disability (IDD). When assessment results for patients with IDD are removed from the overall total, the number of patients with literacy skills below the functional level of Level 3 is reduced to 20.7%, and the number of patients with numeracy skills below Level 3 is reduced to 25.6%. As with previous years, this indicates that the number of patients with identified literacy and numeracy deficits is broadly comparable with the levels reported amongst the general population (where literacy deficits are estimated at 16.4% and numeracy deficits at 24%).

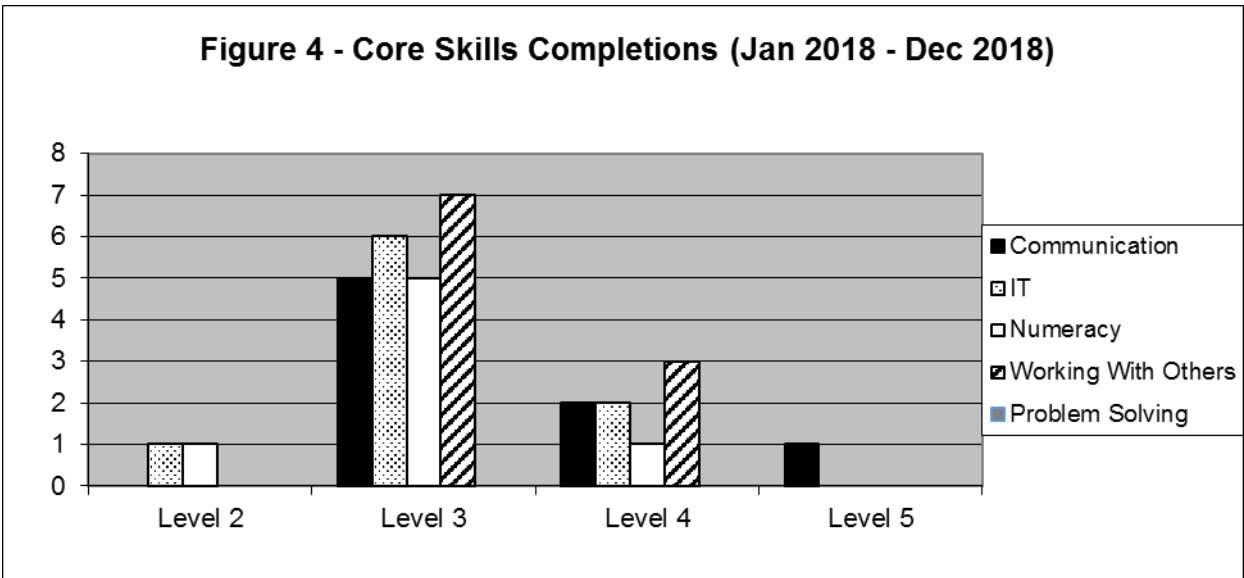
3.1.2 Core skill national qualifications

Core skills are a key component of the national education and lifelong learning strategy. They represent the broad, transferable skills that help to develop the main capabilities that people need to participate as full and active members of society. They underpin the adult literacy and numeracy strategy and the core skill framework aims to develop key skills in the areas of:

- Communication
- Numeracy
- Information technology
- Problem solving
- Working with others

Individuals can gain credit for achieving core skill national units at different levels, and core skills can be assessed at levels 2-5 of the Scottish Credit and Qualification Framework.

During 2018, there were 34 core skill completions. A breakdown of completions, by subject and level, is provided in Figure 4.



A key focus for core skills delivery in 2018 (as with the previous year) was on supporting development of basic skills and, during this period, 74% of the core skill qualifications achieved were at Level 2 and Level 3.

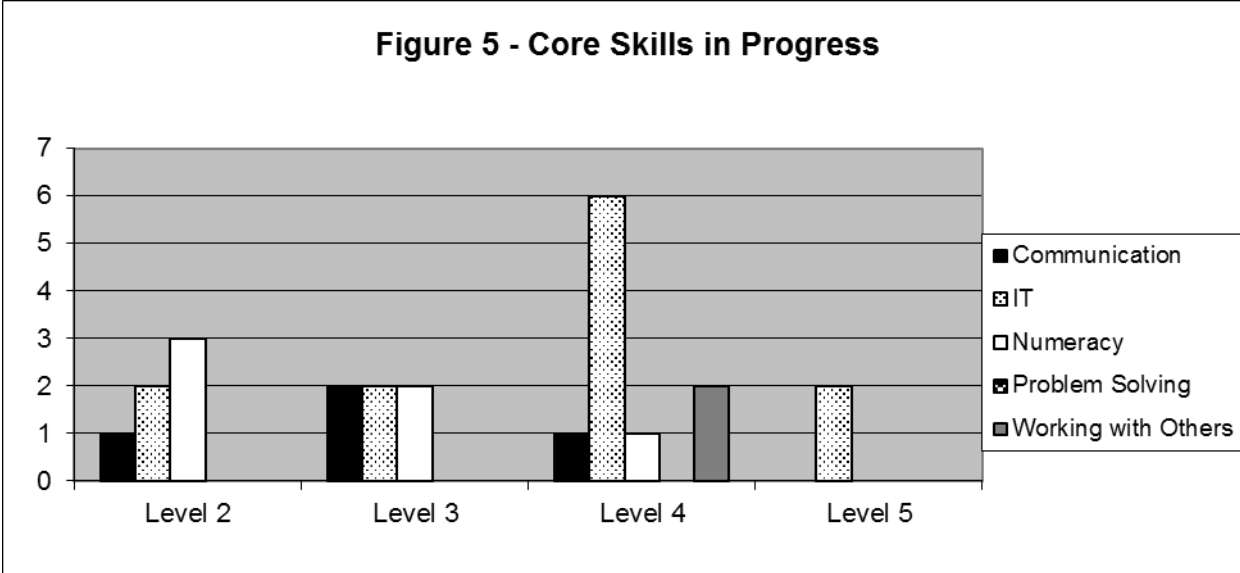
In addition to the 34 core skills completions achieved in 2018, a further 2 individual learning outcomes were achieved in Numeracy at Level 2. The Level 2 and Level 3 qualifications in

numeracy and communication can be broken down and delivered as 4 separate learning outcomes for learners who may be unable to complete the full core skill unit. Each learning outcome equates to approximately 10 hours of learning and the individual outcomes can be assessed and certificated separately. Delivering core skill qualifications in this way provides opportunities for learners with lower levels of ability to undertake certificated learning in numeracy and communication. Certification for specific learning outcomes can also motivate and encourage the individual learner and help build confidence in learners with no previous educational attainments or negative formative experiences of education. The individual learner who completed the two learning outcomes in 2018 is delighted with his achievements and has expressed a desire to work towards completion of the full core skill unit in 2019.

Three ‘themed learning’ groups were delivered within the Patient Learning Centre during 2018. The topics were ‘Culture & Cuisine’, ‘Dragons Den’ and ‘Movie Magic’. The themed learning groups were used to support and facilitate core skill achievements in ‘Communication’ and ‘Working With Others’. This group learning approach is now a regular option for patients, and patient feedback from the groups delivered in 2018 was highly positive.

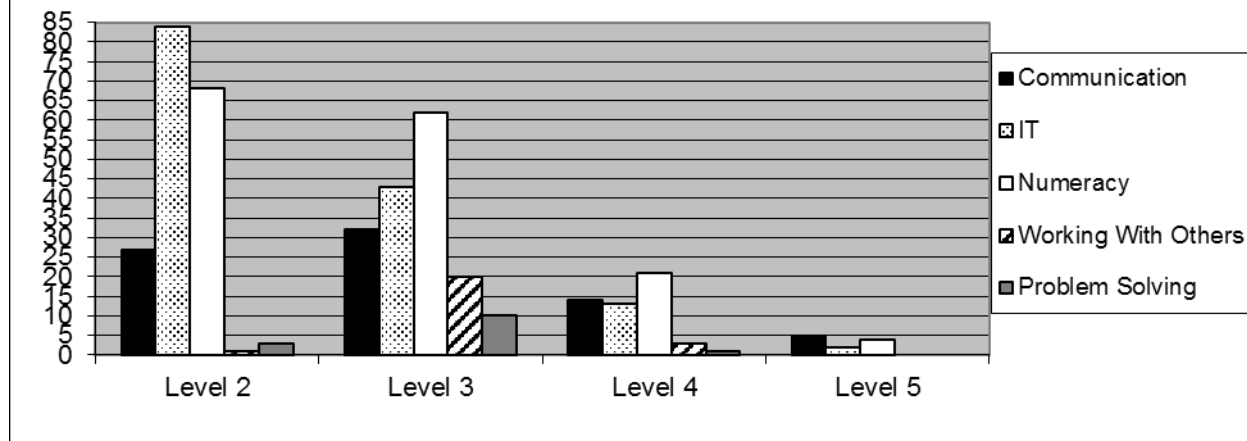
One ‘work-based’ core skill unit in ICT Level 3 was completed during 2018. A further 2 ‘work-based’ core skills were commenced in 2018 and are currently ongoing (1 x ICT Level 3 and 1 x Communication Level 4). The work-based qualifications are undertaken by patients working in the Patient Library Volunteer role. The volunteer role enables patients to gain valuable skills in team working (whilst working with other patient library volunteers) and provides opportunities to use real ‘work’ situations to develop skills in problem solving and working with others. These skills are important in both a work and social context, and are highly transferable to many aspects of daily life.

In addition to the 34 core skill qualifications achieved in 2018, a further 24 core skill units are currently in progress (i.e. patients are working towards completion). A breakdown of these units, by level and subject, is provided in Figure 5.



A total of 413 core skill units have now been completed since the qualifications were introduced in October 2007. A breakdown of completions, by subject and level, is provided in Figure 6.

Figure 6 - Core Skills Completions (2007 - 2018)



It is worth noting that the number of core skill attainments reduced significantly in 2018, with a 45% decrease from 2017. A number of factors are believed to have contributed to this reduction. These are explored in more detail in section 3.5 of this report, however, include resource pressures within the Skye Centre and wider organisation that have resulted in:

- PLC staff at times being reassigned to provide staff cover in other service areas.
- An increase in unscheduled closures and 'reduced service' sessions within the PLC.
- Time allocated for PLC staff to develop learning resources and prepare for sessions at times being cut short or not able to be provided.

The above factors have a direct impact on the continuity and progression of learning and can adversely affect learner (and staff) motivation and engagement. In addition, an increasing number of learners attending the PLC are requiring more tutor support and a longer time period to complete the core skill units due to fluctuations in their mental health.

The number of patients being referred to the PLC or utilising drop-in sessions within the centre for the purpose of 'informal learning' and non-learning activities also increased in 2018. Whilst it may be possible over time to encourage these individuals to participate in structured or certificated learning activities, this is not always possible or appropriate, and the risk of providing placements of this nature within the PLC is that tutor support for learners undertaking formal learning is reduced, learners can get distracted by the other activities that are taking place in the PLC, and the environment becomes less conducive for learning. In response to these concerns, consideration is currently being given to revising the PLC timetable to include dedicated sessions for non-formal learning.

3.1.3 Literacy programme

Literacy programmes are designed primarily to target individuals with literacy skills below Level 2. The current programme is delivered via one-to-one tuition, by PLC staff and volunteers, and aims to improve basic literacy and communication skills.

Literacy skills learning is delivered within the Patient Learning Centre and through outreach provision within the wards. The patients taking part often experience lack of confidence, memory problems, lack of concentration and low motivation. In addition, their attendance can be sporadic due to behavioural and mental health issues. The staff and volunteers delivering this programme adopt a flexible approach to help address these issues and maximise learning for the patients involved. This includes delivering 1:1 sessions at ward level for patients who

are unable to attend the PLC and/or who have long periods of absence due to behavioural or mental health issues.

During 2018 a total of 4 patients engaged in the literacy programme and are making good progress with their reading and writing skills. A further 2 patients who engaged in the literacy programme during 2017 progressed to mainstream learning in 2018 and are currently undertaking communication and numeracy core skill units.

In addition to the basic literacy programme, an 'English for Speakers of Other Languages' (ESOL) programme is also available within the PLC to support learners for whom English is not a first language. It aims to assist learners to develop their basic spoken and written English for everyday life. During 2018, 1 patient commenced on the ESOL programme and this is currently ongoing.

3.1.4 Open/distance learning programmes

During 2018 a total of 4 patients participated in open/distance learning programmes. This included 2 patients who were continuing their studies from the previous year, 1 patient who recommenced a distance learning programme after a break in learning, and 1 patient who commenced this type of learning for the first time. A total of 7 modules were undertaken, including 4 modules that were ongoing from 2017, and 3 new module enrolments.

Patients who undertake qualifications via open/distance learning attend the Patient Learning Centre for at least 4 sessions per week due to the study demands of these courses. Details of the range of modules that were undertaken in 2018 are provided below:

Course	Provider	Enrolments in 2018	Status
Essential Mathematics 1 (2 learners)	Open University	1	1 Ongoing 1 Withdrawn
Introducing the Social Sciences (2 learners)	Open University		1 Completed 1 Withdrawn
Investigating the Social World	Open University	1	1 Ongoing
Living Psychology	Open University		1 Completed
Law: Concepts & Perspectives	Open University	1	1 Ongoing

At 31 December 2018, a total of 2 modules were completed and 3 are ongoing. The learners on the remaining 2 modules withdrew from the courses prior to module completion - one as a result of a deterioration in their mental health and one because the course content was above their level of ability. The patient who withdrew on health grounds was offered the option to defer the module until their health improved but declined this option and chose to withdraw.

3.1.5 Vocational qualifications

A total of 6 vocational programmes were delivered during 2018 (reduced from 8 programmes in 2017) and 30 vocational qualifications were successfully achieved (a decrease of 12 achievements from the previous year).

The programmes were delivered across a range of activity centres and details of the programmes offered, qualifications achieved, and projected activity for 2019 are summarised in Table B.

During 2018, the Craft & Design activity centre successfully delivered two SQA National 2 Creative Arts programmes. This included one full-tooled programme and one low-tooled programme. The low-tooled programme was developed and piloted in 2018 to increase access to learning opportunities for patients who are risk assessed as unsuitable for activity sessions involving use of tools. Initially it was thought that only 2 of the 3 units that comprise the National 2 award could be delivered within the low-tooled programme, however, due to creative problem solving by staff within the crafts department all 3 units were able to be delivered and patients participating in the low-tool programme were able to complete the full National 2 award.

Photographs of a range of the crafts items that were created as part of the Creative Arts programmes are included for information in Appendix 1.

In addition to delivering the National 2 Creative Arts programme, the Craft & Design centre have developed a new programme to enable delivery of the SQA National 2 Practical Crafts qualification. This new programme will be piloted in 2019 and the practical activities will be based on pottery skills.

One Introductory Food Hygiene Certificate course was delivered in 2018. This programme is accredited by the Royal Environmental Health Institute for Scotland (REHIS) and 9 patients achieved the qualification.

The Sport Leadership programme continues to be delivered within the Sports & Fitness activity centre and in 2018 the centre increased provision to facilitate delivery of 2 programmes within the year - with cohort 2 scheduled to complete the programme in January 2019.

Table B – Vocational Programmes & Qualification Achievements

Qualification /Awarding Body	Activity centre/ area delivering award	Date Award Approved	Achievements in 2018	Total no of completions since approval of award	No of patients currently working towards award	New enrolments planned for 2019 with expected start dates
Practical Tasks for Information & Library Work – Intermediate level 1 (SQA)	Library (Atrium)	2011	4	18	0	Available as required
Small Animal Care Unit – Intermediate level 1 (SQA)	Gardens & AAT Centre	2009	0	46	0	On hold until IV support in place
Soft Landscaping Unit – Intermediate level 1 (SQA)	Gardens & AAT Centre	2011	0	8	0	Service currently under review
Laying Slabs and Paving unit – intermediate level 1 (SQA)	Gardens & AAT Centre	2013	0	13	0	Service currently under review
Horticultural Fence Construction – intermediate level 1 (SQA)	Gardens & AAT Centre	2013	0	9	0	Service currently under review
Use of hand tools in horticulture – intermediate 1 (SQA)	Gardens & AAT Centre	2014	0	7	0	Service currently under review
Creative Arts - National 2 Award (SQA)	Crafts	2016	12 (36 units)	18 (54 units)	0	2 courses planned
Introductory Food Hygiene Certificate (Royal Environmental Health Institute for Scotland)	Patient Learning Centre/ L&D	2010	9	93	0	Minimum of 1 course to be scheduled
Elementary Food Hygiene Certificate (Royal Environmental Health Institute for Scotland)	Patient Learning Centre/ L&D	2012	0	49	0	Available as required
European Computer Driving licence (ECDL) - accredited modules (British Computer Society)	Patient Learning Centre	2011	1	55	2	Available on demand
ECDL - full award (comprises 7 accredited modules) (British Computer Society)	Patient Learning Centre	2012	0	4	0	Will be available once the new patient learning network is in place
Advanced ECDL – accredited modules (British Computer Society)	Patient Learning Centre	2013	0	0	0	
Sports Leadership Level 1 Award (SportsLeaders UK)	Sports	2012	4	26	5	2 courses planned
Practical Woodworking – National 4 Award (SQA)	Woodcraft Centre	2015	0	3 (14 units)	0	No longer available due to closure of department

Several qualifications/programmes were not delivered in 2018. Reasons for this are noted below.

- Horticulture qualifications - No horticulture qualifications were delivered due to ongoing vacancies within the Gardens department. The Skye Centre has been unable to recruit to the Senior Rehabilitation Instructor post within Gardens and a review of the department is currently in progress to explore options and inform the shape/nature of future service provision in this area. This review will also give cognisance to vocational pathway requirements and to ensuring that service provision is responsive to patients' interests and needs.
- Small Animal Care Intermediate Level 1 SQA Unit – This unit has been on hold since 2016 due to staffing resource issues within the Skye Centre (linked in part to vacancies within the Gardens department) and the unavailability of a suitably qualified Internal Verifier for this award. Solutions to address this issue are currently being explored as part of the Gardens department service review.
- European Computer Driving Licence (ECDL) full award & advanced level modules – Although several individual ECDL units were delivered in 2018, there were no enrolments for the full ECDL award or the advanced level modules. This was due primarily to ongoing issues with the patient learning network, and computer learning was limited as a result. Development work to support the introduction of a new patient learning network commenced in October 2018. The project is currently ongoing, with installation due to be complete by the end of March 2019. The ECDL full award and advance modules will be available for patients once the new patient network is fully operational.

3.1.6 Other initiatives

Other programmes and learning initiatives that were delivered in 2018 include:

- 'Bikeability' cycling proficiency programme – The Sports and Fitness Centre successfully delivered the national 'Bikeability' programme during 2018. This is a national training scheme and aims to increase skills and confidence in cycling safely and carrying out simple bike safety checks. The programme is delivered over a 4-6 week period and a total of 12 patients participated and achieved the certificate in 2018.
- Patient Reading Group – This group is delivered on a weekly basis within the Skye Centre and has capacity to support 8 patients per session. The group is run over 4-6 week blocks and includes learning blocks that focus on short stories, poetry, non-fiction and creative writing. During 2018 a total of 13 patients attended the group with a core group of 6-7 patients regularly attending the weekly reading group.

Topics that were covered within the reading group sessions during 2018 included:

- Animal-related topics such as camouflage, unusual animals, pets, etc.
- Ancient history, including sessions on Egyptian, Greek and Roman history.
- Sport topics, including World Cup Football.
- Miscellaneous topics, such as the British Empire medal, American civil war, history of Scottish surnames, the first World War.

A shared reading model is used within the group and participants read aloud within the sessions. All those attending can take part in reading or just listen, thereby widening access to patients who may have specific literacy needs.

'Live Literature' funding from the Scottish Book Trust was also secured during 2018 and was used to support delivery of 5 sessions of creative reading and writing with a professional poet. The topics included pets, fleas and flea circuses, and water.

The Librarian is planning to introduce a new programme in 2019 called 'Reading Ahead'. This is a national programme run by The Reading Agency which challenges participants to read, rate and review 6 new things (which can include books, magazines, articles etc). The programme takes place every year in public libraries, colleges, workplaces and prisons across the UK, and is open to all levels of reader. Participants who successfully complete the programme receive a certificate for the 'Reading Ahead' challenge. This challenge can help to improve literacy skills but aims primarily to show that reading can be undertaken for leisure, fun and learning. During the programme the participants are asked to keep a diary where they review the items they have read. As the 'Reading Ahead' challenge incorporates reading and writing activities, the patients will be given the opportunity to complete a Communication Core skill in conjunction with the 'Reading Ahead' programme.

3.1.7 Evaluation of accredited learning programmes

During 2018 a total of 42 patients completed a learning evaluation questionnaire. The aim of the questionnaire is to obtain patient feedback on learning programmes that were undertaken and identify what benefits they felt they had derived from their participation in learning and education.

Feedback was received on a range of programmes. This included: - Core Skill Qualifications (including communication, ICT, numeracy, problem solving and working with others), Practical Tasks in Library & Information Work National Qualification; Creative Arts National Qualification; and the Sports Leadership award. A summary of how the patients rated different aspects of programme delivery is provided in Table C.

Table C – Learner feedback

Areas covered	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Induction to learning programme	60%	40%	0%	0%
Information given about qualification	60%	38%	2%	0%
Information given about assessment process/outcomes of learning	62%	38%	0%	0%
Information given about your responsibilities	60%	38%	2%	0%
Access to support and guidance from tutor/instructor	69%	31%	0%	0%
The pace of learning	62%	38%	0%	0%
The learning methods and resources used	62%	36%	2%	0%
Opportunities to discuss and review learning	62%	38%	0%	0%
Assistance to address any problems experienced during learning	62%	38%	0%	0%
Overall satisfaction with the learning programme undertaken	76%	24%	0%	0%

As indicated in the table above, the majority of patients were either 'Very Satisfied' or 'Satisfied' with all areas of programme delivery (with only 1 patient reporting dissatisfaction with some aspects of the learning experience).

The number of patients who rated 'access to support and guidance from tutor/instructor' and 'assistance to address any problems experienced during learning' as 'very satisfied' reduced by

9% and 10% respectively. This may be linked to the staffing resource issues previously highlighted in section 3.1.2 of this report, however, this requires further investigation.

It is important to acknowledge that the number of patients reporting that they were overall very satisfied with the learning programme undertaken increased by 12% when compared to the previous year. This high level of overall satisfaction across the learning programmes is testament to the ongoing dedication and commitment of staff within the different activity centres who deliver the qualifications. It also confirms that patients, generally, are having a positive experience whilst undertaking learning.

As part of the evaluation questionnaire, patients were asked to identify what benefits they felt they had gained from their participation in the learning programme. The key reported benefits reflect the themes identified in last year's Patient Learning report and include: improved knowledge and skills (in the area of study); feeling encouraged to do more learning; improved concentration; personal satisfaction/sense of achievement; improved confidence; personal enjoyment; and opportunities to work with others in groups. Attached in Appendix 2 are comments provided by patients about the benefits they felt that had gained from their learning experience.

3.2 Key performance indicators

Key performance data relating to patient learning services and activities for the period January – December 2018 is provided below.

3.2.1 Participation levels

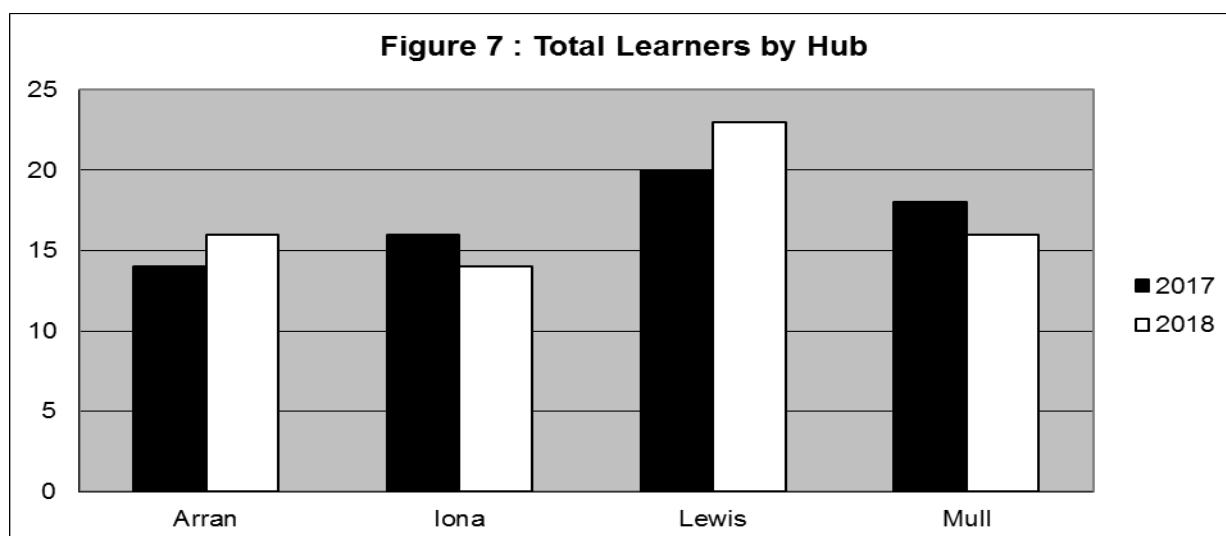
a) Engagement in learning

During 2018, a total of 69 patients within the hospital engaged in formal or accredited learning. This equates to 64% of the total patient population (an increase of 2% from 2017) and 72% of the patient population who attend Skye Centre placements (a decrease of 7% from last year).

Of the 69 patients who participated in formal or accredited learning:

- 62 patients (90%) attended the Patient Learning Centre over the course of the year.
- 26% of patients achieved more than one qualification (down from 46% in 2017).
- 52% of patients engaged in multiple programmes during the year (down from 78% in 2017).

A breakdown by Hub of patients who engaged in formal or accredited learning during 2018 is provided in Figure 7. Comparative data from 2017 has also been provided.



b) Referrals and leavers

There were 24 new referrals to the Patient Learning Centre during 2018. Of this total:

- 20 commenced a placement in PLC (although 4 patients left within a few weeks of starting)
- 2 patients were offered a placement but refused to attend
- 2 patients were referred at the end of 2018 and have not yet commenced their placement

Of the patients who commenced new placements in the PLC, 4 patients are not undertaking formal learning activities.

A total of 29 patients ceased attendance at the Patient Learning Centre in 2018. The reasons for leaving are noted below.

- 16 transferred to other hospitals/prisons
- 5 were unable to continue due to mental health issues
- 5 withdrew from their learning programme
- 3 left before starting a learning programme

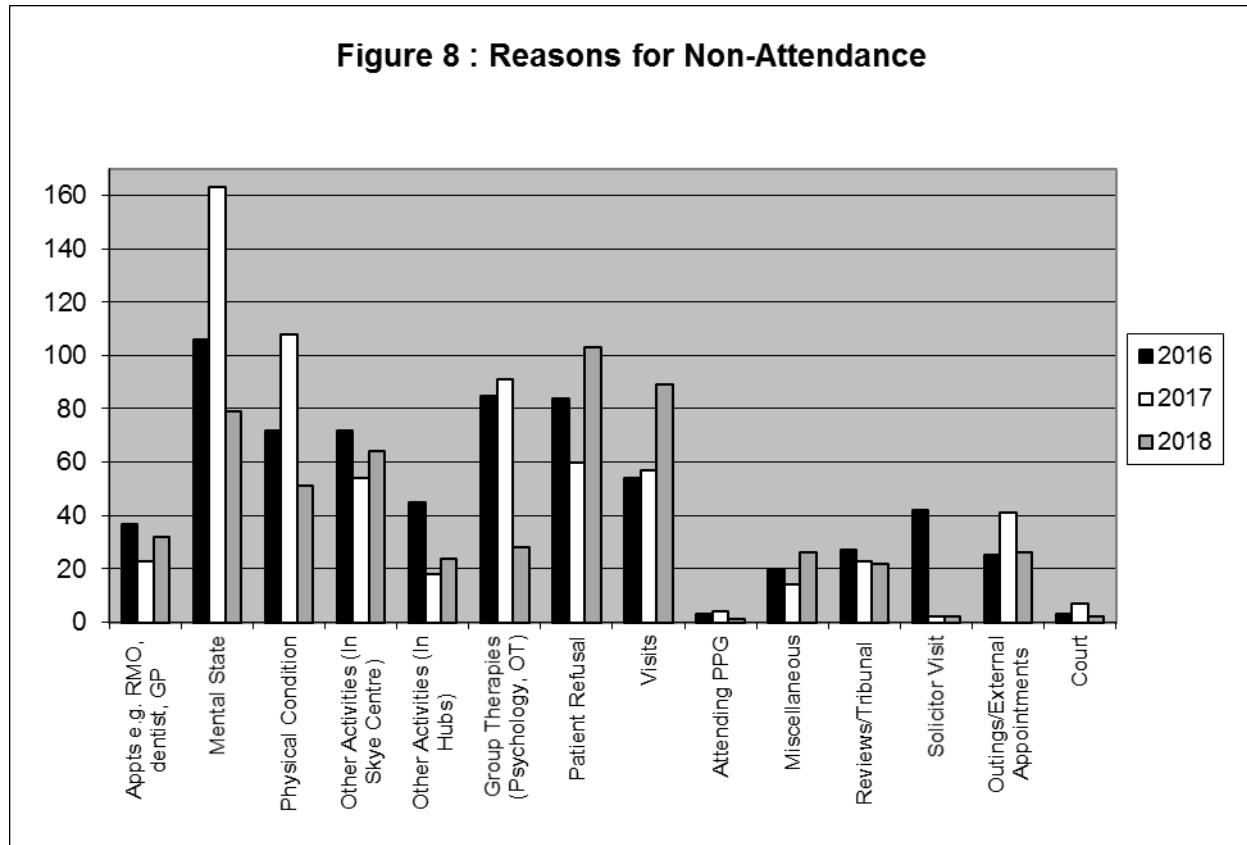
It is worth highlighting that for patients who transfer to other facilities the PLC staff work in partnership with staff in the receiving facility to ensure that, where possible, patients are supported to continue their learning following transfer.

c) Capacity uptake

The Patient Learning Centre is scheduled to open 8 sessions per week (plus 1 tailored session to accommodate patients who require 1:1 support and are unable to be integrated into sessions with other patients).

During 2018 there were 45 unscheduled closures - an increase of 19 sessions from the previous year. It is worth noting that 14 of the 45 closures were due to severe weather conditions that resulted in closure of all activity centres within the Skye Centre. A further 13 closures were attributed to the recovery plan. The PLC also had to run a reduced service on 14 occasions during the year (i.e. sessions were delivered but with less patients attending than were planned). These 'reduced service' sessions, plus 28 of the 45 unscheduled closures, were due to staffing resource issues within the PLC or other Skye activity centres/wider organisation.

Planned attendance within the Patient Learning Centre during 2018 equated to a capacity uptake level of 90%, and actual uptake was 80% (an increase of 3% from 2017). The primary reason for the variation between planned and actual capacity uptake was patient non-attendance. There were 549 incidents of non-attendance during 2018 (a 17% decrease from previous year). A summary of reasons for non-attendance is provided in Figure 8. Comparative data from 2016 and 2017 has also been provided and highlights that reasons for non-attendance vary from year to year.



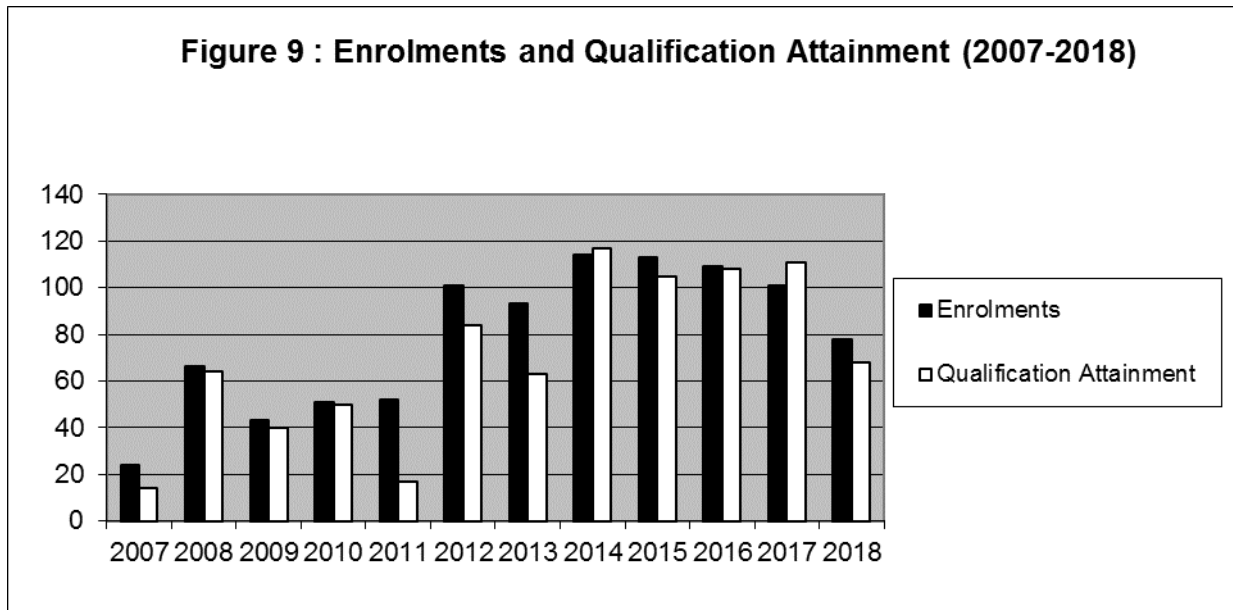
The main reasons for non-attendance in 2018 were patient refusals, visits, deterioration in mental state, and attendance at other Skye Centre activities/placements. These categories, when combined, accounted for 60% of non-attendance and incidents of non-attendance due to patients refusing and visits both increased in 2018. Consideration is currently being given to how we can obtain more detailed information on reasons why patients refuse to attend.

As indicated in last year’s report, a business case for the purchase of the CELCAT electronic scheduling system to support activity scheduling and timetabling was approved by the IT Sub Group and SMT in April 2017. The project was added to the eHealth project list however no funding was available to progress this initiative.

Following discussion by the Electronic CTM /RiO Group in 2018, it was agreed to include patient timetable data within Rio to provide clinical teams with accurate information relating to activities across the hospital that each patient participates in. This will include both planned activity and activity attended on a drop-in or ad hoc basis. Work to establish this function within RiO is currently nearing completion and it is hoped that, when fully operational, the resulting data will enable clinical teams, along with the Skye Centre and other services, to monitor patient activity in a more robust way. Unlike CELCAT, however, the functionality available within RiO does not include the ability to support activity scheduling and associated resource planning.

3.2.2 Course enrolments & qualification attainments

Figures for course enrolments and qualification attainment levels (e.g. accredited core skill units, vocational qualifications, and open/distance learning module completions) for 2018 are provided in Figure 9. Comparative data from previous years has also been provided.



As is evident in Figure 9, course enrolments and attainments for 2018 have both reduced from the previous year (with a 23% decrease in enrolments and a 39% decrease in attainments).

A range of factors are believed to have contributed to the decrease in enrolments and attainments and are likely to include:

- The reduced number of vocational qualifications that are currently being delivered (with 5 vocational programmes currently on hold due to vacancies and unavailability of suitably qualified personnel to enable their delivery).
- The impact of staffing resource pressure on programme delivery, continuity of learning and learner progression (e.g. as a result of increased PLC closures and 'reduced-service' sessions, movement of staff within the PLC and other Skye Centre activity centres to provide staffing cover in other activity centres or other departments, and difficulties providing programme and session planning/preparation time for staff).
- An increase in the number of learners requiring more intensive tutor support and longer time periods to complete learning units due to fluctuations in their mental health (with a resultant decrease in core skill unit completions).
- A reduction in the number of patients completing more than one qualification or engaging in multiple programmes during the year.
- An increase in the number of patients with placements in the PLC or utilising drop-in sessions within the centre for the purpose of 'informal learning' and non-learning activities.

The attrition rate for learning programmes delivered in 2018 was 17% (an increase of 5% from the previous year). Of the total withdrawals/non-completions:

- 33% were due to patients transferring prior to completion of their qualifications
- 28% were due to patients who ceased attending their placements
- 17% were due to ability issues resulting in the learners being unable to complete the qualification
- 11% were due to patients who requested to withdraw from specific qualifications (although subsequently enrolled on alternative programmes)
- 11% were due to patients being unable to continue due to deterioration in their mental health. The patients in this latter group can re-enrol in the programmes once they are well enough to re-engage in learning.

3.2.3 LDP core skill progression target

In relation to the Local Delivery Plan (LDP) target to enhance basic literacy and numeracy skills by increasing the number of patients with core skills at Level 3 or above, a total of 8 core skill progressions were achieved during 2018. Details of the progressions are noted below:

- 2 patients progressed from level 2 to level 3 in numeracy
- 1 patients progressed from level 3 to level 4 in numeracy
- 2 patients progressed from level 2 to level 3 in literacy
- 2 patients progressed from level 3 to level 4 in literacy
- 1 patient progressed from level 4 to level 5 in literacy

This brings the total number of progressions to 91 (with 65 progressions in numeracy and 26 in literacy).

In addition to the above, a total of 5 patients have also achieved progressions in IT core skills in 2018.

3.3. Comparisons with previous years

Based on the performance data presented in sections 3.1 and 3.2 of this report, key comparisons with performance for the previous five years is summarised in the Table D.

Table D – Performance Data 2013-2018

PERFORMANCE DATA	2013	2014	2015	2016	2017	2018
▪ Percentage of patients who participated in formal or accredited learning	63%	63%	54%	68%	62%	64%
▪ Course enrolments (= individual unit enrolments)	93	114	113	109 (123)	107 (119)	78 (105)
▪ Course completions / qualification attainments (= individual unit completions)	63	117	105	108 (122)	111 (129)	68 (104)
▪ Core skill progressions (LDP target)	9	9	20	12	13	8
▪ Percentage of patients invited to participate in core skills screening	91%	82%	84%	90%	86%	95%
▪ Percentage of the above patients who have completed the screening process	82%	88%	87%	93%	93%	88%
▪ Percentage of patients with identified literacy deficits (i.e. <Level 3)	27%	23%	18%	23%	21%	23%
▪ Percentage of patients with identified numeracy deficits (i.e. <Level 3)	30%	30%	27%	37%	35%	29%
▪ Number of new referrals to Patient Learning Centre	32	20	24	22	19	24
▪ Number of leavers from Patient Learning Centre	32	25	13	25	16	29
▪ Patient Learning Centre closures (unscheduled)	28	37	10	22	26	45
▪ Episodes of non-attendance within Patient Learning Centre	565	559	625	675	665	549
▪ Capacity uptake within Patient Learning Centre	86%	83%	83%	75%	77%	80%

3.4. Areas of good practice

Areas of good practice identified for 2018 are outlined below.

- Delivery of the Creative Arts National 2 qualification (low-tooled programme) – It was identified in 2017 that a number of patients who were interested in undertaking this qualification could not access the programme as it was only available within a tooled session. During 2018 the programme was redesigned by staff within the Craft & Design department to enable patients who can only attend low-tooled sessions to access the learning. A total of 8 patients took part in the low-tool programme and were able gain a qualification that previously would not have been available to them. Development of the low-tool programme required creative problem solving and adoption of new ways of working to ensure that the redesigned course still met SQA standards and requirements and proved very popular amongst the patients that took part.
- Themed learning activities – The Patient Learning Centre delivered 3 themed learning programmes during 2018 (Culture & Cuisine, Dragons Den and Movie Magic). These programmes were highly successful and the patients taking part achieved core skills qualifications in ‘Working With Others’ and ‘Communication’. This type of learning allows patients to work with their peers to develop new skills whilst learning about a specific topic over a set number of weeks. The programmes involved cross-departmental working within the Skye Centre and at hub level (e.g. learning to cook international cuisine with OT staff as part of the Culture & Cuisine group; making tie dyed tee-shirts within Crafts as part of the Dragons Den project; and creating a movie premiere event “Carstairs Film Festival” as part of the Movie Magic group). The feedback from patients regarding the themed learning programmes continues to be highly positive and encouraging. Following the movie premiere event one patient commented “I thought I was actually at a film event show and forgot I was in the State Hospital for an afternoon”.
- Flexible delivery and tailored interventions to support increased access to learning – During 2018 there has been continued delivery of 1:1 interventions at both ward level and within the PLC. The PLC provides one session each week to facilitate 1:1 learning for various patients. This 1:1 support is provided to patients attending the PLC who are unable to carry out independent learning or cannot attend a mainstream placement. This has proved highly beneficial for the patients involved and in 2018 one patient progressed to attendance at 2 mainstream sessions and successfully achieved an ICT core skill qualification at Level 4. Several interventions have also been provided at ward level to give ‘bitesize’ learning opportunities to patients who are unable to access the Skye Centre. Staff within the PLC have shown their commitment to supporting increased access to learning through their willingness to work flexibly and adapt their teaching style and resources to respond to the complex needs of the patient group.
- Work-based core skill programme external verification - The quality assurance procedures laid down by the Scottish Qualification Authority (SQA) require that all centres delivering SQA-accredited qualifications are subject to monitoring and review. External verification (EV) is the means by which checks are made to ensure that qualifications are being delivered to the required national standards. The EV process is carried out by SQA-appointed staff and the process involves scrutiny of the learning environment and programme delivery arrangements, the validity of the centre's assessment instruments and how they are applied, and the reliability of the centre's assessment decisions.

An EV visit to review delivery of the work-based core skill units in ‘problem solving’ and ‘working with others’ took place in May 2018. Feedback from the verification visit was very positive and we received a ‘green’ rating (indicating 100% compliance) for all 10 of the quality standards that were assessed. . This demonstrates that the staff involved in programme delivery are following best practice and working to high standards.

- Development of staff – A number of Skye Centre staff were supported to undertake further training during 2018 to help sustain delivery of qualifications and ensure compliance with awarding body requirements for specific learning programmes. A total of 3 staff completed the SQA assessor or internal verifier qualifications that are required to deliver national qualifications. Ongoing development of staff ensures that skills are relevant and up-to-date, allowing high standards to be maintained and supporting staff to feel valued and motivated.

3.5. Identified issues and potential solutions

As indicated by the contents of previous sections in this report, positive progress has been made in a number of areas to help maintain and enhance patient learning provision within the State Hospital. A number of factors, however, have impacted on patient learning provision and resulted in reduced enrolments and attainments and some programmes and new developments that were planned for 2018 being unable to be progressed. Key issues and challenges have included:

- Staffing resource pressures - Staffing resource issues within the Skye Centre (and on occasion within the wards) have resulted in increased PLC closures and 'reduced-service' sessions and the requirement, at times, to redeploy staff within the PLC and other Skye Centre activity centres to provide staffing cover (particularly male cover) in other activity centres or within the wards. Vacancies and levels of sickness absence have undoubtedly contributed to this issue, and the actions taken by the Skye Centre to support the Financial Recovery Plan during February, March and the first few weeks in April 2018 also had a significant impact on the delivery of patient learning activities during that period.
- Movement of staff - Redeployment of staff from within the PLC to provide session cover in other areas can impact on programme delivery and continuity of learning in a range of ways (for example: session staffing levels being reduced; learners not having the same tutor at their sessions due to staff moves; staff who are leading a learning session, or have certain specialist skills, being moved leaving other staff who are not familiar with the programme content or experienced in delivering the learning to undertake the session. The impact of these issues can be particularly significant during delivery of group themed learning programmes, therefore, PLC staff have amended the delivery model for future themed learning programmes to help reduce the impact of staff moves.
- Staff vacancies – Inability to recruit to the vacant Senior Rehab Instructor post within the Gardens department has meant there are currently no suitably experienced or qualified technical staff available to deliver the horticulture-related qualifications. The post has been vacant for a lengthy period and it has proved difficult to attract candidates with the required skills and expertise. Given the wealth of evidence to support the social, psychological and physical health benefits associated with gardening and related horticulture activities, amendments are being made to the job description and person specification to help broaden the pool of potential applicants for this post. The post will then be re-advertised in a further attempt to recruit to this post.

The above vacancy has also resulted in an ongoing gap in the internal verifier expertise required to deliver the qualification in Small Animal Care. It is hoped that this will be addressed through recruitment to the vacant post. If, however, an appointment to the post this is not achieved alternative options for securing the provision of internal verification support will be explored.

- Limited planning and programme development time - As a result of the staffing resource issues identified above, ensuring provision of dedicated planning and programme development time was difficult at times during 2018. This can impact on programme delivery and restricts capacity to develop new programmes and associated learning

materials and resources, etc. In addition, staff involved in delivering SQA accredited learning programmes were unable to attend internal quality meetings on a regular basis throughout the year. Staff involvement in standardisation and internal quality assurance meetings is a core requirement of SQA's governance and quality system. Action has recently been taken by the Skye Centre Manager to address this issue and ensure compliance with SQA requirements. Improvements have been evident in recent months and the situation will be closely monitored to ensure the current improvement is sustained.

- Instability of the patient learning network and limited dedicated eHealth resource to maintain and develop the network and support other ICT related developments - This is an ongoing issue from previous years and has continued to have a significant impact on the delivery of ICT-related learning over the past year. No eHealth resources was available in the period January-May and only adhoc queries were dealt with (e.g. problems with logins or being unable to access the network). During this time the network would not allow patients to print their work and this, along with frequent issues linked to system performance, limited the learning activities that could be carried out. In June 2018 a staff member from eHealth was assigned to assist with current network issues, carry out basic system maintenance, and to develop the new patient learning network. As of the end of December 2018 the position is that some of the problems with the current network have been fixed (e.g. printer issues have been resolved) and dedicated time has been provided to work on development of the new patient learning network. Current project timescales indicate that the new network will be installed and ready to be tested in March/April 2019.

The Skye Activity Centre Leadership Group is aware of the above issues and their impact on patient learning activities. Cognisance must also be given, however, to the impact on patient learning and other Skye Activity Centre activities of staffing resource pressures in other areas of the hospital (especially within the wards).

3.6. Future developments

Maintaining patient learning programmes and current opportunities will be a key priority in 2019. This will include:

- Ongoing liaison with the eHealth to progress implementation of the new patient learning network and secure future provision of routine eHealth support for patient learning-related IT systems and new developments.
- Development of a 'Communication' core skill programme for delivery in conjunction with the new Reading Ahead programme which will provide additional opportunities for patients to improve their literacy skills and gain a recognised qualification.
- Ongoing delivery of themed events and group learning programmes. Three themed learning programmes are planned for delivery during 2019. These include 'Robert Burns Project', 'Movie Magic' and 'World War 2". Core skill qualifications will be embedded within the themed learning programmes.
- Working with the Skye Activity Centre Leadership Group to explore options for securing the required resources and expertise to enable and sustain delivery of learning programmes and SQA qualifications within horticulture and animal care.
- Development of the Volunteering Skills SQA Award at Level 3 and Level 4 for patients undertaking the Patient Library Volunteer role. The Level 3 will target patients undertaking tailored placements within the library and the Level 4 will target patients who are undertaking the full Patient Library Volunteer role.

In addition to the above, the Patient Learning Manager will allocate increased time to directly support learning delivery within the PLC, and patient learning KPIs will be monitored and reviewed quarterly by the Skye Activity Centre Leadership Group.

3.7. Financial implications

Implementation of the developments detailed above will be resourced from existing budgets. Successful completion will depend in part, however, on the resource issues highlighted in section 3.5 being successfully addressed. Suitably qualified and experienced staff must be available to deliver learning programmes, and dedicated planning and programme development time needs to be provided for the staff responsible for programme delivery across the range of activity centres.

3.8 Summary

In summary, 2018 has been a challenging year. Staffing resource issues have impacted on the delivery of patient learning activities in a range of ways, however, positive progress has been made in a number of areas to help maintain and enhance patient learning services within the State Hospital. The curriculum framework continues to provide access to a range of nationally recognised qualifications and accredited learning programmes. The number of patients participating in accredited learning programmes remains high, and a significant number of qualification attainments continue to be achieved each year.

3.9. Review date

The next review date for patient learning services is January 2020.

4. Recommendations

The Board is invited to note both the progress that has been made during the past 12 months and the areas for future development that are detailed within this report.

National 2 Creative Arts award

This award requires various creative arts techniques to be used across the 3 units. Included is a gallery of pieces of work that patients have created whilst learning on the course.

Developing Skills in Creative Arts



Mosaic



Drawing/Painting with Textures



Lino cut and print



Drawing and shading



Hand built vase using slabs



Craft paper stained glass

Working with Textiles



Tie Dye



Cross stitch



Applique



Block print on Tie Dye



Silk painting



Hand sewing

Display pieces (assessment pieces)



Using Tie Dye, Applique and fabric paint



Picture using drawing, painting and textures



Ceramic Poppy



Mask making and painting



Displaying of created Art



Detail the benefits you feel you have gained from your learning experience?

1. Made me feel confident around the gym.
2. Learned different exercises, good friendships, keep fit.
3. Confidence.
4. Was very satisfied with how I picked up new skills very fast using computer and learning different skills, working with people and feel more confident at things now.
5. I feel confident doing arts and crafts.
6. I have found I can be quite artistic when I put my mind to it.
7. I've learned a lot of techniques.
8. Helped concentration, makes me want to do other qualifications, brightened my mood.
9. Getting off ward, more structure & activity today. Improved concentration and mood.
10. I have learnt good art and crafts techniques which I hope to use in the future.
11. Picked up skills to use on different techniques. Learned basics, easier to pick up more advanced skills quicker.
12. I have learned new things to do with computing and it's given me more confidence using computers.
13. Knowledge of computers.
14. I would consider further learning now because PLC are very good tutors and I now know more about computers than I ever thought I would.
15. Confidence in speaking out also working with others.
16. I have gained the benefit of being able to speak publicly.
17. Benefits would be I've learnt new skills in communication that I can then use in life.
18. Gave me something to do, enjoyed myself, got a qualification.
19. Doing the group had made me more confident and hope to get better.
20. I have learnt the staff really are here to help people. A big thanks.
21. I realise I need more computer skills.
22. Makes me want to do more numeracy and more challenging.
23. I learned a lot from my test and work but I need to try harder and listen.
24. I have learned and achieved and very happy with my progress.
25. It got me thinking. I liked using the measuring tape. I feel good being good at numbers.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 9
Sponsoring Director:	Medical Director
Author(s):	Professor Iqbal Afridi, President, Pakistan Psychiatric Society Dr Khuram Khan, Consultant Forensic Psychiatrist
Title of Report:	Scottish Global Citizenship Programme: Scotland's International Development Strategy – Linking SoFMH/TSH with Pakistan Psychiatric Association
Purpose of Report:	For Noting

SITUATION

- Cabinet Secretary formally launched the Scottish Global Citizenship Programme in June 2018.
- Scottish Global Health Co-ordination Unit and website <https://www.scottishglobalhealth.org/> delivered in June 2018.
- NHS Board Champions Network established in June 2018.
- Scottish Global Citizenship Conference in Glasgow on 2 November 2018.

Staff from across all staff groups in NHS Scotland already makes a significant personal and professional contribution to global health in low-middle income countries. Commissioned by the Scottish Global Health Collaborative (SGHC), in 2017, the Royal College of Surgeons and Physicians of Glasgow (RCPSG) launched their Report “Global Citizenship in the Scottish Health Service”. This Report contains eight recommendations, describing how Scottish engagement in global health can be enhanced in a way that maximises the reciprocal benefits of global health work and recognises the realities of “home” service pressures.

NHS Scotland Global Citizenship Programme

International development is a key part of Scotland’s global contribution. It embodies our core values of fairness and equality. To increase NHS Scotland’s global health contribution, we are developing and implementing the NHS Scotland Global Citizenship Programme which:

(1) reflects and supports our existing international development commitments to our partner countries (Pakistan, Malawi, Zambia and Rwanda) as set out in the Scottish Government’s International Development Strategy Global Citizenship: Scotland’s International Development Strategy; and

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(2) makes it easier for all NHS staff to participate in global citizenship both here in Scotland and abroad by ensuring better guidance, co-ordination and support.

Global Citizenship

Global citizenship can be undertaken in a number of ways. It can include:

- clinical and non-clinical work
- working in a low-middle income country on a placement
- the ways that teams support each other while a team member is working in a low income country
- staff from developing countries coming to work in NHS Scotland to develop new skills and learning
- buddying, virtual learning, networking, coaching and mentoring.

The increasing role of technology also has an important part to contribute in supporting global citizenship with staff being able to contribute from Scotland and reaching more people from across the globe. What has proved to be most effective in these partnerships is when they have been developed collaboratively and using good practice principles for partnership working.

Benefits of Global Citizenship

There is clear evidence that involvement in global health benefits the Scottish population through a reinvigorated, self-sufficient, innovative and productive workforce.

Benefits to NHS Scotland include:

- Enhancement of recruitment and retention
- System learning and capacity building
- Professional development of the workforce
- Improved Scottish patient experience
- Reputational development

Evidence for the mutual benefits of global health work can be found in the academic literature and in the experience of health systems that have combined the development of global health work with training and service delivery. Benefits to individuals include:

- Leadership and management skills
- Communication and teamwork
- Clinical skills
- Policy awareness and experience
- Academic skills
- Patient experience and dignity
- Personal resilience, satisfaction and interest

BACKGROUND

Dr Khuram Khan represents The State Hospital in his role as a Champion for global citizenship program of the Scottish Government. He has been working to establish links between Scottish and Pakistani Psychiatric specialities.

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ASSESSMENT

According to the World Health Organization figures about Pakistan, there could be 24 million people who could suffer from mental illnesses. There are only around 500 psychiatrists; which is not as per international standard. Most of the population resides in rural area but most of the services are concentrated in cities. The social services are geared towards physical rehabilitation however psychiatric social workers for mentally ill patients is at initial stages.

College of Physicians and Surgeons of Pakistan (CPSP) has been planning about Forensic Psychiatry as super specialty in near future. So far forensic cases are dealt by Consultant Psychiatrist at government sector tertiary care hospitals.

With the promulgation of Mental Health Act, suicide is no more a punishable crime in province of Sindh Pakistan. Other sensitive areas such as offences of blasphemy, homosexuality and transexuality and associated mental health/legal problems still need attention.

RECOMMENDATION

Professor Iqbal Afridi – President, Pakistan Psychiatric Society has requested help to develop a two days' program to equip health/legal professionals about the issues of mental disorders, offending and law.

This program will be developed along the same principles as our existing Scottish Approved Mental Health training program which is delivered in a 2 days' workshop format. The content will be adjusted as per the guidelines from the document Sindh Mental Health Act (copy enclosed).

Initially it is expected that Dr Khan will travel to Pakistan to deliver the program in person along with Prof Afridi and later video conferencing facility can be used for other Psychiatrists from TSH to take part in teaching.

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

Following are some photos showing:

Scotland's partner countries & a project recently presented in the Global Citizenship Conference in Glasgow (Glasgow-Lahore children's hospital twinning project)



Glasgow-Lahore Children's Hospital Twinning project

Charlotte Wright, Professor of Community Paediatrics / Honorary Consultant Paediatrician
 Sameer Zuberi, Honorary Professor in Paediatric Neurology / Consultant Paediatric Neurologist
Charlotte.wright@glasgow.ac.uk

Royal Hospital for Children Glasgow (RHC) 200 bed hospital providing secondary care to greater Glasgow and tertiary care to the West of Scotland



Children's Hospital and Institute of Child Health (CHICH), Lahore, Pakistan. Government hospital with 1100 beds provides care to city of Lahore and Punjab province (pop 100 million)



Purpose

- Mutual education of the staff in Child Health services in NHS Greater Glasgow & Clyde and Lahore.
- Increase staff knowledge and understanding of the cultural origins of the Pakistani origin community
- Advice and support for service development in Lahore

- Twinning began in 2001, when CHICH newly opened
 - Emerging institution in a developing country
 - Staff intellectually isolated by economics and world politics
- Visits provide
- Education and consultancy to drive quality improvement in Lahore
 - Insights into the Scottish Pakistani origin community
 - Re-evaluation of key priorities for UK health care
 - Experience of conditions only rarely seen in UK



Activities

- Visits by 2-6 staff to Lahore for 3-7 days: outpatient clinics, teaching rounds, lectures, demonstrations
- Visits 1-3 staff from Lahore for educational placements at of up to 6 weeks.
- Telemedicine link: meetings, symposia, lectures
- Development of nutrition services and support for breast feeding in the hospital
- Research on undernutrition



Funding

- Costs borne in UK:
- £700-1000 per delegate to visit Lahore
- £1,500-2,000 per visit to Glasgow.
- Donations from South Asian community
- NHS endowment funds
- Administrative support from Glasgow Children's Charity

Challenges over the years:

- Afghan war
- Nuclear standoff between Pakistan and India
- Iraq War
- Political instability
- Visa restrictions in UK
- Terrorism
- Travellers' diarrhoea, dengue fever



"The Foreign and Commonwealth Office (FCO) advise against all but essential travel to"

But great experiences...



MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<p>To facilitate training on a voluntary basis in partner countries will raise the organisation's profile and prestige</p>
<p>Workforce Implications</p>	<p>Use of video conferencing facilities to deliver lectures Use of annual/study leave to travel to Pakistan to provide training twice a year</p>
<p>Financial Implications</p>	<p>No financial implications if approved</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations.</p>	<p>For information following approval by SMT</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>No significant risks identified</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>This will be evidenced through surveys in the future</p>
<p>Equality Impact Assessment</p>	<p>EQIA Screened – no identified implications</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 10
Sponsoring Director:	Medical Director
Author(s):	Lead Pharmacist
Title of Report:	Falsified Medicines Directive (FMD) Implementation
Purpose of Report:	For Noting

1 SITUATION

The Delegated Regulation to the Falsified Medicines Directive (FMD) 2011/62/EU, published on the 9 February 2016, came in to force on 9th February 2019. The new regulation requires manufacturers to place safety features on all medicines and contribute financially to the establishment of a European and National IT verification system, which will allow the assessment of the authenticity of a medicine at the time of supply to the patient. This paper describes how The State Hospital is working locally and with NHS Lothian Pharmacy Service (TSH medicine supplier) towards implementation of FMD legislation. Some outstanding issues have yet to be resolved and the National Acute Pharmacy Services (NAPS) group are working towards joint resolution of the outstanding issues across health boards in Scotland. The regulator has indicated they will be supportive of hospitals having a transition period and action plan passed the implementation date. TSH as a separate legal entity to NHS Lothian is required to adopt local processes to comply. TSH having no central Pharmacy dispensary on site which adds to the complexity. Medicines are delivered direct to wards from NHS Lothian.

2 BACKGROUND

Falsified medicines include those medicines with little or no, active ingredients, the wrong active ingredients, fake or tampered packaging, and those where products and/or packaging have been stolen for re-use or re-sale. Although unlicensed internet sites have now become the main route for trading falsified medicines to the public, regulatory authorities continue to find and report falsified medicines in the supply chain. Such products pose an unacceptable risk to patients, as well as undermining confidence in the genuine products supplied by manufacturers, wholesalers and pharmacies.

The Falsified Medicines Directive (FMD) (2011/62/EU) was published in 2011 with the objective of improving the safety and security of medicines distribution within Europe. One of the objectives is to ensure product integrity and authentication of medicines through a system of safety features and unique identifiers. This was followed by a Delegated Regulation (EU/ 016/161) in 2016, which came in to force on 9 February 2019. This regulation requires Marketing Authorisation holders to place safety features on prescribable medicines and contribute financially to the establishment of a European and National IT verification system, which will allow the assessment of the authenticity of

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a medicine at the time of supply to the patient. Under the Directive, all new packs of prescription medicines placed on the market in Europe from February 2019 onwards will have to bear two safety features: a unique identifier (UI) in the form of a 2D data matrix (barcode) and an anti-tamper device (ATD). The impact and implementation of this legislation is being addressed across NHS Scotland, in terms of developing safe systems and processes for verification and decommissioning of products and accompanying financial implications.

Robust pharmacy procurement policy and procedures are already in place to ensure that medicines are purchased only from approved pharmaceutical suppliers and via national procurement contracting systems.

Brexit

The Department of Health and Social Care (DHSC) and the Medicines and Healthcare products Regulatory Agency (MHRA) have advised that the UK aims to maintain 'high regulatory alignment' with the EU and that this includes FMD. Looking beyond the intended implementation period, the UK's position on medicines regulation, including identifying and removing falsified medicines from the legitimate supply chain, remains clear. A close working partnership with the EU to ensure patients continue to have timely access to safe medicines is important. In the event of a 'no deal' on exit from the EU, then the UK would have no access to the EU repository. A national repository and decommissioning arrangements would have to be developed under a statutory instrument which would lay down sanctions, etc. The current recommendation to Chief Pharmacists is to continue preparation work.

3 ASSESSMENT

There are a number of actions to be taken to address regulatory requirements. However, there are also areas of uncertainty which require further investigation. Under the Delegated Regulation, medicines within scope will need to be verified as they pass through the supply chain. TSH as a separate legal entity to NHS Lothian (who supplies TSH medicines) will require to undertake this verification when medicines arrive on site. It has been confirmed that NHS Lothian cannot do this on behalf of TSH. This process checks the unique identifier of the product against the national repository to verify the product is authentic and can be administered to a patient. Decommissioning which happens at the end of the supply chain will also be required to be undertaken here. Assessment of whether verification and decommissioning require to be carried out as one operation or separately is currently underway. An additional consideration is that clinical pharmacy staff on site at TSH are NHS Lothian employees so will be unable to undertake the verification and decommissioning as they are part of the supplying legal entity. NHS Highland are in a similar position to TSH in that they receive their medicines from a separate legal entity, NHS GG+C.

The scan of the unique identifier will be sent to the UK National Medicines Verification Organisation (NMVO) system – SecurMed, a non-profit organisation, which comprises bodies representing manufacturers, importers, wholesalers and pharmacies. SecurMed will send back current status of the product. If 'active' the medicine can be supplied or dispensed in the normal way as long as the anti-tamper device is also undamaged. If SecurMed sends back an 'inactive' message then the pack cannot be supplied or dispensed to the patient. The system should also indicate the reason why the pack is inactive – already dispensed, recalled, withdrawn, etc. Packs with UI and safety features will be available from 9 February 2019. This will result in a mixture of FMD and non-FMD compliant stock in the supply chain for an as yet undetermined period of time.

The TSH Lead Pharmacist is linking with a short life working group within NHS Lothian who are undertaking an Options Appraisal to ensure compliance with FMD, aiming at the 3rd quarter of 2019/20. The Corporate Management Team confirmed in November 2018 that NHS Lothian should accept the risk associated with delaying compliance with FMD until implementation of JAC update which contains FMD software. JAC is the system already in place in NHS Lothian to provide pharmacy stock control, and will be the system to be implemented for Hospital Electronic

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Prescribing and Medicines Administration (HEPMA) as a single integrated solution along with associated services and third-party interfaces.

A local TSH FMD group was also convened by Pharmacy in January to consider local actions. This included input from medical, e-Health, Security, Estates, Procurement, Nursing.

Equipment (scanners and software) is required to carry out the verification and decommissioning and will need to be purchased. A suitable proposed location within TSH to undertake these operations is the Health Centre. Additional staffing resource and identification of suitable personnel will need to be considered to carry out the increased workload.

It should be noted that the risk of inadvertently supplying falsified medicines to patients is considered very low. A risk assessment has been undertaken which also includes the risk of the regulator taking legal action for non-compliance. The latter has also been rated as not a significant risk. Support from the Scottish Government with the regulator is also in place to mitigate these risks. SMT have however asked that FMD is placed on the corporate risk register and like NHS Lothian will accept the risk until implementation in place later in 2019.

At the start of February there has also been a re-assuring joint statement released from the General Pharmaceutical Council (GPhC) and Royal Pharmaceutical Society recognising not all areas will be complying right away and that a pragmatic approach will be taken by inspectors so long as a plan is in place to meet the requirements. GPhC and the MHRA work closely together.

Following the local TSH FMD meeting it was agreed to:

- Add FMD non-compliance to Corporate Risk Register. Regulator supportive of transition period past 9th February 2019 so long as a plan in place.
- Continue to align with NHS Lothian FMD progress and options appraisal for software, scanners etc. i.e. TSH will not go alone
- Identified provisionally the Health Centre to be the central location for verification and de-commissioning.
- Exploring suitable personnel and procedures required for implementation.

4 RECOMMENDATION

The Board is asked to note this update.

References

MHRA

<https://www.gov.uk/guidance/implementing-the-falsified-medicines-directive-safety-features>

https://www.gov.uk/government/consultations/implementing-safety-features-under-the-falsified-medicines-directive?utm_source=856acf79-8c19-41c2-ad11-e05d991ecfd5&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

<https://www.sps.nhs.uk/wp-content/uploads/2018/07/Falsified-Medicines-Directive-FAQs-V2-July-2018.pdf>

Frequently Asked Questions – Secondary care services and the Falsified Medicines Directive (FMD) Version 2

<https://www.sps.nhs.uk/wp-content/uploads/2018/07/Falsified-Medicines-Directive-FAQs-V2-July-2018.pdf>

The Author of this paper would also like to acknowledge Anne Gilchrist, FMD Project Lead in NHS Lothian, for the core FMD information content of the report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Safe and effective patient care
Workforce Implications	Staff member (yet to be determined) two afternoons/week for Health Centre. Supported by Pharmacy Technician resource. Diverted from other duties. Extended portering requirements
Financial Implications	Unknown at this stage
Route To Board Which groups were involved in contributing to the paper and recommendations.	Medicines Committee SMT Chief Executive
Risk Assessment (Outline any significant risks and associated mitigation)	TSH medicine supplier (NHS Lothian) unable to continue supply - unlikely TSH temporarily functioning out with regulatory directive – not significant risk of legal action Patients receiving 'fake medicines' – very low risk
Assessment of Impact on Stakeholder Experience	Unknown
Equality Impact Assessment	N/A

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 11a
Sponsoring Director:	Chief Executive
Author(s):	Head of Corporate Planning and Business Support
Title of Report:	International Travel Request
Purpose of Report:	For Approval

1 SITUATION

Requests for international travel require to be submitted to the Board for their approval.

2 BACKGROUND

The following request has been received. Line management approval has been given and costs are within the 2019/20 budget.

<i>EVENT/LOCATION</i>	<i>DATE</i>	<i>STAFF INVOLVED</i>	<i>COST</i>
International Association of Forensic Mental Health Services 2019 Conference Montreal, QC, Canada	25 – 27 th June 2019	Head of Corporate Planning and Business Support.	*£2000 (approx)

* This includes conference fee, travel and accommodation.

3 ASSESSMENT

Staff from across The State Hospital has an expectation to deliver presentations and papers to national and international arenas. This is an opportunity to share best practice with colleagues from other organisations and to raise the profile of the work carried out within The State Hospital and the Forensic Network.

The International Association of Forensic Mental Health Services (IAFMHS) was established in 2000 as an international non-profit association. The IAFMHS mandate is to hold an annual conference, providing an arena for information sharing on the latest research, programme development, as well as legal, administrative, and ethical matters. It aims to enhance the standards of forensic mental health services in the international community and promote an international dialogue about forensic mental health, in all its aspects, including violence.

The Head of Corporate Planning and Business Support was had a lead role in the review of staff and patient safety across the hospital over 2018. The IAFMHS has accepted a presentation on this

work to be delivered at conference in June. The presentation '*Staff and Patient Safety within The State Hospital - An analysis 5 years of safety data*' provides an overview of the data analysis, learning from the review and recommendations for service delivery. This provides useful information to share with the international community.

This conference will provide the Head of Corporate Planning and Business Support with wider knowledge of how Forensic Mental Health Services work to support staff and patient safety and provide an opportunity to network. Learning will be shared with colleagues in the wider Hospital through the Journal Club lunchtime presentation meetings.

4 RECOMMENDATION

The Board is asked to approve the request received for international travel

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<p>Monitoring of spend of staff requests for International Travel related to sharing of best practice, training and development.</p>
<p>Workforce Implications</p>	<p>N/A</p>
<p>Financial Implications</p>	<p>Monitored against relevant budgets – budget in place for all requests received.</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations.</p>	<p>Requests received by Chief Executive. Board Members to consider at their next meeting thereafter.</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>N/A</p>
<p>Assessment of Impact on Stakeholders</p>	<p>Learning shared across the organisation for the benefit of patient care.</p>
<p>Equality Impact Assessment</p>	<p>No issues</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2018
Agenda Reference:	Item No: 11b
Sponsoring Director:	Prof Lindsay Thomson
Author(s):	Dr Jana de Villiers
Title of Report:	Overseas Travel Request
Purpose of Report:	For Approval

1 SITUATION

Requests for overseas travel require to be submitted to the Board for their approval. This request comes from the Justice Health and Forensic Mental Health Network based in New South Wales, Australia. The organisers will pay the expenses associated with this travel request.

2 BACKGROUND

The following request has been received. Line management approval has been given and there are no financial costs to the State Hospital or Forensic Network.

Flights and accommodation will be booked by the organisers of the conference.

<i>EVENT/LOCATION</i>	<i>DATE</i>	<i>STAFF INVOLVED</i>	<i>COST</i>
Health Care in Secure Settings Conference in Sydney, Australia	23-24 May 2019	Dr Jana de Villiers Clinical Lead for Intellectual Disabilities and Consultant Psychiatrist	N/A

3 ASSESSMENT

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

The organisers describe the conference as follow:

“Our *Health Care in Secure Settings* conference will allow approximately 250 delegates to learn and collaborate on key issues in the delivery of health care in custodial and mental health settings. The event will be run by, and attended by, people working in the field.”

Dr de Villiers has been invited to present at this conference, in particular on intellectual disabilities within secure mental health settings. Communication is ongoing with the organisers to clarify the focus of the presentation most relevant to the attendees. Possible topics include Forensic

Intellectual Disability Services, situational factors and violence in ID settings, Autism and Serious Offending, or Harmful Sexual Behaviour in Children and Adolescents. Dr de Villiers has published or presented on aspects of these topics at past events.

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

4 RECOMMENDATION

Members are asked to approve the request received for overseas travel and attendance at the Health Care in Secure Settings Conference in Sydney, Australia

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Monitoring of spend of staff requests for International Travel related to sharing of best practice, training and development.
Workforce Implications	Cover by Consultant Colleagues for study leave
Financial Implications	None – organisers are covering the costs
Route To Board Which groups were involved in contributing to the paper and recommendations.	Request received by Chief Executive. Board Members to consider at their next meeting thereafter.
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholders	Learning shared across the organisation for the benefit of patient care. Awareness of international developments in service provision and research.
Equality Impact Assessment	No issues

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the Clinical Governance Committee Meeting held on Thursday 15 November 2018 at 9.45am in the boardroom, The State Hospital, Carstairs.

CHAIR:

Non Executive Director

Nicholas Johnston

PRESENT:

Non Executive Director

Elizabeth Carmichael

IN ATTENDANCE:

Board Chair

Terry Currie

Chair of Medical Advisory Committee

Khuram Khan

Finance & Performance Management Director

Robin McNaught

Head of Psychological Services

John Marshall

Head of Corporate Planning and Business Support

Monica Merson

Director of Nursing and AHP

Mark Richards

Board Secretary

Margaret Smith

Clinical Effectiveness Team Leader

Sheila Smith

Medical Director

Lindsay Thomson

Lead AHP

Catherine Totten [Item 6]

Lead Pharmacist

Morag Wright [Item 7]

1 APOLOGIES AND INTRODUCTORY REMARKS

Mr Johnston welcomed everyone to the meeting. Apologies were received from Mrs Maire Whitehead and Mr Jim Crichton.

NOTED**2 CONFLICTS OF INTEREST**

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

NOTED**3 MINUTES OF THE PREVIOUS MEETING**

The Minutes of the previous meeting held on 9 August 2018 were approved as an accurate record.

APPROVED**4 PROGRESS ON ACTION NOTES**

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

NOTED**5 MATTERS ARISING**

There were no further matters arising.

NOTED

6 REHABILITATION THERAPIES SERVICES – 12 MONTHLY REPORT

A paper was submitted to the Committee by the Director of Nursing and AHPs, which provided Members with an overview of the rehabilitation interventions available across The State Hospital (TSH) mainly through the work of the AHP service as well as the Skye Centre.

Ms Totten, Lead AHP, was in attendance to provide a summary of the key points of the report for the Committee. She described the areas of work and progress made within the last 12 months and highlighted the range of services and disciplines available. At the same time, she advised that there wasn't a unified rehabilitation service in place and that this was an area of focus for improvement. She also asked Members to note the work progressed on targeting standardised assessment to measure impact of interventions on patients. Ms Totten emphasised the breadth of work creativity carried out as well as creativity within rehabilitation, as well asking Members to note the challenges faced in delivering the service due to staffing deficits across TSH, particularly in nursing.

The Committee thanked Ms Totten and paid tribute to her and her team in the impact made over the course of the last 12 months, even with limited resources. Members were particularly interested in supporting the need for delivering cohesive rehabilitation service as being the right direction of travel. There was agreement that rehabilitation should be part of each patient's care journey, and the need to review this strategically over time.

Members congratulated Ms Totten on the impact she had made during her first year in post as Lead AHP. The improvement in data and honest appraisal of progress to date was welcomed. It was agreed that the vignettes within the report would be recorded on the Committee's log of good practice.

The Committee noted the report and endorsed the future areas of work and service development contained therein.

APPROVED

7 MEDICINES COMMITTEE – 12 MONTHLY REPORT

A paper was submitted by the Medical Director, which provided a summary of the work of the Medicines Committee for the 12 month period to September 2018.

Ms Morag Wright, Lead Pharmacist was in attendance to lead Members through the key areas of work taken forward over this period, as well as outlining areas of work for future focus.

The Committee were reassured by the report, and thanked Ms Wright for its comprehensive nature. The work being taken forward on non medical prescribing was noted in terms of the way this provided support to the GP service within TSH. Members also noted the low number of incidents experienced around the administration of medicines within TSH.

Members also considered the potential impacts of a "no deal" EU Withdrawal, and Ms Wright confirmed that the UK Government had asked manufacturers to stockpile 6 weeks supply of medicines as a contingency measure. This was an area that would be kept under close review within TSH, in the lead up to 29 March 2019.

NOTED

8 PATIENT MOVEMENT – 6 MONTHLY REPORT

An update report was submitted to the Committee, by the Medical Director which updated Members with patient activity for the 6 month period leading to 30 September 2018. Professor Thomson summarised this for the Committee who were content to note the report.

NOTED

9 IMPLEMENTATION OF THE DUTY OF CANDOUR IN THE STATE HOSPITAL

A report was submitted to the Committee by the Medical Director for information on progress in this area since the introduction of the legislation on 1 April to 31 October 2018.

Ms Merson led Members through the report, underlining the robust monitoring in place that supported a negative return for any duty of candour incidents during this period.

The Committee noted the report.

NOTED

10 LEARNING FROM COMPLAINTS AND FEEDBACK - QUARTER 2 REPORT

A report was submitted to the Committee which provided an overview of activity of complaints and feedback for the second quarter of the current financial year.

Professor Thomson summarised the key points of the report, and Members were content to note this update.

NOTED

11 INCIDENTS AND PATIENT RESTRICTIONS

A report was submitted to the Committee, on behalf of the Medical Director, which provided an overview of activity of incidents and patient restrictions within the second quarter of the current financial year. Members noted that there had not been any significant trends during this period of time. There was discussion around inverse correlation between seclusion and incidents, as well noting the impact on the data of a small number of patients. It was agreed that there was a need for further trend analysis in respect of incidents and assaults and that this would be included in the report to this Committee going forward.

Actions – S Smith

Members asked for further reassurance around the timescales for completing investigation of Critical Incident Reviews (CIRs) and Serious Untoward Incidents (SUIs). Ms Merson confirmed that staffing absence within the Risk Department had impacted upon this. Members noted that the protocol in place to finalise each process would be reviewed and an update brought back to this Committee.

Action – M Merson

NOTED

12 MEDIUM AND HIGH SECURE CARE REVIEW VISIT REPORT

A report was received from the medical Director, which provided the Committee with a detailed update the report published by The Forensic Network following their review visit to TSH conducted on 27 April 2018. This report summarised the key areas of achievement and of development for the

hospital. Ms Sheila Smith advised the Committee that an action plan was being developed within TSH to take forward the key areas of development. The Committee received reassurance that there were no issues raised within this report that had not been raised as part of the organisation's own self-assessment.

Mr Currie noted that consideration of an admissions ward was detailed within the areas for development within the report but did not appear on the action plan enclosed with the report – Ms S Smith advised that she would query this with The Forensic Network. It was agreed that it would be helpful to map this action plan to the plan produced by TSH in response, and that this should be brought to the next meeting of this Committee in February 2019. It was also agreed that this Committee would oversee implementation of the action plan, with progress reporting on a six monthly basis.

Actions – S Smith

NOTED

13 SAFETY REPORT ACTION PLAN

The Committee was asked to note progress made in respect to the action plan developed following presentation of the Safety Report to the Senior Management Team in October 2018.

It was agreed that actions taken would be logged as good practice, and that a further report would be brought to this Committee at its next meeting in February 2019.

Action – S Smith

14 PHYSICAL HEALTH STEERING GROUP – 12 MONTHLY REPORT

A report was received from the Medical Director, which provided an update of the work of the Physical health Steering Group (PHSG) over the course of the past 12 months. This provided the Committee with assurance that TSH was monitoring physical health of patients, and following national guidelines.

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

NOTED

15 DISCUSSION:

Leading on from the last item, Dr Khuram Khan, as Chair of the PHSG, provided the Committee with a further presentation on physical activity. He highlighted key areas of work notably the development of health and well-being plans for each patient, using a national screening tool. This had been piloted within Arran 1. He explained the mechanism behind this for the patient from the point of admission and through their care journey using the PDSA model: - plan, do, study, act.

It was hoped that this process could be taken forward via RiO, would provide data for audit on areas such as BMI, activity and shop purchases. It would be challenging to bring this together, particularly given the different areas being considered. However, this would bring greater convergence and accountability in reviewing patient needs. At the same time, it was recognised that it may be challenging to provide sufficient staff resourcing in support. Professor Thomson emphasised that this was a key clinical priority for TSH – health and well-being plans should be considered as of key importance. There were complex ethical issues to be considered in implementing these for both clinicians and the Board.

NOTED

16 AREAS OF GOOD PRACTICE / AREAS OF CONCERN

The Committee noted that two areas had been added to the log areas of good practice i.e. from the vignettes recorded within the rehabilitation report (item 6); and the safety report action plan (Item13).

There was one area of concern – the timescales around reporting of CIRs and SUIs.

Action – S Smith

The Committee received a report from the Interim Director of HR on compliance rates for statutory and mandatory training, which had previously been recorded as an area of concern.

It was agreed that going forward this report would be brought to the Committee on a 6 monthly basis.

NOTED**17 WORKPLAN**

It was noted that the workplan should be updated to ensure sufficient time was given for preparation and consideration of major reports throughout the year.

Action – L Thomson/ S Smith

Suicide Prevention would be the discussion item at the next meeting of this Committee. There were no items noted for remit to the Staff Governance Committee.

NOTED**18 ANY OTHER BUSINESS**

There were no further items of competent business.

19 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 14 February 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs.

The meeting concluded at 12.05pm

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 13
Sponsoring Director:	Interim Director of Human Resources
Author(s):	Interim Director of Human Resources
Title of Report:	Clinical Workforce Planning
Purpose of Report:	For Noting

1 SITUATION

The State Hospitals Board for Scotland (TSH) current in-post staffing is 588.05 WTE (Jan 2019) (Appendix I). This is in line with the projected level from the State Hospitals Board for Scotland (TSH) workforce plan for 2017/2022.

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

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

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 will be obligated to run the Nursing and Midwifery Workload and Workforce Planning Tools as part of a 'Common Staffing Method' (Appendix 2) on an annual basis taking cognisance of the outcome and determining the best means to risk manage any identified shortfalls.

3 ASSESSMENT

The development of the TSH revised clinical model is expected to be complete in May 2019. This is based on:

- Consultation on the clinical care delivery model (February / March 2019)
- Development, appraisal and testing of options (March / April 2019)
- Identification of preferred option (May 2019).

With reference to workforce planning activities, the planned stages are:

- Development of draft headline multi professional staffing model and projected costs based on clinical care delivery model options (March 2019).
- Ensuring the common staffing method is embedded in practice. This includes development and co-ordination and implementation of an annual plan to run WFP tools for nursing across all of our areas (July 2019)
- Ensuring a consistent approach to analysis of workload and workforce info, quality measures and high secure context to inform nursing staffing requirements on site (July 2019).

The outcomes from TSH application of the Common Staffing Methods is proposed to be available from July 2019. This work will be conducted in collaboration with the National Workforce Advisors hosted through National Services Scotland, taking an improvement based approach to ensure that the availability of the nursing workforce is responsive to the needs of our patients.

Workforce planning is an iterative process and the TSH Workforce Plan ought to be reviewed and updated however this should be timed in line with the development of the clinical model and application of the Common Staffing Method. With this, it is anticipated that a new workforce plan should be produced by September 2019; taking into account the revised clinical model and the outcomes from the Common Staffing Method.

The interdependency of these three work streams; clinical model, Common Staffing Method and Workforce Plan, should be noted by the Board. Time delays in either the clinical model / Common Staffing Method will have a knock on effect and ultimately delay production of the Workforce Plan.

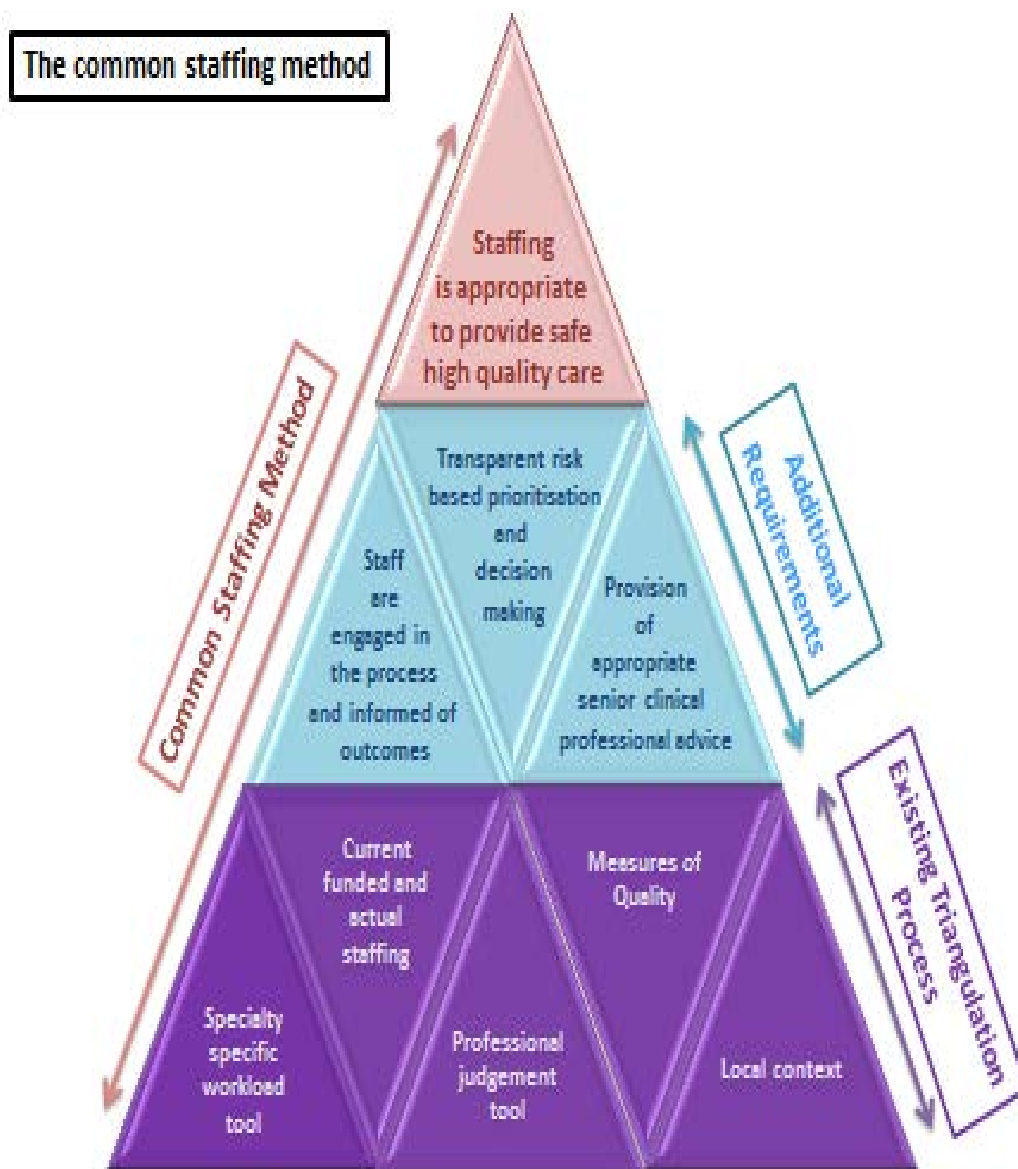
4 RECOMMENDATION

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

Appendix I : Workforce Breakdown

Job Family	Jan-19
ADMINISTRATIVE SERVICES	86.62
ALLIED HEALTH PROFESSION	11.27
MEDICAL AND DENTAL	13.31
NURSING/MIDWIFERY	339.09
OTHER THERAPEUTIC	17.81
PERSONAL AND SOCIAL CARE	0.05
SENIOR MANAGERS	8.40
SUPPORT SERVICES	110.48
(blank)	1.02
Grand Total	588.05

Appendix 2: The Common Staffing Method



MONITORING FORM

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 14
Sponsoring Director:	Interim Director of HR
Author(s):	Interim Director of HR
Title of Report:	Attendance Management Improvement Task Group (AMITG)
Purpose of Report:	For Noting

1 SITUATION

The AMITG have progressed the implementation of the agreed AMITG action plan. There was significant early improvement, with a fall in sickness absence in September to 6.83% however, over the last two months, although the absence level is lower (~9%), the group recognise focus must be maintained to achieve the target level of 6.80% consistently.

2 BACKGROUND

The AMITG was reconvened in August 2018 when the State Hospital sickness absence level was rising to near 10%. An action plan was developed and the group have lead on the implementation.

3 ASSESSMENT

The AMITG have progressed all actions identified in August 2018. The action plan reflects that some actions are complete but that others are, appropriately, reported as “in progress” as they require ongoing attention.

At the January 2019 meeting, the group considered other actions that may improve attendance and are considering:

- Long-service Recognition
- Post Incident Management
- SAS – R U Ok?
- Stress Risk Assessment
- Leadership Development
- DSE Workstations

The group will develop these actions and inform the Staff Governance Committee of progress.

4 RECOMMENDATION

The Board are invited to note the content of this report and action plan.

MONITORING FORM

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

The State Hospital – Attendance Management Action Plan – from January 2019 Meeting

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

	Aim	Actions	Tasks	Key Outputs	Timescale for Completion	Led By	Monitoring Status	Progress
1	Leadership: Ensure full engagement of senior managers and staff on this improvement target.	1.1 All Directors to be informed of the improvement target and trajectory	1.1.1 Set and monitor baseline and trajectory for improvement	ISD 1 st -31 st March 2019 level ≤ 6.80%	31.03.18	Attendance Management Task Group (AMTG)		COMPLETE
			1.1.2 Agree each Directorate contribution to that target					COMPLETE
		1.2 CEO and HRD to meet with all Directors and HOS on a 2-monthly basis to review progress	1.2.1 Schedule Meetings for end Oct/Dec/Feb	Meeting schedule in place	30.09.18	CEO	Recurring meetings arranged	Ongoing
			1.2.2 Agree standard agenda for meetings and supporting information	Standard agenda in place		HRD		COMPLETE
		1.3 Staff Engagement	1.3.1 Conduct focus group with managers and staff to identify barriers to policy implementation and staff experience	Summary report of key issues	31.03.19	S Dunlop & L McWilliams, supported by J Byrne	To be brought to a future meeting (JB & JC)	In Progress
	1.3.2 Hold a series of all staff meetings to discuss impact of absence and staff ideas for improvement		Oct / Nov 18	J Crichton		COMPLETE		

	Aim	Actions	Tasks	Key Outputs	Timescale for Completion	Led By	Monitoring Status	Progress
2	Training & Support	2.1 Ensure staff are well informed on sickness absence policy	2.1.1 Develop and complete Mandatory Learn-pro Attendance Management module	Module available	31.10.18	S Dunlop		COMPLETE
		2.2 Support Line Managers to implement policy		100% completion by line managers	31.03.19	S Dunlop	At January – 76.6% compliance	In Progress
				Develop module for all staff	To be identified	S Dunlop		
			2.1.2 Develop and issue communication to advise all staff of aims, actions and key messages	Communication agreed and issued	30.09.18	C McCarron		COMPLETE
			2.2.2 Develop and issue checklists for: <ul style="list-style-type: none"> Managers Return to Work Interviews (RtWI) HR / Manager meetings 	Checklists available	30.09.18	L McWilliams		COMPLETE
			2.2.3 Conduct monthly meetings btw managers / HR to review and support management of staff sickness – specifically EASY, RtUI, Sickness absence paperwork, staff trigger sickness absence policy	Monthly meetings programmes and attended; exceptions reported to AMTG monthly	Monthly from 01.09.18	L McWilliams		COMPLETE

	Aim	Actions	Tasks	Key Outputs	Timescale for Completion	Led By	Monitoring Status	Progress
			2.2.4 End of year report to be compiled outlining all sickness absence meetings held with Managers together with a log of all cancelled meetings noting reasons for cancellation.	Year end report from September 2018 on all meetings held and meetings cancelled and reasons why.	March 2019	L McWilliams		
			2.2.5 Develop and deliver session to support line managers in managing difficult conversations	Sessions available and advertised	31.03.19	S Dunlop with HR	SD has a programme which can be delivered in conjunction with HR – agreed to be piloted	
				50% attendance by line managers	31.01.19	S Dunlop		
			2.2.6 Provide information on historic sickness absence patterns for managers including:	4 reports provided from SSTS	31.10.18	NHS Lanarkshire		COMPLETE
			<ul style="list-style-type: none"> • Staff absence over 12 months • Highest number of days lost in last 3 years • Sick leave and overtime hours • Stages of absence • EASY compliance 	Reviewed and actioned at HR / Managers meetings	31.12.18	L McWilliams		Work in progress

	Aim	Actions	Tasks	Key Outputs	Timescale for Completion	Led By	Monitoring Status	Progress
			2.2.7 Local process for absence reporting when line manager is on leave		31.03.19	L McWilliams		
3	Policy Compliance: Achieve full compliance with implementation of TSH sickness absence policy	3.1 Monitor compliance	3.1.1 HR to file all paperwork / electronic files relating to absence within 2 week of receipt. This includes medical certificates, RtWI, OHS reports	Staff files up to date with information received	31.10.18	L McWilliams		Review of monitoring ongoing compliance to a future meeting
			3.1.2 HR to monitor and report on receipt of RtWI paper work	100% compliance with RtWI; exceptions reported to AMTG	Monthly from 30.09.18	L McWilliams		Review of monitoring ongoing compliance to a future meeting
			3.1.3 HR monitor recording of RtWI via SSTS	100% compliance with RtWI; exceptions reported to AMTG	Monthly from 30.09.18	L McWilliams NHS Lanarkshire report		Review of monitoring ongoing compliance to a future meeting
			3.1.4 HR monitor OHS referrals made for employees on Long Term Sickness (LTS)	100% compliance with OHS referral; exceptions reported to AMTG	Monthly from 30.09.18	L McWilliams		Review of monitoring ongoing compliance to a future meeting
			3.1.5 HR monitor management of staff hitting sickness absence trigger	100% compliance with management of staff hitting trigger; exceptions reported to AMTG	Monthly from 30.09.18	L McWilliams		Review of monitoring ongoing compliance to a future meeting

	Aim	Actions	Tasks	Key Outputs	Timescale for Completion	Led By	Monitoring Status	Progress
4	Agree and monitor outcomes	4.1	4.1.1 Agree desired outcomes	6.8% S/A by 31 March 2019 Increase in staff understanding of the policy and confidence in its application Increased management compliance with the policy	By 31/03/2019	Attendance Management Task Group (AMTG)		

Monitoring Status:

Definition	Cell Colour
Requires improvement to meet timescale for achievement	Red
Not yet achieved but on target to meet timescale	Amber
Achieved	Green

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 15
Sponsoring Director:	Interim HR Director
Author(s):	PMVA Advisor/Senior Trainer
Title of Report:	UAE External PMVA Training Programme Delivery
Purpose of Report:	For Noting

1 SITUATION

This report provides feedback on a PMVA instructor training programme that was delivered by State Hospital staff to healthcare personnel in the United Arab Emirates (UAE).

2 BACKGROUND

Approval to deliver a 10-day PMVA instructor training programme to staff employed by the Ministry of Health and Prevention in the United Arab Emirates (UAE) was obtained from the Board in December 2018.

3 ASSESSMENT

The training was delivered in Al Amal Psychiatric Hospital in the Al Awir district of Dubai. Al Amal Hospital is a recently built 276 bedded psychiatric facility and is the only government facility in Dubai that provides dedicated psychiatric and addiction treatment. The hospital currently has 6 occupied wards. This includes 2 admission wards, 2 progressive (i.e. rehab) wards, an addictions ward and a learning disability ward. A forensic ward is presently being established and is due to open imminently, and there are 6 self-contained bungalows that the hospital plans to use as a rehabilitation area for patients who are ready to leave the hospital or who would benefit from increased independence. Male and female services are separate and other services provided by the hospital include child and adolescent outpatient services, psychology outpatient services and a 24-hour psychiatric emergency care service where patients can present without an appointment and be seen as an emergency (an A&E for psychiatric care).

There is no specific mental health nurse training programme in UAE and wards in the Al Amal Hospital are staffed primarily by registered general nurses with an interest in mental health. It was noticeably evident that the nursing staff were committed to delivery of good patient care, however, care practises would be considered outdated in comparison to those provided in the UK. For example, despite the luxury surroundings and widely available resources, patients have very limited choices and practices that were common in the UK some years ago (e.g. shared clothing and toiletries) are common practice within the hospital. These are issues that clinicians and managers within the hospital were aware of and are currently being addressed, and there appeared to be a genuine and strong commitment to improving care standards across the hospital.

Many of the patients admitted to the Al Amal Hospital are not native to the Emirates and come from countries such as Ethiopia, Philippines and India. Staff reported that violence and aggression is

common on the wards and mechanical restraint is currently used. Their primary aim, and reason for introducing PMVA training within the hospital, is to reduce the use of prescribed restraints and increase the use of primary prevention and de-escalation.

The training programme was delivered by 3 PMVA trainers from the State Hospital – which included the PMVA Senior Trainer/Advisor, a Charge Nurse and a Senior Staff Nurse – and took place from 27 January – 7 February 2019. The delegates were primarily clinicians and included a consultant forensic psychiatrist, a social worker, the head of nurse education, 2 senior charge nurses, 4 charge nurses, a staff nurse and 2 security staff. The programme content was based on the Public Health Model ethos of using the least restrictive intervention and placed a strong emphasis on primary prevention and de-escalation. All of the delegates demonstrated an eagerness to learn and develop new skills, and a total of 8 participants successfully completed the programme assessment (with the remaining 4 participants achieving ‘associate trainer’ status – which allows them to assist in the delivery of PMVA training under the supervision of the other instructors).

The UAE Ministry of Health and Education were exceptionally pleased with the training programme that was delivered, and the director of Al Amal Hospital (Dr Adel Karrani) personally presented each of the State Hospital instructors with a Certificate of Appreciation at the end of the course.

Since completion of this training, the Clinical Operations Manager in the State Hospital has advised that releasing 2 ward-based nursing staff for the 2-week period to assist in delivery of this external training programme had no adverse impact on care delivery or staff resources within the hospital.

4 RECOMMENDATION

The Board are invited to note the contents of this report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	
Workforce Implications	No implication on the workforce
Financial Implications	No financial implications
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board requested update
Risk Assessment (Outline any significant risks and associated mitigation)	
Assessment of Impact on Stakeholder Experience	
Equality Impact Assessment	



THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the meeting of the Staff Governance Committee held on Thursday 29 November 2018 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Present:

Employee Director
Non Executive Director
Employee Director
Non Executive Director

Bill Brackenridge (**Chair**)
Nicholas Johnston
Anne Gillan
Maire Whitehead

In attendance:

POA Representative
Chief Executive
Board Chair
Training and Professional Development Manager
Unison Representative
Head of Corporate Planning and Business Support
Dr Ritoo
Deputy HR Director
Board Secretary
RCN Representative
Dr Vargas-Prada

Alan Blackwood
Jim Crichton
Terry Currie
Sandra Dunlop
Tom Hair
Monica Merson
Clinical Director – Salus [Item 5]
Kay Sandilands
Margaret Smith
Don Speirs
Cons. Occupational Health Physician
- Salus [Item 5]

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Brackenridge welcomed everyone to the meeting and noted apologies from Mr Brian Paterson.

NOTED

2 CONFLICTS OF INTEREST

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

NOTED

3 MINUTES OF THE PREVIOUS MEETING HELD ON 17 AUGUST 2017

The Committee approved the Minutes of the previous meeting held on 16 August 2018 as an accurate record.

AGREED

4 ACTION POINTS AND MATTERS ARISING FROM THE PREVIOUS MEETING

Members noted that there was one action point outstanding and that this was on today's agenda.

NOTED

5 OCCUPATIONAL HEALTH ANNUAL REPORT (SALUS)

Dr Ritoo and Dr Vargas-Prada were in attendance to provide the Committee with an overview of activity within Occupational Health during 2017-18. Dr Ritoo, Clinical Lead for services within Salus, led the Committee through the detail of this including a breakdown of activity within The State Hospital (TSH) and the level of service provided by Salus.

The Committee asked for further detail around what services Salus provided to TSH and Dr Ritoo confirmed that the service provided was based on the occupational needs of TSH.

There was discussion around the table of the service provided to staff at TSH and agreement that the level of occupational health support was robust within the organisation. However, there was also recognition of the cost of the service and an expression for more detailed review of what value the service added to the organisation. This centred on several areas including the impact made of the service in improving sickness absence rates and /or providing a beneficial impact on staff health generally. This would help the Committee to consider whether there should be any changes made in this area.

Leading on from this, Dr Ritoo advised that there was potential to improve the service and that the level of service required would be dependent on the level of engagement that TSH wanted with Salus. Further reporting could be provided in the aggregate around sickness absence levels should this be an area that TSH wished to take forward. Dr Ritoo's advice was for focus to be on long term sickness absences.

There was also discussion around the referral process by managers of staff to Occupational Health, and the advice provided. It was agreed that it would be helpful for a session to be arranged for line managers as well as HR staff in this area.

Action – Ms Sandilands

Members emphasised that it was imperative to demonstrate that the Board was receiving value for money in delivery of this service, and to ensure that TSH was making best use of the service. It was agreed that this should be considered in the context of outcome measurement and discussion around how best to achieve this given the small number of key performance indicators (KPIs) that Occupational Health have responsibility for within the wider context of sickness absence rates. It was agreed that a report should be brought to the next meeting detailing the KPIs and methodology of measuring impact of the service for the organisation going forward.

Action – Ms Sandilands

NOTED

6 ATTENDANCE MANAGEMENT REPORT

The Committee received the Attendance Management Report for September 2018 and Ms Sandilands was in attendance to lead the Committee through the key issues. The absence rate was noted to be 6.83% and this was noted as a much improved performance. However, at the same time, Ms Sandilands advised that the early indication was that October's figures would demonstrate a rise in sickness absence rates.

The Committee welcomed the improvement in the figures for August and September, as well as the enhanced support being provided to line managers by the HR department in managing sickness absence. Members agreed that continuity in HR support to line managers would be essential in bringing about improvement in this area.

Members discussed the effectiveness of EASY and whether this had impacted on sickness

absence rates – there was agreement that this service should be reviewed with feedback obtained from both line managers and staff. This review should be brought back to the Committee.

Action – Ms Sandilands

NOTED

7 ATTENDANCE MANAGEMENT IMPROVEMENT WORKING GROUP

Mr Crichton provided the Committee with an update on the work of this task group focusing on four main areas: leadership, training and support, policy compliance and monitoring outcome. He also confirmed that a paper would be brought to the Board in December outlining the key themes from the staff engagement session he had led throughout the hospital in recent months.

Mr Crichton also highlighted that a new training module had been set up online (via Learnpro) for line managers as an additional support mechanism. He asked the Committee to note the work being taken forward by HR to audit policy compliance was in the context of “Once for Scotland” HR policies coming into effect nationally.

The Committee were content to note the content of the report.

NOTED

8 PERSONAL DEVELOPMENT PLANS

A paper was submitted to the Committee to provide a progress update in relation to personal development planning and review staff governance standard and associated compliance.

Ms Sandra Dunlop was in attendance to provide an overview to Members and she led the Committee through the key points of the report. With the introduction of the Turas system in April, there had been a dip in performance. However, there had since been improvement and there was focus throughout the organisation in this area. There had also been positive feedback from staff on the accessibility and usefulness of the new system in generating meaningful discussion during performance reviews.

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

NOTED

9 STATUTORY AND MANDATORY TRAINING COMPLIANCE

The Committee received an update report on organisational compliance levels for statutory and mandatory. This represented high levels of compliance in comparisons with other Health Boards.

There was discussion around the difficulties of ensuring an even better performance in this area given the essential nature of the training. The Committee asked for further reporting around the risk rating for the organisation against any non-compliance in critical areas involving statutory and mandatory training. This should also be reported to the Senior Management Team.

Action – Ms Dunlop

NOTED

10 SICKNESS AND ABSENCE MANAGEMENT – INTERNAL AUDIT REPORT

It was noted that this report had been remitted to this Committee from the Audit Committee.

Ms Sandilands advised on progress made to take forward the recommendations detailed on the report, particularly a stronger relationship between HR and line managers.

Internal auditors would return to this, and provide a further update in February 2019. As that report would not be timed to come to the next meeting of this Committee, an update would come at the next meeting on the position to date.

Action – Ms Sandilands

NOTED

11 HR PERFORMANCE – EMPLOYEE RELATIONS ACTIVITY

The Committee received a report which provided an update on employee relations activity. Ms Sandilands led Members through the report highlighting the prescribed timescales and the challenges faced in meeting these.

Members discussed the challenges faced in shortening the process, particularly when this was related to ill health issues. Ms Sandilands advised that these issues were experienced nationally.

The Committee asked that future reporting should include an indication of the number of cases that were proceeding on schedule and the number of cases which were behind schedule.

Action – Ms Sandilands

NOTED

12 STAFF GOVERNANCE STANDARD MONITORING RETURN

The Committee received and noted this report for information.

NOTED

13 HUMAN RESOURCES AND OCCUPATIONAL HEALTH STAFFING

The Committee received an update from the Interim Human Resources Director which confirmed that the Directorate had returned to fully staffed capacity.

Members were content to note this report.

NOTED

14 48 HOUR WORKING WEEK OPT OUT

A report was received from the Interim Director of Human Resources which provided an update on staff who had signed the Opt Out Waiver which allowed them to work in excess of 48 hours per week.

A total of 236 waivers had been signed by 21 November 2018, and from December onwards line

managers would received a monthly update report on staff who had signed the opt out.

NOTED

15 ANNUAL REVIEW

Mr Crichton provided the committee with an update on the arrangements made for this year's Annual Review. A ministerial review would take place on 14 January 2019, followed by a public meeting on 23 January 2019.

NOTED

16 STAFF GOVERNANCE COMMITTEE – WORKPLAN 2019

The Committee received and endorsed the workplan.

AGREED

17 HEALTH, SAFETY AND WELFARE COMMITTEE, DRAFT MINUTES FROM 7 AUGUST 2018

Members received and noted the draft minutes of the Health, Safety and Welfare Committee which had taken place on 7 August 2018. The difficulty in arranging this meeting was noted and the importance of staff being released to attend was underlined.

NOTED

18 PARTNERSHIP FORUM – MINUTES OF MEETINGS HELD IN JULY, AUGUST, SEPTEMBER AND OCTOBER 2018

Members received and noted the minutes from each meeting. The highlights of each meeting were noted in particularly pressure on staffing levels and the commencement of the nursing pool. The financial pressures facing the organisation had also been noted at each meeting. It was noted that there had also been focus on values and behaviours and iMatter throughout the organisation.

The Staff Governance Committee noted the content of these minutes.

NOTED

19 ANY OTHER BUSINESS

Ms Sandilands updated the Committee on the period of informal action that had taken place between 3 and 9 November 2018, the cause of which had appeared to be multi-factorial. There was discussion round the table on the impact of this on both staff and patients. Members paid tribute to staff whose efforts had helped to deliver safe care during this challenging time. and a general agreement that partnership working would be the way forward.

Mr Crichton confirmed that Joint Staff Side had been invited to meet with him and executive leadership to facilitate discussion.

20 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 7 February 2019 at **9.45am** in the boardroom, The State Hospital, Carstairs.

The meeting concluded at 11.50am

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting	:	28 February 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 31 January 2019
Purpose of Report:		Update on current financial position

1 SITUATION

- 1.1 The Senior Team and the Board consider the Revenue and Capital plans, and financial monitoring. This report provides information on the financial performance to 31 January 2019, which is also included in the Partnership Forum agenda.
- 1.2 Scottish Government requested a 1 Year Operational Plan (this was narrative only – with a financial template forecast submitted for a 3-year period). This was approved by the April 2018 Board Meeting. (The format had changed from previous years' Local Delivery Plans that covered 3-5 Years).
- 1.3 This Plan sets out a balanced budget for 2018/19 based on achieving £1.484m efficiency savings, as referred to in the table in section 4. Recognition of recurring posts, saved through recent workforce reviews, and utilities efficiency savings, amounting to £0.280m have already been realised in the 2018/19 base budget. In effect, that brings the total savings target to £1.765m.

2 BACKGROUND
2.1 Revenue Resource Limit Outturn

The annual budget of £35.708m is the Scottish Government Revenue Resource Limit / allocation and anticipated monies.

The Board is reporting an over spend position of £0.223m to 31 January 2019, with the in-month movement an under spend of £0.054m, primarily due to:-

- Increased invoices from other Boards for SHO's
- Biomass Repairs
- Above offset with review of centrally held monies and benefit of delays in projects

2.2 Forecast Outturn

The forecast outturn trajectory to date was £0.100m of overspend, however the YTD position is £0.223m overspent, therefore the current position is an adverse variance of £0.123m. Nevertheless, it should be noted we are in a much better position compared with

this period last year.

The other area of positive movement may be if HMRC settle in our favour to reduce VAT on utilities to 5% from 20%, but given the uncertainty, this has not been anticipated, but noted in the table at 2.3.

Given the present position against the forecast trajectory, principally arising around Nursing overtime levels, we continue to monitor forecasting routinely, as well as new measures identified by our Sustainability Task Group to enable the financial forecast to maintain a breakeven position for March 2019.

As reflected and noted in November return, we will not be in a position to contribute the second £0.220m to the National Boards savings, as that would adversely affect our ability to achieve breakeven for 2018/19,.

We will of course strictly monitor the forecast outturn until the year-end, and should the position improve sufficiently then we will be able to readdress this with the National Boards.

Prior Year Period 10 17/18	34,656,087.00	28,883,415.10	29,261,902.53	(378,487.43)
3AN - Level 3 Account Name	Annual Budget £'s	Year to Date Budget £'s	Year to date Actuals £'s	YTD Variance (budget less actuals) for period 10
Other Operating Income	(589,051.00)	(490,875.84)	(733,272.86)	242,397.02
Pay	28,715,676.14	23,733,165.76	24,395,896.75	(662,730.99)
Savings	(115,825.17)	(3,269.48)	0.00	(3,269.48)
Purchase Of Healthcare	820,585.00	683,820.84	660,375.75	23,445.09
Non Pay	4,907,518.00	3,761,692.93	3,668,526.94	93,165.99
Hch Income	(790,537.00)	(658,780.82)	(759,651.78)	100,870.96
Capital Charges	2,760,123.00	2,300,102.50	2,314,364.88	(14,262.38)
Sale Of Assets	0.00	0.00	2,988.18	(2,988.18)
	35,708,488.97	29,325,855.89	29,549,227.86	(223,371.97)

- 2.3 The table below notes areas that should be brought to the attention of the Board – although at this stage they are unquantified, these have the potential to affect the year-end outturn.

PRESSURES
National Pay Deal
Holiday Pay (and possible retrospection)
Rebandings
Perimeter Fence - FBC - Additional Staff
Double Running costs for senior managers resilience
DOCAS (SLA for Union dues)
POSSIBLE BENEFITS
If VAT element on Utilities in our favour (v HMRC)

3 ASSESSMENT

YEAR TO DATE POSITION – BOARD FUNCTIONS

Directorates	Annual Budget 1819 £'k	YTD Budget Jan 19 £'k	YTD Actuals Jan 19 £'k	YTD Variance (budget - actual) (adverse) / favourable Jan 19 £'k	Budget wte	Actual WTE
Cap Charges	2,760	2,300	2,317	(17)	0.00	0.00
Central Reserves	521	(9)	14	(23)	0.00	0.00
Chief Exec	1,887	1,573	1,543	30	23.67	23.17
Finance	2,757	2,307	2,257	50	37.33	36.06
Human Resources Directorate	787	656	628	28	13.33	12.16
Medical	3,447	2,872	2,694	178	34.63	34.04
Misc Income	(130)	(108)	(66)	(42)	0.00	0.00
Nursing And Ahp's	18,154	15,129	15,624	(496)	378.82	380.81
Security And Facilities	5,524	4,607	4,537	69	123.63	115.67
Under / (over) spend	35,708	29,326	29,549	(223)	611.41	601.91

- 3.1 **Capital Charges** updated forecasts suggest an annual pressure of around £0.018m.
- 3.2 **Central Reserves / unidentified savings** – the actual 'spend' is the accrual for the outstanding pay award (non-AFC). YTD credit budget is unidentified savings. Other monies sit centrally (phased to Month 12) until released to match appropriate spend, however an element of this (the benefit arising from delays in planned projects) has been phased to the current month from Month 12.
- 3.3 **Chief Executive** –
HR Director secondment only being filled 0.50wte.
2/5ths of Finance Director to be recharged to Golden Jubilee (this ceased at the end of December 2018).
- Forensic Network & School of Forensic Mental Health** sits within this Directorate, for which the Scottish Government earmark this funding. Some income has also been deferred from 2017/18, and there are fluctuations due to timing of course income and expenditure, both being accrued monthly - pending spend - to reflect projected breakeven.
- 3.4 **Finance** – benefit recognised from vacancy management, and research currently under spent.
- 3.5 **Human Resources** – some part time posts against full time establishment.
- 3.6 **Medical Services**
Medical - Recharges to other Boards are higher than was planned in base budgets, this benefit is coupled with earlier vacancies.
Psychology – vacancies (due to continued closure of two wards).
Pharmacy – currently reflects an under spend on drugs.
- 3.7 **Miscellaneous Income** – this includes RHI Income, until released to match related spend in Estates (Biomass repairs January 19 influenced this).

3.8 Nursing and AHPs

Further detail has been provided, in table below, on this Directorate.

Nursing & AHP's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 10	Budget WTE	Actual WTE
Advocacy	147	123	122	0	0.00	0.00
AHP's & Dietetics & SLA'S	607	506	386	120	13.38	9.12
Hub & Cluster Admin & Clinical Operations	762	635	664	(29)	23.17	20.48
PCI & Pastoral	193	161	133	27	3.40	2.45
NPD & Infection Control & Clin Gov	386	322	318	4	5.80	4.80
Skye Centre	1,518	1,265	1,179	86	38.33	32.37
Ward Nursing	14,541	12,117	12,822	(705)	294.74	311.59
Total Nursing and AHP's	18,154	15,129	15,624	(496)	378.82	380.81

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

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

Hub & Cluster Admin & Clinical Ops – overtime and earlier double running.

PCI & Pastoral - beneficial effect of vacancies, and underspend in patients visitors travel.

NPD etc. – Seconded posts from Nursing, offsetting vacancies.

Skye Centre – beneficial effect of vacancies.

Ward Nursing Overtime, detailed in table overleaf, and under achieved savings.

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

The £'s includes NI's @ 11%			The £'s includes NI's @ 11%		
2018/19 Ward Nursing Hours			2017/18 Ward Nursing Hours		
Period	Overtime Hours	Excess Hours	Period	Overtime Hours	Excess Hours
APR	1,645	503	APR	3,732	734
MAY	3,900	485	MAY	3,010	707
JUN	5,310	531	JUN	4,046	464
JUL	5,027	536	JUL	5,144	568
AUG	6,330	765	AUG	6,822	848
SEPT	6,781	665	SEPT	6,885	496
OCT	4,838	479	OCT	6,694	552
NOV	4,347	322	NOV	6,587	377
DEC	3,101	756	DEC	5,433	472
JAN	3,540	712	JAN	6,628	366
TOTAL	44,819	5,754	TOTAL	54,981	5,584
2018/19 Ward Nursing £s			2017/18 Ward Nursing £s		
Period	Overtime £	Excess £	Period	Overtime £	Excess £
APR	41,056	7,981	APR	93,077	11,283
MAY	100,150	7,945	MAY	75,198	10,553
JUN	136,449	8,164	JUN	100,626	7,136
JUL	131,193	8,683	JUL	130,226	8,526
AUG	165,734	12,590	AUG	174,100	12,473
SEP	178,136	10,905	SEPT	177,335	7,781
OCT	129,588	7,794	OCT	177,187	8,072
NOV	113,828	5,059	NOV	168,648	6,058
DEC	78,946	11,066	DEC	137,775	7,646
JAN	90,787	9,419	JAN	175,417	5,768
TOTAL	1,165,867	89,606	TOTAL	1,409,589	85,296
YTD Jan '19 - a further £53k overtime is charged to Nursing from the Skye Centre					

3.9 Security and Facilities

	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 10	Budget WTE	Actual WTE
Security & Facilities						
Facilities	4,003	3,336	3,220	116	83.86	75.90
Security	1,521	1,271	1,317	(47)	39.77	39.77
Total Security & Facilities	5,524	4,607	4,537	69	123.63	115.67

Facilities – Mainly under spends in catering and housekeeping, which are due to ward closures and the effect of vacancies.

Security – Mainly backfill effect for sickness cover and acting posts.

4 EFFICIENCY SAVINGS TARGET

- 4.1 To balance the financial plan in 2018/19 the Board was required to release £1.765m of cash from budgets through efficiency savings. As noted in 1.3 above, £0.280m was recognised in the recurring base budgets, with £1.484m savings still to be realised in year.
- 4.2 The following table shows the annual savings, achieved to date, and still to be achieved in the remaining months.

The unidentified savings value has now been partly offset by the £0.300m revenue funding received September for pay awards, and the £0.220m tranche 2, as noted above.

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

Savings Annual Target LDP	Savings Annual Target LDP			Savings (Achieved) YTD, as at Jan 19			Savings still to be achieved by year end		
	2018-19			2018-19			2018-19		
	Rec £000s	Non-Rec £000s	Total £000s	Rec £000s	Non-Rec £000s	Total £000s	Rec £000s	Non-Rec £000s	Total £000s
Efficiency & Productivity Workstreams:									
Service redesign (Clinical)	5	0	5	0	0	0	5	0	5
Drugs & Prescribing	20	20	40	0	10	10	20	10	30
Workforce	244	588	832	270	759	1,029	-26	171	197
Procurement	0	0	0	0	0	0	0	0	0
Financial management / corporate initiatives (Non Clinical)	29	47	76	19	6	25	10	41	51
Financial management / corp init (Non Clinical) - Estates	133	65	198	82	20	102	51	45	96
Other	0	100	100	0	0	0	0	100	100
Unidentified Savings	0	515	515	0	483	483	0	31	31
Total In-Year Efficiency Savings	431	1,334	1,765	371	1,278	1,649	60	56	116
£280k already achieved in base	Trajectory (1/12ths of LDP)			359	1,111	1,471			
				(under) / over achieved	12	167	178		

5 CAPITAL RESOURCE LIMIT

Capital allocations anticipated from Scottish Government amount to £0.269m, which does not recognise any specific funding yet for the Perimeter Security Project, there has been a slight delay to the start of this.

	Annual Plan £'k	YTD Plan £'k	YTD Actual £'k	YTD Variance £'k
Estates	30	30	30	-
IM&T	30	28	28	-
Vehicles	-	-	-	-
Other equipment	209	19	19	-
Security Fence Dvpt	-	25	25	-
TOTAL	269	102	102	-

6 RECOMMENDATION

6.1 Revenue: Over spend of £0.223m.

Earlier unidentified savings have now been partially covered by the pay award allocation and assuming Tranche 2 savings is not returned. Vacancies continue to contribute to over achieved savings, albeit non recurrently. The levels of nursing overtime spend are now reducing October and onwards.

Quarterly Financial Review meetings, over and above the monthly Management Accounts meetings, help eliminate any surprises in the accounts and aids forecasting the year-end outturn. Savings are realised monthly and are now ahead of plan due to reflection of pay awards and tranche 2 savings. Should anything materialise from HMRC around reducing VAT on utilities to 5% from 20% then we may be able to consider the tranche 2 handback.

We are putting plans in place now in order to achieve the projected year-end breakeven position.

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

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

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

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

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

MONITORING FORM

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 18
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Director of Nursing and AHPs
Title of Report:	Service Sustainability
Purpose of Report:	For Noting

1 SITUATION

The Board has received regular updates with regard to achieving service sustainability in the 18/19 reporting year. This paper provides another update, with a focus on what has been considered as higher impact actions, and what is important to maintain focus on in 19/20.

2 BACKGROUND

The Service Sustainability Group met on 30 January 2019. The purpose of this meeting was to:

- Review what has been achieved year to date
- Discuss what has had the biggest impact in terms of actions
- Identify actions to ensure sustainability in 19/20 and beyond.

This SBAR details the output from this meeting.

3 ASSESSMENT

At month 10, the overall Board overspend is reported as being £232,000, representing an improvement on month 9. It is projected that a near breakeven position will be achieved at the end of the 18/19 financial year aided by the range of actions taken in year.

The Nursing and AHP Directorate is £496,000 overspent. This is a significant improvement when compared to the same period last year when there was a reported overspend of £1,069,000. Focusing on spending in nursing in particular, which has been a major area of risk and concern, the year to date position is an overspend of £705,000, with this being £1,366,000 for the same period in 18/19, a near 50% improvement.

In terms of areas that have had the highest impact in achieving this change, the Service Sustainability Group considered that these were:

- Process controls such as limiting weekly overtime hours.

Board Paper 19/11

- Changes to observation practice such as the introduction of the clinical pause.
- Introduction of the nursing pool.
- Service level agreements where State Hospital staff are working sessions in other services.
- Focus on sickness absence.

It was also recognised that the totality of activity overseen by the group has achieved the shift towards more sustainable service delivery, on the basis of the benefit of accumulating marginal gains.

Looking forward to 19/20 and beyond, the Service Sustainability Group considered that the following areas should be focused on during 19/20

- Delivery of clinical care model review and, more specifically, the associated workforce planning.
- Further improvements around process controls for additional hours.
- Expansion of the nursing pool.
- Building on practice change through the 'improving observation practice' workstream.
- Maximising efficiencies through SLA activities.
- Improving attendance, with a specific focus on a more upstream approach to workforce mental health and wellbeing.
- Improved vacancy management processes including risk assessed approach to approval of posts, focus on timescales for recruitment processes and developing a more proactive and strategic approach to recruitment.
- Scoping of opportunities for collaboration with other boards, with a focus of realising efficiency through sharing of resources and also enhancing resilience.
- Scoping opportunities for income generation through service delivery.
- Scoping opportunities for the rationalisation of the physical estate.

It is proposed that the Service Sustainability Group continues to meet, with the purpose of steering and monitoring the activities set out above, and reporting these back through the SMT at regular intervals.

4 RECOMMENDATION

The Board is invited to note this paper, and the proposed focus on sustainability in 2019/20.

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</p>	<p>Supports delivery of breakeven position for Board.</p>
<p>Workforce Implications</p>	<p>Considered in section 3 of the report.</p>
<p>Financial Implications</p>	<p>Considered in section 3 of the report.</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations.</p>	<p>Board Requested Update</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>Risk of failing to achieve financial breakeven. Risk of sub optimal patient experience. Mitigated against by the actions set out in this paper.</p>
<p>Assessment of Impact on Stakeholder Experience (Detail what assessed impact there may be on patients, staff, carers and other external stakeholders).</p>	<p>Potential for positive impact on patients and staff experience where services are delivered in a way that ensures consistency and sustainability.</p>
<p>Equality Impact Assessment</p>	<p>Not assessed.</p>

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 19
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Senior Project Manager
Title of Report:	Business Intelligence & Tableau
Purpose of Report:	To update on project progress

1 SITUATION

The Hospital is implementing a Business Intelligence solution using Tableau. This report updates Board members on progress to date and there will be a short demonstration of Tableau dashboards developed using State Hospital data.

2 BACKGROUND

Members of the Senior Management Team have been conducting various analyses of workforce and nursing resource utilisation in order to better understand and address areas of concern.

The eHealth Information Team were asked to examine these issues in depth through the Nursing Resource Utilisation Project. The Team concluded that the systems and processes currently in place in relation to gathering and reporting information are resource intensive, and the data currently available does not provide sufficient granularity to explain or attribute the factors influencing these trends. The following recommendations were made:

- To put in place resilient systems that collect and report information on workforce and nursing resource utilisation and support its management.
- To deliver Business Intelligence reporting solutions that will provide data analysis and visualisation via interactive dashboards, and the dissemination of information across the hospital.

3 ASSESSMENT

The attached report which was presented to the Senior Management Team (SMT) in December 2018 details the good progress made on the Business Intelligence solution. The Project Team value the involvement of key stakeholders in the process so far and invited SMT members to take part in a workshop to establish the optimum project organisation, prioritisation, and planning. The Project Team also presented to the Medical Advisory Committee, and two members of this group have also agreed to become involved in taking the project forward. The workshop has been scheduled for the 21 March 2019. A report on the outcome of this event detailing the agreed prioritised work plan and key deliverables will be delivered to the SMT.

Board Paper 19/13

4 RECOMMENDATION

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

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / Corporate Objectives</p>	<p>The Tableau data will support data driven improvements in the outcomes outlined in the State Hospital Strategy Map 2018-2020.</p> <p>Nationally, ‘Scotland’s Digital Health and Care Strategy’ describes the need to develop integrated, well-governed information solutions throughout the whole of NHS Scotland.</p>
<p>Workforce Implications</p>	<p>A reprioritisation of the eHealth work plan. An additional temporary Information Analyst post has been created and a suitable candidate has been offered the post subject to the usual checks.</p>
<p>Financial Implications</p>	<p>Dependent on the scope of the project, additional Tableau licences may be required.</p>
<p>Route To Board Which groups were involved in contributing to the paper and recommendations?</p>	<p>eHealth Information Team, Head of eHealth, Director of Finance and Performance Management, Senior Management Team, Medical Advisory Committee.</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>Access to key stakeholders and their availability to engage in the project.</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>A full stakeholder analysis will be undertaken and communication strategy developed.</p>
<p>Equality Impact Assessment</p>	<p>No potential inequalities have been identified.</p>



THE STATE HOSPITALS BOARD FOR SCOTLAND

BUSINESS INTELLIGENCE & TABLEAU

PROJECT UPDATE

DECEMBER 2018

BUSINESS INTELLIGENCE & TABLEAU AT THE STATE HOSPITAL

1 INTRODUCTION

The State Hospital collects a wide range of data, both clinical and non-clinical. There is an opportunity to review not only how we utilise data, but also how it is gathered, stewarded and what data we choose to collect.

Improvements can be made to ensure timelier, more accurate provision of information, meeting the reporting needs of the Hospital and the decision support needs of managers and clinicians.

A more efficient, scalable hospital reporting system is necessary and will shift the balance of effort from scrambling to collate data to focussing on interpreting data and developing data-driven improvement plans. A Business Intelligence solution, properly delivered, will make our information accessible, consistent, adaptive and resilient.

The development of a Business Intelligence (BI) system offers an opportunity for strategic inquiry into the Hospital's growing data needs. This will determine what data and analysis can best inform strategic imperatives, be responsive to mandatory reporting requirements, meet the information needs of the clinicians and ensure sufficient management oversight of the day to day running of the Hospital programmes and projects.

2 APPROACH TO THE WORK

The eHealth Information Team evaluated several BI solutions and selected Tableau as the preferred solution. Tableau has been recognized as a leader in the Gartner Magic Quadrant for Analytics and Business Intelligence Platforms for the sixth year in a row for ability to execute and completeness of vision.

Tableau helps people see and understand data

Tableau can connect to data on premises or in the cloud—whether it's big data, a SQL database, Electronic Patient Records, HR systems, a spreadsheet, or cloud applications. Tableau allows us to access and combine disparate data from multiple sources, analyse it and create dashboards to help us understand what's happening.

Tableau is expensive to buy directly but we were able to purchase Tableau through a contract with NHS National Services Scotland (NSS) who host our Tableau server and provide ongoing support and training.

An important informational sidebar...

NSS are also hosting and delivering the National Shared Instance (NSI) BI Finance Platform. The project objective is to develop a platform which will support the provision of self-service analytics in the short term, and enable advanced BI capability such as diagnostic, predictive and prescriptive ('what if') modelling, cost based analysis and health economics in the longer term through linkage with clinical and non-clinical data marts within the NHS National Services Scotland (NSS) Corporate Data Warehouse (CDW). It will deliver new data marts integrated within the NSS CDW to hold National Data Centre (NDC) and General Ledger transactions data; modification to the existing workforce data mart to reinstate sickness absence and pay data, and a data platform which exposes

data from the CDW for analysis (i.e. National Procurement, Finance and NDC data marts, and subsets of workforce, community prescribing and hospital medicines utilisation data marts).

The first end user product to be delivered from this project will be a dashboard for finance directors, budget holders and management accountants. The dashboard will provide financial information linked to sickness absence, community and hospital drugs, and NDC data to provide context and insight into overspends.

The eHealth Information team are collaborating with NSS and the TSH Finance team to implement the Finance Platform here, but this report is focused on the specific TSH Tableau project.

Tableau within the State Hospital

Project Aim: To deliver Business Intelligence reporting solutions that will provide data analysis and visualisation via interactive dashboards, and the dissemination of information across the Hospital.

PHASE 1

Objective 1: Agree data requirements in consultation with key stakeholders.

We have held a series of meeting with senior stakeholders aimed at answering the key question *“What data do you need to do your job?”*

We now have an initial high level record of data items required (Appendix 1). This initial list will be circulated to stakeholders again for verification and further refinement. Stakeholders will then be invited to engage in a prioritisation process so that a work plan can be agreed for Phase 2.

The requirements will be prioritised according to:

- **Alignment with strategic goals (ref Strategy Map)**
- **Grouping of stakeholders around key data items signalling a commonality of demand**
- **Availability of clean data that can be included in our Data Warehouse**
- **Potential for supporting data driven improvement**

Note: This process may identify data items that are a priority for a number of stakeholders but no business process and/or reliable data is in place. The eHealth Information team will provide technical advice but the redesign of business processes, policies or procedures is beyond the scope of the Tableau project and will be the responsibility of the appropriate Responsible Officer(s).

Objective 2: Develop expertise in Tableau and build capability to deliver solutions.

The Senior Information Analysts have spent several months training and developing their skills, setting up the Data Warehouse system architecture and the interface with NSS including hosting and the user access system.

They have also been working with key stakeholders to develop some initial dashboards in areas including:

1. Excellence in Care (National Nursing initiative)
2. Dynamic Appraisal of Situational Aggression (DASA) dashboard (for RMOs/Clinical Teams)

3. Clinical Outcome Indicators
4. Physical Health

Objective 3: Ensure appropriate governance arrangements are in place to deploy Tableau safely.

Governance is in place to secure:

- Permission granted by Information Asset Owner before data is brought into the Data Warehouse
- Potential users must apply for access to dashboards, justifying their reason.
- Access to the User Access system must be authorised by the SIRO (Senior Information Risk Owner) or their deputy (Senior Project Manager).

PHASE 2

Going forward the project team will:

- Work with key stakeholders to design dashboards and reports based on agreed priorities.
- Establish distribution lists, frequencies, alerts and user access levels.
- Deliver specific training in the use of Tableau.
- Develop data interpretation and literacy skills within the reporting environment (the ability to read, create and communicate data as information).

3 ADDITIONAL INFORMATION FOR THE SENIOR MANAGEMENT TEAM

Resource allocation and prioritisation

Given the work required to provide a valuable suite of reports and data sources in Tableau, the de-escalation of a number of items currently on the Information Team's priority list has been approved. This still leaves a significant workload to manage while also working through Tableau requirements.

Other major projects on the horizon must also be taken into consideration including the migration to RiO 7 and the potential introduction of an eRostering solution.

Stewardship and governance of data

The Team have tried to clarify roles and responsibilities for data. These may include:

- Information Asset Owners
- Data stewards who are responsible for the integrity of the data, and can vouch for the data being 'healthy' (Accurate, timely, consistent, valid, primary source). Reliance on individuals creates resilience issues.
- Actionees – persons or groups who will respond to issues identified from data and deliver improvement plans.

The initial requirements document appended highlights some significant vulnerabilities that must be addressed including ownership of major systems, lack of clarity of stewardship and continued reliance on departments providing a safety net as projects move from pilots to business as usual.

Project organisation, planning and stakeholder involvement

Phase 1 was developmental and formative but more structure needs to be in place for Phase 2.

This includes the organisation of the project including clear roles and responsibilities and a project plan including system implementation dates based on prioritisation of requirements. The project will also require a strong ongoing focus on internal communications. This will be a formal part of the project with a stakeholder analysis, key responsibilities and deliverables outlined in the Communications Plan.

4 CONCLUSIONS

The Project Team value the involvement of key stakeholders in the process so far, but now require more dedicated input from SMT members in the next phase. SMT members are the key stakeholders but a separate forum is needed to do the detailed work to establish the optimum project organisation, prioritisation, and planning.

Vulnerabilities around the stewardship of data have been identified and the SMT should review and clarify roles and responsibilities for the good governance of data at every level. This is outside of the scope of the Tableau project but the resolution of this issue is a key dependency for the project.

5 RECOMMENDATIONS

- A stakeholder event to be held early in 2019 to conduct the prioritisation exercise and make recommendations on project organisation.
- A report on the outcome of this event detailed the agreed project organisation and prioritised work plan will be delivered to the SMT.
- SMT should consider how improvements can be made to the governance and stewardship of data.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 20
Sponsoring Director:	Finance and Performance Management Director
Author:	Head of Corporate Planning and Business Support
Title of Report:	Performance Report Q3 2018/2019
Purpose of Report:	To provide KPI data and information on performance management activities.

1 SITUATION

This report presents a high-level summary of organisational performance for Q3 September - December 2018. A summary table for the performance indicators may be found in Appendix 1. We have added Q2 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; GP access and Sickness Absence. Additional local KPIs are reported to the Board and included in this report. Going forward, the LDP process has been replaced by a requirement for each Board to submit an Annual Operational Plan for 2018-19. A review of the broader LDP standards is also being undertaken at a national level.

2 BACKGROUND

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

3 ASSESSMENT

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

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

On 31 December there were 107 patients in the hospital. 9 of these patients were in the admission phase. 3 CPA documents had not been reviewed within the 6 month period. All 3 were out of date (one was completed shortly after the due date, the other 2 are outstanding). This gives a compliance of 96.9% which is an improvement from September's 94.9% compliance. This indicator has moved from amber to green.

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

No 3 Patients will be engaged in off hub activity centres

For Q3, 84% of patients were involved in off-hub activities. This is a slight improvement since the last quarter (Q2 79%). This percentage doesn't include patients planned to attend the hospital shop or the patients scheduled to attend the Health Centre.

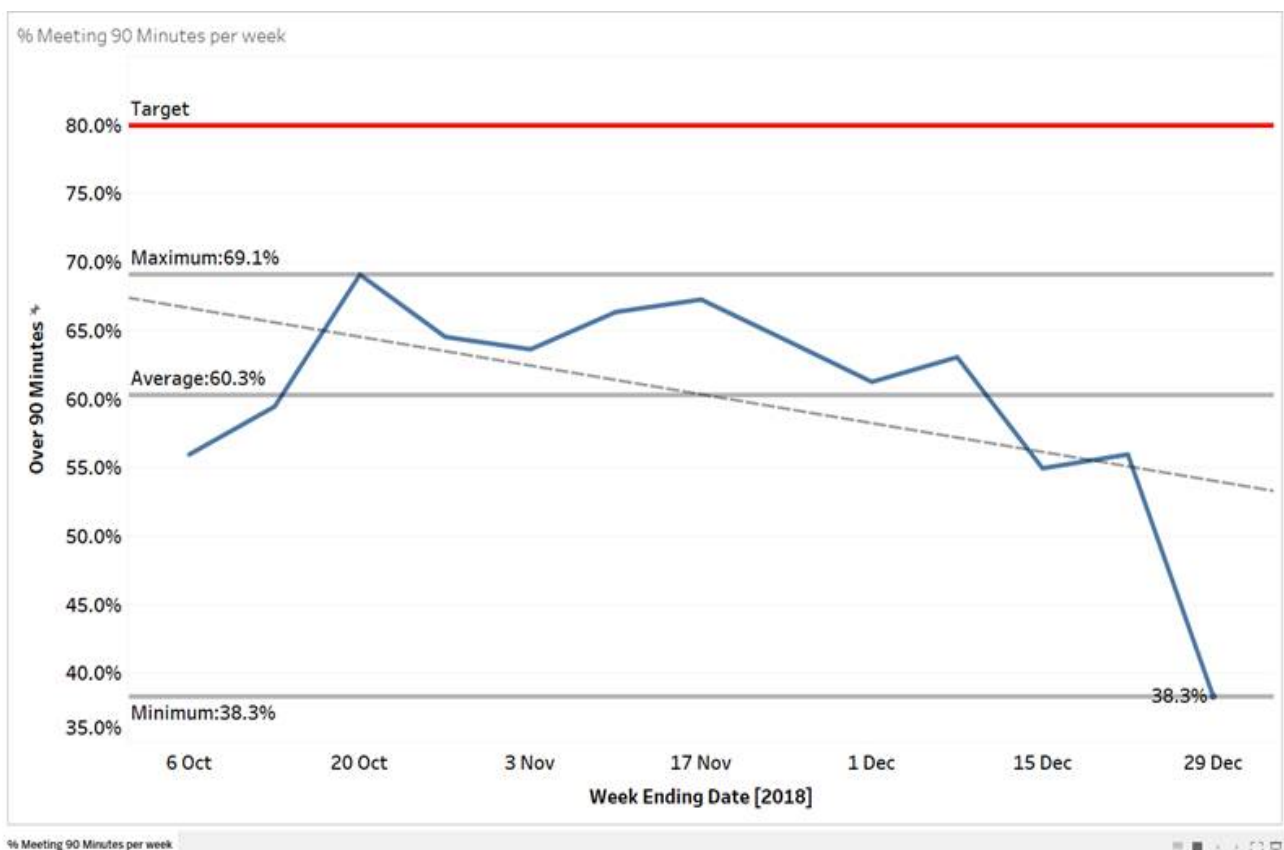
Reasons for the improvement include the number of patients approved by their Clinical Team to commence engaged in the Skye Centre and Sport Induction Programmes. This indicator moved from the red zone to the amber zone

No 5 Patients will undertake 90 minutes of exercise each week

There has been a further reduction in the number of patients engaging in 90 minutes moderate physical activity over the course of the quarter. 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.

The reduction from 62.2% in September to 38.8% in December is, in part, due to the reduced number of hours patients can utilise ground access in the winter season. Other reasons included the 2 public holidays through the month of December whereby patients were unable to access facilities like the Sports and Fitness Centre, Gardens Department and walking groups either on a 1:1 or group basis.

The physical activity level of patients continues to be monitored and reported to the Physical Health Steering Group on a quarterly basis. Clinical Teams and key workers also have access to patient's individualised physical activity data which details how much physical activity patients participate in as well as detailing the types of activity they have participated in. This indicator remains in the red zone.



No 6 Healthier BMI.

The audit results show that 11.6% of patients have a healthy BMI in December 2018 compared to 14.5% in September and 18.8% in June 2018. This is concerning but may be due to the patients that have been admitted and discharged within the time period. It should also be noted that this is only the second reporting period where the weights are coming straight from RiO and some inconsistencies with height being documented accurately have been identified and are being addressed.

Table 1:

Weight Range by BMI	Number of patients (Q3)	% (Q3)	Number of patients (Q2)	% (Q2)
<18.5 underweight	0	0	1	0.9
18.5-24.9 healthy	12	11.6	15	14.5
25-29.9 overweight	36	88.4	30	85.5
30-39.9 obese	48		33	
>40 obese	7		8	

Overall the rates of overweight and obesity show an increase from 85.5% in September 2018 to 88.4% in December 2018. The Hospital target of 25% of the population being a healthy weight remains unachieved. This indicator remains in the red zone.

No 7 Sickness absence.

The sickness absence figure from 1 December – 31 December 2018 is 7.3% with the long/short term split being 4.47% and 2.84% respectively. The total hours lost for this period is 7,554.86. The monthly absence figure has increased by 0.47% from September 2018 figure of 6.83%.

The current average rolling 12 month sickness figure is 8.74% for the period 1 January 2018 to 31 December 2018. The long/short term split is 6.70% and 2.03% respectively. The total hours lost for this period is 100,712.93 which equates to 51.64 wte. This is an improvement of 0.51 wte compared with the rolling September data. *(calculated on the total yearly data)*. This indicator remains in the red zone.

No 8 Staff have an approved PDP.

The PDR compliance level at 31 December was 74.7%. This is an increase of 15.5% from the last reporting period of 59.2% in September.

Monthly monitoring is indicating a positive upwards trajectory and there is clear evidence of month-on-month improvements in organisational compliance throughout Quarter 3.

Staffing resource pressures and high levels of staff absence, which impact on reviewer and reviewee availability and capacity to undertake reviews, are a key contributory factors to lower levels of compliance in some wards and departments. This indicator remains in the red zone.

No 9 Patients transferred/discharged using CPA.

This indicator increased from 87.5% in Q2 to 100% in Q2. All 8 patients had a CPA meeting prior to transfer/discharge. This indicator moved from the red to green zone.

**No 12 Patients will engage in meaningful activity on a daily basis and
No 14 Hubs have a monthly community meeting.**

There is no data on the above indicators. There is no clear definition for item 12 and item 14 is no longer relevant to the hospital. A piece of work has commenced to review the hospitals KPIs to ensure all are relevant, with clear data definitions, and linked to the priorities of the hospital.

No 16 Attendance by clinical staff at case reviews.

Key Worker attendance has decreased from 77% in Q2 to 49% in Q3 moving it from the green to red zone. The target is 80%.

Occupational Therapy attendance has decreased from 75% in Q2 to 61% in Q3 against a target of 80%. A contributing factor is the level of staff vacancies within the department. This moved the indicator from the green to red zone.

Pharmacy has decreased from 59% in Q2 to 41% in Q3 against a target of 60%. This moves them from green to red.

Psychology attendance has increased from 89% attendance in Q2 to 98% in Q3 against a target of 100%. This moved them from the red to green zone.

Security attendance has increased slightly from 34% in Q2 to 39% in Q3 against a target of 60%. They remain in the red zone.

Social Work attendance reduced from 80% in Q2 to 71% in Q3. This moved the indicator from green to amber.

4 RECOMMENDATION

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

MONITORING FORM

<p>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?</p>	<p>Monitoring of Key Performance Indicator Performance in the TSH Local Delivery Plan (2017-2020) and the Operational Plan.</p>
<p>Workforce Implications</p>	<p>No workforce implications-for information only.</p>
<p>Financial Implications</p>	<p>No financial implications-for information only.</p>
<p>Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?</p>	<p>Leads for KPIs contribute to report.</p>
<p>Risk Assessment (Outline any significant risks and associated mitigation)</p>	<p>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.</p>
<p>Assessment of Impact on Stakeholder Experience</p>	<p>The gaps in KPI data which make it difficult to assess.</p>
<p>Equality Impact Assessment</p>	<p>No implications identified.</p>

Board Paper 19/14

Appendix 1

Item	Principles	Performance Indicator	Target	RAG Q3	RAG Q2	Actual	Comment	LEAD
1.	8	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	G	G	96.9%	The figure for September 2018 was 94.9%.	LT
2.	8	Patients will be engaged in psychological treatment	85%	G	G	93%	<i>Figures for December 2018 – 93% (average) engaged in therapy. In December 10 patients not engaged, 2 referred to something else, 1 involved in music therapy, 3 completed treatment in October, 1 completed treatment in September, 2 completed treatment in November, 1 completed treatment in August.</i>	JM
3.	8	Patients will be engaged in off-hub activity centres	90%	A	R	84%	<i>Average figure for Jul –Sept 2018, was 79%. Excludes shop / health centre information (brief visits).</i>	MR
4.	8	Patients will be offered an annual physical health review	90%	G	G	100%	<i>Figure for Sept – Dec. All eligible patients were invited, 30 invited to attend Annual Health Reviews, 7 admission physicals completed, 3 refused, 12 rescheduled.</i>	LT
5.	8	Patients will undertake 90 minutes of exercise each week	80%	R	R	38.8%	For this quarter the indicator remains in the red zone.	MR
6.	8	Patients will have a healthier BMI	25%	R	R	11.6%	<i>Figure from Dec 2018, September figure was 14.5%</i>	LT
7.	5	Sickness absence (National HEAT standard is 4%)	** 5%	R	R	7.3%	<i>Rolling figure for Dec 2018. 6.83% in September 9.73% in June 2018.</i>	KS
8.	5	Staff have an approved PDR	*100%	R	R	74.7%	<i>Figure for 31 Dec 2018. September figure was 59.2%</i>	KS
9.	1, 3	Patients transferred/discharged using CPA	100%	G	R	100%	<i>Figures for Sept - Dec 2018. 8 patients discharged/transferred, all used CPA process</i>	KB
10.	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	G	G	100%	<i>Figures for July-Sept. 529 interventions all achieved within the appropriate timescale.</i>	LT
11.	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	100%		JM
12.	1, 3	Patients will engage in meaningful activity on a daily basis	100%	-	-		<i>New indicators and business processes in development as reported to the June Board.</i>	MR
13.	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	G	G	98.1%	107 patients. 7 new admissions, 98 patients with current risk assessments and 2 risk assessments out of date.	LT
14.	2, 6, 7, 9	Hubs have a monthly community meeting.	-		-	-	<i>New indicators and business processes in development as reported to the June Board.</i>	MR
15.		Refer to next table.						All Clinical Leads

Board Paper 19/14

Item	Code	Principles	Performance Indicator	Profession (Lead)	Target	RAG Q3	RAG Q2	Overall attendance Oct-Dec (n=51)	Overall attendance July-Sept 2018 (n=44)	Overall attendance April – June 2018 (n=50)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO (LT)	90%	G	G	90%	89%	92%
				Medical (LT)	100%	G	G	96%	96%	98%
				Key Worker/Assoc Worker (MR)	80%	R	G	49%	77%	58%
				Nursing (MR)	100%	G	G	96%	96%	96%
				OT(MR)	80%	R	G	61%	75%	68%
				Pharmacy (LT)	60%	R	G	41%	59%	68%
				Clinical Psychologist (JM)	80%	G	G	92%	80%	86%
				Psychology (JM)	100%	G	R	98%	89%	96%
				Security(DW)	60%	R	R	39%	34%	50%
				Social Work(KB)	80%	A	G	71%	80%	88%
				Skye Activity Centre (MR) (only attend annual reviews)	tbc	-	-	4%	0%	0%
				Dietetics (MR) (only attend annual reviews)	tbc	-	-	30%	0%	0%

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 21
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Annual Review – Update
Purpose of Report:	For Noting

1 SITUATION

The Ministerial Review at The State Hospital took place on 14 January 2019, led by Ms Clare Haughey, Minister for Mental Health and Ms Donna Bell, Director of Mental Health.

As part of this process, a self-assessment briefing was prepared for the Minister.

2 BACKGROUND

The core purpose of the Annual Review was for the Board to be held to account for their performance over the course of 2017/18.

The visit included a meeting with the Clinical Forum and the Partnership Forum as well as a meeting with patients, carers and volunteers.

The Minister also visited Lewis hub to meet with patients and staff and see at first hand the therapeutic approach taken in the hospital.

The visit also included a public session which included a presentation from the Chair followed by a question and answer session. Attendees were also provided with a one page summary of the key performance outcomes for 2017/18.

The final part of the visit was a meeting with the Chair and the Chief Executive.

3 ASSESSMENT

This event was an excellent opportunity to demonstrate the wide breadth of care experienced by patients at The State Hospital.

There was a high level of engagement from staff across the hospital throughout the day, with staff having the opportunity to interact with the Minister at the formal sessions as well as more informally during the Minister's visit to Lewis hub.

There were approximately 70 members of staff in attendance at the public session underlining the strong levels of engagement throughout the organisation.

Formal feedback is awaited from Scottish Government, and will be shared with the Board when it becomes available.

4 RECOMMENDATION

The Board is invited to **note** this update and that formal feedback is awaited from Scottish Government.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To support Scottish Government request
Workforce Implications	None identified
Financial Implications	None identified
Route To Board Which groups were involved in contributing to the paper and recommendations.	Board requested update
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	As identified in section 3
Equality Impact Assessment	Considered as part of arrangements for and reporting of visit.
Fairer Scotland Duty	None identified

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	28 February 2019
Agenda Reference:	Item No: 23
Sponsoring Director:	Chief Executive Officer
Author(s):	Chief Executive Officer
Title of Report:	Chief Executive's Report
Purpose of Report:	For Information

1 BACKGROUND

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

2 GENERAL ISSUES OF NOTE

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

Annual Review

Preparation was undertaken over December and January for the ministerial annual review for 2017/18. The Board will receive a separate report on the event, but we were pleased that this went well and that many of our staff, patients and carers had the opportunity to participate.

Media Activity

The service has been the subject on ongoing media interest. Deliberate leaks of staff and patient information have led to significant distress for those affected and the general morale of those working at the hospital. Internal incident reviews have been imitated and Police Scotland and the Information Commission Officer informed of the illegal breaches of confidentiality. A number of recent articles have also been completely inaccurate and will be the subject of an Independent Press Commission complaint. See Me have been contacted regarding the stigmatisation of mental illness in relation to these articles.

EU Withdrawal Update

The Chief Executive is working with Scottish Government and colleagues in other Boards to ensure a consistent approach to the management of service risks associated with EU withdrawal. The Security Director has been reviewing local resilience measures with a view to managing any emergent issues should they be required.

National Projects

In support of national priorities the Chief Executive undertook the following activities

- Chaired a meeting of the National Boards Internal Support Services Transformational Project Board on the 4th of February.
- Chaired a meeting of the Police Health Care Network on the 21st of January.
- Attended meetings of the Scottish Medicines Consortium, National Boards, National Evaluation Committee and Chief Executives Meetings over January and February.

3 PATIENT SAFETY UPDATE

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

Improving Observation Practice (IOP) Workstream

- Awareness raising is ongoing within MDT's
- Patient/Staff Handover commenced on 04/01/19 – positive feedback
- Case study commenced due for completion end of February
- Liaising with Ayrshire and Arran regards aiding them in introductory training due to success in TSH
- Guidance published and disseminated to wards.
- Next stage of learning sessions to commence February
- Arran test ward continue no Level 3 observations
- Supporting roll out of clinical pause in Arran
- Specific involvement within Iona 2
- HIS visited on 28th January – positive feedback and wanting TSH to be involved in an article regards proactive care delivery
- Next stage Zonal/flexible observations (piloted successfully already in Iona 1)
- Further learning sessions regards IOP commenced 7/2/19
- Review 'From observation to intervention' published in January 2019 with subsequent action plan development.

Risk Assessment and Safety Planning

The Dynamic Appraisal of Situational Aggression (DASA) is a tool that has been developed to assess the likelihood that a patient will become aggressive within a psychiatric inpatient environment. Tableau was rolled out into practice on 26th November 2018 and is being used to provide a more meaningful summary and visual representation of a patient's level of risk.

Communication at Transition

Patient Support Plans have been implemented and is an individually tailored guide that promotes person centred care. The key/associate worker is responsible for compiling the plan with patient input. The Patient Support Plan will be completed for all new admissions and patients on Level 2 & 3 observations. This will be reviewed & updated with the patient during 1-1 for weekly review.

Safer Medicines Management

The electronic PRN form has been implemented across all wards. Improvements have been seen with the completion of the forms. It has been agreed that the hospital will commence collecting data on omitted medicines. The sample will be 5 prescription and administration sheets per ward looking at the last 48 hours. Discussions are ongoing as to how the data will be collected and reported back to the Clinical Teams.

Least Restrictive Practice

The Clinical Pause continues to be rolled out to all hub's within the hospital, led by Dr Skilling.

Leadership and Culture

Leadership walkrounds continue. 8 walkrounds were completed during 2018. The areas visited were Estates, Mull Ward, Catering, Human Resources, Skye Centre Atrium, Sports & Fitness and the Health Centre. Agreed actions are highlighted at the Chief Executive Business Meeting and are monitored through the Patient Safety Group. Programme in development for 2019.

The Patient Safety group are keen to continue with Quality Improvement projects and maintain links with other groups in the hospital such as PMVA, TSH3030. A meeting is being held in March with national SPSP MH colleagues to see how SPSP MH links with the wider QI initiative.

4 HEALTHCARE ASSOCIATED INFECTION (HAI)

Although it has not been possible to collate this information, it is confirmed that there have been no significant issues since the date of the last Board Meeting.

The Infection Control Committee has oversight in this area and will report any potential areas for concern.

Further reporting will be available at the next Board Meeting on 25 April 2019.

5 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 3 December 2018 to 14 February 2019.

	MMI	LD	Total
Bed Complement	128	12	140
Staffed Beds (ie those actually available)	108	12	120
Admissions	1	0	1
Discharges / Transfers	8	0	8
Average Bed Occupancy as at 14 February 2019			104 Patients 86.7% of available beds 74.3% of all beds

6 RECOMMENDATION

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

ANNUAL SCHEDULE OF MEETINGS - 2019

BOARD AND SUB-BOARD

MEETING	Chair/ Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
BOARD	Terry Currie* B Brackenridge A Gillan N Johnston D McConnell M Whitehead		Thursday 28.02.19 9.45am Boardroom		Thursday 25.04.19 9.45am Boardroom		Thursday 20.06.19 1.00pm Boardroom		Thursday 22.08.18 9.45am Boardroom		Thursday 24.10.18 9.45am Boardroom		Thursday 19.12.18 9.45am Boardroom
AUDIT COMMITTEE	D McConnell* B Brackenridge A Gillan M Whitehead	Thursday 24.01.19 9.45am Boardroom		Thursday 28.03.18 9.45am Boardroom			Thursday 20.06.19 9.45am Boardroom				Thursday 10.10.19 9.45am Boardroom		
CLINICAL GOVERNANCE COMMITTEE	N Johnston* D McConnell M Whitehead		Thursday 14.02.19 9.45am Boardroom			Thursday 9.05.19 9.45am Boardroom			Thursday 15.08.19 9.45am Boardroom			Thursday 14.11.18 9.45am Boardroom	
STAFF GOVERNANCE COMMITTEE	B Brackenridge* A Gillan N Johnston M Whitehead		Thursday 07.02.19 9.45am Boardroom			Thursday 30.05.19 9.45am Boardroom			Thursday 29.08.19 9.45am Boardroom			Thursday 28.11.19 9.45am Boardroom	
RENUMERATION COMMITTEE **	T Currie* B Brackenridge A Gillan N Johnston D McConnell M Whitehead		Thursday 28.02.19 1.00pm Boardroom				Thursday 20.06.19 3.00pm Boardroom				Thursday 24.10.19 1.00pm Boardroom		

* Chair of Committee

** Remuneration Committee also meets as and when required

2019

PUBLIC HOLIDAYS:

New Year :
Christmas :

Tuesday 1 January & Wednesday 2 January
Wednesday 25 December & Thursday 26 December

Easter :
Autumn Holiday :

Friday 19 April & Monday 22 April
Friday 27 September & Monday 30 September