THE STATE HOSPITALS BOARD FOR SCOTLAND

BOARD MEETING

THURSDAY 27 FEBRUARY 2020
9.45am

Jerviswood Hall, Lanark Memorial Hall,
13 St Leonard St. Lanark
ML11 7AB

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 19 December 2019	For Approval	TSH(M)19/13
4.	**Matters Arising:**		
	Actions List: Updates	For Noting	Paper No. 20/01
5.	**Chair's Report**	For Noting	Verbal
6.	**Chief Executive Officer's Report**	For Noting	Verbal
	CLINICAL GOVERNANCE		
7.	**Clinical Service Delivery Model Implementation Planning and Governance Arrangements** Report by the Chief Executive	For Decision	Paper No. 20/02
8.	**International Travel Request** Report by the Medical Director	For Decision	Paper No. 20/03
9.	**Patient Safety, Infection Control and Patient Flow Report** Report by the Director of Nursing and AHPs	For Noting	Paper No. 20/04
10.	**Patient Advocacy Service – Annual Report** Sponsored by the Director of Nursing and AHPs	For Noting	Paper No. 20/05
11.	**Clinical Governance Committee** Approved Minutes of meeting held 14 November 2019 Chairs Report of meeting on 13 February 2020	For Noting	CGC(M)19/04
12.	**Clinical Forum** Approved minutes of meeting held 5 December 2019	For Noting	CF(M)19/04
	STAFF GOVERNANCE		

13.	**Attendance Management – Board Update** Report by the Interim Director of HR	For Noting	Paper No. 20/06
14.	**Staff Governance Committee** Approved Minutes of meeting held 29 November 2019	For Noting	SG(M)19/04

CORPORATE GOVERNANCE

15.	**Draft Corporate Objectives** Report by the Chief Executive	For Decision	Paper No. 20/07
16.	**Draft Annual Operational Plan** Report by the Chief Executive	For Noting	Paper No. 20/08
17.	**Project Oversight Board – Update and Governance Arrangements** Report by the Director of Security, Estates and Facilities	For Noting	Paper No. 20/09
18.	**Finance Report to 31 January 2020** Report by the Finance & Performance Management Director	For Noting	Paper No. 20/10
19.	**Performance Report – Quarter 3 2019/20** Report by the Finance & Performance Management Director	For Noting	Paper No. 20/11
20.	**Resilience Reporting** Report by the Director of Security. Estates and Facilities	For Noting	Paper No. 20/12
21.	**Corporate Governance – Improvement Plan Update** Report by the Board Secretary	For Noting	Paper No. 20/13
22.	**Audit Committee** Chair's Report of meeting held 23 January 2020	For Noting	Verbal
23.	**Corporate Risk Register** Report by the Finance & Performance Management Director	For Discussion	Paper No. 20/14
24.	**Any Other Business**		
25.	**Date and Time of next meeting** 23 April 2020, 9.45am in the Boardroom at The State Hospital.		

26. EXCLUSION OF PUBLIC AND PRESS

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

THE STATE HOSPITALS BOARD FOR SCOTLAND TSH (M) 19/13

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 19 December 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Chair:	Terry Currie
Present:	
Non-Executive Director	Bill Brackenridge
Employee Director	Tom Hair
Chief Executive	Gary Jenkins
Non-Executive Director	Nicholas Johnston
Non-Executive Director	David McConnell
Director of Finance and Performance Management	Robin McNaught
Director of Nursing and AHPs	Mark Richards
Medical Director	Lindsay Thomson
In attendance:	
Head of Communications	Caroline McCarron
Head of Corporate Planning and Business Support	Monica Merson
Interim HR Director	Kay Sandilands
Board Secretary	Margaret Smith
Person Centred Improvement Advisor	Leanne Tennant
Director of Security, Estates and Facilities	David Walker

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Currie welcomed everyone to the meeting, and apologies were noted from Mrs Maire Whitehead, as well as from Ms Aileen Burnett, Chair of the Clinical Forum.

2 CONFLICTS OF INTEREST

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

3 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 24 October 2019 were noted to be an accurate record of the meeting, subject to a minor amendment to Item 12, Clinical Governance Committee, to note that Mr Johnston had not been present at the meeting, and that the Board had noted the content of the minute submitted.

The Board:

1. Approved the minute of the meeting held on 24 October 2019.

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board noted progress on the action points from the last meeting with each item completed.

The Board:

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

5 CHAIR'S REPORT

Mr Currie reported on two meetings of the NHS Chairs' group, which had taken place on 28 October 2018 and 9 December 2018.

Mr John Sturrock QC had attended at the meeting on the 28 October 2018, and his message had been for NHS Chairs both to encourage open dialogue within the Board setting, as well as to challenge Ministers when appropriate. At this meeting the Cabinet Secretary had highlighted the key importance of Health and Social Care integration with a huge shift in this expected this year. NHS Chairs had been advised that a national directory was being compiled in respect of NHS staff who had completed improvement training, with Chairs being asked to report on progress within individual NHS Boards. Mr Currie noted that the position in The State Hospital (TSH) was encouraging with five staff already involved in Quality Improvement Initiatives.

At the meeting on 9 December 2018, the NHS Chairs received a presentation on forensic examination of victims of sexual crimes, given that the NHS would shortly be taking responsibility for this.

The Cabinet Secretary had highlighted to NHS Chairs that Scottish Government were unable to set a budget within the normal timeframe for 2020/21, as the U.K Government had deferred its budget announcement following the General Election in December 2019, and that a date for publication of the U'K budget had not yet been announced.

The Cabinet Secretary had noted that a national campaign for nursing, and allied health professional staff would be launched shortly. She had highlighted the uptake of the flu vaccine by NHS Staff, and Mr Currie noted that the uptake in TSH was less than 50% and was therefore a key area for improvement.

NHS Chairs had also received a presentation on NHS infrastructure with the challenges faced being many fold. Key areas of the NHS Estate need either refurbishment or replacement in the medium term and a nationally coordinated investment programme would be developed. Chairs were asked to ensure that there was a strong focus on infrastructure within NHS Boards, to understand the status of the existing estate and equipment and plans for maintenance and upgrade to ensure actions were taken to mitigate identified risks.

Mr Currie confirmed that NHS Boards would shortly be informed of the Non-Executive appointment of a Whistleblowing Champion, and that the Frequently Asked Questions note produced by Scottish Government had been circulated to all Board Members.

Mr Currie advised that, along with Mr Jenkins, he had attended a mid-year review meeting with Mental Health Directorate colleagues on 8 November 2019 and noted the positive nature of this meeting.

Along with key members of the Executive Team, Mr Currie had attended the Health and Sport Committee on 3 December 2019 to give evidence to the Committee as part of their remit to scrutinize NHS Boards. The 90 minute session had been a helpful opportunity to answer Committee questions, and it was expected that the Convenor would write to the Chief Executive shortly to ask any follow up questions or seek further clarification on specific points.

TSH had received a visit form the Moderator of the Church of Scotland on 30 October which had been very successful.

On 24 November, the Chair had attended the Scottish Health Awards with members of the Executive Team, where Dr Khuram Khan, Consultant Psychiatrist, had been nominated as a finalist in the Global Citizenship category and this was noted as a fine achievement on his part.

The Volunteers Christmas Lunch had taken place in the hospital on 12 December and had gone very well. Mr Currie added that the annual ecumenical service took place on 16 December.

Finally, Mr Currie advised the Board that the TSH3030 ceremony events had taken place across the hospital on 18 December, and that a further report in this regard would be provided at Item 11 of the agenda for today's meeting.

The Board:

1. Noted the update from the Chair.

6 CHIEF EXECUTIVE'S REPORT

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

He had visited Barlinnie Prison with colleagues from Scottish Government on 31 October 2019. .An exchange visit with colleagues from SPS was scheduled to take place to learn about healthcare delivery as a primary function in a high secure environment.

Mr Jenkins confirmed that depending on political developments at a U.K level, The State Hospital EU Exit meetings would re-commence in January 2020.

He advised the Board that following a self-assessment exercise in relation to civil contingencies – assurance had been submitted to Scottish Government in relation to the organisation's planning process. Feedback had since been received from Scottish Government indicating satisfaction with the organisation's resilience planning. This correspondence would be circulated to Board Members.

Action – Ms Smith

Mr Jenkins confirmed that he had attended a mid-year review meeting with the Mental Health Directorate and that key topics included leadership and succession planning. A first draft of the Annual Operational Plan (AOP) for 2020/21 was submitted on 16 December 2019 and this would be reviewed with Scottish Governments colleagues over the next 8 weeks. He noted the requirement to share AOPs across National Boards (when approved).

He advised that he has commenced in his role as Chair of the Police Care Network Board.

Mr Jenkins noted that he has also been invited to chair the National Boards Estates Strategy for Scotland and the National Prisoner Healthcare Network.

Mr Jenkins highlighted the Staff Awards ceremony> He paid tribute to the staff who co-ordinated this very successful event and reflected on the positive feelings which the event had generated both for staff and patients.

He had taken part in staff engagement sessions which had been arranged following the decision made by the Board on the Clinical Model, and noted the positive aspect of these sessions overall across the organisation.

Mr Jenkins had attended a recent Triangle of Care event – advising that a really good presentation had been delivered by the Person Centred Improvement Team and that the model had been adopted and endorsed by The State Hospital

He also provided the Board with feedback following the 'Evidence and Scrutiny of NHS Boards Session' of the Health & Sport Committee on 3 December 2019 – issues had covered leadership, attendance, workforce planning, skill mix, media, communication, forensic estate overall, finances, adolescent services, physical health and obesity, clinical model and the change process.

Mr Jenkins advised that the Acting Chief Executive Officer for NES had attended TSH on 6 December, as part of the 'Sharing Intelligence for Health and Care Group'. This was a positive session with no issues of concern for The State Hospital. Feedback would be issued in writing to TSH in due course and this would be made available to Board Members.

Action – Ms Smith

He had also taken part in the TSH3030 Oscars event within TSH on 18 December, which had been extremely positive and successful, especially the involvement of the TSH Choir and the ceremonies that took place within the Hubs which had enabled patients to take part alongside staff.

A presentation had been received from internal auditors RSM on audit software which will be introduced within TSH as a quality improvement initiative.

Mr Jenkins noted the development of the 'Discovery Tool' for performance benchmarking within NHS Boards – although this tool may not be directly useful within TSH given the nature of services, this development provided an opportunity to explore other options for comparing metrics, possibly with NHS England Benchmarking services.

Mr Jenkins also noted that the establishment of a Centre of Excellence for Infection Control and Building Standards is being taken forward by National Services Scotland.

Finally, Mr Jenkins had attended national NHS Chief Executive Officer meetings in November and December 2019.

The Board:

1. Noted the update from the Chief Executive Officer.

7 VOLUNTEER STORY

Ms Leanne Tennant provided a presentation to the Board, from a volunteer at the hospital who had been working with patients in the Skye Centre on therapeutic gardening.

This volunteer story was from an individual who was working towards a masters degree qualification in psychology and who had become a volunteer within TSH to help build her professional skills. Her story was one in which her experience at TSH had exceeded her expectations and which she had found to be both personally rewarding as well as enhancing her skills with patients.

This story was received very warmly by the Board, who noted the mutually beneficial nature of this volunteer's experience. Board Members considered that this type of experience, personally related, may be helpful in promoting the excellence of care provided at TSH, as well as the positive nature of employment within the hospital.

Mr Currie thanked Ms Tennant for the presentation, and asked her to relay the Board's appreciation of the work carried out by the Person Centred Improvement Team.

8 CLINICAL SERVICE DELIVERY MODEL (INCORPORATING UPDATE ON STURROCK RESPONSE)

A paper was received from the Chief Executive Officer and Medical Director, which provided the Board with a detailed overview of the proposed implementation process for the new clinical service delivery model. The paper confirmed that the Board was being asked to endorse the detailed planning implementation process allowing TSH to transition into a ten ward model based on eight major mental illness wards and two intellectual disability wards, taking note of the deliverables in each workstream plan.

Mr Jenkins provided the Board with a summary of the series of engagement exercises undertaken across TSH since the Board Meeting on 24 October 2019, when the Board had approved the new Clinical Service Delivery Model. These sessions had been arranged to connect with as many staff as possible directly, and had proved to be positive and constructive events. This had been followed by an extended session with the Senior Management Team on 18 December 2019, to outline the proposed way forward including the structure developed of a Clinical Model Oversight Board and six workstreams. This session had also been used to invite members of SMT to consider their own roles and how they could engage in the process.

Mr Jenkins emphasised that a key feature in implementation planning would be ongoing communication and engagement, and that the approach of taking engagement sessions to staff across the hospital would be powerful. In addition, there would be the continuation of strong partnership engagement on each of the workstreams and sub-groups as well as the oversight board.

This represented a comprehensive approach, and as such also linked the TSH approach to the Sturrock report. This would be integrated into implementation planning to ensure that these process could be sequenced together rather than parallel processes. This would be the key focus of the workstream led by Mr Jenkins on Culture, Values and Behaviours and Leadership.

Mr Jenkins advised that it was proposed that the Clinical Model oversight Board would also include key external stakeholders such as the Mental Welfare Commission.

Should the Board endorse the approach outlined, the implementation process would necessarily require to be fast paced especially through the final quarter of 2019/20 and moving into the first quarter of the next financial year. This would be followed by a review period of up to two years as the new model was embedded within the organisation, and also to allow cognisance of the national landscape most notably the independent review of forensic mental health services which was due to report to Scottish Government in June 2020.

Professor Thomson added an update with reference to the Clinical Delivery workstream in which work would require to be progressed quickly to establish the clinical alignment of hubs within the hospital in a way that demonstrated fidelity to the new clinical model. This alignment would necessarily have implications for the review conducted under other workstreams, especially security.

Mr Richards underlined that although the time frame may be challenging, there was significant commitment to the model demonstrated by staff groups and that this would be a key driver in taking the program forward. Mr Currie added his agreement that ownership by staff groups across the hospital was of key importance.

Mr McNaught noted that although there were potential financial benefits, it would be important to get accurate figures during January to March 2020 on expected benefits so that this could be compared to the impact of the new model once implemented.

Mr Hair added his support to the partnership approach being taken, and confirmed that he would share with joint staff side colleagues.

Mr McConnell welcomed the paper, and asked for further assurance on whether a consolidated plan

would be presented to the Board at its next meeting in February. Mr Jenkins confirmed that this would be the case, and that this would be interdependent with the Board's strategic overview for the coming year.

Mr Johnston noted the comprehensive nature of the plan which was linked to a good sense of urgency for implementation. He asked for further consideration on the risk and resilience of the project especially focussed on the resilience of the team to deliver the overall project, especially in the context of the interdependencies of the workstreams. He also asked that in terms of governance arrangements, the CMOB should also provide reporting for the Board's Governance Committees, as well as to the Board itself. Professor Thomson added her agreement that the Clinical Governance Committee would have a key role in terms of guidance.

Action – Ms Merson/Ms Smith

Mr Jenkins acknowledged that given the size of the organisation, there was no dedicated project support team and advised that the Corporate Management Team were committed to ensuring that the project was supported.

Mr Brackenridge added his support to the planned way forward, particularly in the inclusive nature of staff engagement, which would help to facilitate change.

On behalf of the Board, Mr Currie summarised the views around the table in support the recommended program to for implementation of the new clinical model. He recognised the need to continue to deliver care in the hospital; as well as taking forward this project. This paper was helpful in outlining how the new clinical model would be implemented in practice. He summarised the Board's view that the short timescale was the right way forward. He also added that given Ms Haughey, the Minister for Mental Health, had shown strong interest in our work around the Clinical Model, it would be a sensible idea to invite her to the hospital and update her on the progress being made.

The Board:

1. Endorsed the detailed planning implementation process as outlined to allow TSH to transition into a ten ward model based on eight major mental illness wards and two intellectual disability wards
2. Noted the deliverables in each workstream plan.

9 APPROVED MEDICAL PRACTITIONER REQUEST

A paper was received from the Medical Director, which advised that TSH had successfully recruited a Forensic Psychiatry Specialty Doctor – Dr Vicki Gordon. There the Board was asked to approve their Approved Medical Practitioner status.

The Board:

1. Approved Dr Vicki Gordon as Approved Medical Practitioner in line with the Mental Health (Care and Treatment) Act 2003.

10 PATIENT SAFETY, INFECTION CONTROL AND PATIENT FLOW REPORT

A paper was received from the Director of Nursing and AHPs, which summarised activity within the hospital in relation to patient safety, healthcare associated infection (HAI) and patient flow. Mr Richards summarised the report for the Board highlighting the increased uptake of the flu vaccination in the hospital this year. He also noted the work of the Water Safety Group which was led through the Infection Control Committee. A special meeting had been convened on 5 December 2019 to

seek assurance that the hospital was responding appropriately to external recommendations, given that water safety continued to be an area of concern within NHS Scotland.

In answer to a question from Mr McConnell, on whether this should be recorded on the Corporate Risk Register, Mr Walker confirmed that he would seek further advice on this point in terms of whether this should be recorded at local or corporate level, and report back to the Board. He gave assurance on the action taken routinely by the Estates Department to guard against water stagnation in the hospital especially in unoccupied areas. The Board noted the content of this report and asked that Mr Richards being back an update in this regard for continued assurance.

Action – Mr Richards/ Mr Walker

The Board:

1. Noted the content of the report.
2. Requested clarification on how water safety risk was recorded at local or corporate risk register level;
3. Requested a further update on water safety.

11 TSH3030 – 2019

Ms Merson provided the Board with a verbal update on the quality improvement project, TSH3030, which concluded with an Oscar Award ceremony on 18 December 2019.

She highlighted the importance of quality improvement alongside quality assurance and quality planning. There had been improvements across the organisation in 2019, especially in demystifying quality improvement methodology and increasing awareness that quality improvement does not have a clinical focus alone, and can be used in all roles within the organisation. This approach had been supported through QI training online and in delivered sessions. This was a helpful place for staff groups to be, before stepping into a change process through implementation of the new clinical model.

A total of 38 projects had been submitted this year with 28 seen through to completion. There had been 18 Oscars warded in events which took place in the Skye Centre as well as the four hubs.

The projects had been creative and thought provoking and a final poster booklet had been produced, which would be made available to each Board Members.

Action – Ms Merson

On behalf of the Board, Mr Currie gave thanks and appreciation to Ms Merson and her team for their leadership in this project, adding that the Oscars ceremony had been a great experience for everyone involved.

The Board:

1. Noted the content of the update form Ms Merson and offered their thanks and appreciation to her team.

12 CLINICAL GOVERNANCE COMMITTEE

Mr Johnston provided a verbal report on the Clinical Governance Committee which had taken place on 14 November 2019.

The Board noted the key issues discussed included a 12 monthly report on rehabilitation therapies within TSH, and that the discussion item for the committee had been Supporting Healthy Choices.

The increasing BMI for patients continued to be a matter of concern, and a workshop was being arranged to take place in January 2020.

The Board:

2. Noted the content of the update from the Chair of the Clinical Governance Committee for the meeting which took place on 14 November 2019.

13 CLINICAL FORUM

The Board received and noted the minutes of the meeting of the Clinical Forum which took place on 15 August 2019.

In the absence of the Chair of the Clinical Forum, the Board Secretary provided an update on the meeting which took place on 5 December 2019. The Forum had received an update form the Chief Executive on his own activities as well as that of the Board. The Clinical Forum had also invited the Board Chair to attend meetings to provide updates. Ms Merson had also attended to provide an update on implementation planning for the new clinical model. The Forum had welcomed these update reports.

Ms Smith also asked the Board to note the continued establishment of the Clinical Forum within the hospital in its role as an independent advisory committee. Further work would now be taken forward by the Chair to link with the national Area Clinical Forum Chairs Group.

It was noted that Ms Smith would note Mr Johnston's willingness to attend a meeting of the Clinical Forum in his role as Chair of the Clinical Governance Committee.

Action – Ms Smith

The Board:

1. Noted the content of the minutes of the meeting of the Clinical Forum of 14 August 2019 as well as the further update provided by the Board Secretary.

14 WORKFORCE PLAN – UPDATE

A paper was received from the Interim Director of Human Resources, which provided the Board with an update on progress in development of the Workforce Plan, to update the existing plan in place taking into account the Clinical Model endorsed by the Board at its meeting in October 2019.

Ms Sandilands advised the Board that the Implementation Plan for the Clinical Model would inform the framework for the Workforce Plan going forward and would be developed in partnership. She also asked Members to note TSH commitment to the Health and Care (Staffing) (Scotland) Bill which was expected to be enacted in 2020.

The Board:

1. Noted the content of the report.

15 ATTENDANCE MANAGEMENT REPORT

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

Ms Sandilands advised the Board that although a slight increase had been experienced in the September figure, the rolling 12 month figure continued to demonstrate an overall reduction with the previous 12 month period.

The Board:

1. Noted the content of the report.

16 STAFF GOVERNANCE COMMITTEE

The Staff Governance Committee Chair, Mr Brackenridge, provided an overview of the key points discussed at the meeting held on 29 November 2019 which had included continued close focus on attendance management, staff development and statutory and mandatory training; as well as receipt and discussion of annual reporting from Occupational Health delivery.

The Board:

1. Noted the update from the Staff Governance Committee held on 29 November 2019.

17 FINANCE REPORT AS AT 30 NOVERMBER 2019

The Finance Report to 30 November 2019 was submitted to the Board by the Finance and Performance Management Director, and Members were asked to note the content of this report. Mr McNaught led Members through the report highlighting the key areas of focus notably that the Board was reporting an overall underspend position of £217k.

Mr McNaught asked Board Members to note that the report format has been restructured as requested from previous Board meetings, having the aim of improved clarity of both presentation and explanation, and any observations on the report format would be welcomed.

He advised that while the overtime and nursing staff costs remained the key issue, the improved levels in the last six months had been significant in the overall position. However, continued focus was required on this position to ensure a clear understanding of the specific underlying overtime pressures and causes was in place by March 2020. It would be important to enable meaningful measure of the transition to the new clinical model for comparison to the expected benefits as identified and quantified in advance by nursing through options evaluations – to support the aim of ensuring long-term sustainability.

Mr McNaught advised that the savings requirement in 2019/20 continued to be extremely challenging, and while a reasonable proportion of what was required had been identified though the budget reviews undertaken to date, the Board remained behind trajectory. There also continued to be a risk of savings pressure through the National Boards' Collaborative. Discussion and reviews would continue on individual budget savings plans with the focus remaining on reducing the unidentified savings that were still to be addressed this year, and to reduce the non-recurring proportion. He noted that any current underspend may be required to be utilised to address this. Mr McNaught noted that the capital resource budget was anticipated to be fully utilised in 2019/20.

The Board welcomed the report which demonstrated a much improved position, in comparison to prior years, and noted that this positive position was primarily due to controls implemented successfully in the management of nursing overtime, and to overall cost efficiencies in all directorates. Mr Richards provided a more detailed overview of how this has been progressed including the introduction of a pool of nursing staff, and a continued, close focus on attendance management. At the same time, he asked the Board to note that TSH had experienced a less challenging period clinically during the last quarter and this had also impacted on nursing requirements during this time. Mr Hair raised an issue of detail around the arrangements for staff at handover, and this was agreed to be within the remit of the Partnership Forum and would be remitted

there as appropriate.

Mr Currie asked for further assurance on the cost of staff re-banding appeals in terms of the length of time taken to resolve the appeals, and Mr Jenkins confirmed that this had been recognised and that the Head of Human Resources was taking forward a review of this with the aim of resolving this process going forward to include appropriate control measures. Mr McNaught confirmed that Finance were receiving monthly updates in this respect in terms of any potential financial implications.

The Board thanked Mr McNaught and his team for the refreshed presentation of this report, which was considered to be helpful.

The Board:

1. Noted the content of this report.

18 PERFORMANCE REPORT – QUARTER 2 2019/20

The Board received a paper from the Finance and Performance Management Director, which provided a high level summary of organisational performance for Quarter 2, July to September 2019. Mr McNaught led Members through the report, and asked them to note the re-fresh to the report to include trend analysis. Further, that work was continuing to be progressed on local Key Performance Indicators (KPIs) leading to a new structure for 2020/21.

The Board:

1. Noted the content of this report.

19 CORPORATE GOVERNANCE IMPROVEMENT PLAN

A paper was received from the Chief Executive, which outlined progress made in relation to the Corporate Governance Improvement Action Plan since the date of the last Board Meeting. Ms Smith asked the Board to note that a six month update report was submitted to the Cabinet Secretary in November 2019, and that a repose to this was currently awaited.

Mr Richards confirmed that work continued to be progressed on rostering and preparation for safe staffing legislation with an internal audit to be carried out in January 2020. He also assured the Board that there was continuing and proactive focus on nurse recruitment, particularly in developing links with universities.

Ms Smith acknowledged that there had been some logistical difficulty arranging to have the Board meeting outwith the hospital but that this was being taken forward for the meeting in February 2020. She noted that the Chair had made mention of this at the Health and Sport Committee as part of the Board's plan to engage more widely with the public and that this had been well received. The Board agreed that a strategy should be developed to promote this to the public as well as to local elected officials. There was discussion on the Board's position as a national Board and to consider holding Board Meeting at city and national level as well as locally. It may be helpful to showcase particular work progressed by the Board with relevant to local and national audiences and link the Board Meetings to Question and Answer opportunities for the wider public.

Action – Ms Smith

The Board:

1. Noted the content of this report

20 CORPORATE LEADERSHIP

A paper was received from the Chief Executive, which outlined recent review of the corporate management structure within TSH, to ensure effective development and oversight of strategy, policy and performance against the Board's agreed corporate objectives. Ms Smith provide an overview of the paper highlighting the timely nature of this review to link with the implementation of the new clinical model which encompassed the workstream being led by the Chief Executive on Values Culture Teamwork and Leadership.

The Board was asked to note the formation of a Corporate Management Team to lead on the Board's strategy as well as oversight and accountability for performance. This formalised governance around the Executive Team Leadership with a more structured approach. The Senior Management Team would continue in its role with senior leaders there able to focus effectively on its operational role. Ms Smith underlined the importance of continued strong partnership working with the Employee Director continuing to be a member of SMT and also being invited to CMT particularly for workforce discussions and formation of policy.

The aim is for the CMT to give a stronger platform of reporting into the Board with a clear link into to the work being progressed through the Head of Corporate Planning and Business Support on performance reporting, and this would be evidenced further in the following paper in regard to the Board's Workplan for 2020.

The Board welcomed this report, and found assurance in the revised corporate structure, led by the Corporate Management Team. Further that this structure would strengthen the corporate leadership of the organisation, and to provide the Board with expert advice to take forward the corporate objectives of the organisation as well as the ability to monitor performance across all metrics from a fully informed position.

The Board:

1. Noted the content of this report and endorsed the development of the Corporate Management Team.

21 BOARD WORKPLAN – 2020

The Board received a report which provided a review of the Board Workplan, to identify the key considerations and action required during 2020.

Ms Smith led Board Members through the details of the workplan noting in particular regular reporting arrangements for the Board in relation to implementation of the new clinical model, as well as ongoing quarterly review of the impact of the new model once implemented. She also noted that the Board would receive regular updates on preparation for the enactment of Health and Social Care Staffing legislation, and on compliance reporting thereafter.

A new reporting mechanism would be introduced through a Quality Assurance and Improvement report with the aim of providing an overarching report in these areas. Ms Merson added that the Quality and Assurance report would be a key piece of governance reporting for the Board going forward, and that it would be essential to test the reporting requirements on both austerity assurance and improvement activities.

The Board would receive further reporting in relation to the security re-fresh project to ensure transparent reporting into the public board session as far as possible.

The Corporate Risk Register would be reported to the Board as a standing item to give the Board that assurance and also allow the Board to consider at each meeting depending on the business of

each meeting whether any change or addition should be made. This would be supported further with an annual reporting to the Board on risk management.

Further, Resilience Reporting had been added to the Workplan as added as a standing item to give assurance and focus to the Board on any potential risk on the horizon.

The refreshed Workplan was welcomed by Board, and the additional reporting mechanisms se as being essential additions to give a robust structure for the consideration and scrutiny of Board business in 2020.

The Board:

2. Approved the Board Workplan for 2020.

22 AUDIT COMMITTEE

As Chair of the Audit Committee, Mr McConnell asked the Board to note the minutes of the meeting of the Audit committee on 10 October 2019. He had provided a verbal update on the key issues to the Board at its meeting on 24 October 2019.

The Board:

1. Noted the draft minutes of the meeting of the Audit committee heldon10 october2019.

23 ANY OTHER BUSINESS

Mr Currie congratulated Ms Sandilands on her new appointment as Director of Human Resources for NHS Lanarkshire which she would be commencing in early 2020.

He offered since thanks to Ms Sandilands for her work at TSH and the significant progress made during her time in post as Interim Human Resources Director.

24 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 27 February 2020.

25 EXCLUSION OF PUBLIC AND PRESS

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

ADOPTED BY THE BOARD

CHAIR _____
(Signed Mr Terry Currie)

DATE 19 December 2019

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

ACTION NO	AGENDA ITEM NO	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	6	CEO Report	Circulate Scottish Government Feedback on resilience arrangements and Sharing Intelligence for Health and Care feedback	Margaret Smith	February 20	**Completed**
2	8	Clinical Model	Ensure reporting for Governance Committees as well as reporting to the NHS Board	Monica Merson/ Margaret Smith	Immediate	**Completed**
3	10	Patient Safety, Infection Control and Patient Flow Report	Further update on water safety and risk reporting in this respect	Mark Richards/ David Walker	February 2020	**On agenda (Item 8)**
4	11	TSH3030	Circulate final poster book	Monica Merson	December 19	**Completed**
5	13	Clinical Forum	Arrange for Chair of Clinical Governance Committee to attend a meeting of the Clinical Forum during 2020	Margaret Smith	February 20	**Completed**
6	19	Corporate Governance Improvement Plan	Development of strategy of public engagement further through the improvement plan, linking arrangement of Board meetings	Margaret Smith	February 20	**On agenda – added to improvement plan (Item 21)**

Board Paper 20/02

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No. 7
Sponsoring Director:	Chief Executive /Medical Director
Author:	Chief Executive / Head of Corporate Planning
Title of Report:	Transition plan for implementation to the new Clinical Service Delivery Model
Purpose of Report:	For information

1. SITUATION

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

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

2. BACKGROUND

A detailed planning and implementation process was developed and presented at the Board meeting in December 2019. This process included the establishment of a Clinical Model Oversight Board, with associated work streams for

- Workforce
- Clinical Delivery
- Culture, values, behaviours and leadership
- Finance
- Security and Environment
- Communication and Engagement

This paper reports on progress towards planning for implementation.

3. ASSESSMENT

This paper provides an overview of the progress achieved towards the planned implementation process including:

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

4. RECOMMENDATION

The Board is asked to:

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

MONITORING FORM

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

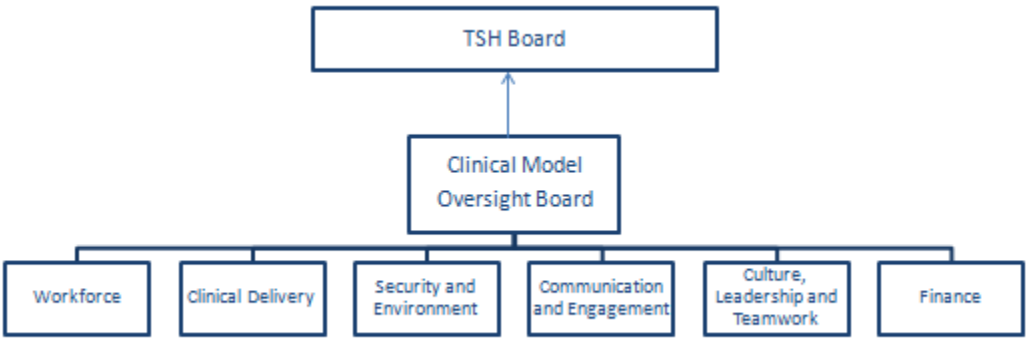
Leading Change -The State Hospital Clinical Model Implementation

Introduction

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

Leadership and governance

The Clinical Model Oversight Board was established and met on 27th January 2020 with a role to provide strategic leadership, guidance and receive reports on the delivery of the project. Terms of Reference are included as appendix 1. Project Work Streams have been established and report into the Clinical Model Oversight Board. Each work stream lead is responsible for managing and reporting on the individual work streams, managing the risks and issues, milestones and timelines. The Clinical Model Oversight Board will monitor the risks and issues associated with the delivery of the transition to the new model.



Reporting and accountability

The chart above provides an overview of the reporting and accountability structure. Reporting will be through the Clinical Model Oversight Board to the State Hospital Board. The Clinical Model Oversight Board includes representation from the Clinical Forum and Partnership Forum, external stakeholder are represented by the Mental Welfare Commission and The Scottish Government.. The Clinical Model Oversight Board will enable identification of any associations, themes or dependencies that sit across the work streams and will advise on any sequencing of activities to

support preparation for transition. The Clinical Model Oversight Board will meet every 4 weeks in the planning and implementation phase, this will be reviewed following implementation.

A logistics group will be established in late February to oversee patient and staff moves and ensure that moves are carried out safely, in accordance with agreed protocols and staff are supported. Any key learning from each move will be used to inform future work.

Consideration is also given to how to enable the voice of patients and carers in discussions, through linking into PPG regularly as well as other routes of engagement.

Project Management

A project plan has been developed to detail the key milestones and timelines associated with the project implementation. A project risk register has been developed to identify the main risks associated with the project and enable mitigating plans to be developed.

Update from work streams for implementation

a) Workforce

Lead: Mark Richards Director of Nursing and AHP, Elaine ADirectonderson Interim Director of Workforce

Aims:

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

Objectives:

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

Progress towards achieving agreed purpose:

1. Workforce workstream paper completed, based on six steps methodology.
2. Workforce planning template issues to Leads for completion by 14 February 2020.
3. Draft Terms of Reference set for group with meeting date of 23 January 2020.

Current activity:

1. Workforce planning templates being populated.
2. Engaged with Glasgow Caledonian University re delivery of a Training Needs Analysis for the intellectual disability service.

Issues, risks and concerns:

1. No specific risks identified related to the completion of this workstream at this point in time.
2. We need to agree the specifics of the 9-5 roles as any role which may require matching will result in a delay in being to get these posts to advert.
3. We need to agree a process for transition of staff to different wards and functions, which closely aligns with the shift in ward functions.

b) Clinical Delivery

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

Aims:

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

Objective:

To create a sustainably improved:

- Clinical service
- Tailored security
- Increased opportunity for activity

Progress towards achieving agreed purpose:

Clinical Delivery Guidance Development sub group met and agreed terms of reference with aim to develop overall clinical guidance with sub sections on Admissions and Assessment, Treatment and Recovery, Transitions and Skye Centre, and Intellectual Disabilities Service. Weekly meetings arranged to progress towards this with multidisciplinary involvement. The draft guidance was completed by 14/2/20 and has been shared with the chairs of the different

subgroups. The CDG will engage in a wider consultation process with staff on guidance once immediate feedback has been received. The guidance will be adapted in light of the feedback. Information will also be shared via the Bulletin.

c) Security and Environment

Lead: David Walker, Director of Security

Aims:

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

Objective:

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

Progress towards achieving agreed purpose;

- Seclusion Rooms**:** awaiting final costings then to Capital Group
- Ward Allocation**:** Clinical work streams to define ward allocation
- Health and safety**:** dependent on Leadership structure within each hub – need to clarify appointment of E-control book holder dependent on role.
- Hospital Risk assessment **–** work ongoing to develop an Intelligence system to support decision making on patient allocation and movement. Requires implementation of a system that allows submission of information, ability to extract relevant information from systems and thereafter assessment and dissemination.

Current activity:

- Lead in time for Seclusion room redesign is approx. 10 weeks therefore has been identified as current priority and being led by Head of Estates.

Issues, risks and concerns;

- Security Refurb Project – plan still to be defined therefore impact is unknown at present but may present a risk to delivery as ward enhancements take place.
- Define environmental layout including ward allocation for each hub and seclusion room prioritisation.

d) Communications and Engagement

Lead: Monica Merson, Head of Corporate Planning

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

- Patients
- Staff
- Stakeholders

Objectives:

A communications and engagement plan will be developed to

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

Progress towards achieving agreed purpose;

- Draft Communication and Engagement plan developed
- Planning underway for EQIA in February
- Stakeholders invited to attend CMOB

Current activity;

- Update presentation delivered to Clinical Team Meetings, Harris, Skye Hubs and engagement hub team meetings with security and facilities. 80 staff attended sessions. Feedback collated.
- CMOB meetings established and TOR developed

Issues, risks and concerns;

- There is a risk that key messages are communicated in a way that s not clear
- There is a risk that informal communication and 'hear say' creates anxiety and mis information across the site in relation to the Clinical Model

e) Finance

Lead: Robin McNaught

Aims:

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

Objective:

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

Progress towards achieving agreed purpose;

Initial discussion with leads of Finance, eHealth, Procurement, Clinical Effectiveness & Risk (Head of Corporate Planning and Business Support) – to consider potential implications for directorate teams / activity arising from the new Clinical Model.

Both eHealth (inc. Health Records) and Finance have indicated potential for considerable work required to address in particular patient and staff movement. Procurement also indicated possible implications.

Current activity;

Directorate leads meeting currently being arranged. This is to establish for all departments -
1 – what potential actions and issues there may be;
2 – which Clinical Model workstream would be the source; and
3 – what timeframes and dependencies there would be.

Issues, risks and concerns;

Key concern is that if there are matters impacting on, for example, eHealth or Health Records, which will require action and which are not identified at an early stage and the relevant workstream is not aware of the impact – then there will be insufficient time for the action to be undertaken by the required deadline.

Early involvement, subsequent identification of actions and setting of timescales is critical.

f) Values, Cultures, Behaviours and Leadership.

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

Aims:

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

Objective:

Create a sustainably improved:

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

Progress towards achieving agreed purpose:

- Culture, Values, Behaviour and Leadership work stream paper drafted to outline the complexity of the work stream and the current thinking and evidence towards achieving sustainable change in organisational culture and values.
- Invitations issues for staff to join the group with attention to multi disciplinary team working.

Current activity:

- Planning further scoping work to be undertaken to assess how cultural, values and behaviours based improvement can be achieved, delivered and sustained across the entire organisation.
- Plan for group to meet mid February

Issues, risks and concerns:

No specific risks identified related to the development of this work stream at present
If work stream does not make progress then the impact and opportunity that the change to the clinical model may not be fully realised.

Appendix 1

THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL MODEL OVERSIGHT BOARD

TERMS OF REFERENCE

PURPOSE

The State Hospital NHS Board (Board) has established a Clinical Model Oversight Board (CMOB) to provide strategic leadership, guidance and receive reports on the delivery of the project. It will advise on any sequencing of activities to support the preparation and implementation processes related to the change. This will provide assurance to the Board on the planning and transition into the new clinical model.

MEMBERSHIP

Co Chairs:
Mr Gary Jenkins {Chief Executive Officer} and Professor Lindsay Thomson {Medical Director}

Members:
Mr Mark Richards {Director of Nursing and AHPs}
Mr David Walker (Director of Security, Estates and Facilities}
Ms Elaine Anderson (Interim HR Director)
Ms Monica Merson {Head of Corporate Planning and Business Support)
Mr Robin McNaught (Finance and Performance Management director)
Mr Tom Hair (Employee Director)
Dr Aileen Burnett (Chair of Clinical Forum}/Dr Gordon Skilling {Vice Chair of Clinical Forum}

In Attendance:
Ms Caroline McCarron {Head of Communications}
Mr Paul Noyes {Mental Welfare Commission}
Ms Laura McCulloch {Senior Policy Advisor, Mental Health Directorate, Scottish Government}

REPORTING ARRANGEMENTS

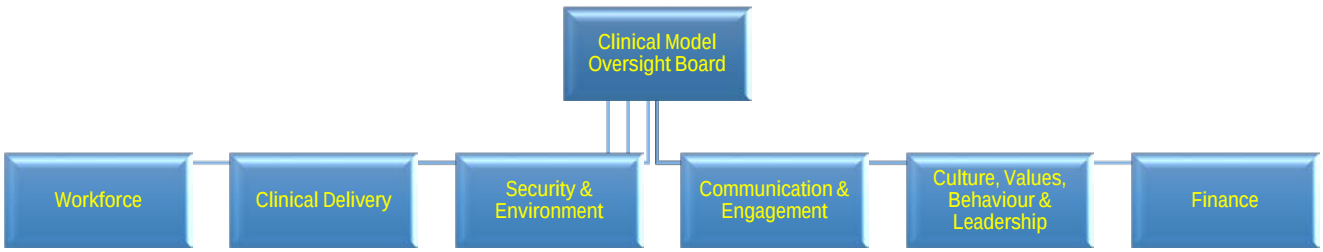
The CMOB will report to the Board at each Board meeting, through the submission of the minutes of each meeting of the CMOB as well as a summary of the key issues and recommendations.

KEY RESPONSIBILITIES

1. To enable the collaboration and overall leadership of the transition to the new clinical model, including to ensure that each workstream delivers its agreed remit within the transition timescale.

2. To ensure that the transition remains consistent with the agreed scope and principles of the new model.
3. To review and report any changes in terms of time, cost and quality to the Board.
4. To ensure that the resources required to deliver the new clinical model are available and committed.
5. To ensure appropriate governance of the transition through its strategic leadership, providing accountability and assurance to the Board.
6. To review the Risk Management Plan to ensure that all risks are identified, that appropriate mitigation strategies are applied, managed and escalated as necessary to provide assurance to the Board that all risks are being effectively managed. To produce a Risk Register.
7. To ensure that staff and patients are engaged in designing and operating the criteria that will inform the detailed design and overall procedures that will apply within the model.
8. To ensure that the communications plan ensures the appropriate involvement of, and communication with, all stakeholders (internal and external).
9. To develop the performance framework to monitor and report on the effectiveness and impact of the new model.
10. When the project has reached a stage where staff and patients are transitioning to the new model, a logistics group will be established oversee moves and ensure they are carried out safely. This will be done in accordance with agreed protocols, and ensure staff and teams are fully supported. Any key learning from each move will be used to inform future work.

Six distinct work streams have been established to encapsulate the diverse change framework required to implement the new model. The six work streams will report to the CMOB.



CONDUCT OF BUSINESS

CMOB will meet every four weeks in the planning and implementation phase.

Quorum will be met with five members present.

If the Co-Chairs are not present, the meeting will be chaired by Mr Mark Richards {Director of Nursing and AHPs}.

An agenda will be circulated three working days in advance of each meeting.

Minutes and an Action Log will be taken and available for each meeting. The minutes will be submitted to the Board.

Papers will be accepted for submission in the approved template, and should be submitted for consideration five working days prior to the meeting.

The Risk Register should be submitted for review at each meeting.

Administrative Support will be provided to the CMOB.

INFORMATION REQUIREMENTS

For each meeting of the CMOB, each of the six workstreams will provide a report in the agreed format covering:

- Progress towards achieving their agreed purpose;
- Current activity;
- Issues, risks and concerns;
- Next Steps

Each meeting will receive the Risk Register (of the CMOB).

ACCESS

CMOB Members will have free and confidential to the Co-Chairs of the CMOB.

Authors; Monica Merson {Head of Corporate Planning and Business Support}/ Margaret Smith {Board Secretary}

Review Date: June 2020

Submit for ratification to the Board – February 2020.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No: 8
Sponsoring Director:	Medical Director
Author(s):	Associate Medical Director
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 relates to work currently being undertaken by Dr Khuram Khan in Pakistan to assist with the development of mental health services. This is in keeping with the NHS Global Citizenship initiative.

2 BACKGROUND

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

Travel costs will be at Dr Khan's expense.

EVENT/LOCATION	*DATE*	*STAFF INVOLVED*	*COST*
Protecting Human and Legal Rights of Mentally Disordered People and Offenders in Pakistan.	29th and 31st Jan 2020. 1st, 2nd and 5th Feb 2020.	**Dr Khuram Khan**	£0

3 ASSESSMENT

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

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

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

Any leave taken will be in line with Dr Khan's standard leave allowances.

4 RECOMMENDATION

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

MONITORING FORM

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item: 9
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Risk Mangement Team Leader / Senior Nurse for Infection Control / Health Records Manager
Title of Report:	Patient Safety, Infection Control and Patient Flow Report
Purpose of Report:	For Noting

1 BACKGROUND

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

2 PATIENT SAFETY UPDATE

The last Patient Safety Group meeting was held on 4 February 2020.

Provided below is a brief summary of SPSP activity across the hospital in the last two months under the 4 four workstream headings:

Communication
Post incident debriefs remain ongoing, work is being taken forward through the Senior Charge Nurse development programme around training for those leading the debriefs.

Weekly pre-weekend safety briefing continue on a Friday afternoon to ensure multi-disciplinary awareness of any expected or potential issues that may arise, this includes the on-call Duty Director and Responsbile Medical Officer.

Least Restrictive Practice
The draft Improving Observation Practice (IOP) Workstream policy was out for consultation until end January 2020. Work was led by our local IOP lead who's funding is in place until end of March 2020. This will be taken forward by Nursing Practice Development thereafter.

Leadership and Culture
2020 programme has been developed with one walkround taking place in January for Skye Centre administration staff. Discussion took place at the last Patient Safety Group meeting and it was agreed to review the walkround documentation. Actions are prepared following the walkround and these are discussed monthly at the Corporate Management Team Meeting and quarterly by the Patient Safety Group.

Physical Health - Safer Medicines Management
The electronic PRN (as required medicine) form compliance continues to be monitored via weekly spot checks of data in all hubs. Arran and Lewis had 100% completion during January, closely followed by Iona with 96%.

Links continue with the Physical Health Steering Group to ensure compliance with this workstream.

The group also had a demonstration of the Tableau business intelligence software and can see how this could be utilised to help provide on ward current data.

The next meeting is scheduled for April 2020.

3 HEALTHCARE ASSOCIATED INFECTION (HAI)

This is a summary of the Infection Control activity from 1st October – 31st December 2019 (unless otherwise stated).

Audit Activity:

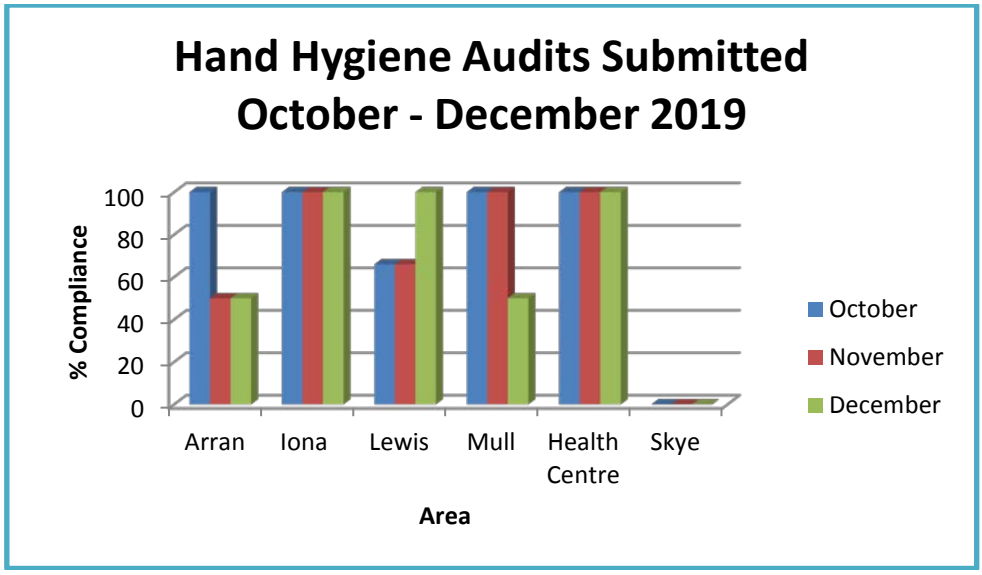
Hand Hygiene
Over the last two quarters there has been consistent numbers of audits submitted. This has been a decline since the first quarter.

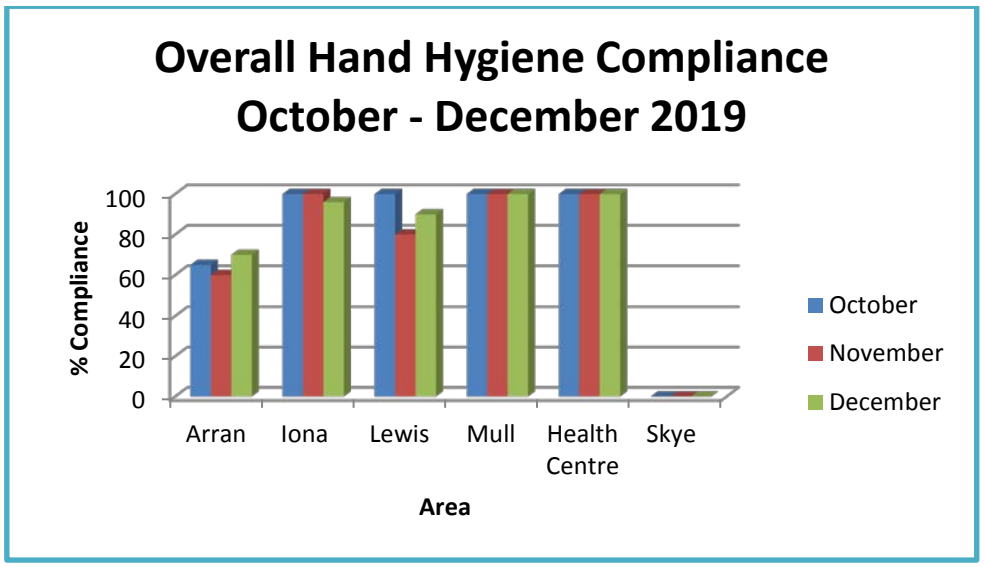
The Senior Charge nurses have been made aware of this by the SNIC. Reminders to submit and follow up of non compliance will continue to be carried out by the SNIC.

October 2019
10 out of a possible 12 were submitted (x1 not submitted due to TSH30:30 Skye Centre project).

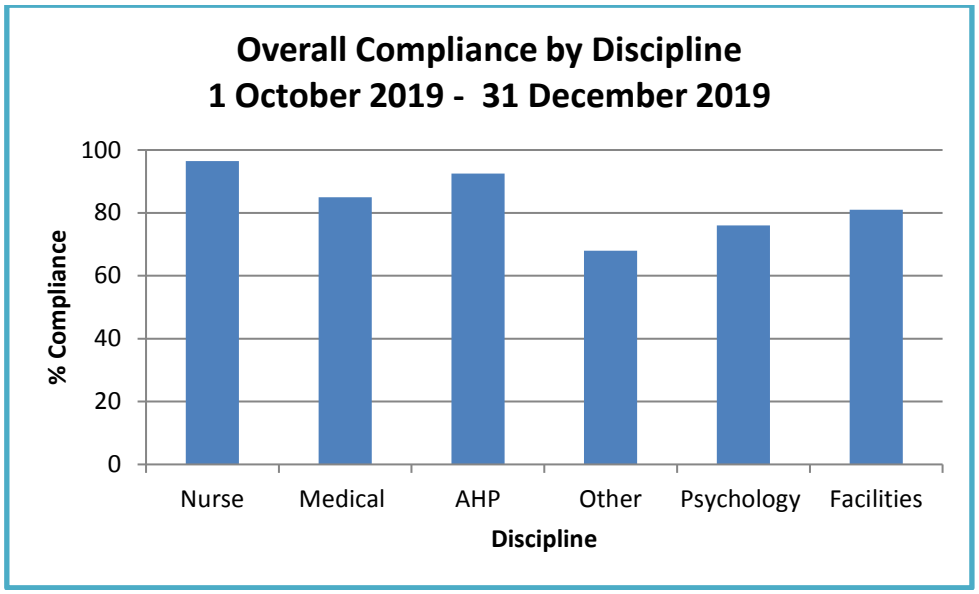
November 2019
9 out of a possible 12 were submitted (x1 not submitted due to TSH30:30 Skye Centre project).

December 2019
9 out of a possible 12 were submitted (x1 not submitted due to TSH30:30 Skye Centre project).





The overall hand hygiene compliance within the hubs varies between 68-96.5%. The category identified as 'Other' relate to the following groups; Admin staff, Senior Management, Pharmacy, Social Work and Advocacy.



As part of the TSH30:30 the Skye Centre Atrium staff undertook a quality improvement project on hand hygiene compliance within this area.

Healthcare Waste
Following discussions between Director of Nursing & AHPs and Head of Business Support it has been agreed that that support will be granted to supply the compliance of audits submitted. This information will be passed to the Senior Nurse for Infection Control who will review compliance with criteria.

Data not received for quarter 3.

Workplace Inspections
Following discussions between Director of Nursing & AHPs and Head of Business Support it has been agreed that that support will be granted to supply the compliance of audits submitted. This information will be passed to the Senior Nurse for Infection Control who will review compliance with criteria.

Data not received for quarter 3.

DATIX INCIDENTS FOR INFECTION CONTROL 1st OCTOBER 2019 – 31st DECEMBER 2019
15 infection control related incidents -

- 9 of these pertained to Safe Management of Linen e.g. bags not being tagged and bags not being managed via the correct route. The Senior Nurse for Infection Control has contacted the wards directly to offer advice, provided copies of the policy, laminated segregation chart and placed in each ward next to the laundry cart. In addition, this has been communicated via the Senior Charge Nurses and been discussed at staff business meetings. The Safe Management of linen is included in the Health & Safety Training day for staff and will be back on the nursing induction program from August 2019.

- 4 episodes of diarrhoea and vomiting.

- 1 episode of exposure to blood and body fluid – needlestick injury. Medical staff sustained a needlestick injury with appropriate follow up action taken. No further action required.

- 1 incident whereby Podiatry instruments were returned from ASDU unsterilized and in original packaging. Investigation by Senior Nurse for Infection Control determined that the fault arose at the ASDU. The Infection Control Committee have requested that a joint investigation takes place, this will be facilitated by the Risk Management Team.

There were 2 occasions were infection control was cited as a secondary incident - 2 episodes of exposure to blood and body fluids;

1. Patient spat on staff member during a restraint (no further follow up required by Senior Nurse for Infection Control).

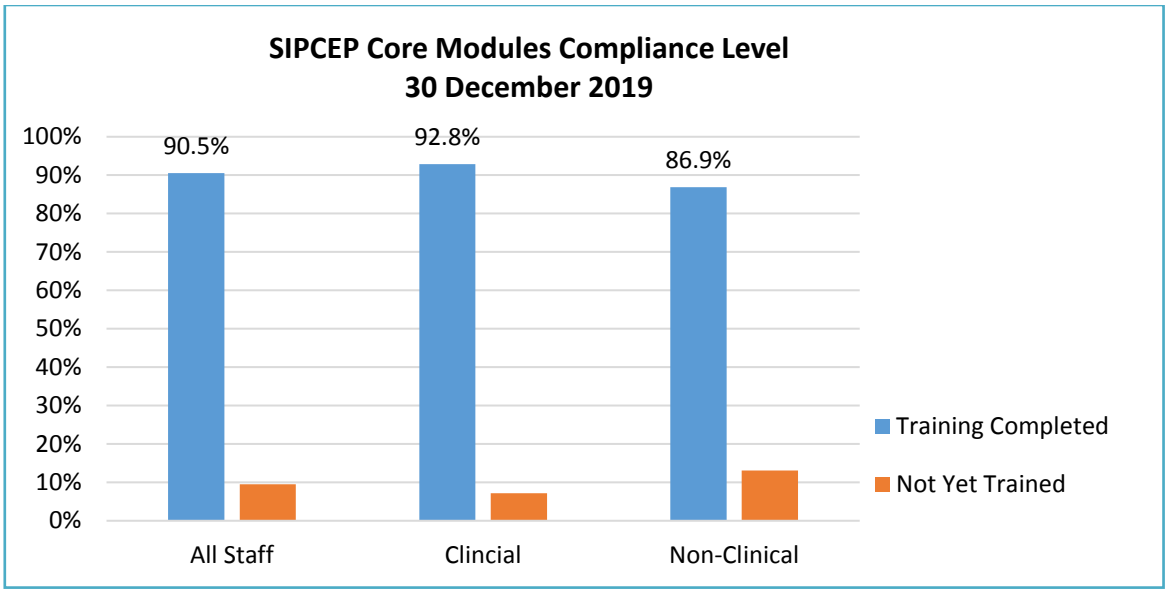
2. Patient self harmed by banging his head off the wall causing an old wound to re-open (no further follow up required by Senior Nurse for Infection Control).

Scotland's Infection Prevention and Control Education Pathway (SIPCEP):
The State Hospital identified 4 core modules for all staff to complete as part of their mandatory training. The table below shows the compliance rate per department;

Department	Target	Completed	Compliance %
Advocacy	6	5	83.3
AHP	17	16	94.1
Arran 1	29	25	86.2
Arran 2	29	23	79.3
CED & Risk	9	9	100
Estates	27	20	74.1
Finance	7	7	100
Forensic Network	7	7	100
Hotel services	17	17	100
Housekeeping	55	54	98.2
Hub admin	21	16	76.2
HR	6	5	83.3
I&E	2	2	100
Iona 1	28	27	96.4
Iona 2	28	28	100
Iona 3	28	25	89.3
eHealth	12	8	66.7
L&D	10	10	100
Lewis 1	31	30	96.8
Lewis 2	29	26	89.7
Lewis 3	26	23	88.5
Management Centre	13	12	92.3

Medical	13	11	84.6
Medical Records	3	3	100
Mull 1	28	28	100
Mull 2	32	31	96.9
Nurse Dir	5	5	100
Nursing Pool	9	9	100
NPD	4	4	100
Ops Mgt	6	6	100
OHS	4	1	25
Pharmacy	8	8	100
Procurment	7	4	57.1
Psychology	21	19	90.5
Security	44	40	90.9
Skye	34	32	94.1
Social Work	9	5	55.6

The table below shows the compliance rate between clinical and non clinical staff.



The SIPCEP modules were introduced in 2018 and there is a 2 yearly refresher for clinical and non clinical staff. The Learning and Development staff will now commence the monitoring and recording of this. A report will be provided for the next Infection Control Committee in April 2020.

Hepatitis C Treatment
Funding had been secured for the 1 patient who was waiting for treatment during the quarter; however as he was being transferred it was deemed not appropriate by his RMO to commence him on treatment at this time. All communication will be passed on to the receiving hospital (which is located in his home board) where he will receive his treatment.

1 patient was diagnosed on admission and will be seen by the Infectious Diseases Service from NHS Lanarkshire.

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

Flu vaccination Clinics
All staff have received a letter advising them of the clinics and if they are unable to attend the clinic how they can make arrangements to receive their vaccine week commencing 21st October. The flu vaccinations for staff will commence on 28th October. There were 5 weekday clinics planned, all of which held in the family centre. It was felt that this area was most central and staff have to pass this building on route to/from their department.

In addition to the weekday clinics 4 clinics were held to cover other shift patterns

- 10th 630-9am, 8 vaccines given (1 nursing staff)
- 11th 630am onwards 0 vaccines given
- 12th 630am onwards 7 vaccines given (2 of which were day shift)
- 07th January 7am onwards 1 vaccine given

The Healthy Working Lives group have donated a 'misfit' fitness tracker as a raffle prize for those who received their vaccine. This included staff who notified us that they had received their flu vaccine from another source. The clinics were delayed due to a supply issue hence the reason some staff received this from their GP.

Total vaccinations to date - 290.

Influenza

Although not within this reporting period three patients were confirmed as having Influenza A, within one ward. One of the patients required hospitalisation; interestingly the other two patients only displayed symptoms of sore throat, their NEWS scores did not cause alarm. They were tested as a precautionary measure at the onset of symptoms. None of the patients received the flu vaccination when offered in November 2019 and again when offered in January 2020. A few patients and staff across the hospital have experienced cold like symptoms but their physical health has not been a cause for concern and therefore they have not been tested.

Pandemic Influenza Exercise

On 5th December 2019 an exercise was held to test the hospitals pandemic influenza contingency plan. There was representation from the following

Director of Security & Facilities	Procurement Manager	Consultant Microbiologist UHW
Deputy Director of Security	Housekeeping & Linen Services Manager	Senior Charge Nurse
Director of Nursing & AHPs	Lead Pharmacist	Occupational Health Nurse
Lead Nurse	Head of Communications	Head of Estates & Facilities
Skye Centre Manager	Estates Officer	Human Resources
Physical Security Manager		

This proved to be a very useful and positive exercise from which amendments were made to the State Hospital Pandemic Influenza Contingency Plan and approved at the Infection Control Committee in January 2020.

Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) Policy Requirements – DL (2019) 23 23rd December 2019

Following the receipt of this correspondence from the CNO a review was undertaken by the Senior Nurse for Infection Control & Director of Nursing and AHPs to identify any gaps in practice. This information was fed back to Scottish Government in January 2020.

Water Safety Group Update

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

Water Risk Assessments Update

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

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

Category 1

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

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

Category 2 – Significant Investigation & Remedial Action Required.

Recommendations within this category should be carried out as soon as is reasonably practicable. Where appropriate remedial actions to rectify the faults cannot be carried out quickly practicable alternative actions to reduce the risk should be carried out.

Within The State Hospital there were **138 Category 2** recommendations.

116 have been completed, with 22 to be addressed.

The outstanding Category 2 recommendations relate to the water expansion vessels installed throughout the site.

The recommendation is to change these for a 'flow through' type of expansion vessels. The vessels we have installed have the potential to hold stagnant water. However, the replacement cost for one vessel to change to the 'flow through' type is approximately £2000 and we have 22 on site. The cost for a like for like replacement is approximately £500.

There are currently no problems with the vessels, so there is no requirement to change them. The Estates Department have a monthly programme in place to flush the expansion vessels that alleviates the risk of stagnant water.

Category 3 – Investigate/Reduce.

Recommendations within this category should be carried out in a timely manner. Additional monitoring / inspection to ensure the risk does not increase should be carried out until actions completed.

Within The State Hospital there were **111 Category 3** recommendations.

85 have been completed, with 26 to be addressed.

Category 4 – Maintain Level.

Managed by routine planned preventative maintenance procedures.

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

The Estates Department continue to work through all outstanding recommendations, and progress will be monitored through the Infection Control Committee.

4 PATIENT ADMISSION / DISCHARGES

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

The following table outlines the high level position from 1 October 2019 to 31 January 2020.

	MMI	LD	Total
Bed Complement (as at 31/01/2020)	126	14	140
Staffed Beds (i.e. those actually available) (as at 31/01/2020)	108	12	120
Admissions (from 01/12/2019 – 31/01/2020)	7	0	7
Discharges / Transfers (from 01/12/2019 – 31/12/2019)	4	1	5
Average Bed Occupancy December 2019 – January 2020	-	-	106 88.3% of available beds 75.7% of all beds

5 RECOMMENDATION

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

MONITORING FORM

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item: 10
Sponsoring Director:	Director of Nursing and AHPs
Author(s):	Interim Manager – Patient Advisory Service
Title of Report:	Patient Advisory Service Annual Report
Purpose of Report:	For Noting

1 SITUATION

The purpose of this report is to provide assurance to The State Hospitals Board the Patients' Advocacy Service (PAS) continues to meet the needs of the State Hospital Patients as set out in the Service Level Agreement.

2 BACKGROUND

The report highlights progress made in all aspects of the service including improvements and achievements within the year; these are detailed within the report.

3 ASSESSMENT

- Retention of full staff complement: Service Manager, Senior Advocate, 2 Part-time Advocates (2x4 days), 1 Part-time Administrator (3 days) and 1 Volunteer, ensuring continuity for patients.
- Achievements against the Key Performance Indicators (KPI) in the Service Level Agreement continue to be met.
- 1 year extension of Service Level Agreement ends 31st May 2019.
- Recruited 1 new Volunteer.
- Location in the Skye Centre increases the visibility of Advocacy and opportunities for patients to access Advocacy.
- Full and effective use is being made of the budget allocated by the Hospital for the service.

- Robust arrangements are in place for education and supervision of all Advocates and Volunteer Advocates.
- The service continues to be an integrated aspect of Hospital landscape with positive and respectful relationships existing between both organisations.
- The additional recurring £20,000 funding received from the Scottish Government following the introduction of the Patients Rights Bill continues to assist PAS to offer extra support required with hard to reach patients and new admissions.

Section 9 of the main report identifies both organisational and service developments planned for the current 12 months. Of particular note are:

- Recruitment of 2 new PAS Board Members.
- Continue to develop, in tandem with the Hospital, our monitoring and recording systems.
- To continue developing improved and meaningful recording of outcomes for patients and stakeholders.
- Support the Hospital in meeting the aspirations of the NHS Quality Strategy and The State Hospital Clinical Model, particularly of the principles/priorities of person centered care.
- Actively respond to relevant consultations by providing a unique perspective of the service in this setting.

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PATIENTS' ADVOCACY SERVICE ANNUAL REPORT

1st April 2018 – 31st March 2019

TABLE OF CONTENTS

1 INTRODUCTION

The Patients' Advocacy Service aims to provide an independent, highly skilled, responsible and professionally run service within The State Hospital. Whilst observing the safety and security of the Hospital, the service works independently within it to promote patients as individuals, support them and enable them to be fully informed and involved in their care and treatment.

"Independent advocacy is about speaking up for, and standing alongside individuals and groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice, addressing barriers and imbalances of power, ensuring that an individual's rights are recognised, respected and secured.

Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves.

Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs."

Scottish Independent Advocacy Alliance, Independent Advocacy, Principles, Standards & Code of Best Practice (2019).

The Mental Health (Care and Treatment)(Scotland) Act 2003, establishes the right to access Independent Advocacy for those experiencing a mental disorder. The purpose of this report is to inform and evidence the key performance indicators, stipulated within the Service Level Agreement by The State Hospital, continue to be met. The report describes how the service provided by PAS has the ability to adapt to the ever changing needs of the patient population. This includes a focus on the outcomes achieved for patients through engagement with the service.

1.1 HIGHLIGHTS OF THE YEAR

This report relates to the period April 2018 – March 2019, reflecting on another successful year during which we continued to provide an Independent Advocacy service to all patients. This work includes:

- Support before, during and after Case Reviews, Mental Health Tribunals and Parole Board hearings.
- End of life care including external hospital visits, sharing information, ensuring patients comfort and contact with internal and external parties.
- Contact with other agencies and organisations.
- Drop-in sessions.
- Information gathering.
- Funeral arrangements.
- Wills.
- Ensuring patient understanding of both human and legal rights.
- Meeting with professionals both internal and external.
- Letter writing.

- Ward meetings.
- Raising complaints.
- One to one interviews.
- Contacting solicitors.
- Support at Adult Support and Protection (ASP) investigations.

PAS continues to support our patient representative to meaningfully engage at our board meetings; the patients' voice is invaluable to the service. This signifies the importance of hearing directly about patients' experiences, to meet the changing needs in the hospital environment. PAS will aim to recruit another patient representative ensuring a continuing patient voice on our board.

We are involved in the induction process of new staff, including students, within The State Hospital. This provides them with a knowledge and understanding of Advocacy and an insight into the role of an Independent Advocate.

We have advocacy representation attending the following groups where possible:

- Child and Adult Protection Forum; Involvement and Equality Steering Group; Patient Partnership Group; Patients Christmas Events; The State Hospital Research Conference; TSH3030; Corporate Parenting; Responded to consultations and The State Hospital policies; 'What Matters To You' and Mental Welfare Commission Visit.
- Mental Health Tribunal Advocacy Reference Group.
- Communications and Specified Persons (Short life working group).

The PAS Manager is a Board Member with the Scottish Independent Advocacy Alliance (SIAA) providing PAS with a voice in shaping the future of Independent Advocacy including the development of the new Principles in Practice for Independent Advocacy. The PAS manager also attended the SIAA Annual General Meeting and the SIAA National Outcomes.

On the 20th November 2019 PAS held their 10TH Annual General Meeting (AGM) where we delivered our Annual Report for 2018-2019. Our patient representative took part in the AGM by video conferencing along with 10 patients from the Patient Partnership Group.

2 GOVERNANCE ARRANGEMENTS

PAS has dual accountability. Firstly, as an independent company, limited by guarantee to PAS Board of Directors and secondly, as a service commissioned by The State Hospital. We report annually, and in doing so, provide assurance the service meets with the specification and performance targets set by the service level agreement. The Person Centered Improvement Group receives regular updates and the service manager meets with the Person Centered Improvement Lead monthly.

The annual cost of the service to the Hospital this financial year was £146,585 including the recurring funding of £20,000 initially received in April 2012 from the Scottish Government following the introduction of The Patients Rights (Scotland) Act, 2011.

2.1 Committee Membership and Role

The Board of Directors comprises:

- Danny Reilly, Chair
- Andrew Gardiner, Treasurer

Board Members:

- Francis Fallan, Secretary
- Heather Baillie
- Michael Timmons

2.2 Aims and Objectives

The Patients' Advocacy Service aims to provide an independent, highly skilled, responsible and professionally run service within The State Hospital. Whilst observing the safety and security of the hospital, the service works independently within it to promote patients as individuals, support them and enable them to be fully informed and involved in their care and treatment.

2.3 Meeting Frequency

The PAS Board of Directors held 8 Board Meetings during this year and an AGM.

2.4 Strategy and Workforce

In order to deliver our KPI's we have a small staff team with a variety of areas of expertise. Our knowledge and experience of engaging with patients continues to expand. This allows us to provide a person centred service for the patient. Securing and retaining skilled employees is challenging in such a unique environment. However, PAS has successfully maintained the staff group for a substantial number of years, which is beneficial to patients for continuity of care.

Currently PAS employs:

- 1 x full time Manager,
- 1 x full time Senior Advocate,
- 2 x part-time Advocates,
- 1 x part-time Administrator,
- 1 x Volunteer Advocate

2.5 Management Arrangements

The PAS Manager maintains regular contact with hospital professionals including the Person Centered Improvement Lead and the Director of Nursing and Allied Health Professions. This ensures effective communication whereby any issues can be dealt with promptly. In addition, the PAS manager attends other relevant meetings throughout the hospital.

2.6 Training

Staff and volunteers complete all mandatory training specified by the Hospital, including online modules. PAS welcomes the opportunity to take part in the training and development offered by

The State Hospital, to enhance knowledge and skills of staff. PAS strives to offer the opportunity to attend training as much as possible including external training such as, through the SIAA and training sourced by PAS.

Additional training completed this year:

- CPR Training
- Capacity Training
- Advanced Excel Course
- European Computer Driving License

We actively encourage staff and volunteers to apply for training and continue personal development. This year we contributed financial assistance to 2 staff members in Year 3 of an MSc Forensic Mental Health. Additionally, we have a staff member in year 5 of a BSc(Hons) Psychology.

2.7 Policies and Procedures

All PAS policies and procedures were reviewed and updated before the Independent Evaluation in 2017. We have since reviewed and made necessary changes to our policies in line with General Data Protection Regulations (GDPR).

2.8 Participation / Integration

PAS staff participated in a number of State Hospital groups to facilitate and support integrated ways of working benefitting patient care including:

- Person Centered Improvement Group
- Patient Partnership Group
- Child & Adult Protection Forum
- Complaints

PAS also participated in TSH3030, this initiative enabled PAS to improve the working environment within our office which was the catalyst for moving forward to becoming a paperless office.

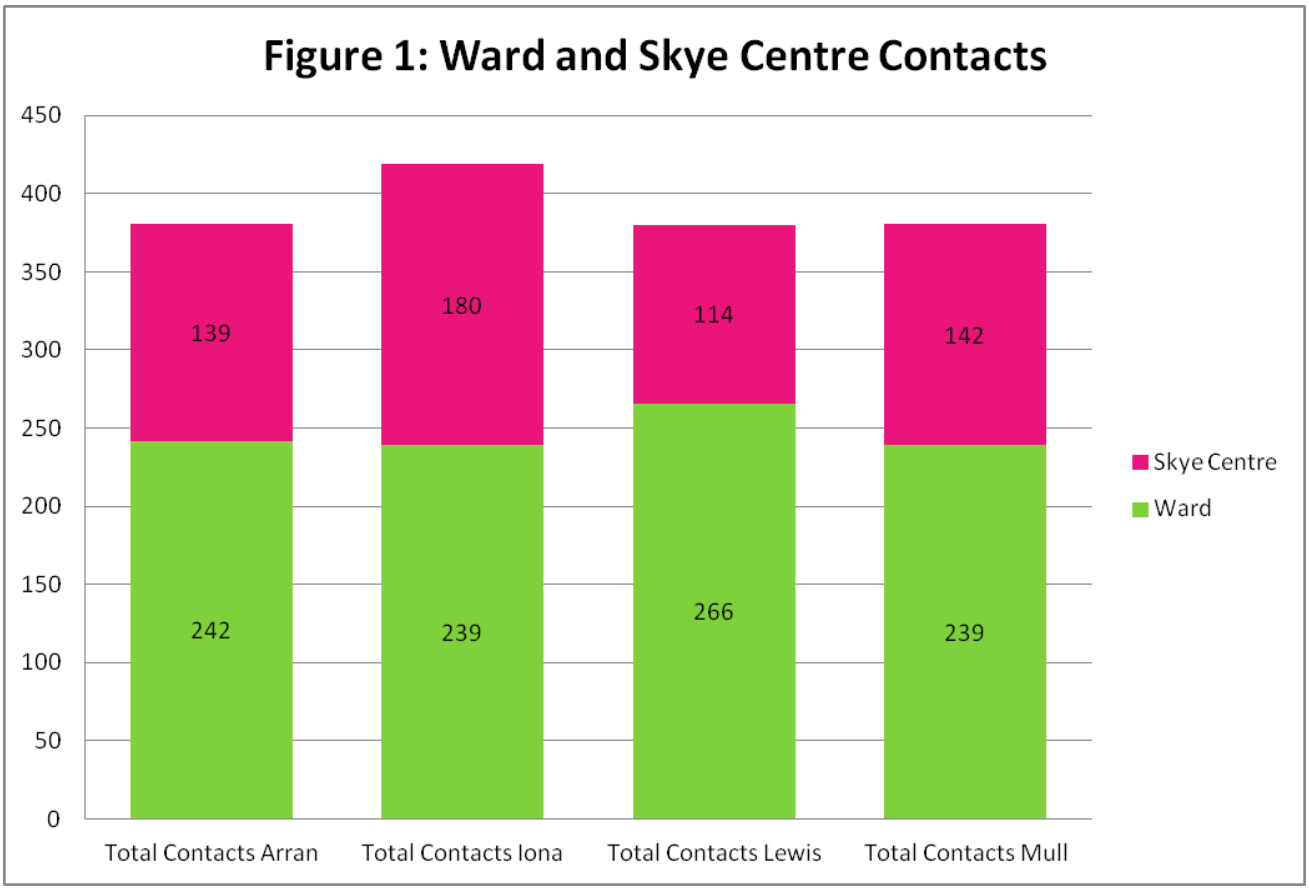
External working groups included:

- The Scottish Independent Advocacy Alliance Board Meetings
- Mental Health Tribunal Advocacy Reference Group
- Communications and Specified persons (short life working group)

3 Key Performance Indicators

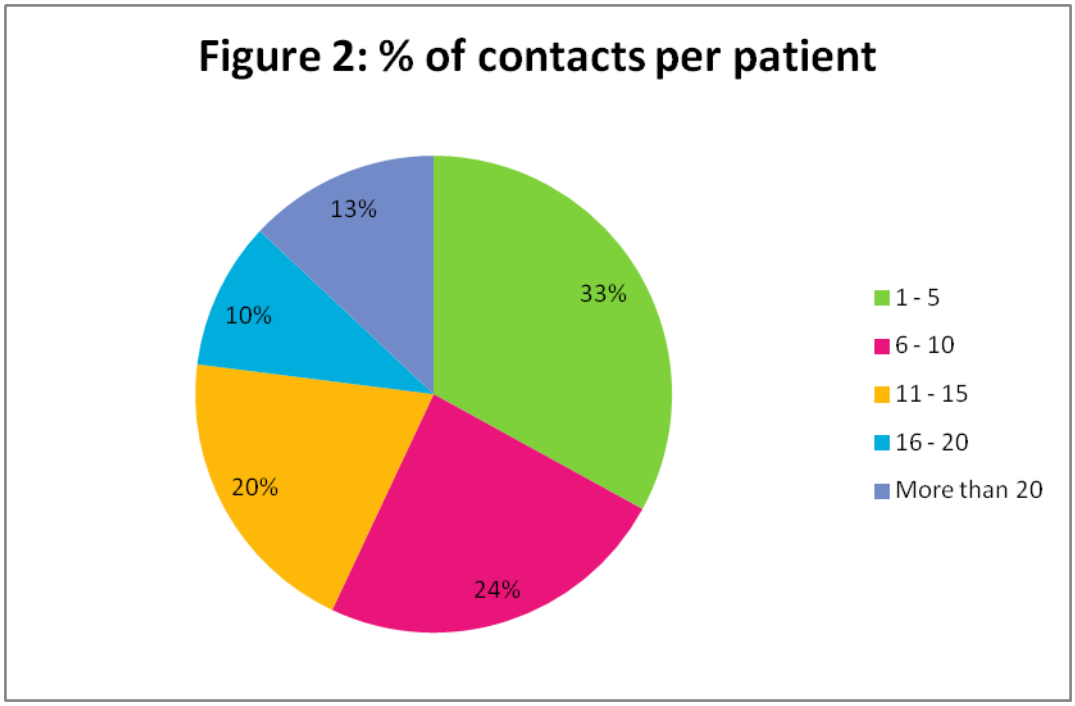
3.1 Ward and Skye Centre Contacts

The chart below shows an annual total of 1561 contacts spread among 137 patients; all patients' within The State Hospital were seen at least once by an advocate. Average contacts per patient equated to 11. These figures include 33 patients transferred to medium secure units or returned to prison and 34 admittances during this period.



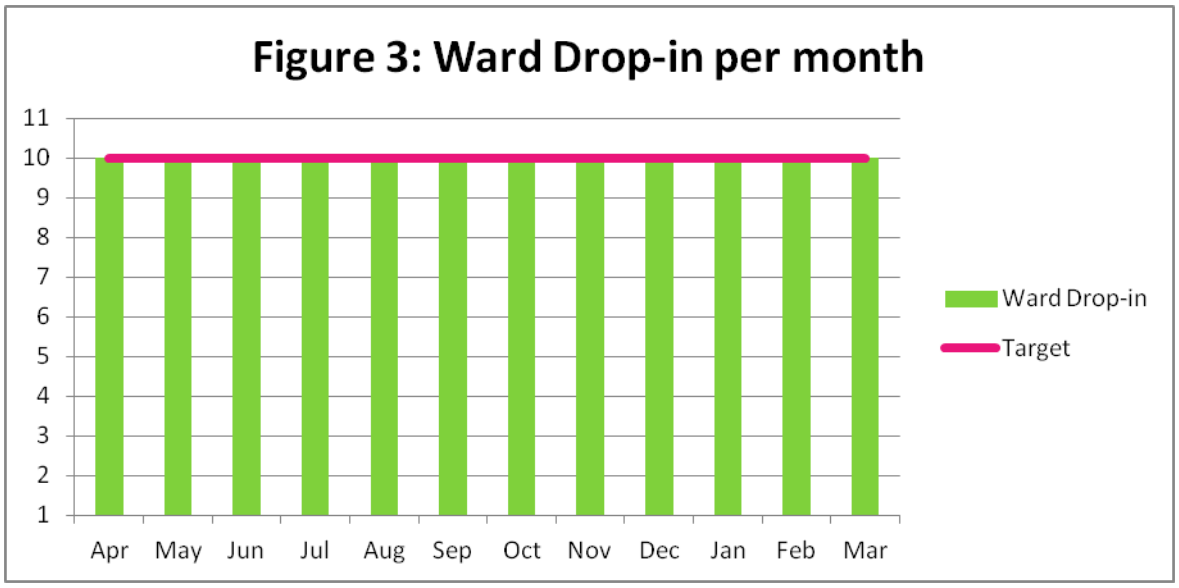
3.2 Contacts per Patient

This graph highlights 33% of patients were visited by an advocate between 1-5 times with a further 13% more than 20 times. We continue to monitor patient contacts to ensure these are reflective of the service we provide.



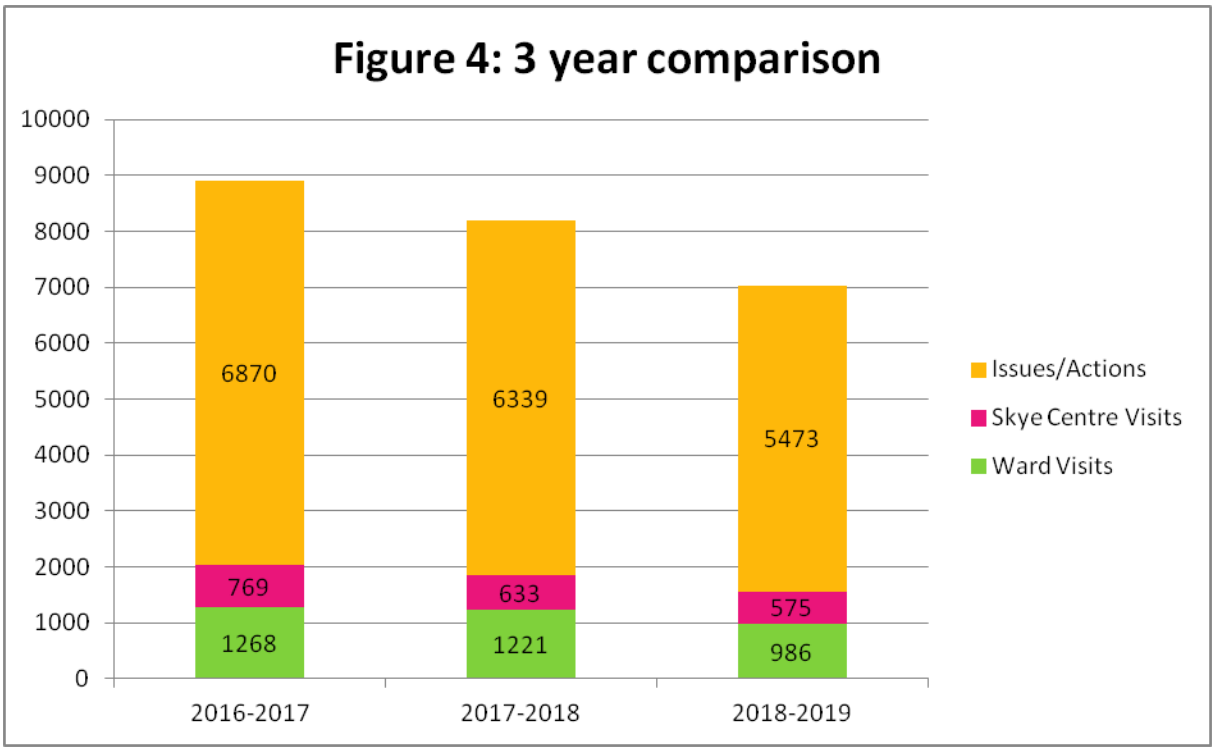
3.3 Attendance on Wards

The service level agreement requires PAS to provide a monthly drop-in to each ward. The following graph reflects this target was achieved.



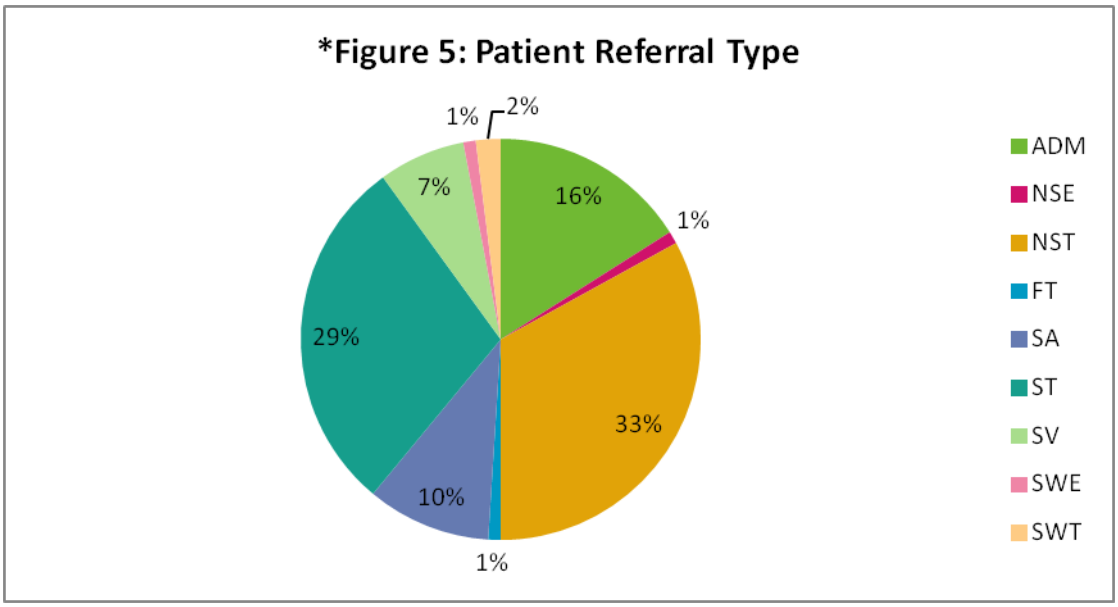
3.4 3 Year Comparison (2016-2017, 2017-2018, 2018-2019)

The figures below show a slight decline in issues raised by patients and actions. Part of the work PAS hopes to achieve is appropriately recording work completed to demonstrate more robust outcomes.



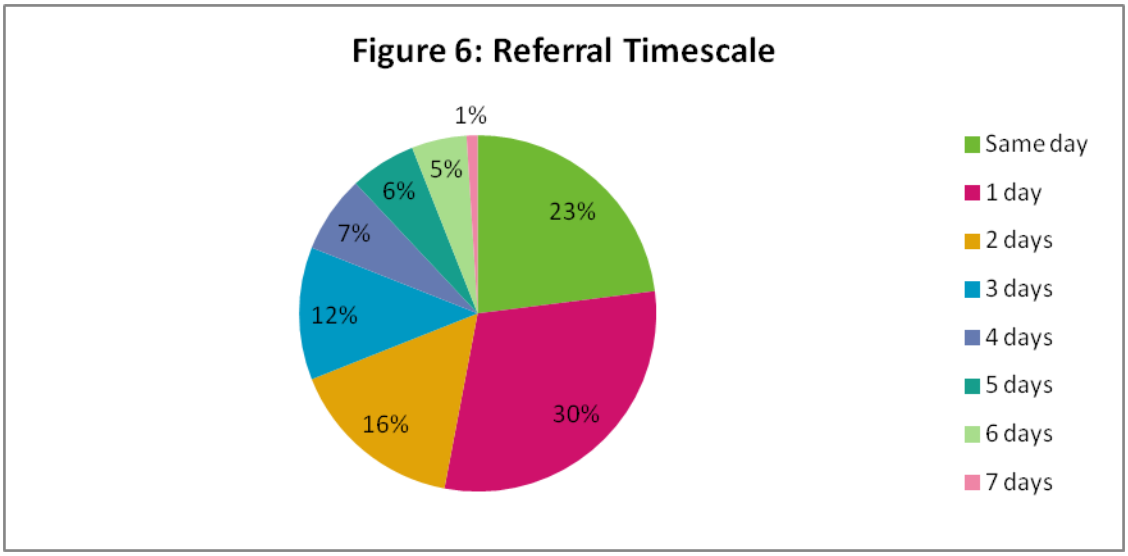
3.5 Formal Referral Routes

These statistics reflect formal requests for contact with an Advocate. 39% of referrals are from patients themselves via the PAS free phone including the answer phone.*See Appendix 1 for abbreviations.



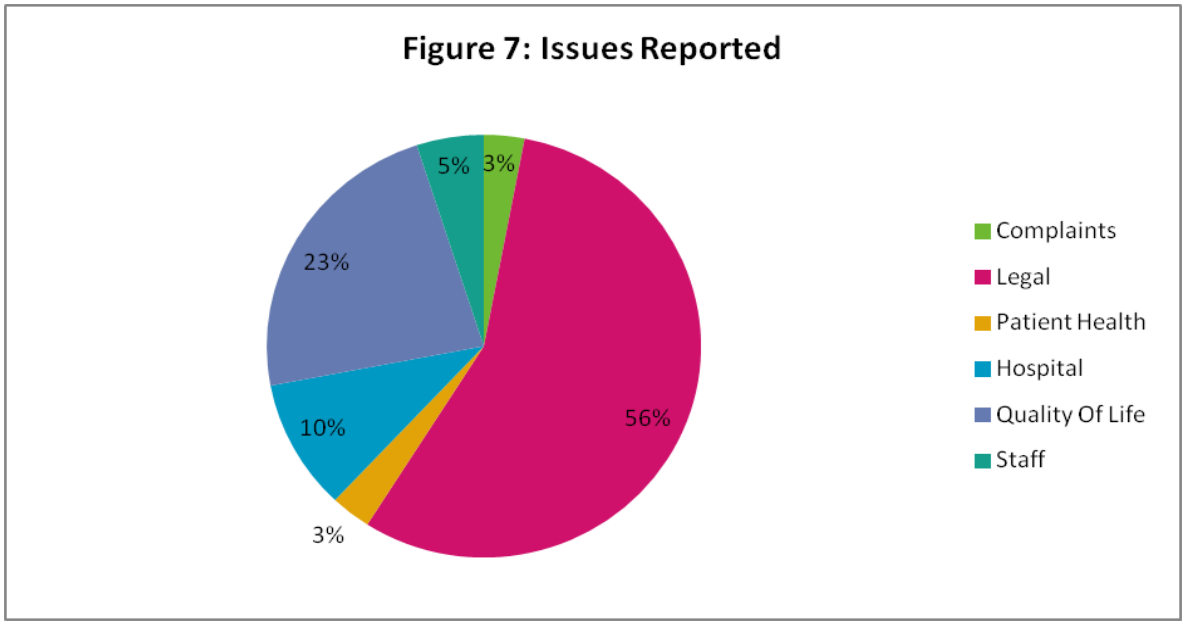
3.6 Patient Referral Timescales

The service level agreement stipulates all patients be seen within 7 working days of referral but PAS operates to a 5 working day timescale. 100% of patients were seen within the 7 working day target.



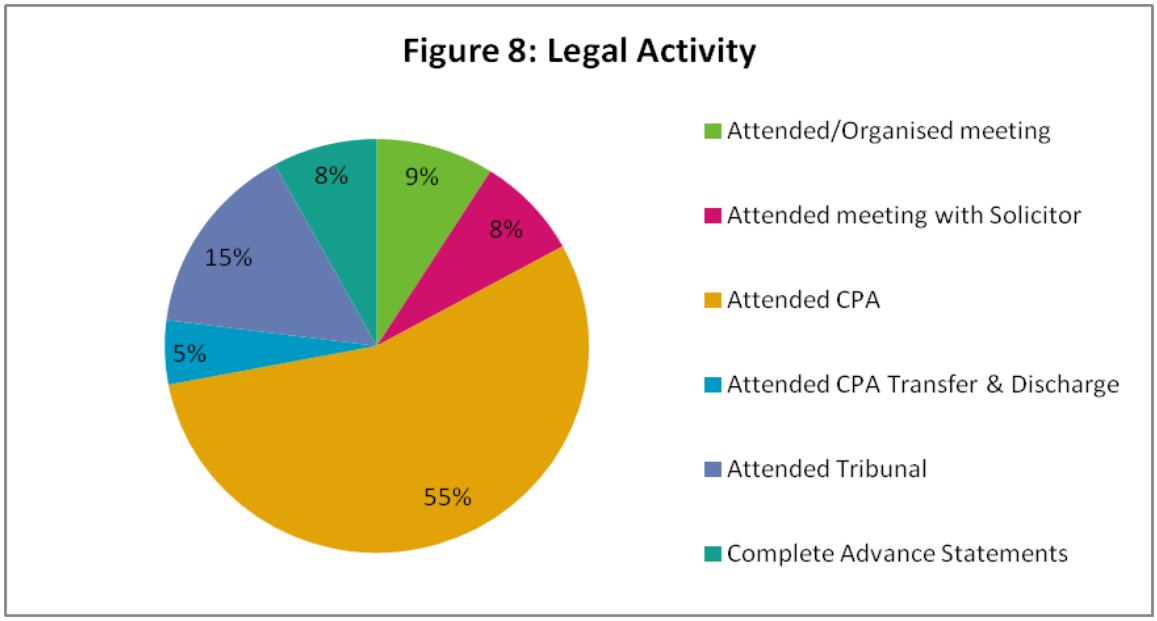
3.7 Issues

The service dealt with 2220 issues, with 'Legal' accounting for the majority with 56%.



3.8 Legal Activity

Activity classified as 'Legal' is categorised as supporting patients with advance statements, solicitor meetings, CPAs and tribunals.



4 COMPARISON WITH THE LAST ANNUAL REPORT

Action	Outcome
Organisational:	
Recruit volunteer	Complete
Organise AGM	Complete
Provide 2 days training for board members, staff and volunteers	Deferred to 2020 to allow new board members and volunteers to participate
Ongoing training for staff/volunteers	Complete
Complete annual report	Complete
Recruit additional patient representative for PAS board	Deferred to 2020
Complete tender paperwork for SLA	Deferred to June 2019 for paperwork to be available
Service:	
Develop improved recording system for statistical information and outcomes measures	Partially complete, remain on target to complete in 2020
Review and monitor how we deliver the service	Ongoing process to reflect changes with regards to policies, procedures and relevant legislation
Review of patient survey with PPG	Deferred to 2020, due to ongoing work for service level agreement
Achieve paperless office	Ongoing. Aimed completion 2020
Have an active twitter page	Partially, ongoing discussions with IT
Dedicated cloud based server	Deferred to 2020, awaiting outcome of SLA re funding.

5 AREAS OF GOOD PRACTICE

We continue to maintain good practice and meet requirements of the Service Level Agreement by:

- Review of Policies and Procedures
- Regular supervision and annual appraisals of staff/volunteers
- Ongoing staff development and training
- Approachable, unbiased and visible service
- Positive and professional relationships with stakeholders and other professionals relevant to patients
- A variety of expertise within PAS team providing knowledge and experience in a unique setting
- Consistency of staff team ensuring person centered care
- Flexibility to adapt and meet the needs of The State Hospital

6 OUTCOMES

We continue to work towards producing meaningful outcomes for the Hospital and the Patients. Reported outcomes centre on Care Programme Approach Meetings (CPA), Mental Health Tribunals and Parole Board hearings. We also support patients through the process of completing advance statements, funeral plans, wills and complaints.

The tables below reflect the work PAS engages in and the outcomes which follow.

Care Programme Approach Outcomes

Discussion	***Patient Outcome***	***Hospital Outcome***	***Total***
Total 361 (this includes prior discussions)	Patient supported to prepare for CPA for example by constructing Questions for the Clinical Team choosing to attend or not.	Patient involved and participating in CPA process with advocacy support.	**170 attended**
	Advocacy discussed CPA process with patient providing options to attend with advocacy support, on their own or not to attend at all. Patient felt confident enough to attend CPA without Advocacy support.	Patient involved and participating in CPA process, declining advocacy support at meeting.	**19 declined**
Total 34 (this includes prior discussions)	**Attend Discharge/Transfer CPA**: Patient supported to fully engage with CPA process should they wish.	Patient involved and participating in CPA process with advocacy support.	**17 attended**
	Decline Discharge/Transfer CPA: Patient able to choose to attend meeting independently without Advocacy support.	Patient involved and participating in CPA process, declining advocacy support at meeting	**4 declined**

Mental Health Tribunal Outcomes

Discussion	*Patient Outcome*	*Hospital Outcome*	*Total*
Total 176	Patients are provided with verbal and written information regarding their legal rights and the process of the Mental Health Tribunal. Ongoing discussion with patients to ascertain levels of understanding and support accordingly.	Patients were informed and supported with their legal rights i.e. their right to a solicitor and support from Advocacy.	**51**
	Patient able to attend tribunal with solicitor independently.	Patient declined Advocacy to attend tribunal but attended with solicitor.	**5 declined**
	Patients supported to have their voice heard and if they choose through a written personal statement.	Patient was supported by Advocacy to attend Tribunal and have their voice heard.	**46 attended**

Other Activity Outcomes

Discussion	*Patient Outcome*	*Hospital Outcome*	*Total*
Total 70 (including discussions)	**Formal complaint**: Patient able to express dissatisfaction and have issues addressed as per hospital policy.	Patient's complaint received and responded to accordingly.	**26**
	Local Resolution: Patients issue resolved informally via discussion. Advocacy attendance if requested by the patient.	Issues resolved at first level as per complaints procedure. Hospital quickly addresses issues saving staff time and issues resolved to patient satisfaction.	**35**
	Information search: Information gathered on behalf of a patient due to restricted internet access allowing them to exercise their rights.	Supporting nursing staff by providing information to patients which would otherwise be time consuming for staff to provide.	**56**

Discussion	*Patient Outcome*	*Hospital Outcome*	*Total*
Total 120	**Completion of Advance Statements**: Patients wishes expressed regarding future care and treatment giving a guarantee the RMO and care team will take these into account.	Fulfilling legal obligation, providing knowledge of Advance Statements and support to complete these. Advance Statements are person centered, taking into account patient's wishes. Accurately recording and storing Advance Statements with medical records.	**26 completed**
	New Admissions: Patient is informed of the role of Advocacy, their legal rights and how we can support them through their care and treatment.	Legal obligation to provide Advocacy is met.	**34 admissions**
	Patient supported during meeting (Solicitors, Independent Doctors, Social Worker, etc): Patient supported by Advocacy to attend meeting.	Patients supported as per their right to have Advocacy support as per the Mental Health (Care and Treatment) (Scotland) Act 2003.	**57 attended**
Total 30	**Parole Board Hearing**: Patients are provided with verbal and written information regarding their legal rights and the process of the Parole Board Hearing. Ongoing discussion with patients to ascertain levels of understanding and support accordingly.	Patients were informed and supported with their legal rights i.e. their right to a solicitor and support from Advocacy.	**2 attended**
Total 6	**Adult Protection Support (ASP)**: ASP referral made when patient feels or is deemed at risk.	Hospital fulfilling legal obligation to support patients through ASP legislation.	**2 attended**

Other Legal Outcomes

7 Patient Stories

Positive Future Outcomes

Patient A was very quiet; although polite he was unlikely to request support. Social work approached advocacy to discuss potential family contact as he lacked external support. Patient A was not forthcoming with his history and records for his past were missing. After engaging for a few weeks aiming to build a positive relationship, he divulged he wished to contact his Sister who he had lost contact with whilst in prison. He had basic information however when transferred to Social Work they were unable to locate her. The Clinical Team agreed we could pursue this through the Salvation Army and so initially we needed to gather identification required for the application. As the patient was a prisoner we worked on budgeting to save and purchase a birth certificate. After securing funds we completed forms, liaised with ward staff and finance to organise the cheque. Once he received the birth certificate we sent off an application to the Salvation Army. After a few months the advocate called the tracing service and was told the fantastic news the patients' sister had been located and her address provided for contact, unfortunately this information had been sent to the patient 2 months prior but he had been unable to read the letter and so the information was missed. It was put in the care plan for advocacy to be notified of incoming mail and ward staff also included a note in their mail book which has been beneficial for ongoing mail. After liaising with social work and them confirming his sister could be contacted, advocacy facilitated a few letters between the patient and his sister as he was not comfortable enough to phone her initially and with a lack of reading/writing skills he needed support with this. He then progressed to phone contact weekly which has continued since.

This work allowed the advocate to build a strong working relationship with the patient which has caused him to feel more comfortable asking for support. This led to him challenging his security level, contacting a solicitor, attending CPA's and writing an advance statement which has given him more of a voice than he had previously. In addition he now has an external support system which will be beneficial for his future. Throughout the course of working with this patient, positive working relationships have also been built with the clinical team allowing for the patients views to be upheld in a variety of situations.

2 Advance Statement - Discussion	4	**6 Read Over Forms**	2
2 CPA - Discussion	3	**9 Attended CPA**	2
2 Legal Aid Funding	1	**9 Attended meeting with Solicitor**	1
2 Level of Security	1	**9 Fill out Forms**	4
2 Prison	1	**9 Gathered Information**	9
2 Solicitor	1	**9 Letter/Mail**	4
2 Tribunal - Discussion	3	**9 Email**	10
2 Legal (Other)	1	**9 Phone Call**	11
5 Patient Finance	1	**9 Visit/Diary Note**	2
6 Clothes	1	**9 Skye Centre Drop-in.**	8
6 Family and Friends	8	**9 Informed Staff**	2
6 Quality of Life (Other)	2	**Totals:**	82

Patient Engagement with Advocacy

Patient B was admitted to The State Hospital from Prison and regularly utilised the Advocacy Service before being discharged. In the period of April 2018 to March 2019 Patient B was supported on a number of occasions with various issues. Patient B approached Advocacy regarding property he believed to be missing following his transfer. Advocacy supported Patient B by contacting the Prison and speaking to the relevant hall to have a copy of his property list sent across. Advocacy also liaised with Nursing Staff in The State Hospital to get a copy of his property list for comparison. Following this Advocacy met with Patient B to go through both property lists and identify any missing items. Patient B identified a few missing items however didn't wish to take forward a claim as there wasn't as many missing items as initially thought and also due to the length of time the process would take for making a claim to the Prison. Advocacy also supported Patient B regarding adequately fitting clothing. Patient B reported an increase in his weight and the clothes he had no longer fitted him. Patient B requested for Advocacy to contact finance on his behalf to ask if there was a budgeting loan available he could be considered for. Following a telephone call to finance and being advised there was no loan facility due to Patient B's legal status; Advocacy contacted Nursing Staff regarding the matter. Patient X was supported by the ward and provided with adequately fitted clothing.

2 CPA – Discussion	4	**6 Placements**	1
2 CPA Transfer and Discharge Discussion	2	**6 Quality of Life (Other)**	2
2 Legal Aid Funding	1	**8 Social Work**	4
2 Prison	4	**8 RMO**	1
2 Solicitor	1	**9 Attended CPA**	2
4 Treatment/Medication	2	**9 Attended CPA Transfer and Discharge**	1
4 Patient Health (Other)	1	**9 Fill out Forms**	2
5 Benefits	1	**9 Gathered Information**	14
5 Hospital/Policy/procedure	1	**9 Letter/Mail**	1
5 Patients Property	2	**9 Email**	7
5 Hospital (Other)	3	**9 Phone Call**	10
6 Clothes	2	**9 Visit/Diary Note**	6
6 Family and Friends	3	**9 Skye Centre Drop-in.**	7
6 Grounds Access	5	**Totals:**	90

End of Life Support

Patient C approached Advocacy regarding support in making a funeral plan. Advocacy contacted the relevant funeral directors on Patient Cs' behalf and requested for a funeral pack to be sent out. On receipt Advocacy met with Patient C on a number of occasions to thoroughly go through the information contained in the pack. This was required due to the sensitive nature of the task and required patience, understanding and compassion. Advocacy supported Patient C to complete the paper work and send back to the funeral directors. Advocacy liaised with the Patients RMO, Nursing Staff and Finance regarding the funeral plans and payments. Advocacy also supported Patient C to find out about cemetery spaces and prices where he wished to be buried. Contact was made with the local authority that was able to confirm space and prices and the process of purchasing a plot. Advocacy liaised with Patient Cs' RMO, Social Worker and Procurement on a number of occasions via telephone calls and emails regarding the purchase of a plot, which in time was fulfilled. Patient C received all funeral paper work in confirming the plans, Advocacy supported Patient C to go through the paperwork and ensure he was in agreement with the plan. Following completion of Patient C funeral plans Advocacy also supported a Will to be completed stating the patient's wishes.

2 CPA - Discussion	2	**9 Gathered Information**	5
2 Legal (Other)	1	**9 Letter/Mail**	1
2 Will discussion	2	**9 Read mail to patient.**	1
2 Funeral Plan Discussion	7	**9 Email**	5
4 Physical	3	**9 Phone Call**	6
4 Patient Health (Other)	3	**9 Referral to Other advocate**	1
5 Patient Finance	1	**9 Visit/Diary Note**	8
6 Outings/Rehab Visits	1	**9 Skye Centre Drop-in.**	6
6 Quality of Life (Other)	3	**9 Will completed**	1
8 Social Work	2	**9 Funeral Plan Completed**	1
9 Attended/Organised Meeting	1	**9 Informed Staff**	1
9 Attended CPA	1	**Totals:**	65
9 Fill out Forms	2		

Support at CPA

Patient D was reluctant to go on Clozapine medication due to regular blood testing and having a fear of needles. His RMO and care team were aware of his fear however, this was not the only reason. Patient E had informed his advocate he was of the belief if he was to agree to Clozapine medication it would prolong his treatment in The State Hospital and he would not be transferred as quickly as he would if he did not go on Clozapine. Advocacy brought this to the attention of his RMO at the CPA where his RMO was able to reassure him this was not the case and in fact the very opposite could quite possibly be true and all going well he could recover sooner which would mean he wouldn't need to spend as long in The State Hospital.

The above patient story shows the trust and relationship which has been built with the patient and advocacy worker enabling the patient to feel comfortable to divulge this information and subsequently take to the CPA where he was given the reassurance which enabled him to make an informed choice.

2 CPA - Discussion	4
2 Solicitor	2
2 Tribunal - Discussion	1
9 Attended/Organised Meeting	1
9 Attended CPA	2
9 Phone Call	1
9 Referral to Other advocate	1
9 Visit/Diary Note	2
9 Skye Centre Drop-in.	1
Totals:	15

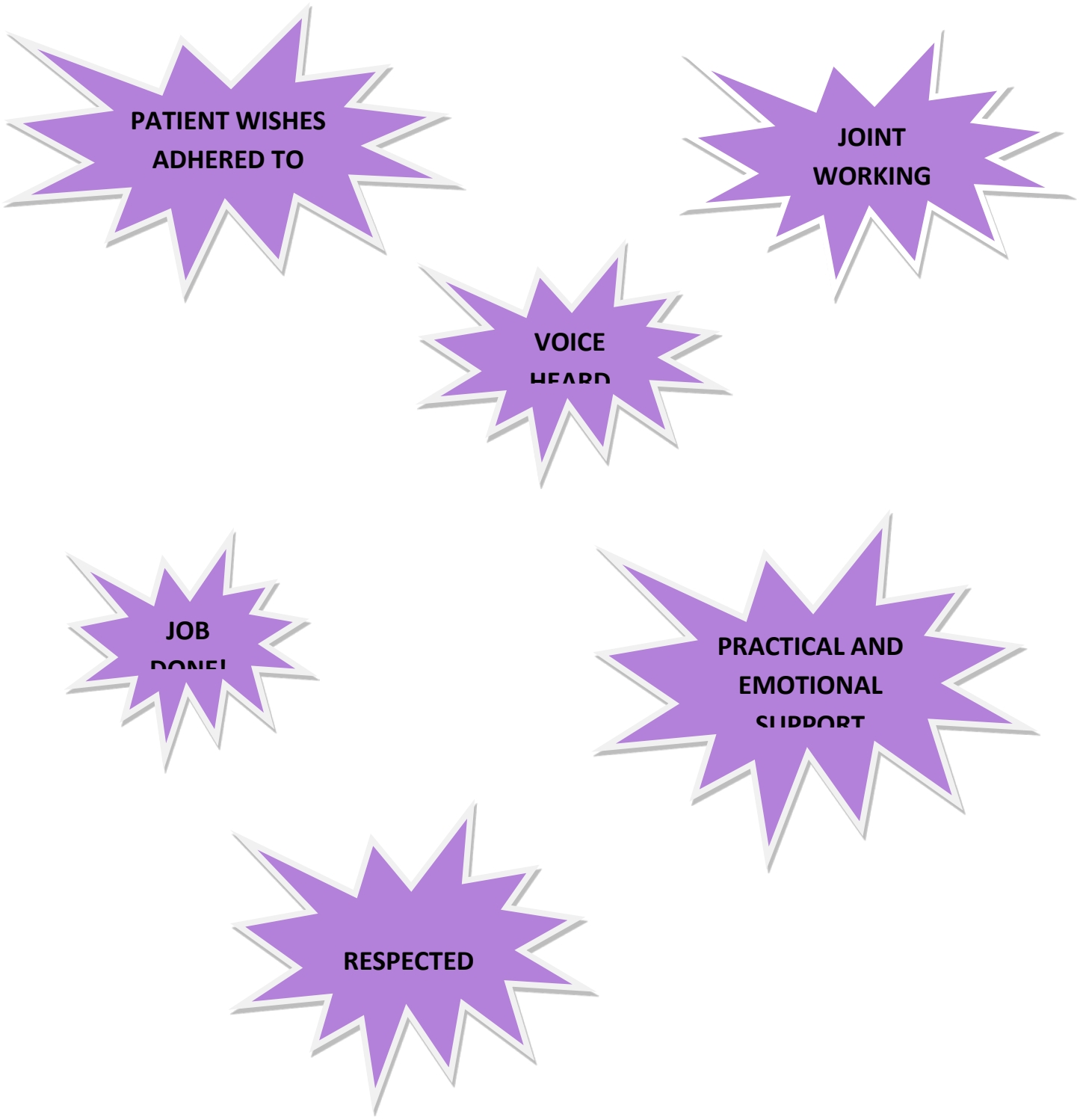
Patient Story from a Volunteer's Perspective

Throughout my time as a volunteer advocacy worker I have seen patients struggle with the idea of attending a CPA, let alone attend one with hearing difficulties. However, on one occasion Patient F had a CPA coming up. He had recently damaged his hearing aid which awaited repair and so he would require extra support through the review.

Attending a CPA can be anxiety provoking for a patient for many reasons, for example there can be a number of professionals in the room discussing their care plan and making decisions affecting their future. It was important for me to make sure Patient F was able to hear and take part in his care and treatment. Patient F although attending the full review, was not able to hear what was being said so I made sure to sit next to him and repeat what was being said in close proximity. This made sure Patient F was able to ask any questions during the review. This was a new challenge for me because I had not supported a patient in this way before and it made sure the patient had his views heard.

After the case review had finished I made sure I took extra time to sit down in a quiet environment with Patient F to go over some of the most important points of the CPA so I could make sure he understood what had happened.

Positive outcomes for patients and The State Hospital:



8 FUTURE AREAS OF WORK AND SERVICE DEVELOPMENTS

8.1 Organisational

PAS is committed to continue the quality and trusted service it is delivering at present within the hospital. PAS remains committed to providing the highest quality advocacy service to patients within The State Hospital. We continue to develop the service to meet the needs of the patients and the changing environment we work in. As an organisation we aim to develop in the following areas:

- Provide 1 training day for Board Members, Staff and Volunteers
- Ongoing training for Staff/Volunteers (including talking mats, wills and refresher of mental health law for all advocates)
- Actively respond to relevant consultations providing a unique perspective of the service in this setting
- Organise AGM
- Recruit Volunteers and Board Members
- Plan succession for Patient Representative on PAS Board

8.2 Service

As a service we continue to look at ways to improve in the following areas:

- Continue to develop an improved recording system for statistical information and outcome measures
- Continue to review and monitor how we deliver the service
- Continue to look at developing patient participation with PAS
- Continue monthly drop-ins on all wards
- Continue a positive relationship and open communication with The State Hospital Board and staff
- Review of patient questionnaire with the Person Centered Improvement team for 2019/2020
- Support the Hospital in meeting the aspirations of The NHS Quality Strategy and The State Hospital Clinical Model, particularly on the principle of person centered care

As a service we are:

- Continuing with our aim to be a paperless office
- Obtain complete independence from The State Hospital systems and have our own dedicated cloud based server. This meets the requirements of GDPR and the recommendations from the SIAA.

9 Ethnicity Group Contacts for all Patients, 1st April 2018 – 31st March 2019

This table demonstrates the service provides support to patients from all ethnic backgrounds equally and continually monitors this.

Ethnic Group	PAS Code	No. of Patients	Percentage	No. of Contacts	Percentage
Chinese, Chinese Scottish, Chinese British	3E	1	0.72%	10	0.64%
Asian, Asian Scottish, Asian British	3B	1	0.72%	29	1.86%
African, African Scottish, African British	4B	2	1.46%	21	1.35%
White Scottish	1A	61	44.53%	633	40.56%
White English	1D	4	2.93%	51	3.26%
White Irish	1C	3	2.19%	24	1.54%
White Other	1B	6	4.39%	87	5.57%
White British	2A	37	27.00%	527	33.76%
Other Ethnic Background	1E	4	2.92%	60	3.84%
Unknown		18	13.14%	119	7.62%
	Total	137	100%	1561	100.0%

10 FINANCIAL REPORT

Schedule to the Financial Activities
For the period from 1 April 2018 to 31 March 2019

	£	£
Gross Income	146,664	
Gross Expenditure	149,310	
		(2,646)
Incoming Resources		
Government Funding	146,585	
Bank Interest	79	
	146,664	
Cost of Charitable Activities		
Employment Costs	141,385	
Establishment Costs	1,540	
Print, Post, Stationery	7	
Subscriptions and donations	159	
	146,313	
Governance Costs		
Accountancy Fees	1,687	
Professional Fees	1,310	
	2,997	
Total Resources Expended as per Account		**149,310**
Cash & Bank Accounts	**44,370**	
Liabilities payable in one Year	5,007	
Net Current Assets	**39,363**	

11 NEXT REVIEW DATE

The Patients' Advocacy Service Annual Report will be available to The State Hospital Board from September 2020.

12 REFERENCE LIST:

Scottish Independent Advocacy Alliance (2019), Independent Advocacy, Principles, Standards & Code of Best Practice. [Online], Available at https://www.siaa.org.uk/wp-content/uploads/2019/10/SIAA_Principles_Standards_Best_Practice_report_2019.pdf (Accessed 15 January 2020).

The Patients Rights (Scotland) Act (2011), [Online], Available at https://www2.gov.scot/Topics/Health/Policy/Patients-Rights (Accessed 15 January 2020).

The Mental Health (Care and Treatment)(Scotland) Act (2003), [Online], Available at http://www.legislation.gov.uk/asp/2003/13/contents (Accessed 15 January 2020).

13 APPENDIX 1

Figure 5 Abbreviations:

ADM – Admission

NSE – Nursing Staff Email

NST – Nursing Staff Telephone

FT – Family Telephone

SA – Self Answering Machine

ST – Self Telephone

SV – Self Verbal

SWE – Social Work Email

SWT – Social Work Telephone

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the Clinical Governance Committee Meeting held on Thursday 14 November 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs

CHAIR:

Non Executive Director	Nicholas Johnston

PRESENT:

Non Executive Director	David McConnell

IN ATTENDANCE:

Chairperson	Terry Currie
Social Work Team Manager	David Hamilton (part)
Chief Executive	Gary Jenkins
Consultant Forensic Psychiatrist	Khuram Khan
PA to Medical & Associate Medical Directors	Jacqueline McDade
Finance and Performance Management Director	Robin McNaught
Head of Corporate Planning and Business Support	Monica Merson
Director of Nursing and AHP	Mark Richards
Clinical Effectiveness Team Leader	Sheila Smith
Medical Director	Lindsay Thomson
Lead AHP	Catherine Totten (part)
Lead Dietician	Frances Waddell (part)
Security Director	David Walker (part)

1 APOLOGIES AND INTRODUCTORY REMARKS

Nicholas Johnston welcomed those present to the meeting and apologies for absence were noted from John Marshall and Maire Whitehead.

2 CONFLICTS OF INTEREST

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

3 TO APPROVE THE MINUTES / ACTON NOTE OF PREVIOUS MEETING HELD ON 15 AUGUST 2019

The Minutes of the previous meeting held on 15 August 2019 were amended on page 3, second last paragraph to read:

"David McConnell commented on the usefulness of the vignettes throughout the report but this should also be broadened to include some areas of challenge; John Marshall agreed to continue with their inclusion. Nicholas Johnston highlighted the interesting content of the analysis from the Risk Needs section".

and were subsequently approved as an accurate record.

4 PROGRESS ON ACTION NOTES

- ***CIR 18/01***

Members received a verbal report on CAT 1 Review 18/01 – Ending of Seclusion which was presented by David Walker, Security Director. The purpose of this update was to inform the Committee of the progress made on the implementation of the action plan. David Walker advised that work is underway in relation to the information sharing protocol with the Scottish Prison Service.

Costs are awaited from Architects for seclusion room doors; these will then be discussed at the Capital group before feeding in to the clinical model proposal.

With regards to PPE, there are some final details to be ironed out in terms of agreement around the proposal. David Walker advised that there needs to be a safe system of entry into seclusion rooms and the PMVA Group do not feel it is appropriate if there are weapons. At present we do not use PPE as this is a police role and we have a Memorandum of Procedure with them to that effect. It is being Proposed that we have PPE and appropriate authorisation levels but with a scaled model to de-escalate to take a patient down to a position whereby we can safely enter a room but if we have a patient who is particularly violent and aggressive we need to provide a safe system of work with staff. Final discussions will take place next week before a paper goes to the senior team for wider discussion and then consultation with hospital staff. It is being recommended that staff engagement is led by the Nursing and AHP Director and Associate Medical Director as this is not a security led function.

Gary Jenkins advised that there has been a measured and considered approach taken on how the use of PPE may or may not be approached and it is hoped that this will be concluded for the next meeting.

David Walker left the meeting at this time.

- ***Visitor Experience***

Gary Jenkins asked that this be included on the agenda as a bring forward at the next meeting.

Action: Jacqueline McDade

- ***PTS 6 Monthly Update***

Members **received** and **noted** the PTS 6 monthly report presented by Lindsay Thomson in John Marshall's absence. The report summarises the current status of the psychology PTS service. A more extensive detailed annual report will be provided in February 2020.

PTS is a significant and important resource within TSH. There are similar numbers of PTS therapy staff in Broadmoor Hospital where a recent comparison was conducted between the services and a recent work force planning current position paper has been completed. The headline outcome from the comparison is that parity of significant resourcing is common among high secure PTS services given the complexity of the patient's risks and needs. The service is however working on reconfiguring to develop additional roles to support staff well-being, based on recommendations from a previous Category One review.

There are high proportions of patients engaged in treatment from PTS staff using a range of therapies. On average, over the 6-month review period, almost 90% of patients are in psychology treatment at a given point. This is remarkably high given the nature of the difficulties presented by patients in TSH. Details of therapies, outcomes, engagement levels will be provided in the annual report.

The report details some of the service developments during the 6 month reporting period including the delivery of VRAMP and HCR-20 training.

Lindsay Thomson advised that there has been an issue with the developing of a sex offender service and that this is a national issue, not only for high secure hospitals but also for the prison service; evidence shows that delivery of programmes is largely by untrained staff but it is highly skilled staff that are required and there is a proposal that only 1:1 work will be undertaken.

With regards to the comparison with last year's report, it is expected that a number of these will be

completed within the next 6 months.

Terry Currie questioned the financial information contained at point 3.3 in the report as the figures did not make sense. Gary Jenkins and Mark Richards were of the view that the information provided was for month one of the financial year rather than year to date figures.

Nicholas Johnston advised that clarity was required around the period covered by the financial information within the report and this should be made clear in the annual report that was coming to the Committee in February 2020.

Action: John Marshall

5 MATTERS ARISING

There were no further matters arising.

Catherine Totten joined the meeting at this time

6 REHABILITATION THERAPIES SERVICE 12 MONTHLY REPORT

Members **received** and **noted** the Rehabilitation Therapies Service 12 Monthly Report, which was presented by Catherine Totten, Lead AHP.

A new AHP Workforce Plan was agreed by SMT in October 2018. Successful recruitment to one of the vacant posts and further interviews are planned for later in November 2019.

An AHP Team Development poster was presented at the NHS Scotland event in May 2019.

There have been some challenges around staffing and there remain a number of vacancies which has led to gaps within the service; clinical input to patients and hubs has been provided but attendance at case reviews and report writing has not been maintained.

Commitments in previous reports have been achieved with the exception of the audit against secure standards for Occupational Therapist, this will be complete as part of Occupational Therapy week in November 2019.

Psychology, Occupational Therapy and Dietetics have been working in partnership with the Skye Centre to review the healthy living group and merge this with the healthy eating group. Plans for the new integrated programme are on track to be delivered in 2020.

Many AHP staff participated in the TSH3030 initiative; the events team won the award for best patient involvement. An events committee is now also functioning in Lewis Hub and the Skye Centre. The referral dam busters also won the best MDT prize for their work in streamlining the referral process to the Skye Centre. 'Open all hours' were also able to significantly increase the opening of the hub to facilitate activity. Presentations on these service improvement initiatives were presented at The State Hospital annual Clinical Effectiveness and Research Conference.

The appointment of an Occupational Therapist to the Skye Centre has delivered key results in the past 7 months. The ability to use standardised assessment to inform and influence the service delivered to patients whilst at Skye centre placements and to co-ordinate treatment goals with the clinical team and Occupational Therapists has proved extremely valuable. The formation of an events committee with patients has allowed the evening activity programme to be co-produced. The creation of patient volunteer roles has progressed with 3 volunteers currently in sports and cafe volunteer role currently being recruited to and plans to create a role in the shop. Joint work around qualifications is being developed with the patient learning centre. Professional support is provided by the lead AHP and operationally the post is managed by the Skye Centre. Patient and staff feedback have all been excellent.

Of the 9 recommendations from last year's report, 8 have been achieved and one partially achieved.

There have been three issues identified:

- There continues to be a challenge to safely staff treatment sessions on hubs. Impact of nursing staff deficits on ward staffing has significant impact on the capacity of Occupational Therapy staff to facilitate rehabilitation. Frequently sessions are cancelled and impacts are now being reported at SMT and will continue to be monitored. There is a significant variance in activity provision when there are 2 Occupational Therapists co located on a hub.
- This has also proven challenging in utilising the vocational room in the Skye Centre, particularly for the Arts Therapists.
- Gender mix continues to pose a challenge with staffing interventions.

Nicholas Johnston advised that he would be interested to see reporting on the assessment tools, completion rates and what they are telling us and would like to see narrative around the impact to the whole service and patient improvement.

The Committee were happy to note and approve the report. The next report to be available in August 2020.

David Hamilton joined the meeting at this time.

7 CPA / MAPPA 12 MONTHLY REPORT

Members **received** and **noted** a CPA / MAPPA 12 Monthly Report by David Hamilton, Social Work Team Manager. In summarising the report, David Hamilton highlighted the following points:

As part of the Local Delivery Plan, The State Hospitals Board for Scotland has adopted a target of 100% of all discharges and transfers from The State Hospital to be managed by the CPA process. This includes transfer/discharge, CPA meetings, CPA Reviews and CPA Contingency Planning meetings.

80% of patients, which equates to 35 patients, attended their CPA meeting, which is a slight decrease from the previous reporting period. For those patients who chose not to attend it is acknowledged practice that following the meeting, the care and treatment plan and notes of the meeting are shared with the patient. This ensures that the patient's views have been properly represented, and that the patient understands his own responsibilities as part of his recovery.

Carer attendance in transfer / discharge CPAs remains low. Carer attendance is encouraged, monitored and reviewed.

With regards to MAPPA, we continue to meet our obligations. During the review period no patients have been identified as potentially meeting the risk of serious harm category, however all patients remain under consideration in this regard, and consultation takes place with the relevant MAPPA Co-ordinators as appropriate. There has been 1 MAPPA referral during the reporting period.

The Committee discussed the LDP targets for attendance at pre-transfer CPA meetings and it was agreed that future reports would take out the LDP targets but include narrative that engagement has taken place throughout the year.

Action: David Hamilton

David Hamilton left the meeting at this time.

8 PATIENT MOVEMENT – STATISTICAL REPORT

Members **received** and **noted** a report by Lindsay Thomson, Medical Director on patient activity across admissions, discharges and transfers at 30 September 2019.

There have been 13 admissions and 21 discharges since 1 April 2019. This leaves us with 101 occupied beds. All of the patients admitted from beginning of April 2019 to the end of September 2019 were admitted within the 6 weeks' time limit between referral and admission.

Between 1 April and 30 September 2019 there were 4 admissions under the exceptional circumstances category (one has since been discharged).

Three patients are currently over the time limits set by their excess security hearings.

There have been 21 discharges in the last 6 months to various health boards, with a fairly even spread of patients returning to court/prison or hospital.

9 ADULT AND CHILD PROTECTION 12 MONTHLY REPORT

Members **received** and **noted** the Adult and Child Protection 12 monthly report presented by Mark Richards, Director of Nursing and AHPs.

Mark Richards advised that the State Hospital has Corporate Parenting responsibilities for any young people who have been in care; no patients to date have met the criteria but we continue to monitor this on a month to month basis.

72 child visits have taken place within the last 12 months, which is a decrease of 10 from last year; at the end of the reporting period, 56 children were approved for contact with patients.

4 notifications of child protection concerns have progressed appropriately through social work and have involved engagement with local authorities to progress any enquiries.

17 Adult Protection referrals were received during the reporting period spread across 16 patients. One referral was withdrawn by the RMO. 15 patients were referred on 1 occasion, 1 on 2 occasions.

There are no concerns with regards to training and the team are working towards a 100% target.

There was one partially completed action from last year's report relating to training and the use of Saturday morning sessions with nursing staff is being explored.

The Committee noted progress and supported the future areas of work identified.

10 WARD CLOSURES REPORT

Members **received** and **noted** a report on ward closures, presented by Mark Richards, Director of Nursing and AHP who advised that it had previously been agreed to bring a formal report on any ward closures that required to be implemented as a consequence of staff availability. From August to November 2019 there have been two occasions where we have had to use Business Continuity measures to support reduced staffing levels. 10 patients were affected in each ward. There have been no complaints or concerns received from patients affected and ward closures will continue to be monitored. There are still occasional staffing challenges and something different needs to be considered to maintain safety of patients and staff

A fuller report will be submitted to the next meeting.

Action: Mark Richards

11 LEARNING FROM FEEDBACK

Members **received** and **noted** a report on Learning from Feedback which was presented by Mark Richards, Director of Nursing and AHPs for the period 1 July to 30 September 2019.

Members noted that during the reporting period 105 pieces of feedback were received:

- 49 compliments relating to the Skye Centre evening events.
- 25 related to the patients' meal service.
- PPG contributed to 1 Policy Consultation.
- 9 outstanding actions relating to unresolved feedback.
- New feedback topics relating to Skye Centre induction and Patient Sports Volunteer roles.

Lindsay Thomson advised that on page 6 of the report, patients who undertake a volunteer role would like a reference when they are moving on. It is interesting to note that they want to have a reference for positive things they have done whilst here.

Terry Currie made reference to the length of time it takes to get through security and the lack of urgency in making improvements.

12 LEARNING FROM COMPLAINTS

Members **received** and **noted** a report on Learning from Complaints which was presented by Monica Merson, Head of Corporate Planning and Business Support, for the period 1 July to 30 September 2019. The report highlights the complaints, concerns and enquiries the Hospital has received, showing the main types of issues raised, outcomes and any emerging actions, SPSO contact and the results of evaluation and audits of the complaints process.

- 10 new complaints were received;
- 3 complaints were submitted by one carer;
- PAS continue to provide valuable input, supporting half of all complaints received;
- 9 complaints were closed in this quarter;
- 7 complaints were resolved at Stage 1;
- 5 complaints were upheld or partially upheld;
- The average time taken to respond to a complaint at stage 1 was 4 days;
- Communication and staff shortages accounted for the majority of issues raised;
- No new complaints were escalated to the SPSO in this quarter.

The Committee noted:

- Over the last 4 quarters, the number of complaints received has reduced by half;
- 7 complaints were closed during the period; 2 were escalated to stage 2
- 2 complaints were upheld and 3 partially upheld;
- No new complaints were escalated to the SPSO in this quarter.

13 INCIDENT REPORTING AND PATIENT RESTRICTIONS

Members **received** and **noted** a report on Incidents and Patient Restrictions which was presented by Lindsay Thomson, Medical Director and provided an overview of activity of incidents and patient restrictions for the period from 1 July until 30 September 2019.

There was a reduction in the overall number of incidents reported during this quarter, of note

- Behavioural incidents decreased from 109 to 72;

- Verbal Aggression incidents decreased from 48 to 24;
- Sexual incidents increased from 4 to 10;
- Attempted Assaults decreased from 22 to 12;
- Assaults decreased from 12 to 5;
- Self-Harming Behaviour incidents decreased from 34 to 12;
- Medication incidents decreased from 11 to 4;
- Prohibited or Restricted Items decreased from 33 to 7;
- Staff Resource incidents reported increased from 45 to 66

There were 2 patients secluded over the quarter resulting in a total of 2 seclusions lasting 15 and 20 hours respectively. This was a decrease from 9 seclusions in the last quarter.

David McConnell asked about the rise in staff resource incidents from 45 to 66; Gary Jenkins suggested including narrative in future reports.

Action: Lindsay Thomson

Nicholas Johnston asked when the Committee could expect to see an improvement in the timescales for Cat 1 and Cat 2 incidents. Monica Merson advised that there had been a gap within the risk management department that has now been filled but it is a small department and these are complex pieces of work but they are priorities for the department. Gary Jenkins advised that he was looking at resourcing and staffing for the next financial year as the risk department is a small department and if this is a priority for the Board and Committee then resourcing needs to be looked at.

Action: Gary Jenkins / Monica Merson

14 CAT 1 18/03

Members **received** and **noted** a redacted copy of the CAT 1 18/03 report in relation to a breach of confidentiality of a patients whilst on a rehabilitation outing, which was presented by Lindsay Thomson Medical Director. This patient was placed on the high profile list on admission due to threats to his safety; he has now moved on from TSH. All recommendations within the report have been discussed and agreed. The patient received the Hospital's apologies. Another patient, who was named in the article has put in a claim.

Mark Richards advised that another outing for a high profile patient was successfully managed due to the process being tightened up following this incident.

15 PHYSICAL HEALTH STEERING GROUP 12 MONTHLY REPORT

Members **received** and **noted** the Physical Health Steering Group 12 monthly report which was presented by Khuram Khan, Consultant Forensic Psychiatrist.

- 83 patients attended for Annual Health Review (90.2%); 8 patients declined (8.6%)
- The uptake for bowel screening was 57%. One patient with positive result attended for further screening
- There has been an increase in patients accepting the flu vaccination to 70% (77 patients)
- In August 2019, the prevalence rate for Diabetes within the hospital was 16.6% (18 patients), 1 patient with Type I Diabetes and 17 patients with Type II
- There have been 154 external clinical outings planned for 113 patients. 33 clinical appointments did not proceed.
- 100% of patients have a completed nutritional screening tool
- Over the last year the LDP target of 80% of patients participating in 90minutes Physical Activity over the course of week is not met. Physical activity continues

to be recorded and monitored through Rio and update reports provided to the PHSG on a quarterly basis.

New initiatives introduced over the last 12 months:

- An AHP initiative to encourage patients to walk 400 yards daily.
- Funding from the Scottish Government on the back of the Diabetes Framework (2015), has been secured for 2019/20 to commence staff training and delivery of the 'Counterweight plus' program
- 'Kick Start' is a health improvement programme developed within the Skye Centre service to offer targeted intervention to individuals who experience barriers to participation in physical activity. The programme is tailored to individual patient's needs, involving group or individual intervention, and participation will be supported by Patient Sports Volunteers.
- The introduction of the Health Eating Group

Areas of Good Practice

- Bowel Screening current uptake rate is 57%. The most recent Scottish figures 2017 report uptake of screening for males in Lanarkshire is 52.3%, within the most deprived areas uptake is below 50%.
- Increase in patients accepting flu vaccination to 70% (77 patients).
- 77.7% (14 patients) have fair to excellent control of their diabetes with the majority of HbA1c's below 59mmols. (Excellent control)
- E Health issues with SCI Gateway module for electronic referrals was resolved in May 2019. With all referrals are now processed electronically to Referral Management Services.
- To develop and implement to HWP which supports the Nutritional screening process and aims for long term holistic plans to support physical health care.
- Patient feedback regarding meals and menu, supported by the patient's partnership group and annual meal experience feedback survey.
- Establishment of improved and wider monitoring of physical activity
- Tiered approach to delivering nutrition related training and wider scope for education

Key physical health challenges for the next 12 months

- Continue to develop, supporting and monitoring the Supporting Healthy Choices agenda
- Continue with outstanding recommendations
- Establishing the remit of 'Counterweight plus' as an evidenced based weight loss intervention for obesity and those with pre diabetes (diagnosed up to 6 years).
- Embedding HWP into practice, monitoring implementation and robust evaluation and audit of compliance rates.
    - Developing HWP into practical resources for the ID patients, with support from the SLT, to make these purposeful for this patient group.
    - Use of case studies and 'test patients' to help understand and gain confirmation of the legal perspective regarding managing high risk patients
- Deliver the proposed 9 Health Improvement events as no events were delivered last year due to staffing challenges
- The amalgamation of the HLG and Healthy eating Groups (OT led) to streamline and support healthy eating and key nutritional messages with evaluating and outcome monitoring.
- Continue to work alongside the EHealth Department to develop the Tableau System to allow reporting on patient physical health

Frances Waddell joined the meeting at this point.

16 DISCUSSION ITEM
OUTCOMES OF THE IMPLEMENTATION OF THE SUPPORTING HEALTHY CHOICES PLAN

Leading on from the last item, Dr Khuram Khan, as Chair of the PHSG, and Frances Waddell, Lead AHP provided the Committee with a further presentation on the Supporting Healthy Choices 15 point action plan.

In starting off the discussion, Lindsay Thomson advised that the number one clinical priority is the physical health of our patients; in 2016 the Clinical Governance Group supported and approved the development of the 15 point action plan but this is not working in improving our patients BMI and comments from the Committee on a way forward are welcomed. Lindsay Thomson further advised that a workshop is being planned for January 202 to discuss the results of the 15 point action plan.

There is evidence that patients are being admitted with higher BMI than in previous years, patients have been putting on more weight after the external purchasing was stopped and the longer a patient is with us the more they gain weight. More non-food items need to be available in the shop and assurance has been given by the Skye Centre Manager that this is going to be prioritised.

Terry Currie stated that something more radical needs to be done around diet to make a difference. The Committee were in agreement with this.

Frances Waddell advised that there is a need for all patients to be more active and they Physical Health Steering Group are looking for support from clinical teams around what patients are purchasing, with respect to supporting healthy meal plans and there is a need to change the culture of physical activity; this needs to be every day whether it's 400 yards, the daily mile, or activities that contribute to weight management rather than an hour in the gym.

Mark Richards informed the Committee that some patients access the shop too often, with some patients having access up to 3 times a week; a paper has been submitted to the Senior Management Team with a recommendation that the shop be closed at the weekends and reinvest resources into activity. The new clinical model will help with that as there is potential to have 9-5 staff within new model. Mark suggested that there is a need to focus on success stories of some patients and looking at co-production options for patients in providing peer support by leading Scottish slimmer type model for example.

Lindsay Thomson advised that we must not get disheartened. This is an ongoing problem across society and we have done an awful lot of work, for example, the recording system for exercise was an enormous piece of work. We need to go back and look at what we have got and how we tighten up and get new ideas.

Feedback will be provided to the Committee following the workshop in January 2020.

Action: Khuam Khan

Frances Waddell left the meeting at this point.

17 AREAS OF GOOD PRACTICE / AREAS OF CONCERN

One area of concern to be added to the log of good practice / areas of concern was the CAT 1 timelines. Two areas of good practice were 100% CPA and Vocational roles for patients

Action: Jacqueline McDade

18 WORKPLAN

Members received and noted the Workplan for 2020 and agreed that a paper on the visitor experience from David Walker be added to the workplan as a special topic, with a review period of 6 months. The Discussion Item for February would be the Clinical Model Implementation.

Action: Jacqueline McDade

19 ANY OTHER BUSINESS

There was no other business.

20 DAY, DATE, TIME AND VENUE FOR NEXT MEETING

The next meeting will be held on 13 February 2020 at 9.45am in the Boardroom.

The meeting concluded at 12.55pm

THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL FORUM

Minutes of the meeting of the Clinical Forum held on Thursday 5 December 2019 which commenced at 10am in Boardroom, The State Hospital, Carstairs.

Chair: Dr Aileen Burnett	Consultant Clinical Psychologist

Present:

Alan Blackwood	Senior Charge Nurse
Josie Clark	Senior Nurse Practice Development
Sandie Dickson	Person Centred Improvement Lead
David Hamilton	Social Work Team Leader
Sarah Innes	Specialist Occupational Therapy
Dr Gordon Skilling	Consultant Forensic Psychiatrist
Fiona Warrington	Clinical Pharmacist

In attendance:

Margaret Smith	Board Secretary
Julie Warren	PA to Director of Nursing and AHP's and Clinical Operations Manager

Apologies:

Dr Jana De Villiers	Consultant Psychiatrist
Sheila Howitt	Consultant Psychiatrist
Julie McGee	Clinical Effectiveness Assistant
Sheila Smith	Clinical Effectiveness Team Leader
Carolin Walker	Professional Nurse Advisor

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

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

NOTED

2. CONFLICT(S) OF INTEREST

There were no conflicts of interest declared.

NOTED

3 MINUTES OF PREVIOUS MEETING HELD ON 15 AUGUST 2019

The minutes of the meeting that took place on 15 August 2019 were approved as an accurate record.

NOTED

4 ACTION POINTS AND MATTERS ARISISING

The Rolling Action List was reviewed, and would be updated following today's meeting.

NOTED

5 BRIEFING FROM CHIEF EXECUTIVE

Mr Gary Jenkins attended the meeting and thanked the Clinical Forum for extending an invitation to him. He emphasised the importance and independence of the Clinical Forum. Mr Jenkins advised that he would be content to attend future meetings to provide an overview of what is happening in the organisation.

Mr Jenkins provided an update to Members in a number of areas. Firstly, he noted that Ms Merson would be in attendance at this meeting to provide Members with an update on the implementation planning for the new clinical model. Mr Jenkins added his appreciation and that of the Board for the involvement by the Clinical Forum in the options appraisal process – highlighting the impartiality and balance that the Clinical Forum brought.

Mr Jenkins advised that he had attended a session of the Health and Sport Committee with the Chair and Executive Leads, the Chair on 3 December 2019 as part of the Committee's sessions scrutinising NHS Health Boards. Members were advised that the Head of Communications would share the YouTube link from this meeting with staff across the site.

He noted that colleagues from Healthcare Improvement Scotland would be visiting The State Hospital on 6 December as part of the Sharing Intelligence workstream, and that their report would be available thereafter.

The next meeting of the Board would take place on 19 December 2019, and would be followed by a presentation from the Chief Nursing Office Health and Care Staffing Legislation Team. The Clinical Forum had been invited to attend this session.

Mr Jenkins also provided an update on his activities in chairing the National Prison Care Network and the Police Care Network, as well as leading the National Boards Estates Rationalisation workstream.

Mr Jenkins advised the Clinical Forum that the draft Annual Operational Plan for 2020/21 was due to be submitted to Scottish Government this month, and this was alongside continued review of the plan for the current financial year. He noted that the Annual Review for the Board was expected to take place in the summer of 2020. With arrangements still to be confirmed, Ms Dickson underlined how important it was for patients to be able to have the opportunity to meet with the Minister during the Annual Review.

The Forum Chair thanked Mr Jenkins for his attendance at today's meeting and the updates provided. Mr Jenkins left the meeting at this time.

Members considered that they would value continued contributions from the CEO or Chair as part of future meetings and this should be arranged.

Action – Julie Warren

NOTED

6 ELECTION OF VICE CHAIR

The Forum noted that the current Vice-Chair was currently on maternity leave and considered election of a vice chair for this period of time should be taken forward.

Mr Blackwood nominated Dr Gordon Skilling, and this nomination was then seconded by Ms Sandie Dickson. The Forum agreed to the election of Dr Skilling as Vice Chair to cover the period of Dr Howitt's leave.

AGREED

7 REVIEW OF THE CLINICAL MODEL

Monica Merson, Head of Corporate Planning and Business Support attended the meeting and provided an update on the review of the clinical model.

Ms Merson provided a handout during the meeting titled 'Leading Change – The State Hospital Clinical Model Implementation' which advised that the change model was a framework for any project or programme that was seeking to achieve transformational and sustainable change.

The model which was developed by NHS England provides a useful organising framework for sustainable change and transformation that delivers real benefits for patients and the public. It was created to support health and care to adopt a shared approach to leading change and transformation. The model had eight components, all of which should be considered when implementing change. The components act as a guide to ensure all elements of change are considered and implemented effectively, creating an environment where change programmes deliver transformational, sustainable change.

Ms Merson provided a detailed account of the work carried out in relation to the model – a Clinical Model Oversight Group would be established. Sub groups would then be formed to focus on clinical delivery, communication and engagement, workforce in terms of staffing, finance, leadership team work and culture, and security and environmental issues. The main priorities would be the delivery of care and the safety of patients and staff. Members received the update positively and there was detailed discussion around the table.

Ms Merson confirmed that the oversight group will be co-chaired by the CEO and Medical Director. The group would meet every four weeks and report to the Board to provide an update on progress and review of the clinical model. Ms Merson noted that the Clinical Forum would be invited to be part of this group. Discussion took place and members agreed that the Forum Chair and Vice Chair would attend the next four scheduled meetings.

Ms Merson highlighted that the transition to the new model would commence in April 2020 with phasing likely and detailed review planning in terms of the impact of the new model.

NOTED

8 TRIANGLE OF CARE UPDATE

Sandie Dickson prepared and presented a Triangle of Care report which was submitted for the Clinical Governance Group on 28 August 2019. Ms Dickson advised that a National Triangle of Care event took place in Glasgow last week which she presented at. Ms Dickson advised that she would be working closely with the Carer's Trust and that the Scottish Government were content with the work carried out so far and that this work remains valid.

Over the next twelve month period a carer strategy would be developed and updated to evolve in to a policy. In order to support the engagement process relating to the Clinical Model review, the focus of the Person Centred Improvement Steering Group meeting on 19 February 2020 would be dedicated to undertaking the Equality Impact Assessment (EQIA). Ms Dickson advised that this process supported the organisation to ensure that all stakeholders were enabled to meaningfully contribute their views to the development of a robust engagement process which covered all stages of the project.

Ms Dickson welcomed input from Senior Charge Nurses who were willing to be involved in this group and take on this role. Alan Blackwood advised that he would take this opportunity to the Senior Charge Nurse group for discussion and would inform Ms Dickson of the outcome of uptake.

Action: Alan Blackwood

NOTED

9 TSH3030 – 2019

Gordon Skilling advised that the 30 days of the project had come to an end. There were 38 projects at the outset resulting in 28 final posters being submitted. The level of engagement was reported as having been tremendous with 146 staff and 64 patients involved across the site. The focus of many of the projects was on engagement and activity and also staff health and wellbeing. These were felt great themes to build on.

The TSH3030 Oscars will take place on 18 December 2019. Presentations would take place in the Skye Centre then across all four hubs to ensure patient involvement.

NOTED

10 DISCHARGE PLANNING PROCESS

The Discharge Report on Variance Breakdown from April 2018 until March 2019 which was prepared by Julie McGee, Clinical Effectiveness Assistant, and was presented by Sandie Dickson.

Ms Dickson advised that this report was previously submitted to the Clinical Governance Group where Professor Thomson highlighted that she was concerned with amount of times the reason for the Variance Report not being available was “no reason”. Ms Dickson reported that the Clinical Governance Group were seeking reassurance that the reports will be completed in time and for the Clinical Forum to address this concern.

Members were in agreement that this issue would sit under the Mental Health Practice Steering Group (MHPSG) to respond. Forum Chair and or Vice Chair agreed to take this to the MHPSG.

Action: Aileen Burnett / Gordon Skilling

AGREED

11 UPDATES FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINT / APPROVED MINUTES TO NOTE

Members were advised that Margaret Smith and Julie Warren would work on preparing a list of relevant committee minutes that the Clinical Forum should obtain sight of going forward.

Action: Margaret Smith / Julie Warren

NOTED

12 UPDATE FROM NATIONAL CHAIRS ACF GROUP ON 4 DECEMBER 2019

Margaret Smith provided an update from the National Platform for the area Clinical Forum meeting on 4 December 2019. Ms Smith provided an update of notes of interest from the meeting for the benefit of the Clinical Forum, in place of the Forum Chair who had been unable to attend on this

occasion. The Clinical Forum Chair and Vice-Chair noted their intention to attend this group is possible going forward.

Ms Smith advised that she would circulate to members the Realistic Medicine update from the ACFCG, as well as the Public Health – Inequalities presentation which had been delivered at the meeting.

Action: Margaret Smith

NOTED

13 CLINICAL FORUM – FORWARD PLANNER

The Forum reviewed the forward planner. Going forward, this will be continued as a live document to be reviewed at each meeting.

NOTED

14 DATES OF FUTURE MEETINGS

Dates of future meetings were confirmed.

NOTED

15 ANY OTHER BUSINESS

There were no other items of competent business.

NOTED

16 DATE AND TIME OF NEXT MEETING

The next meeting will take place at 10am on Tuesday 4 February 2020 in the Boardroom.

Board Paper 20/06

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 20
Agenda Reference:	Item No. 13
Sponsoring Director:	Interim HR Director
Author(s):	Head of Human Resources
Title of Report:	Attendance Management Report
Purpose of Report:	For Noting

1 SITUATION

The State Hospital (TSH) sickness absence level in-month figure for December 2019 was 6.41%; with an average rolling 12 month figure of 5.89% for January 2019 to December 2019. The rolling 12 month figure is 2.85% lower than the January 18 to December 2018 figure (8.74%).

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

2 BACKGROUND

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

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

3 ANALYSIS

The December 2019 sickness level of 6.41% is the lowest December figure recorded by TSH in the last 4 years. However, this does exceed the 5.0% target and the NHS Scotland level of 5.85% for the same period (Appendix IV).

Long/short term absence split is 4.66% and 1.75% respectively. These figures were recently recalibrated and therefore make comparison with historic data irrelevant. (Appendix II).

The in-month absence level equates to a loss of 66440.87 hrs /34.07 WTE.

The current average rolling 12 month sickness figure is 5.89% for the period 1 January 2019 to 31 December 2019. This represents a 2.85% lower figure than January 18 to December 18 (8.74%). The current national target is to achieve a 0.5% reduction in sickness absence per annum over 3 years.

The main reasons for absence continue to be Anxiety/Stress/ Depression/Other Psychiatric Disorders (37%), Musculoskeletal (13%) Gastro-intestinal (8%) and Fractures (6%) (Appendix I).

4 RECOMMENDATION

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

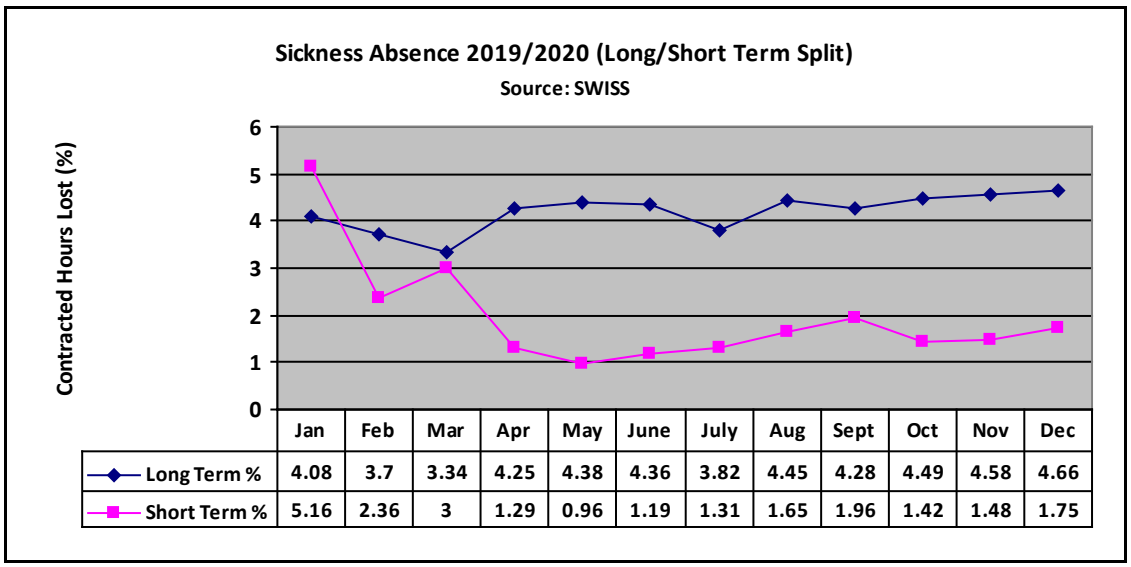
Appendix I : Absence Reasons

Absence Reason Description	Short Term Sick %	Long Term Sick %	Total (SL+Il) Working Hours Lost	Total Sick Leave inc. Industrial Injury %
Anxiety/stress/depression/other psychiatric illnesses	8.25 %	47.48 %	32891.36	37.34 %
Other musculoskeletal problems	9.26 %	10.58 %	11582.67	13.15%
Injury, fracture	4.33%	4.63%	4860.15	5.52%
Gastro-intestinal problems	19.85%	5.30 %	6923.98	7.86%
Heart, cardiac & circulatory problems	1.29 %	5.93 %	4129.78	4.69%
Cold, cough, flu - influenza	20.03%	1.66 %	4554.12	5.17%
Other known causes - not otherwise classified	3.69%	6.27%	4975.28	5.65%
Back problems	6.79%	2.24%	3005.51	3.41%
Chest & respiratory problems	4.21%	1.50%	1718.86	1.95%
Ear, nose, throat (ENT)	4.74%	1.37%	1722.07	1.96 %

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

LONG / SHORT TERM ABSENCE BREAKDOWN - NATIONAL DATA (SWISS)

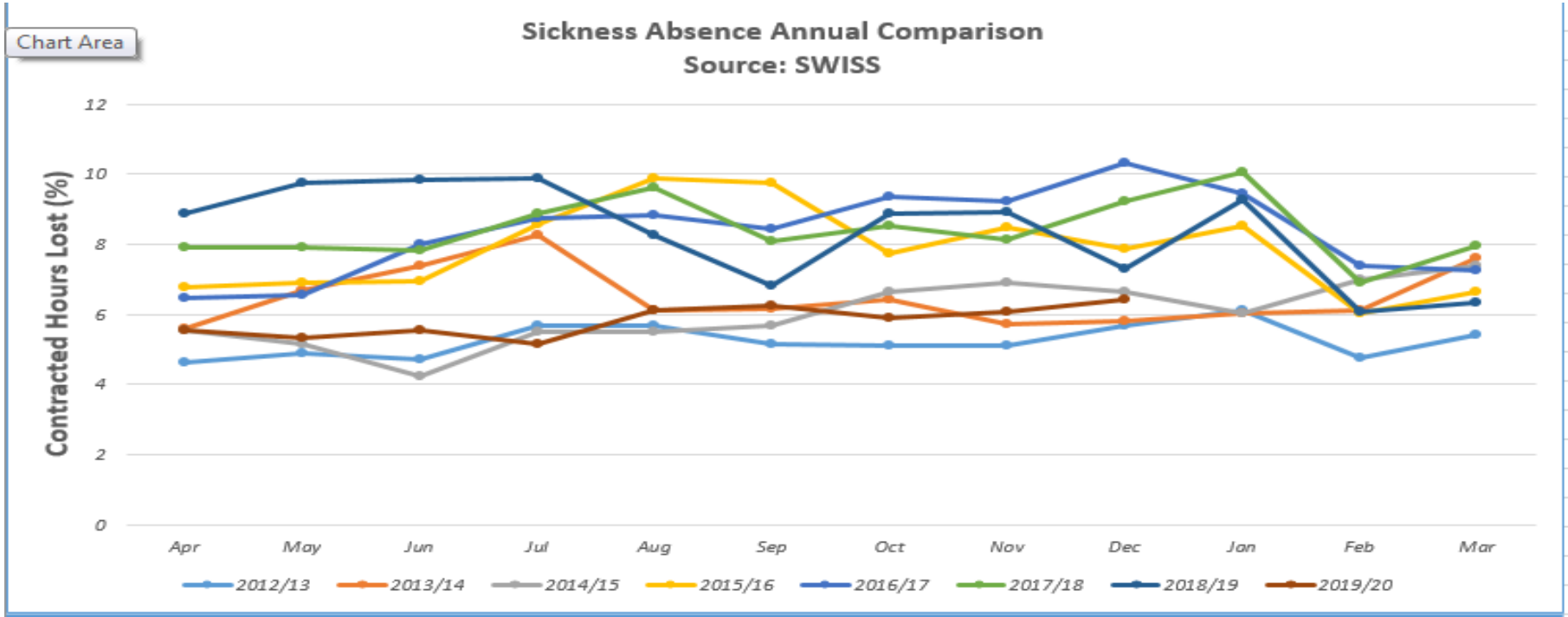
Chart 1



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Long Term %	4.08	3.7	3.34	4.25	4.38	4.36	3.82	4.45	4.28	4.49	4.58	4.66
Short Term %	5.16	2.36	3	1.29	0.96	1.19	1.31	1.65	1.96	1.42	1.48	1.75

Chart 1 provides a rolling monthly comparison of long and short-term absence from SWISS for the State Hospital only.

Appendix III : Chart 2 - YEARLY AND MONTHLY COMPARISON - details the breakdown in percentage of sickness absence for the financial years 2012/13, 2013/14, 2014/15, 2015/16, 2016/17, 2017/18, 2018/19, 2019/20. This data is derived from SWISS.



Year/Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13	4.64	4.88	4.72	5.69	5.69	5.17	5.11	5.09	5.67	6.1	4.74	5.42
2013/14	5.6	6.67	7.4	8.26	6.1	6.17	6.42	5.74	5.81	6.01	6.13	7.59
2014/15	5.54	5.13	4.21	5.49	5.52	5.68	6.66	6.91	6.65	6.02	6.98	7.38
2015/16	6.78	6.91	6.94	8.58	9.9	9.75	7.73	8.47	7.87	8.51	6.04	6.66
2016/17	6.46	6.56	8	8.75	8.83	8.42	9.34	9.23	10.32	9.46	7.38	7.26
2017/18	7.89	7.93	7.81	8.89	9.64	8.07	8.53	8.13	9.23	10.06	6.92	7.94
2018/19	8.87	9.73	9.84	9.9	8.27	6.83	8.88	8.93	7.3	9.25	6.06	6.34
2019/20	5.55	5.34	5.56	5.13	6.1	6.24	5.91	6.07	6.41			

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

	Absence Rate			Instances			Absence Reason	
	Total	Long Term [1]	Short Term [2]	Total	Long Term [1]	Short Term [2]	Yes	No [3]
Scotland	**5.85**	**3.71**	**2.15**	**31,490**	**8,299**	**23,191**	**27,418**	**4,072**
NHS Ayrshire & Arran	5.62	3.56	2.06	1,831	476	1,355	1,646	185
NHS Borders	5.73	3.20	2.54	698	145	553	608	90
NHS National Services Scotland	4.69	2.94	1.75	577	133	444	552	25
NHS 24	10.59	6.34	4.25	597	142	455	537	60
NHS Education For Scotland	2.11	1.20	0.91	129	20	109	87	42
NHS Healthcare Improvement Scotland	2.87	0.85	2.03	61	4	57	59	2
NHS Health Scotland	3.14	2.11	1.03	39	10	29	38	1
Scottish Ambulance Service	9.31	6.66	2.65	1,073	431	642	988	85
The State Hospital	6.41	4.66	1.75	129	57	72	114	15
National Waiting Times Centre	4.97	2.74	2.23	338	89	249	297	41
NHS Fife	5.85	4.08	1.77	1,429	485	944	1,316	113
NHS Greater Glasgow & Clyde	6.19	4.07	2.11	7,712	2,350	5,362	7,007	705
NHS Highland	6.05	3.79	2.26	2,068	487	1,581	1,420	648
NHS Lanarkshire	6.22	4.38	1.84	2,216	715	1,501	1,924	292
NHS Grampian	5.19	2.94	2.25	3,048	605	2,443	2,339	709
NHS Orkney	5.35	3.14	2.21	125	24	101	121	4
NHS Lothian	5.14	2.81	2.33	4,823	938	3,885	4,229	594
NHS Tayside	5.57	3.61	1.96	2,224	584	1,640	1,929	295
NHS Forth Valley	6.68	4.49	2.20	1,198	356	842	1,153	45
NHS Western Isles	5.43	3.14	2.29	207	44	163	173	34
NHS Dumfries & Galloway	5.76	3.31	2.45	859	189	670	781	78
NHS Shetland	3.45	1.63	1.83	109	15	94	100	9

NITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Links to the Attendance Management Policy and aids monitoring of 5% attendance target set by the Scottish Government
Workforce Implications	Failure to achieve 5% target will impact ability to efficiently resource organisation.
Financial Implications	Failure to achieve 5% target results in additional spend to ensure continued safe staffing levels
Route To Board Which groups were involved in contributing to the paper and recommendations.	SMT, Partnership Forum
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	Failure to achieve the 5% target will impact on stakeholder experience
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications, full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Minutes of the meeting of the Staff Governance Committee held on Thursday 28 November 2019 at 9.45am in the Boardroom, The State Hospital, Carstairs.

Present:

Non-Executive Director	Bill Brackenridge ***(Chair)***
Employee Director	Tom Hair
Non-Executive Director	Nicholas Johnston

In attendance:

Organisational Development Manager	Jean Byrne (part)
Occupational Health Secretary	Caron Casey (part)
Board Chair	Terry Currie
Training and Professional Development Manager	Sandra Dunlop (part)
Principal OH Advisor, Head of Commercial Services	Kay Japp (part)
Chief Executive	Gary Jenkins
Unison Representative	Anthony McFarlane
Occupational Health Advisor	Karen McGurk (part)
Head of Corporate Planning & Business Support	Monica Merson
Clinical Operations Manager	Brian Paterson
PA to Human Resources Director	Rhona Preston (minutes)
Interim HR Director	Kay Sandilands
Organisational Development & Learning Advisor	Gayle Scott (part)
Consultant Occupational Health Physician	Dr Sergio Vargas-Prada (part)

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Bill Brackenridge welcomed everyone to the meeting and noted apologies from Maire Whitehead. Members of the Occupational Health department were in attendance to present the Occupational Health Annual Report (SALUS).

5 OCCUPATIONAL HEALTH ANNUAL REPORT 2018-2019 AND PRESENTATION (SALUS)

Kay Japp, Principal OH Advisor, Head of Commercial Services introduced members of her department most who were in attendance to assist with the presentation highlighting the key priorities for the State Hospital.

- Competence of OH staff
- Quality systems, processes and advice
- Service provision including EASY
- Key Performance Indicators, although not a full year to report at today's meeting this will be available at the next report to the May meeting.
- Measures of performance
- Reducing Absence
- Price

Members were advised of the close working relationship between Occupational Health, Human Resources and Management, this incorporates the EASY service, mental health case management and absence management training.

Members received and noted the presentation and OHS Annual Report as presented by Kay Japp.

The following was detailed during the presentation;

- There is a 25% increase in management referrals and OHP utilisation is at capacity therefore this will need to be monitored in the coming year.

- The revised Service Level Agreement is in place until March 2021.

- Key Performance Indicators were implemented in April 2019 and will be monitored through the Occupational Health database. It was recognised that this is only a part report however a fuller detailed analysis for one complete year will be provided in the next annual report coming to the May meeting.

- The EASY service has been incorporated into the core service at no additional cost to the State Hospital.

- Compliance with notifying absence to EASY is good; however use of the Case Management Mental Health service could improve. Members were advised of a decrease in recent compliance. HR are currently tasked with exploring this data.

- Sickness absence % in the State Hospital ended the year at 6.34% in March 2019, a significant decrease from the start of the year at 8.87%. The reduction was noted as very positive, the continued work and focus given to reducing the absence levels is proving to be successful.

- Mental health and musculoskeletal conditions remain the commonest disorders seen in TSH staff and mental health disorders now exceed musculoskeletal as the highest reason for absence and referrals. Gary Jenkins expressed his surprise at mental health being the highest reason recorded due to the very low uptake in support offered. He asked whether the Hospital should re-focus and asked what more can be done as an organisation. Kay Japp advised that she is hopeful that the work currently being carried out is educating staff and managers alike to ensure they are fully aware of all services that staff can access which should show an increased uptake. Unfortunately many staff do not seek this information until actually required. Additional promotion and sign-posting of these services will continue. It was also recognised that the cases being referred onto the Keil Centre are more complex and complicated than before. This could be a result of staff feeling more comfortable to talk about and seek the support they require, it is doubtful this is different to anywhere else. This service was recognised as excellent in its level of care to service users.

- Spinal conditions remain the largest causation of referral to physiotherapy however these have decreased over the last year.

- Exploration of numbers attending physiotherapy who are absent at assessment and those who have absence due to apparent work related issues.

- Iona and Lewis hubs have had the largest number of referrals to OH during this period. This is in line with previous years.

- A decrease in follow up requests following traumatic incidents should be reviewed. Further work required around this area to ensure the correct support is being offered.

- The evidence base for, and they type of PMVA screening should be reviewed. This is a significant demand on the service with 251 over the last year. This is an area that may require to be looked into further looking at whether this could be done a different way, maybe by staff self disclosing at training. It was suggested the Health, Safety and Welfare Committee should look into whether this is required, paying attention to employer liability, we need to ensure we are complying fully. Kay Sandilands agreed to take forward this action with the Co-Chairs of the Health, Safety & Welfare Committee.

ACTION: KAY SANDILANDS

Currently the flu vaccinations are underway the across the site. In 2018-19, 35%, (233) TSH staff received their influenza vaccination an increase of 3% from the previous year however this remains lower than the Scottish Government target for frontline staff.

Occupational Health staff together with the Senior Nurse for Infection Control are actively campaigning across all disciplines in the Hospital encouraging the uptake of this vaccination. Numerous clinics are being held at varying times to help make this more accessible due to the unique challenges presented here. Vaccinations are offered in the Wards should staff be unable to leave their workplace and are also being offered at weekend times to help cover all requirements from staff. If staff are immunised from another source they are asked to notify the OH Secretary who will record this information.

Tom Hair, Employee Director reiterated the continued focus the flu vaccinations are being given across the site and the various ways and times these are made available to staff. He thanked those involved for their proactive ways of working. He also complimented the service received from all Occupational Health staff.

There was discussion and concern raised on the low uptake of the flu vaccination by staff, however the Committee noted the efforts being made to encourage staff to receive this vaccine. Kay Japp advised members of a possible initiative that could be introduced called 'Peer Immuniser', she explained Managers are asked to nominate an immuniser colleague, someone who already has the following skills, immunisation / anaphylactic / life saving skills, they would be briefed on what is expected and then provided with the materials required. It would be hoped that by introducing this it would add to the existing efforts that are made to ensure there is an increased uptake from staff.

Members received and noted the concise report and presentation, acknowledging the improvement and comments made to previous reports. It was noted and agreed that this report and presentation will now come to the May meetings, this will allow for a more current and meaningful reporting format.

Although it was a very comprehensive report in terms of services, Nicholas Johnston asked that additional information is included in future reports. He asked that the following is included to show a clearer representation;

- What are the future Challenges and Priorities?
- Are we doing the right things?
- Is the service any good?

ACTION: KAY JAPP, SALUS

Bill Brackenridge again thanked the Occupational Health team for their valued service advising that to provide this level of service is at a high cost to the State Hospital therefore we need to be certain we are getting value for money and the services being provided are correct.

Kay Sandilands advised the committee of a conflict of interest around this Occupational Health Service with SALUS as she will be responsible for managing when she takes up her promoted post of NHS Lanarkshire Human Resources Director, effective from 1 April 2020. She also confirmed the definite change and appetite to provide definitive data and does not anticipate any issues in providing this.

Members of the Committee agreed that having Kay Japp, Principal Occupational Health Advisor prepare and present the Annual Report added value to the presentation and discussion.

Following discussion around promoting the services available for staffs Mental Health and Wellbeing, Kay Sandilands will take this to the SALUS team to promote information sessions across the Hospital for all staff to engage. Any work will be done in Partnership and in conjunction with the Health Working Lives Group.

ACTION: KAY JAPP, SALUS

2 CONFLICTS OF INTEREST

Kay Sandilands advised members of a conflict of interest due to her being successful in a recent promotion with NHS Lanarkshire to Human Resources Director. The SLA between NHSL and The State Hospital to provide an Interim Human Resources Director continues to 31 March 2021.

3 MINUTES OF THE PREVIOUS MEETING HELD ON 29 AUGUST 2019

The Committee approved the Minutes of the previous meeting held on 29 August 2019 as an accurate record.

4 ACTION POINTS AND MATTERS ARISING FROM THE PREVIOUS MEETING

Members noted that each item either had been completed or was included in the workplan for future meetings.

5 OCCUPATIONAL HEALTH ANNUAL REPORT

As noted above.

STANDING ITEMS

6 ATTENDANCE MANAGEMENT REPORT

Members of the Committee received and noted the Attendance Management Report to 30 September 2019 as presented by Kay Sandilands, Interim Human Resources Director. It was reported that the 12 month position is 6.53% which is favourable compared to the previous year. The reduction in EASY compliance was highlighted and members informed that as an action from the partnership forum this information is being explored further, early indicators show anomalies within the data.

Members were happy with the figures recorded however there was discussion around ensuring this area remains a priority and a focus ensuring these improved figures continue. Gary Jenkins advised the Committee of the Attendance Management Improvement Working Group (AMIWG) although this group was stood down it can be revisited at any time should this be required.

The Committee noted the report and asked for continued focus in this area.

7 HR PERFORMANCE – EMPLOYEE RELATIONS ACTIVITY

Members of the Committee received and noted the Employee Relations Activity Report to 31 October 2019 as presented by Kay Sandilands, Interim Human Resources Director. The Committee were reminded that this report is presented for information and discussion due to the historic time delays experienced with HR cases. As highlighted in Appendix 1 and 2 this shows an improved position however this area requires continued work and focus. The Committee were asked to note that the areas reporting the longest delays were as a result of information being required nationally and also due to a staff member having a significant sickness absence issue resulting in lengthy delays to processes.

The support offered to staff during these cases was recognised as good and if managed well they do not need to end up as dismissal cases, the systems in place are not about punishing those suffering ill-health but are about supporting and assisting staff.

The Committee discussed the improvements made and being made from previous years, particularly around compliance with policies. A lot of work has been undertaken and will continue to remain a focus for the Hospital.

The Committee noted the report and discussion.

8 PERSONAL DEVELOPMENT PLAN REPORT

Members of the Committee received and noted the Personal Development Plan Report (PDPR), presented by Sandra Dunlop, Training and Professional Development Manager.

With effect from 18 November 2019, 85.4% of staff met the standard of having a review meeting conducted within the past 12 months this was a decrease of 1.9% from the previous month. Staff with an out-of-date PDP was 12.2% and staff who have not had a review conducted and have no PDP in place was 2.4%. These are new staff who have an overdue initial set-up meeting, which should take place at the end of their initial 3-months in post.

Sandra Dunlop advised there are no current benchmarks or statistics available however it was recognised that from discussion with her colleagues from across other Boards, The State Hospital compares very favourably.

The Committee recognised and noted the continued effort to achieve the high compliance levels recorded.

9 STATUTORY AND MANDATORY TRAINING COMPLIANCE

Members of the Committee received and noted the Bi-Annual Statutory and Mandatory Training Compliance Update up to 30 September 2019, presented by Sandra Dunlop, Training and Professional Development Manager.

It was noted that from the data presented in the report although variable across different programmes, overall compliance for statutory and mandatory training remains high and has increased over the past 6 months.

It is important to note that, following NHS Circular PCS(AFC)2019/3 (Appraisal and Incremental Progression), work is currently being progressed at a national level to introduce a standardised (Once for Scotland) approach to statutory and mandatory training across NHS Scotland. In future, incremental pay progression will be contingent on completion of core statutory and mandatory training. A national project group is currently leading on this work stream. A plan has been developed to support implementation of the changes, however, due to delays in securing funding required for development of the new training modules, it is likely that the proposed implementation date of 1 April 2020 will be need to be revised. Further details and information will be circulated on receipt and the Committee will be kept appraised of progress.

Sandra Dunlop advised that changes have been made to the Induction Process with staff being targeted to undertake their manual handling training, this commenced in November 2019 and will take a few months to see the impact of this change. She went on to summarise the report advising that there are no areas for concern.

There was discussion around food hygiene training compliance, the report showed that there had been a slight increase however this is an area that continues to be difficult to secure the release of nursing staff to attend. Following discussions at the Partnership Forum it was agreed that to help assist with the compliance levels for REHIS, Brian Paterson was asked that support and focus is given in releasing SCNs and Charge Nurses. Sandra Dunlop advised that this training session has been reduced from previous years to help with securing nursing staff to complete as required.

The Committee noted the report and thanked Sandra Dunlop for her continued effort in ensuring the compliance levels remain high.

10 CORPORATE RISK REGISTER HD111; DELIBERATE LEAKS OF DATA

Members of the Committee received and noted the Deliberate Leaks of Data, Corporate HD111 as presented by Kay Sandilands, Interim Human Resources Director. This report is being brought to this Committee further to the Finance, Risk and Performance Committee having requested that Governance groups/committees routinely review risks in their scope that are categorised as "High". This is to ensure that the Governance Committee has oversight of the risk, an opportunity to review control measures and identify any further action/controls that may further mitigate the risk.

The existing control measures;

- All staff are made aware of their obligations regarding confidentiality upon commencement with the Hospital
- A confidentiality statement is signed by all staff/volunteers who may have access to staff and patient data
- Existing formal mechanisms are in place to support staff who may wish to highlight patient / staff safety issues via the national confidential alert line and also internal whistleblowing arrangements
- To ensure that appropriate formal action is taken against any individual who may deliberately leak sensitive data regarding staff or patients to an external third party

Further control measures required;

- Annual reminder to all staff of their contractual responsibility not to deliberately leak to the media or others sensitive information regarding staff or patients
- Promote the uptake of training relating to the information governance module and annual refresher module
- Cluster access to RiO by ward rather than hub
- Review staff members that have access to all patients within RiO without requiring to identify on each occasion why they are accessing a patient's record.
- Review HR provision of information provided:
    - Ensure marked sensitive / confidential
    - Delivery methods
    - Remind at HR meetings / hearings of confidentiality
- Publish annually special bulletin on the risks associated with social media and highlight policy
- Record attendees at the Clinical Team Meetings

It was noted however that even with this, the risk impact is still considered "major" and likelihood "possible", with this the risk rating is "high".

The Committee were asked if they have any other additional measures. Gary Jenkins suggested looking at the Special Boards and Prison Service to check for different ways to mitigate measures identified that we do not have here. Nicholas Johnston asked if the annual reminder makes reference to consequences. Kay Sandilands agreed to take forward.

ACTION: K SANDILANDS

The Committee noted the risk report and control measures in place. Further controls were suggested and will be taken forward.

11 iMATTER UPDATE NOVEMBER 2019

Members of the Committee received and noted the iMatter Update at November 2019, presented by Jean Byrne, Organisational Development Manager and Gayle Scott, Organisational Development and Learning Advisor.

In general, The State Hospital is performing above average with visible improvements in the scores, it was highlighted that the scores are their highest in five years. It was also noted that focus needs to remain to ensure continued improvement. This focus is undertaken by both Jean Byrne and Gayle Scott who carry out numerous staff engagements processes, these are face to face, series of bulletins, prompts by email/phone.

Jean Byrne summarised the report advising members that over the past year the top strengths and areas for improvement remain about the same with the weakest performing areas remaining as organisational. It was recognised that this area will always be more difficult and challenging. Scores show however that on a team basis staff appear positive.

For the 2018/19 iMatter cycle, all three nursing lines within one ward were amalgamated so that one report was generated for the ward, this resulting in all three teams in a ward get a single report, each ward can agree an overall action plan that is consistent, decreased workload as it reduces the number of meetings required and it is easier to support 13 SCNs/CNs with their action planning compared to 33 separate nursing lines.

There were numerous ways for staff to engage, this could be, face to face session leading up to completion of the questionnaire, series of dedicated bulletins issued during the different stages of the cycle and in addition the induction programme now includes an iMatter session.

Across NHSScotland, 34 stories have been submitted overall, five of these (14.7%) are from teams at The State Hospital who wrote up their team story and submitted these to the national team. It is hoped that a couple of these will feature in the national report.

Concern was noted from Bill Brackenridge in relation to the information shown in Appendix 2 for areas of improvement relating to the top of the organisation. Jean Byrne explained that this is very similar across all Boards.

Jean Byrne advised she is currently preparing a report to be issued via the staff bulletin which will provide the iMatter update, highlighting the areas of concern, note the improvements and will also include the five team stories.

The Committee received and noted the iMatter update and thanked Jean Byrne and Gayle Scott for their continued focus.

12 STAFF GOVERNANCE COMMITTEE WORKPLAN 2020

Members received and noted Staff Governance Committee Workplan for 2020. The workplan assists in outlining the key areas from the various groups that report into the Committee.

Further to earlier discussions with members of the Occupational Health Department it was agreed that future annual reports will come to be May meetings. The workplan will be updated accordingly.

The Committee noted the workplan and agreed the amendment.

ITEMS FOR INFORMATION

13 FINAL INTERNAL AUDIT REPORTS (RSM)

PAYROLL and SICKNESS ABSENCE MANAGEMENT

Members received and noted the Audit Reports for Payroll and Sickness Absence Management as presented by Kay Sandilands, Interim Human Resources Director. These internal audits were conducted in September 2019, the Payroll audit provided Partial Assurance and the Sickness Absence audit Reasonable Assurance.

From the Payroll audit various areas of weakness were identified however actions have been identified in response to the findings.

The Sickness Absence Management audit noted what has been traditionally a challenging area for the Hospital however the reduction in the absence rate from 9.9% in June 2018 to 5.34% in May 2019 was recognised as a result of the continued effort both by Human Resources staff and hospital Line Managers.

The Committee noted the reports.

14 SCOTTISH GOVERNMENT: NHSSCOTLAND WORKFORCE POLICIES

Members received and noted the letter received from the Scottish Government dated 1 November 2019, outlining NHSScotland Workforce Policies and the continued work in progress. A soft launch of the Phase 1 policies will note take place between 1 November 2019 and 29 February 2020, this is a preparatory period for HR Departments and Staff-side to ensure NHS Boards readiness for launch with staff and managers effective 1 March 2020.

At the November Partnership Forum members were advised that Tom Hair, Employee Director and Linda McWilliams Head of HR will work in partnership to plan awareness sessions commencing January 2020.

The policy development for Phase 2 of the programme will then commence to address the remaining policies. Regional engagement events will be held, it is proposed that the consultation is staggered due to the number and size of the policies in this phase. It is anticipated that three consultations will be held during 2020.

The Programme is working to have the 'Once for Scotland' Workforce Policies substantially concluded by April 2021.

The Committee noted the update provided.

15 HEALTH, SAFETY AND WELFARE COMMITTEE - DRAFT MINUTES OF MEETING HELD 10 OCTOBER 2019

Members received and noted the draft Health, Safety and Welfare Committee minutes from 10 October 2019. The Committee recognised the lengthy and informative minute and were pleased that all issues can be addressed and dealt with at the meeting. However there was discussion around the current membership and whether the representation was correct from across the various disciplines. Gary Jenkins agreed to speak to David Walker to ensure all areas are involved. Monica Merson raised the issue of these meetings often not being quorate which can cause delays.

The Committee asked that the importance of these meetings taking place regularly with a full quorum was notified to the Chairs.

ACTION: G JENKINS

16 PARTNERSHIP FORUM – MINUTES OF MEETING HELD 22 OCTOBER 2019

Members received and noted the draft Partnership Forum minutes from 22 October 2019. The Committee identified and welcomed the range of issues being discussed and dealt with at this Forum.

ANY OTHER COMPETENT BUSINESS

17 ANY OTHER BUSINESS

There were no other items of business for consideration.

18 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Thursday 20 February 2020 at 9.45am in the boardroom, The State Hospital, Carstairs.

Board Paper 20/07

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No: 15
Sponsoring Director:	Chief Executive Officer
Author(s):	Chief Executive Officer
Title of Report:	Corporate Objectives 2020-21
Purpose of Report:	For Decision

1 SITUATION

This document sets out the draft Corporate Objectives for The State Hospitals Board for Scotland for the period 2020/21.

2 BACKGROUND

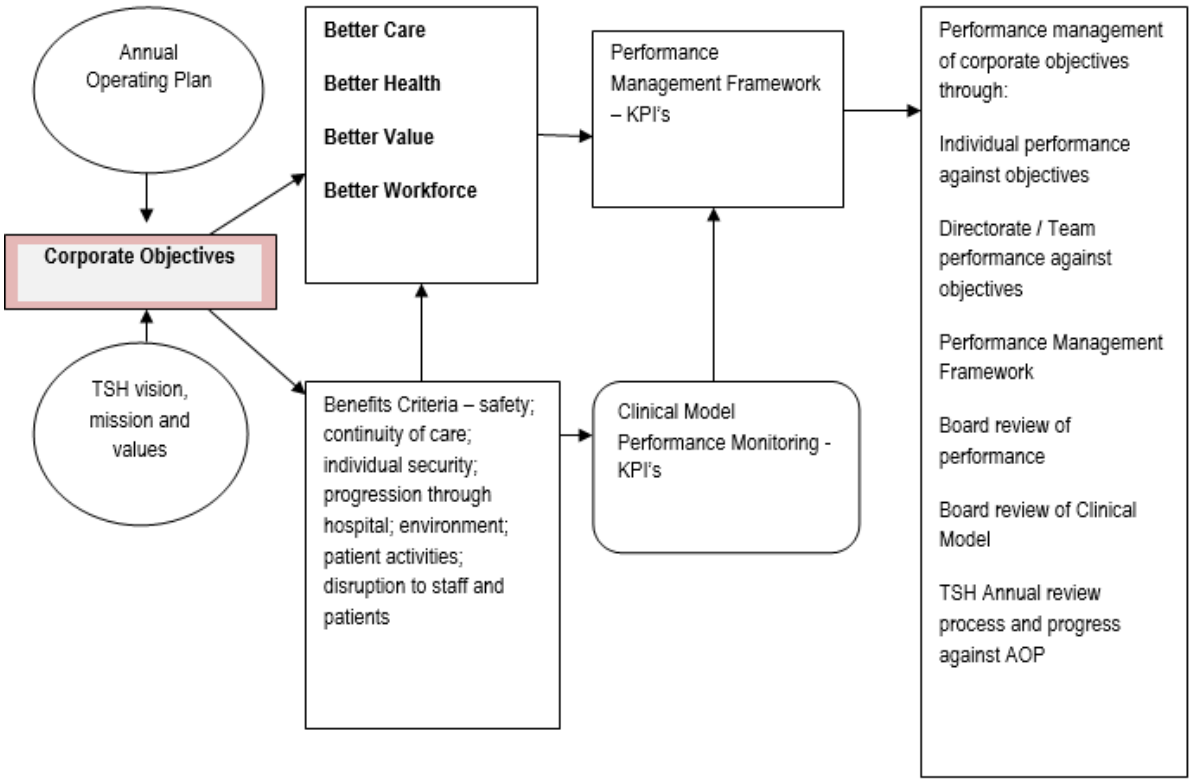
The draft Corporate Objectives were developed in collaboration with the Executive Directors, taking account of the current priorities across the organisation.

3 ASSESSMENT

Objectives are grouped around the key themes of Better Care, Better Health, Better Values and Better Workplace.

Diagram 1 shows the alignment of the Corporate Objectives within the context of the operational business model for The State Hospital.

Diagram 1:



The Corporate Objectives set out to:

- Improve the quality of care for people by targeting investment and focus at improving services with the high security environment and for providing the most effective support for all. **(Better Care)**

- Improve health and wellbeing by promoting and supporting healthier lives and choices, addressing inequality and adopting an approach based on recovery, care and treatment. **(Better Health)**

- Increase the value from, and financial sustainability of, care by making the most effective use of available resources through efficient and effective service delivery **(Best Value)**

- Improve the engagement of staff and opportunity for development through effective values based leadership resulting in a culture of quality and accountability **(Better Workplace)**

4 RECOMMENDATION

The Board is asked to review the draft Corporate Objectives and **consider approval,** subject to views and amendments from Non-Executive Directors.

Diagram 2:

Better Care	▪ Deliver the reconfigured Clinical Model enabling TSH to provide a progressive care approach for patients treatment and recovery ▪ Ensure the principles of the patient active day are delivered across all service areas ▪ Deliver care and treatment within the framework of least restrictive practice ▪ Sustained organisational resilience, able to identify and respond to risk ▪ Monitor the use and recording of seclusion practice in accordance with the revised definitions published by the Mental Welfare Commission ▪ Collaborate with the Forensic Network in the delivery of quality care guidance and standards applicable to the Forensic Mental Health Environment ▪ Be accessible to patients, their family and visitors whilst accessing care and treatment at TSH ▪ Work with stakeholders and Scottish Government representatives to enhance the reputation and develop the healthcare profile of TSH ▪ Take forward national collaboration with the newly formed Health in Custody Network ▪ Deliver a programme of Infection Control related activity in line with national policy objectives
Better Health	▪ Tackle and address the challenge of obesity within TSH ▪ Improve the Physical Health opportunities for patients under the care of TSH ▪ Ensure the delivery of tailored mental health and treatment plans individualised to the specific needs of each patient ▪ Address the overall social wellbeing issues for patients undergoing treatment ▪ Ensure the organisation is aligned to the values and objectives of the Mental Health Strategy ▪ Utilise connections with other health care systems to ensure patients receive a full range of healthcare support during their with TSH ▪ Align TSH with the aims and ambitions of Medium Secure and other treatment pathways to provide cohesive care and treatment for patients transferring to other services

Better Value	▪ Meet the key finance targets set for the organisation and in line with Standard Financial Instructions ▪ Develop a sustainable three year finance model which supports the sustainability of the organisation ▪ Enhance and strengthen the digital infrastructure and I.T. processes in use within TSH ▪ Deliver the security upgrade planned across 2020/21 and 2021/22 for the safety of staff, patients and the general public ▪ Work collaboratively across public sector bodies to ensure that best value is achieved in service planning, design and delivery ▪ Strengthen the corporate governance blueprint to ensure transparency and clear direction, within and external to, the organisation ▪ Ensure quality improvement is embedded within TSH ▪ Collaborate with national review process
Better Workforce	▪ Promote and deliver the culture change framework emerging from the Values, Behaviours, Culture and Leadership work stream ▪ Building on i-matter and staff governance principles to deliver an inclusive staff engagement programme in partnership to support the wellbeing of all employees ▪ Agree an assurance model to support the implementation of the Health and Care (Staffing) (Scotland) Bill (2019) across TSH ▪ Sustain a safe working environment for staff with a focus on risk management across all aspects of the organisation ▪ Continue with the Healthy Working Lives programme and activities for the benefit of staff ▪ Ensure accessibility to support to internal and external services for staff who require them ▪ Review and action absence related issues and staff wellbeing measures throughout the implementation of the revised Clinical Model ▪ Continue to provide flexible working patterns for staff including ‘retire and return’ and prospective employees wishing to work at TSH ▪ Ensure partnership working is embedded across the organisation ▪ Consider introducing a ‘you suggested, we listened’ initiative ▪ Encourage innovation and participation in the running of the organisation through the TSH3030 programme

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	To present the draft corporate objectives 2020 to the NHS Board for their consideration and approval.
Workforce Implications	As outlined in paper
Financial Implications	As outlined in paper
Route To Board Which groups were involved in contributing to the paper and recommendations.	Corporate Management Team
Risk Assessment (Outline any significant risks and associated mitigation)	As outlined in paper
Assessment of Impact on Stakeholder Experience	As outlined in paper
Equality Impact Assessment	Not required
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	No issues identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

Board Paper 20/08

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No: 16
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Draft Annual Operational Plan Update
Purpose of Report:	For Noting

1 SITUATION

The Board submitted a draft Annual Operational Plan for the financial year 2020/21 to Scottish Government in November 2019, with work in this regard has been further progressed through the Chief Executive and colleagues at the Mental Health Directorate.

2 BACKGROUND

A second draft was submitted to Scottish Government on 14 February 2020, with a further review meeting scheduled for 24 February 2020.

3 ASSESSMENT

The draft Annual Operational Plan has been circulated to Board Members for their information, and assurance is given that subject to further review a final draft will be submitted to Scottish Government on 28 February 2020.

The Board will consider a paper from the Chief Executive Officer outlining the Corporate Objectives for 2020/21, as part of the Board meeting on 27 February 2020, and this will inform the draft Annual Operational Plan.

4 RECOMMENDATION

The Board is asked to note progress to date in work progressed to draft the Annual Operational Plan 202/21. The final draft will be submitted to Scottish Government on 28 February 2020 with further reporting to the Board thereafter.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	AOP agreed in conjunction with Scottish Government
Workforce Implications	As indicated within draft AOP
Financial Implications	As indicated within draft AOP
Route To Board Which groups were involved in contributing to the paper and recommendations.	Corporate Management Team
Risk Assessment (Outline any significant risks and associated mitigation)	As indicated within draft AOP
Assessment of Impact on Stakeholder Experience	As indicated within draft AOP
Equality Impact Assessment	Not formally assessed
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	No impact identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No: 17
Sponsoring Director:	Director of Security, Estates and Facilities
Author(s):	Programme Director; Head of Estates and Facilities
Title of Report:	Perimeter Security and Enhance Internal Security Systems: Project
Purpose of Report:	For noting

SITUATION

The re-tendering of the project has taken place, the resulting bids evaluated and a preferred Contractor identified. This paper summarises the status of the project, and the process to be followed moving forward with the successful Contractor.

BACKGROUND

Previous papers to the Board have given a detailed explanation of the nature of this project and the rationale behind it; an evaluation of the existing security measures coupled with a threat assessment of current and potential future threats identified the need for a programme of replacement and additional security measures.

ASSESSMENT

The successful Contractor is Stanley Security Solutions Limited, and the finalised contract was signed on Thursday 6 February 2020. A contract pre-start meeting was held with Stanley on Friday 7 February 2020.

A draft Project Programme was submitted by Stanley at the pre-start meeting and discussed. It was agreed that a Programme Workshop would be held to further discuss and agree a finalised programme of works. This has been arranged for 24 & 25 February 2020. There then will follow two days of survey work by Stanley on 26 & 27 February 2020.

Following these two pieces of work, a finalised programme will able to be circulated, and will be used to inform the hospital of the impact and timescales related with the Project.

The Project Oversight Board is being led by the Chief Executive and the Director of Security, Estates and Facilities, and a draft terms of reference are attached at Appendix A. The Project Oversight Board was due to meet on 12 February 2020 but this meeting required to be re-scheduled due to inclement weather at The State Hospital. This is being re-scheduled and will include review of the draft terms of reference in detail. Further reporting will be brought back to the NHS Board at its next meeting in April 2020.

RECOMMENDATION

That the Board note the current status of the Project.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives?	Maintain / improve safety and security
Workforce Implications	Admin support and Director costs to be addressed through revenue, though this is under discussion
Financial Implications	Overall reduction in maintenance cost if approved Significant increase in revenue requirement if not approved Capital expenditure if approved
Route to the Board (Committee) Which groups were involved in contributing to the paper and recommendations?	Project Oversight Board and Corporate Management Team
Risk Assessment (Outline any significant risks and associated mitigation)	Risk to service if not approved
Assessment of Impact on Stakeholder Experience	Addresses request from patients for introduction of CCTV in clinical areas
Equality Impact Assessment	N/A

The State Hospitals Board for Scotland

Perimeter Security and Enhanced Internal Security Systems Project

Project Oversight Board - Terms of Reference

1. Purpose

The NHS Board has established a Project Oversight Board to provide the required degree of assurance on the progression of the Perimeter Security and Enhanced Internal Security Systems Project in accordance with the Corporate Objectives of The State Hospitals Board for Scotland, and the appropriate statutory and mandatory standing orders and regulations.

The Project Oversight Board (POB) will provide oversight and assurance, and make recommendations to the NHS Board in line with its remit.

2. Membership

Members:

Gary Jenkins: Chief Executive Officer (Co-Chair)
David Walker: Director of Security, Estates and Facilities (Co-Chair)
Robin McNaught: Finance and Performance Management Director
Mark Richards: Director of Nursing and AHPs
Doug Irwin: Project Director
Tom Hair: Employee Director
Bill Sinclair: Scottish Prison Service

In Attendance:

Wesley Bathgate: Senior Project Manager, Thomson Gray
Derek McDonald: Security Advisor, D4
Kenny Andress: Head of Estates and Facilities
Mary Frame: Procurement Manager

The NHS Board Chair is not a member of the POB, but may attend any meetings of the POB.

3. Reporting Arrangements

The POB will report to the NHS Board following each meeting – this will be through the submission of the approved Minutes as well as a summary report of the key issues.

The POB will submit an Annual Report to the NHS Board, in June, and this will include: the name of the POB, membership and attendees and officer support, the frequency and dates of meetings, the activities of the POB during the year, any matters of concerns to the POB; confirmation that the POB has fulfilled its remit and of the adequacy and effectiveness of internal controls.

The POB will undertake an Annual Workplan aligned with the Project programme and this will be submitted with the Annual Report.

The POB will undertake an annual review of the Terms of Reference. If this review results in amendment, the revised Terms of reference should be submitted to the NHS Board for endorsement.

4. Key Responsibilities

1. To endorse the scope of the Project, and the benefits to be realised in development, including the clinical service delivery model of the NHS Board.
2. To ensure that the completed facilities are delivered on programme, within budget and are compliant with the NHS Board's corporate objectives and requirements.
3. To ensure that the resources required to deliver the project are available and committed.
4. To ensure appropriate governance through the procurement process and through the Capital Investment Group at Scottish Government.
5. To assure that the project remains within the framework of the overall project strategy, scope, budget and programme as set out in the business case.
6. To review and report changes to the scope of the project e.g. time, cost, quality, to the NHS Board.
7. To promote financial governance and monies and report the adherence within affordability parameter set out by Scottish Government and the NHS Board.
8. To review the risk management plan, ensuring all risks are identified; that appropriate mitigation strategies are actively applied, managed and escalated as necessary, providing assurance to the NHS Board that all risks are being effectively managed.
9. To ensure that staff, partners and service end users are fully engaged in designing operating policies that inform the detailed design and overall procedures that will apply, ensuring that the facilities are service led, not building led.
10. To ensure that communication planning enables the appropriate involvement of and communication with all stakeholders, internal and external, throughout the project.
11. To ensure that appropriate systems of assurance are in place for the functional commissioning of the facilities and operation of the project systems.

5. Conduct of Business

Meetings:

The POB will normally meet monthly. The Co-Chairs may convene additional meetings or change the frequency of meetings as deemed necessary.

The POB may ask any or all of those who attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

The NHS Board may ask the POB to convene further meetings to discuss particular issues on which they want the POB's advice.

Quorum:

A minimum of four members of the POB will be present for the meeting to be deemed quorate.

In the event of a meeting becoming inquorate once convened, the Co-Chairs may elect to continue receiving papers and to allow those present to ask questions and discuss particular matters. The minute should state the point at which the meeting became inquorate but notes of any discussion can be included. Every item discussed and noted in this way will be brought to the next meeting of the POB, under matters arising, for ratification.

Absence of Co-Chairs:
In the event of the Co-Chairs being absent, another member can be designated the chair for the meeting, and this should normally be arranged by the Co-Chairs in advance of the meeting.

Agenda, Papers, Workplan and Minutes:
The POB should have a workplan for the year mapped to the remit of the POB.

The Co-Chairs will set the agenda.

Papers should be submitted to the Project Administrator at least seven working days prior to the meeting. The finalised agenda and papers will be issued to members at least three working days before the date of each meeting.

The meeting will be minuted and will record decisions, actions and responsibilities, actions against identified risks and follow up. Minutes will be submitted to the NHS Board, and published on The State Hospital website as part of the NHS Board papers.

Annual Report:
The POB will prepare and submit an Annual report to the NHS Board in June each year, and this should include:

- The name of the POB, the Co-Chairs, Membership, Executive Leads and Officer supports.
- Frequency, Dates of meetings and attendance.
- The activities of the POB over the year, including confirmation of delivery of the workplan and review of the terms of reference. Should the terms of reference be revised, these should be submitted to the NHS Board for approval.
- Improvements that have been overseen by the POB
- Any areas of concern to the POIB, including Risk.
- Confirmation that the POB has fulfilled its remit, and of the adequacy and effectiveness of internal control.

6. Information Requirements

For each meeting the POB will be provided with a report which will include as a minimum:

Progress Update (business, design and construction)
Current status against key programme elements
Current status against cost planning
Project Risk Register with description of mitigating actions

Communications planning with internal and external stakeholders
7. Executive Leads
The Chief Executive Officer and the Director of Security, Estates and Facilities will co-chair the POB. Accountability for ensuring the longer term security needs of The State Hospital are aligned to the Director of Security, Estates and Facilities, within the project governance structure. Accountability for the financial aspects of the project are aligned to the Finance and Performance Management Director.
8. Access
POB Members will have free and confidential access to the Co-Chairs of the POB.
9. Rights
The POB may procure specialist advice at the expense of the organisation, subject to budgets agreed by the NHS Board or the Chief Executive Officer as Accountable Officer.

Author(S):	Margaret Smith, Board Secretary
Ratified by The State Hospitals Board for Scotland:	February 2020 Meeting
Review Date:	February 2021

THE STATE HOSPITAL BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No 18
Sponsoring Director:	Director of Finance and Performance Management
Author(s):	Head of Management Accounts
Title of Report:	Financial Position as at 31 January 2020
Purpose of Report:	Update on current financial position

1 SITUATION

The Board is asked to consider the Revenue and Capital Resources spending plans, and monitor financial outturn. This report provides information on the financial performance to 31 January 2020, which is also reported to the Senior Management Team and Partnership Forum, and is issued monthly to Scottish Government (SG) along with the statutory financial reporting template.

2 BACKGROUND

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

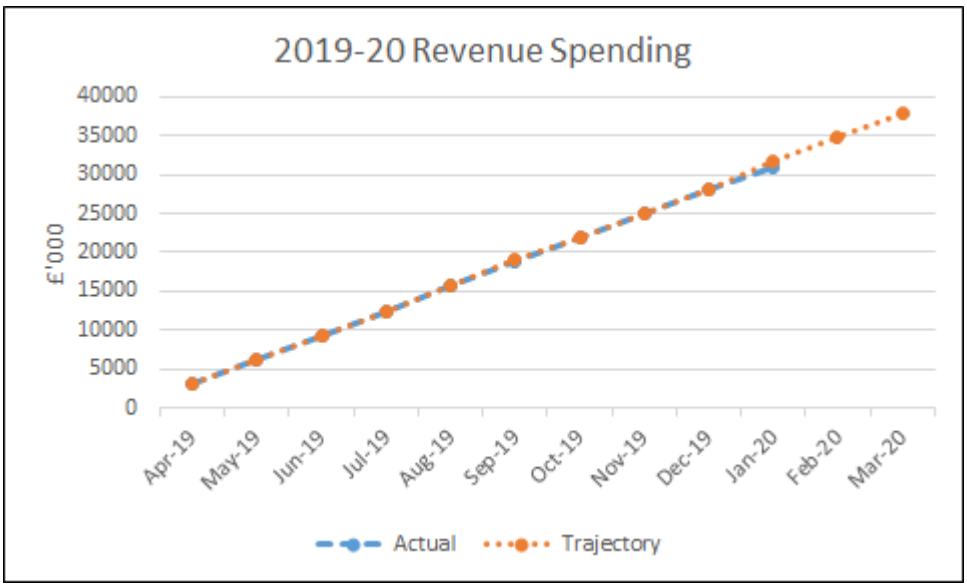
The annual budget of £37.645m is primarily the Scottish Government Revenue Resource Limit allocation, now augmented with the addition of part funding of the costs of the recent Pay As If At Work ("PAIAW") agreement).

3 ASSESSMENT

3.1 Revenue Resource Limit Outturn

The Board is reporting an under spend of £0.236m to 31 January 2020 – which is a year-to-date variance of 0.8%.

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



At this stage in 2018/19, there was an overspend of £0.223m. Much of the improvement is due to the reduction in Nursing ward overtime costs of £0.720m.

Specific nursing controls were introduced in 2019 with the aim of reducing overtime – e.g. increasing the number of new start staff working on a five over seven day shift pattern and the use of pool staff to cover clinical activity. These controls are being monitored by nursing with the aim of evaluating their impact on 2019/20, and to provide meaningful comparisons for the future evaluation of the impact of the new clinical model in 2020/21.

However, while overtime levels are reduced, they continue to be affected by nursing staffing recruitment challenges, similar to other patient facing NHS Boards, but also sickness absence and clinical activity associated with the high numbers of 'exceptional circumstances' patients in our care.

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

	PRESSURES	Risk	Best estimate £'k
(i)	Holiday Pay - Lock v British Gas - PAIAW - Full Year 19/20 (NB Received RRL for £141k for Aug 17 to Mar 18 retrospection)	High	140
(ii)	Rebandings arrears (some already paid to date)	High	tbc
(iii)	Clinical Model Review	High	tbc
(iv)	Legal Fees	High	101
(v)	Office 365	High	250
(vi)	3 yr up for opt out sup'an end Nov 19 (approx 100 staff not sup'an)	Med	112
(vii)	EU Exit (may get guidance from sub group)	Low	tbc
(viii)	Perimeter Fence - FBC - Additional Staff (Capital funding pending)	Low	170
	BENEFITS	**Risk**	
(ix)	Exceptional Circumstance Patients (new - recharging host Board)	Med	290
(x)	VAT element on Utilities in our favour (v HMRC) (some already paid to date)	Low	50

i – PAIAW
This was a ruling from the courts following the Lock v British Gas case, for payment as if at work, so in effect staff at TSH now get a % payment for overtime when on annual leave. Payments in 2019/20 to date comprise (SG funded) Aug 2017- Mar 2018 £141k, and TSH funded Apr 2018 - Mar 2019 £210k. In addition, the value for 2019/20 was originally estimated as £212k (first tranche paid December 19, £101k, and is to be funded by TSH).

However, because overtime has reduced considerably this financial year the payment is much less than planned (based on prior year's amounts).
There has been a thorough review of central reserves, and finance for this has been identified. However, there may be claims going further back, but nothing definite yet.

ii - Rebandings
There was a number of rebanding appeals for certain posts within the hospital, the most recent of which was backdated to 2015; costs of these require to be recognised in the year of settlement.
This year to date (Dec 19) we have paid £25k of arrears (this excludes PAIAW arrears). HR have taken action to improve this process and reduce the number of outstanding grading appeals.

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

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

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

vi – Superannuation opt-out
Staff who are not superannuated will be automatically enrolled at the end of November 2019 (this happens every three years), for those who do not choose to opt out (within 4 months – this will be tracked), the Board will incur sup'ers on costs. The hit in December pay is £28k.

vii – EU Exit
While there are no specific costs currently identified, this aspect will continue to be monitored.

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

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

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

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

Directorates	Annual Budget 19/20 £'k	YTD Budget Jan 20 £'k	YTD Actuals Jan 20 £'k	YTD Variance (budget - actual) (adverse) / favourable Jan 20 £'k	Budget wte	Actual WTE
Nursing And Ahp's	19,856	16,614	16,293	321	378.53	371.48
Security And Facilities	5,952	4,992	4,903	89	123.63	117.77
Medical	3,732	3,096	2,872	225	36.58	32.93
Chief Exec	1,844	1,537	1,493	44	22.45	21.16
Human Resources Directorate	836	697	693	4	13.38	13.38
Finance	2,977	2,513	2,524	(12)	37.53	36.92
Cap Charges	2,857	2,381	2,379	2		
Misc Income	(224)	(187)	(90)	(96)		
Central Reserves	(186)	(341)		(341)		
Under / (over) spend	**37,645**	**31,302**	**31,066**	**236**	**612.10**	**593.64**

Nursing & AHPs - see further detail below

Security & Facilities – see further detail below

Medical – There is in–year pressure due to cross-board costs for Senior Trainee Doctors, although there is an overall underspend of £0.063m due to changes in staffing. Continuing vacancies in Psychology gives rise to an underspend of £0.129m. Drugs also has an underspend of £0.033m.

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

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

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

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

Miscellaneous Income – The benefit is noted of the forecast saving for VAT benefits on utilities, now partly realised per para. 3.2. x. However, the income was offset with a payment of fees, which has an adverse impact on the variance.

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

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

Nursing & AHP's	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 10	Budget WTE	Actual WTE
Advocacy	147	123	121	2	0	0
AHP's & Dietetics & SLA'S	653	542	495	46	13	13
Hub & Cluster Admin & Clinical Operations	831	691	651	40	23	20
PCI & Pastoral	220	183	141	42	3	2
NPD & Infection Control & Clin Gov	416	347	328	19	6	3
Skye Centre	1,738	1,451	1,297	155	38	35
Ward Nursing	15,851	13,277	13,261	16	295	299
Total Nursing and AHP's	**19,856**	**16,614**	**16,293**	**321**	**378.53**	**371.48**

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

Ward Nursing – further breakdown as below -

	2019/2020	Ward Nursing overtime						
Prior Year Variance £'k	Ledger Ward Nursing	Annual Budget £'k	In month / Year to Date Budget £'k	In month / Year to date Actuals £'k	YTD Variance (budget less actuals) £'k	Budget WTE	Actual WTE	Contracted/ conditioned wte's
23	Total April 19		1,286	1,350	(65)	295.00	318.77	289.30
(43)	Total May 19		1,286	1,343	(58)	295.00	315.33	289.30
(117)	Total June 19		1,286	1,282	3	295.00	309.54	286.30
(84)	Total July 19		1,286	1,286	(1)	295.00	303.18	288.28
(194)	Total Aug 19		1,577	1,583	(6)	295.00	309.99	281.72
(116)	Total Sept 19		1,293	1,301	(8)	295.00	312.86	291.55
(90)	Total Oct 19		1,287	1,264	23	295.00	296.78	285.70
(28)	Total Nov 19		1,322	1,244	78	295.00	302.54	287.00
4	Total Dec 19		1,369	1,335	34	295.00	301.23	290.64
(61)	Total Jan 20		1,287	1,272	15	295.00	299.25	293.14
(705)	Cumulative	15,851	13,277	13,262	15			
^ slot in								
	Variance analysis:		PAIAW arrears Aug 19 and Dec 19					
	Overtime for vacancies backfill				(309)			
	Phased savings (not yet realised)				(125)			
	'Nursing Resource' to analyse			*	448	New control measures in place		
					15			

The underspend to date, in comparison to the previous year's overspend £0.705m, is vastly improved, this is due to various management control measures now introduced and in place. It is hoped that this stabilisation since June 2019 will continue for the remaining months of 2019/20, although this will continue to be carefully monitored in order to prepare for meaningful comparison to levels under the new clinical model in 2020/21.

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

Security & Facilities	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance (budget less actuals) for period 10	Budget WTE	Actual WTE
Facilities	4,206	3,516	3,399	117	84	75
Security	1,640	1,368	1,396	(28)	40	38
Perimeter Security	107	107	107	(0)	0	4
Total Security & Facilities	**5,952**	**4,992**	**4,903**	**89**	**123.63**	**117.77**

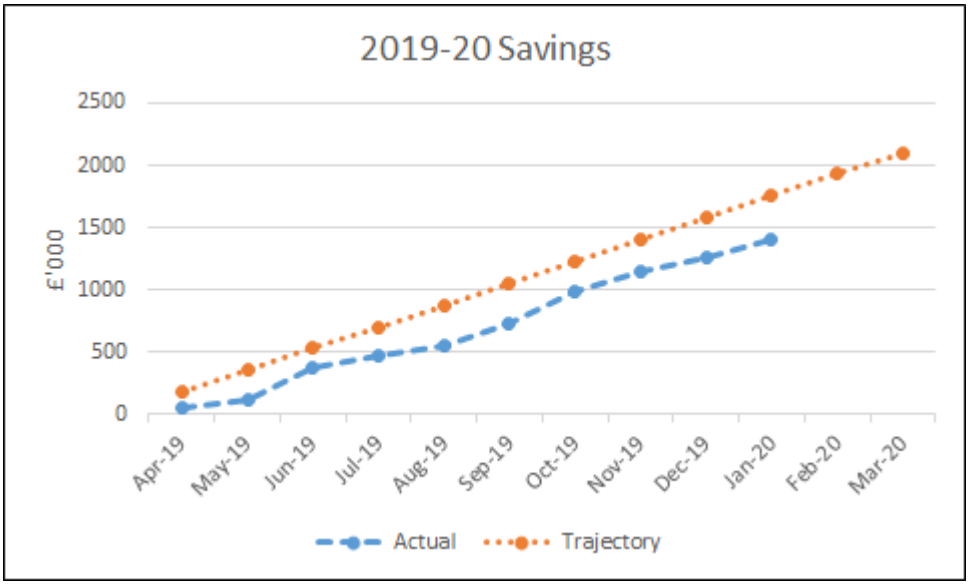
Facilities – The favourable variance for the period is due to vacancies in Estates & Housekeeping, and an underspend in the utilities costs for the year. Utilities costs remain difficult to forecast due to unpredictable weather through the year, and can vary significantly between months. The income for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

Security – The overspend is due to changes in staffing structure. However, a workforce review should address this within the Directorate.

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

4 ASSESSMENT – SAVINGS

4.1 While there have been strong efforts across all directorates towards achieving a challenging savings target, the board at 31 January remains behind trajectory on the planned savings to date.



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

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

Savings Annual Target LDP	Savings Annual Target LDP			Savings (Achieved), as at Jan 20			Savings still to be achieved by year end		
	2019-20 Rec £'k	Non-Rec £'k	Total £'k	2019-20 Rec £'k	Non-Rec £'k	Total £'k	2019-20 Rec £'k	Non-Rec £'k	Total £'k
Efficiency & Productivity Workstreams:									
Service redesign (Clinical)	(22)	(95)	(116)	0	70	70	(22)	(25)	(46)
Drugs & Prescribing	0	(20)	(20)	0	46	46	0	26	26
Workforce	(57)	(481)	(538)	22	841	863	(34)	360	326
Procurement	0	0	0	0	0	0	0	0	0
Infrastructure *(e.g.facilities mgt, IT, other support services)*	(56)	(309)	(365)	5	199	204	(51)	(110)	(161)
Other	0	(100)	(100)	0	0	0	0	(100)	(100)
Financial Management / Corporate Initiatives	0	0	0	0	0	0	0	0	0
Unidentified Savings	0	(965)	(965)	0	223	223	0	(742)	(742)
Total In-Year Efficiency Savings	**(134)**	**(1,969)**	**(2,103)**	**27**	**1,379**	**1,406**	**(107)**	**(591)**	**(697)**
Trajectory (1/12ths of LDP)				**112**	**1,641**	**1,753**			
(under) / over achieved against trajectory				**(84)**	**(263)**	**(347)**			

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

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

4.2 National Boards Contribution

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

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

5 CAPITAL RESOURCE LIMIT

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

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

	Annual Plan £'k	YTD Plan £'k	YTD Actual £'k	YTD Variance £'k
Estates	165	30	30	-
IM&T	104	104	104	-
Vehicles	-	-	-	-
Other equipment	-	-	-	-
Security Fence Dvpt	-	45	45	-
TOTAL	**269**	**179**	**179**	**-**

6 RECOMMENDATION

Revenue
Year-to-date: £0.236m under-spend; year-end projection: break-even
Capital
Year-to-date: break-even; year-end projection: break-even

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

TSH Board members are asked to note the content of this report.

MONITORING FORM

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

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No: 19
Sponsoring Director:	Finance and Performance Management Director
Author:	Head of Corporate Planning and Business Support
Title of Report:	Performance Report Q3 2019/2020
Purpose of Report:	For noting

1 SITUATION

This report presents a high-level summary of organisational performance for Q3 October - December 2019. A summary table and run charts 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 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 Patients have their care and treatment plans reviewed at 6 monthly intervals.

On 31 December 2019 there were 105 patients in the hospital. Eleven of these patients were in the admission phase. Five CPA documents had not been reviewed within the 6 month period. All 5 were out of date (however all have either been held and are not in RiO yet or are due shortly). This gives a compliance of 94.7% which is a slight rise from September's 91.7% compliance. This indicator remains amber.

Health Records staff continue to send reminder emails to RMOs and medical secretarial staff to advise that a patient's review or renewal of detention is due. The renewal of detention ties in with the annual CPA document being completed.

No 3 Patients will be engaged in off hub activity centres

For Q3, 80% of patients were involved in off-hub activities. This is a slight decrease from 84% in Q2.

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

No 4 Patients will be offered an annual physical health review

This indicator maintained at 100% in Q3. This indicator remains green.

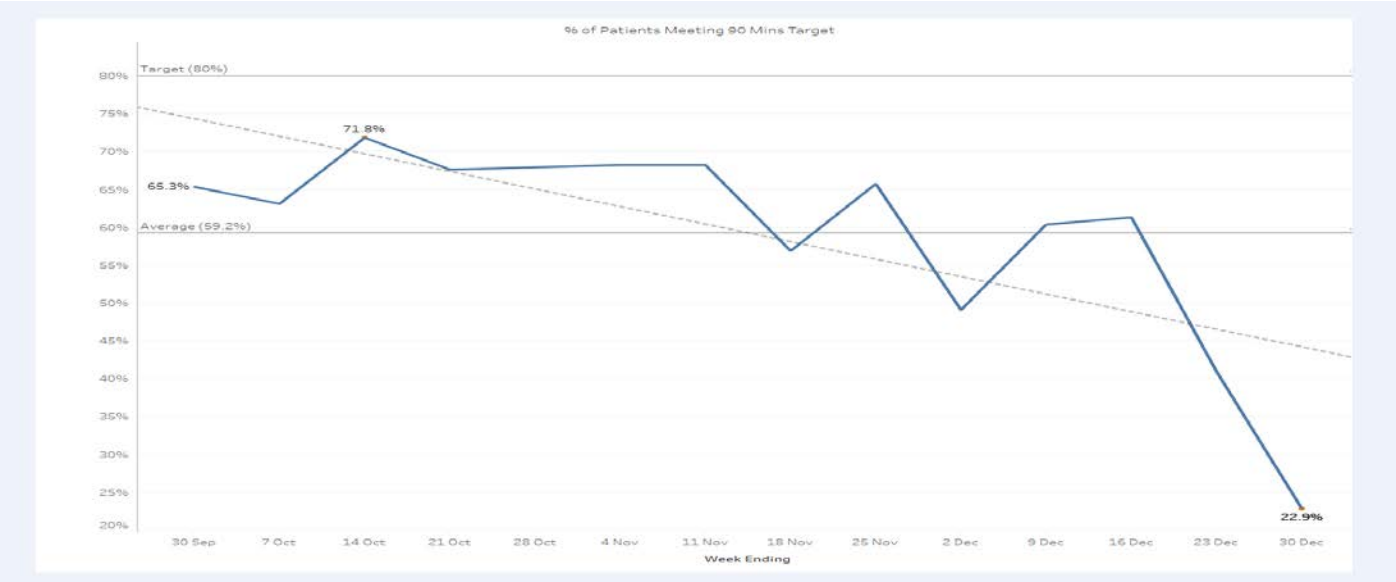
No 5 Patients will undertake 90 minutes of exercise each week

The Physical Activity levels over the second quarter have averaged 59.2%. This is a decrease from 66.4% in the last quarter. The contributing factor to this decrease is due to the Christmas period whereby the Sports and Fitness and the Gardens Departments were closed for several days due to the Public Holidays and the shortened ground access times allowing patients to utilise the grounds. It is important to note there was an increase of patients participating in moderate physical activity through the month of November 2019 due to the number of TSH 30:30 projects which involved increasing patient's physical activity.

The Physical Health Steering Group are currently reviewing data over the last year to look at trends and possible ways of improving the uptake of Physical Activity. Due to the 80% target this indicator remains in the red zone.

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

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



No 6 Healthier BMI.

The RiO report shows that 7% of patients have a healthy BMI in December 2019. This is a reduction from 8% in September 2019. This is concerning as there has been a steady decline since June 2018. The data collection has moved to monthly in December 2018 for this indicator with nursing staff taking measurements as opposed to the Dietetic Technician measuring on a 6 monthly basis. This means we have more data being collected more regularly for all patients. This indicator remains in the red zone.

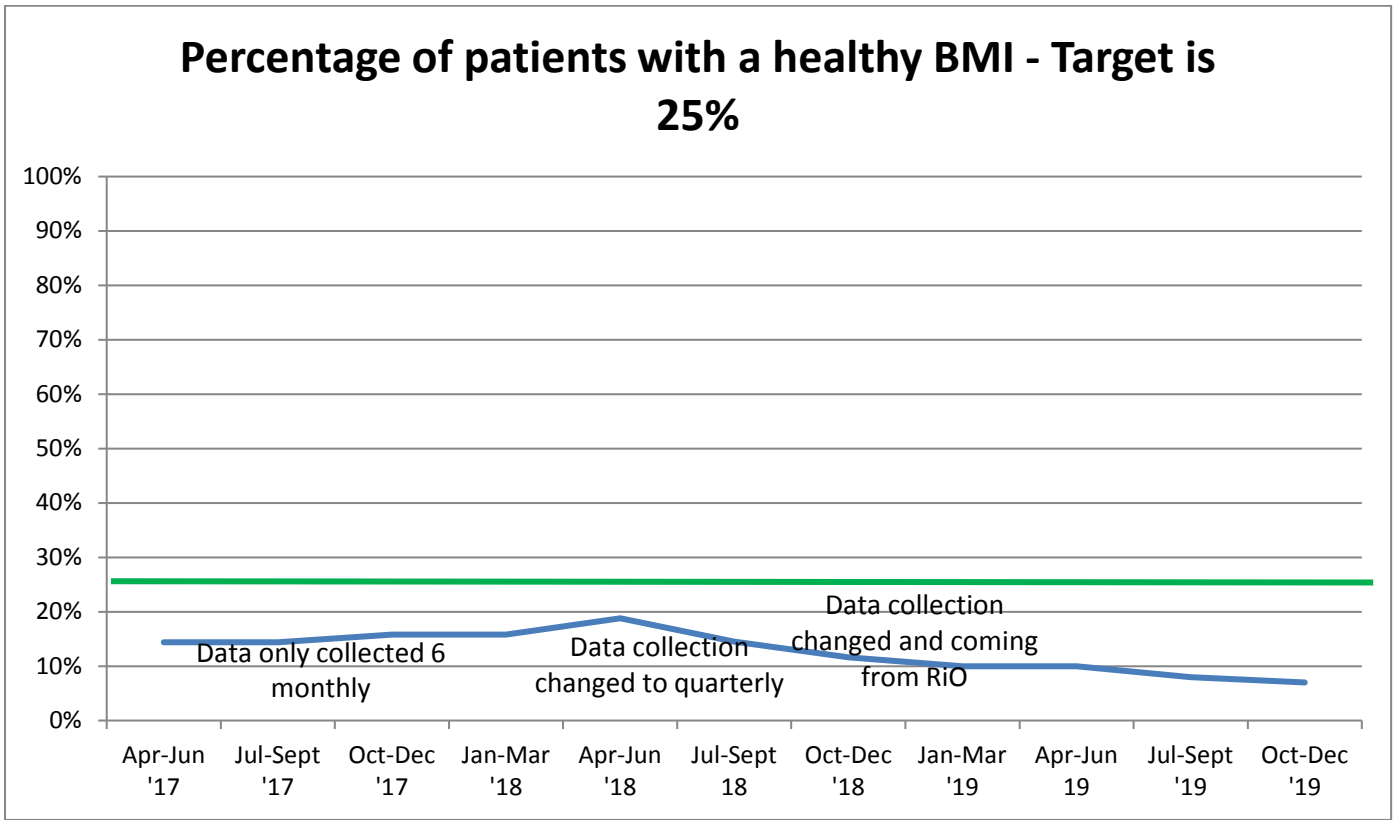


Table 1

Weight Range by BMI	Number of Patients (Q3 2019/20)	% (Q3)	Number of Patients (Q2 2019/20)	% (Q2)	Number of Patients (Q1 2019/20)	% (Q1)	Number of Patients (Q4 2018/19)	% (Q4)
<18.5 underweight	0		0	0	0	0	0	0
18.5-24.9 healthy	7	7	8	8	11	10	10	10
25-29.9 overweight	45	93	38	92	38	89	39	90
30-39.9 obese	47		46		48		46	
>40 obese	6		8		6		8	

Over the last Quarter

- There were 12 admissions; 4 patients had a BMI 18.5-24.9 healthy. 6 patients had a BMI 25-29.9 overweight and 2 patients had a BMI 30.39.9 Obese.
- There were 8 discharges; 5 patients had a BMI 30.-39.9Obese. 1 patient had a BMI 25.29.9 overweight), 1 patient had BMI 18.5-24.9 healthy. 1 patient BMI was not available due to timescale between admission and discharge.
- From the 6 patients with an identified BMI >40 Obese category; 5 patients identified in the >40 Obese Q2 remain in this category for the Q3. 1 patient has moved from the 30.39.9 Obese identified in Q2 to the >40 Obese within Q3.

- 2 patients identified in the >40 Obese in Q2 have moved to the 30.39.9 Obese in Q3
- The highest BMI is 45.4.
- 1 patient identified in the 25-29.9 Overweight category moved into the 18.5-24.9 Healthy

No 7 Sickness absence.

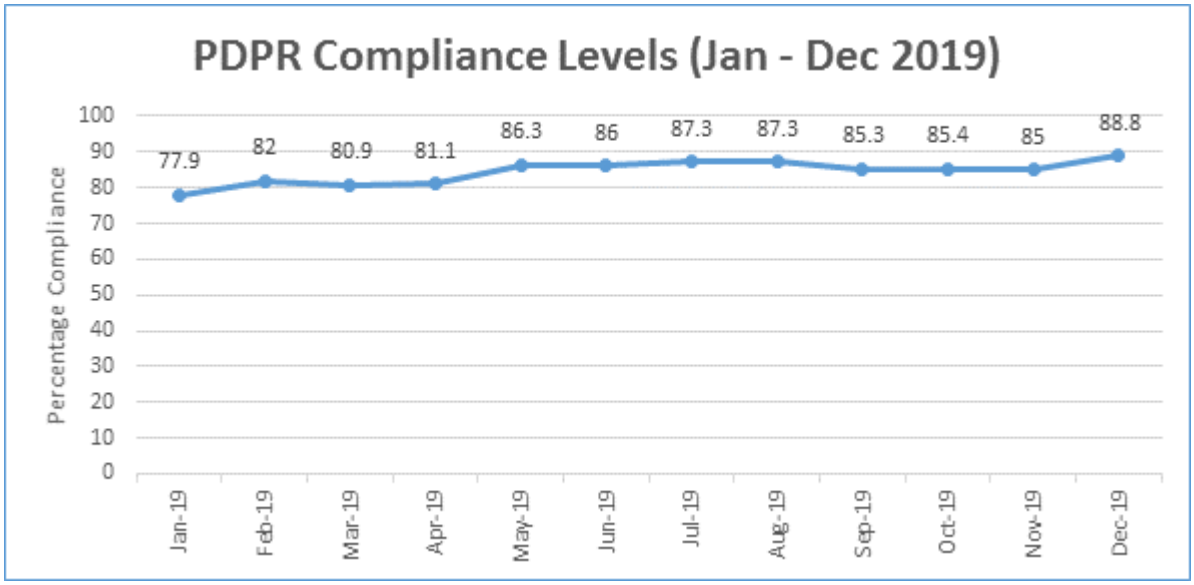
The sickness absence rate for the quarter was 6.13%. This is a slight increase from Q2 5.82%. October's figure was 5.91%, November 6.07% and December 6.41%. Within the quarter there was a month on month increase.

This moves this indicator from amber to red as the hospital is over 1% away from their target.

No 8 Staff have an approved PDR.

The PDR compliance level over the period October – December averaged 86.4%. This is a decrease of 0.5% from the last reporting period (i.e. 30 September 2019).

Although this indicator remains in the red zone, monthly monitoring indicates that performance has remained consistently high over the last 6 months and shows an increase in organisational compliance at 31 December 2019 (up to 88.8%).



No 15 Attendance by clinical staff at case reviews.

Key Worker attendance has increased slightly to 82% from 81% in Q2. This indicator remains in the green zone.

Occupational Therapy attendance has increased from 79% in Q2 to 93% in Q3 against a target of 80%. This indicator remains in the green zone.

Pharmacy has decreased from 63% in Q2 to 57% in Q3 against a target of 60%. They remain in the green zone at present.

Clinical Psychologist attendance increased from 61% to 80% in Q3. This is against a target of 80%. This has moved them to the green zone. The Psychology attendance decreased further from 86% in Q2 to 84% in Q3. This indicator remains in the red zone against a target of 100%.

Security attendance has increased further from 56% in Q2 to 68% in Q3 against a target of 60%. This indicator remains in the green zone.

Social Work attendance increased from 72% in Q2 to 75% in Q3 against a target of 80%. This indicator moves from the amber to green zone.

Dietetic attendance has increased from 45% in Q2 to 67% in Q3. There is no target against dietetics at the moment.

4 RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Monitoring of Key Performance Indicator Performance in the TSH Local Delivery Plan (2017-2020) and the Operational Plan.
Workforce Implications	No workforce implications-for information only.
Financial Implications	No financial implications-for information only.
Route To Board Which groups were involved in contributing to the paper and recommendations.	Risk, Finance and Performance Management Group
Risk Assessment (Outline any significant risks and associated mitigation)	There is a dependency on the Business Intelligence project. While we can identify other ways of obtaining and analysing data there will be continue to be limitations on the timeliness and granularity of the information reported.
Assessment of Impact on Stakeholder Experience	The gaps in KPI data which make it difficult to assess.
Equality Impact Assessment	No implications identified.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	n/a
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications , full DPIA included.

Appendix 1

Item	Principles	Performance Indicator	Target	RAG Q2	RAG Q3	Actual	Comment	LEAD
1.	8	Patients have their care and treatment plans reviewed at 6 monthly intervals	100%	A	A	94.7%	The figure for October 2019 was 91.7%	LT
2.	8	Patients will be engaged in psychological treatment	85%	G	G	81.9%	Figure is an average of 84.7% in October, 77.1% in November and 83.8% in December	JM
3.	8	Patients will be engaged in off-hub activity centres	90%	A	A	80%	Excludes shop / health centre information (brief visits). This also doesn't include patients who are regularly attending the Café Area	MR
4.	8	Patients will be offered an annual physical health review	90%	G	G	100%	All patients eligible for an annual physical health review were offered for Q2.	LT
5.	8	Patients will undertake 90 minutes of exercise each week	80%	R	R	59.2%	For this quarter the indicator remains in the red zone	MR
6.	8	Patients will have a healthier BMI	25%	R	R	7%	There has been a steady decline since June 2018.	LT
7.	5	Sickness absence rate(National HEAT standard is 4%)	** 5%	A	R	6.13%	6.13% for the quarter. This is a slight increase from Q2 5.82%. October's figure was 5.91%, November 6.07% and December 6.41%.	KS
8.	5	Staff have an approved PDR	*100%	R	R	86.4%	This indicator has been showing a steady improvement since October 2018.	KS
9.	1, 3	Patients transferred/discharged using CPA	100%	G	G	100%	This indicator maintained at 100% in Q3. All patients had a CPA meeting prior to transfer/discharge.	KB
10.	1, 3	Patients requiring primary care services will have access within 48 hours	*100%	G	G	100%	This indicator maintained at 100% in Q3.	LT
11.	1, 3	Patients will commence psychological therapies <18 weeks from referral date	**100%	G	G	100%	All patients referred and not already in treatment met the standard	JM
~~12.~~	~~1, 3~~	~~Patients will engage in meaningful activity on a daily basis~~	~~100%~~	-			~~*New indicators and business processes in development as reported to the June Board.*~~	~~MR~~
13.	2, 6, 7, 9	Patients have their clinical risk assessment reviewed annually.	100%	G	G	98.9%	105 patients. 11 new admissions, 93 patients with current risk assessments and 1 risk assessment out of date (due to section change)	LT
~~14.~~	~~2, 6, 7, 9~~	~~Hubs have a monthly community meeting.~~	-	-		-	~~*New indicators and business processes in development as reported to the June Board.*~~	~~MR~~
15.		Refer to next table.						All Clinical Leads

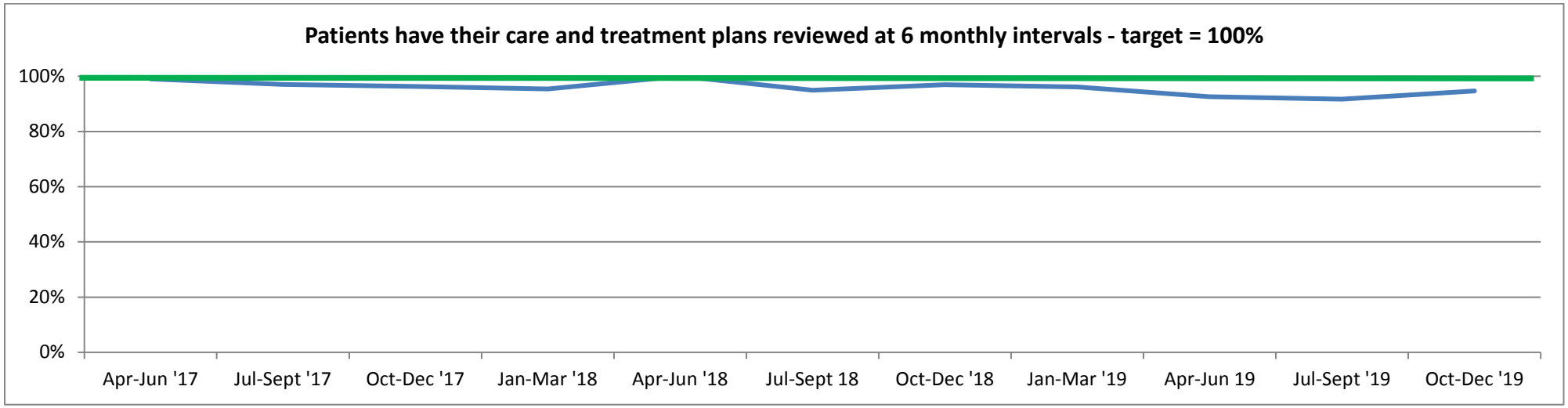
Item	Code	Principles	Performance Indicator	Profession (Lead)	Target	RAG Q2	RAG Q3	Overall attendance Oct-Dec 2019 (n=44)	Overall attendance July-Sept 2019 (n=43)	Overall attendance April – June 2019(n=50)	Overall attendance Jan-Mar 2019 (n=53)
15	T	2, 6, 7, 9	Attendance by all clinical staff at case reviews	RMO **(LT)**	90%	G	G	86%	91%	93%	93%
				Medical **(LT)**	100%	G	G	98%	95%	96%	98%
				Key Worker/Assoc Worker **(MR)**	80%	G	G	82%	81%	72%	74%
				Nursing **(MR)**	100%	G	G	98%	98%	100%	98%
				OT**(MR)**	80%	G	G	93%	79%	83%	52%
				Pharmacy **(LT)**	60%	G	G	57%	63%	57%	71%
				Clinical Psychologist **(JM)**	80%	R	G	80%	61%	77%	79%
				Psychology **(JM)**	100%	R	R	84%	86%	91%	98%
				Security**(DW)**	60%	G	G	68%	56%	42%	41%
				Social Work**(KB)**	80%	A	G	75%	72%	74%	86%
				Skye Activity Centre **(MR)** (only attend annual reviews)	tbc	-	-	4%	5%	0%	0%
				Dietetics **(MR)** (only attend annual reviews)	tbc	-	-	67%	45%	67%	59%

Definitions for red, amber and green zone

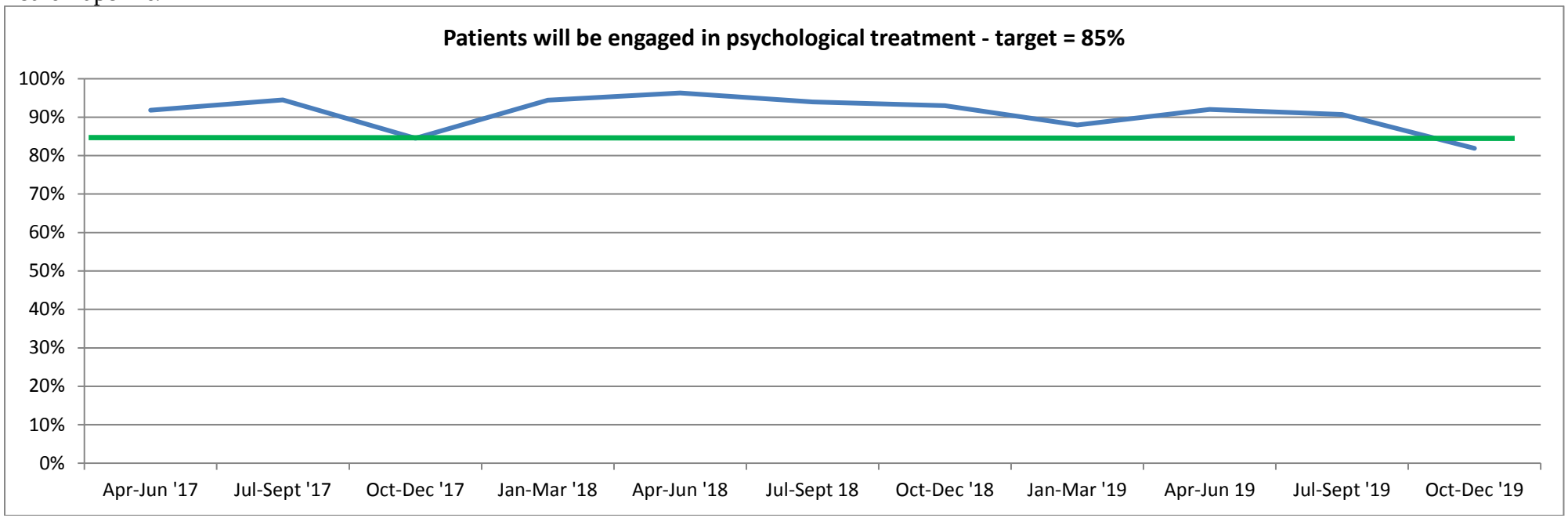
- For all but item 6 and 7 green is 5% or less away from target, amber is between 5.1% and 10% away from target and Red will mean we are over 10% away from target
- For item 6 'Patients have a healthier BMI' green will be 3% or less away from target, amber will be between 3.1% and 5% away from target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

Trend Graphs for Performance Management Data

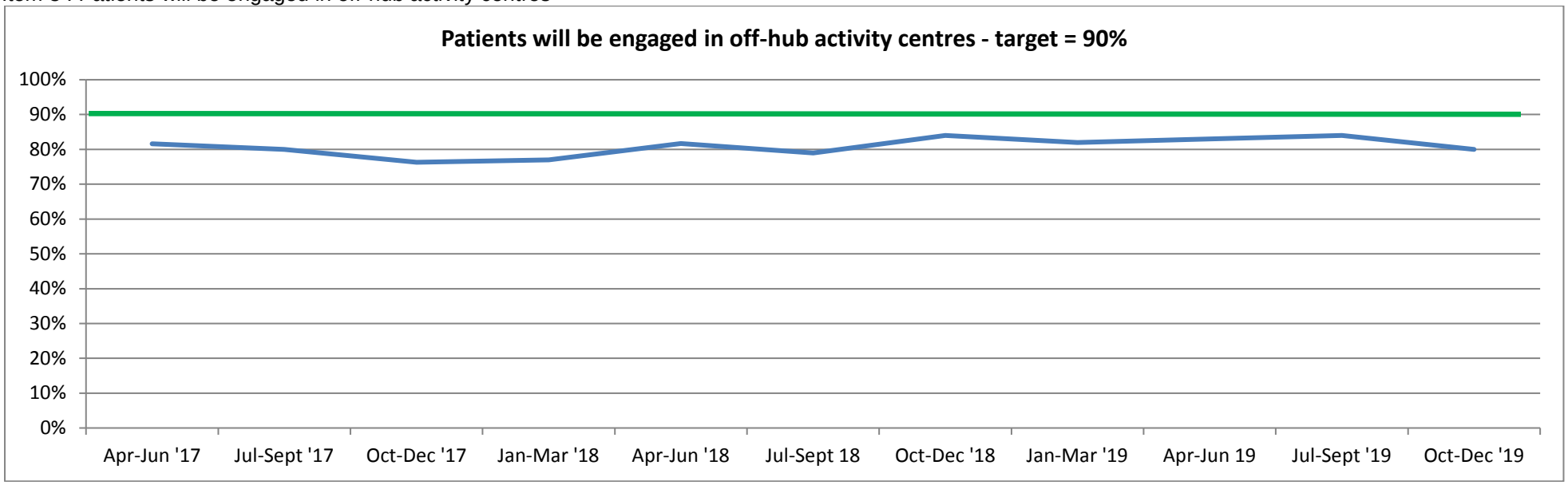
Item 1 : Patients have their care and treatment plans reviewed at 6 monthly intervals



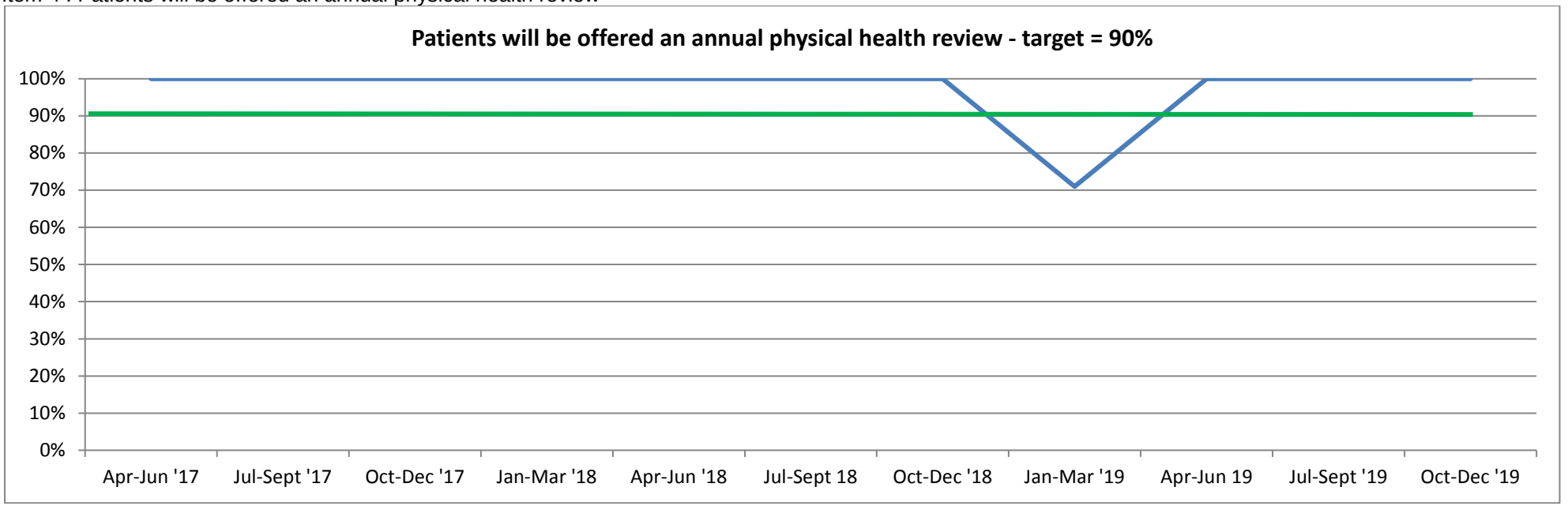
Item 2 : Patients will be engaged in psychological treatment



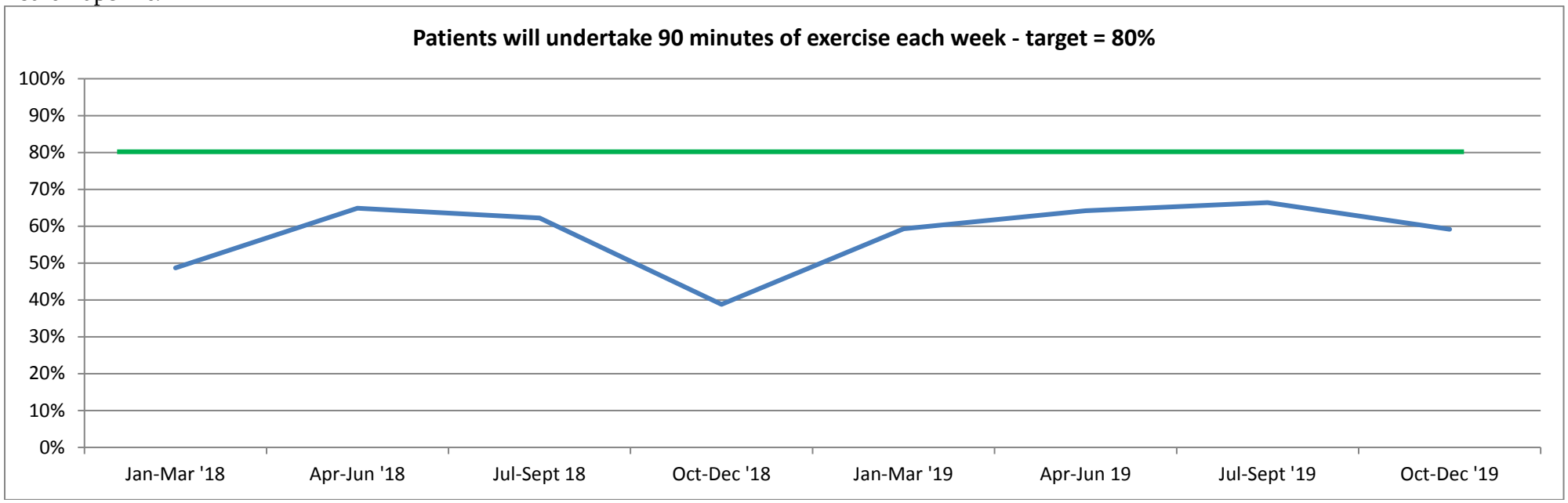
Item 3 : Patients will be engaged in off-hub activity centres



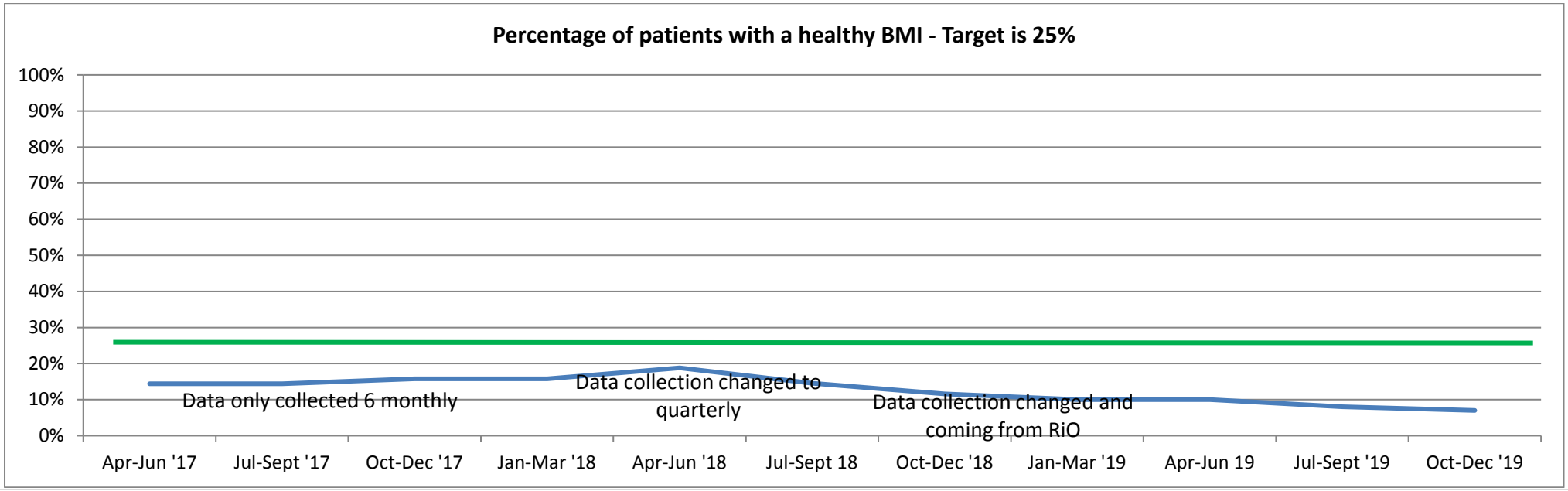
Item 4 : Patients will be offered an annual physical health review



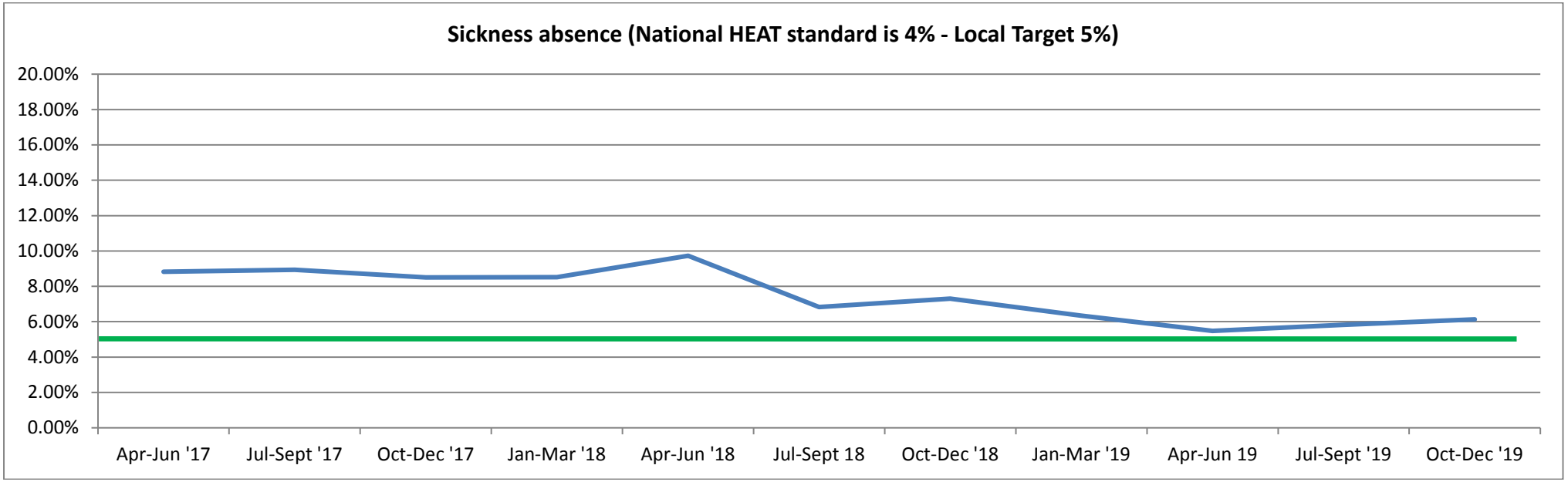
Item 5: Patients will undertake 90 minutes of exercise each week



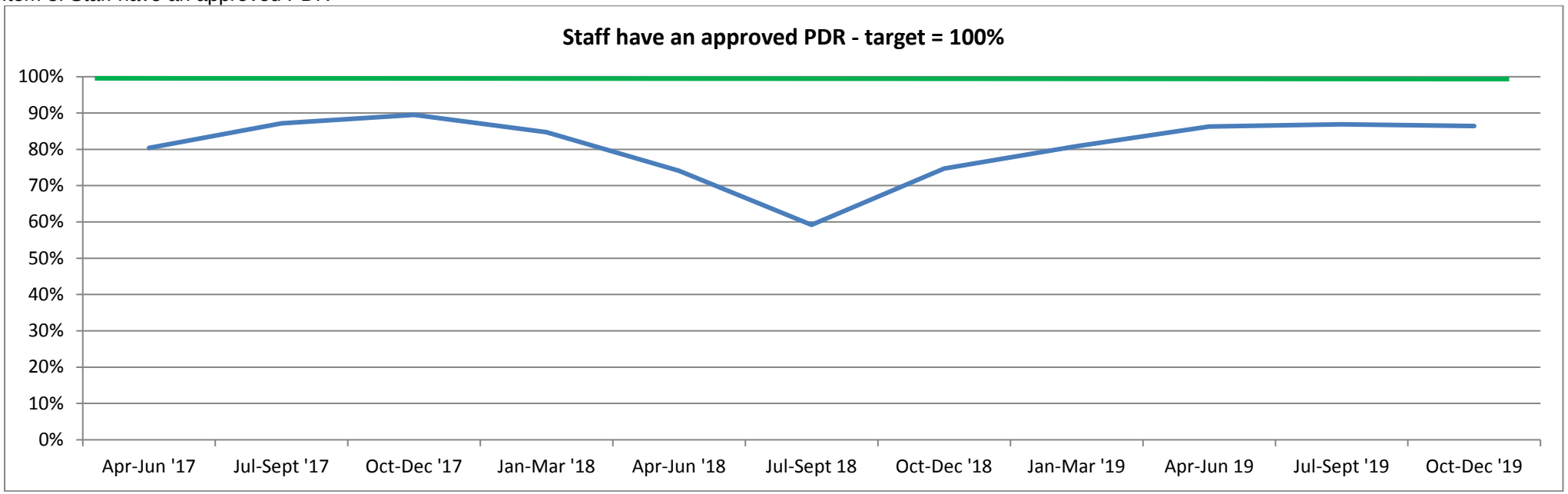
Item 6: Patients will have a healthier BMI



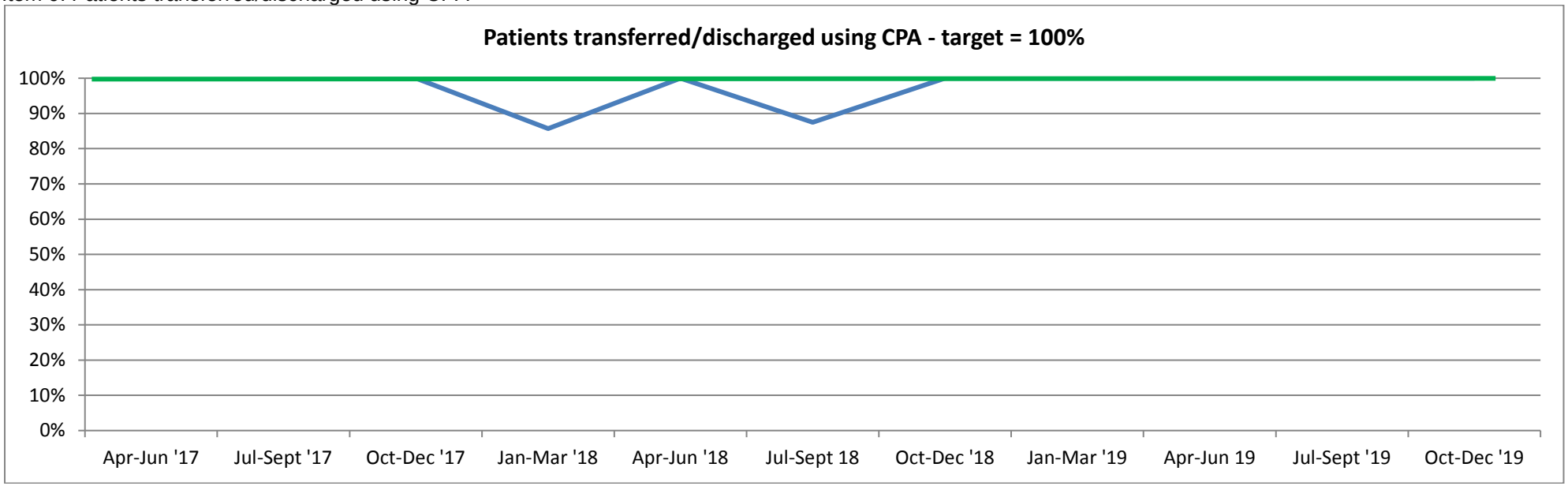
Item 7: Sickness Absence



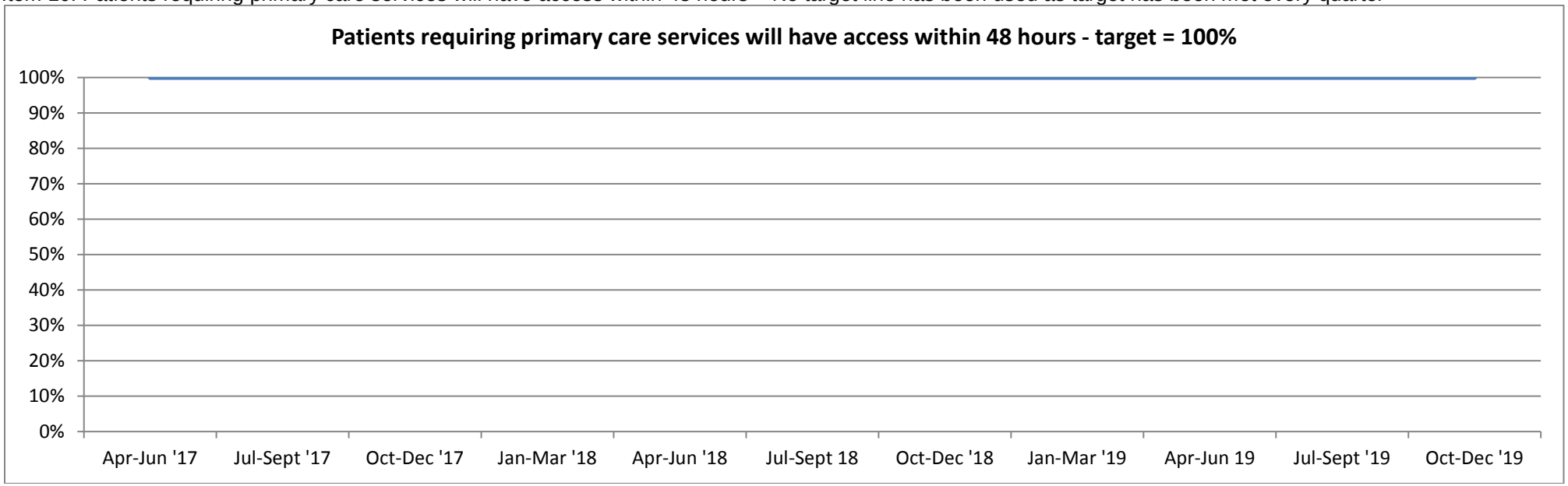
Item 8: Staff have an approved PDR



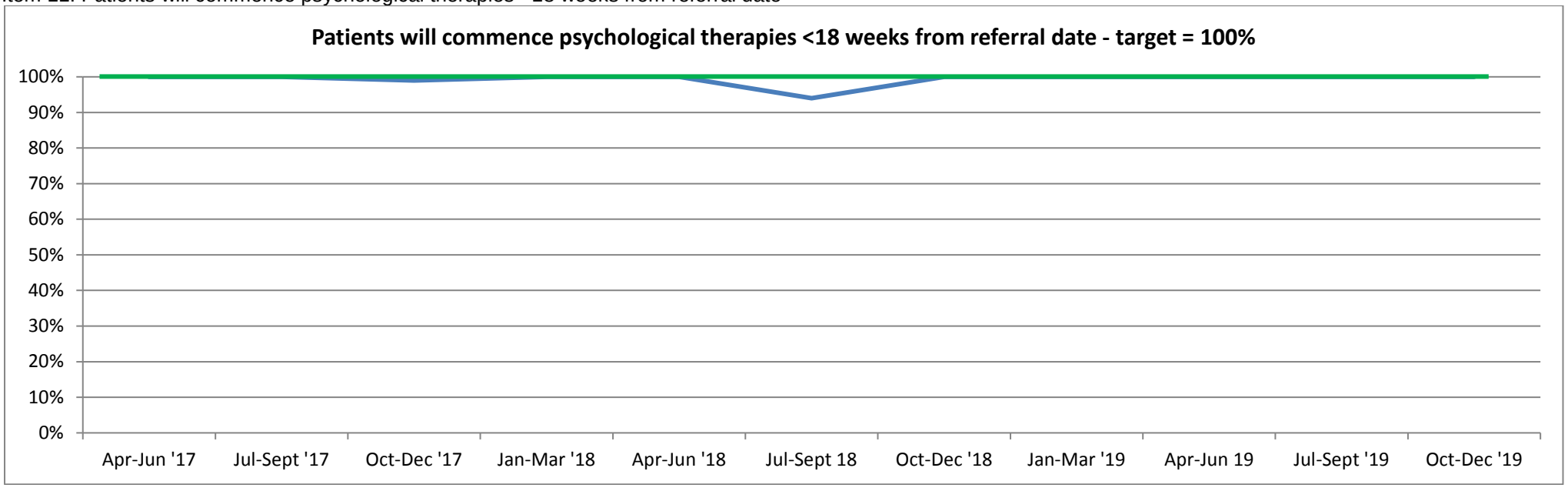
Item 9: Patients transferred/discharged using CPA



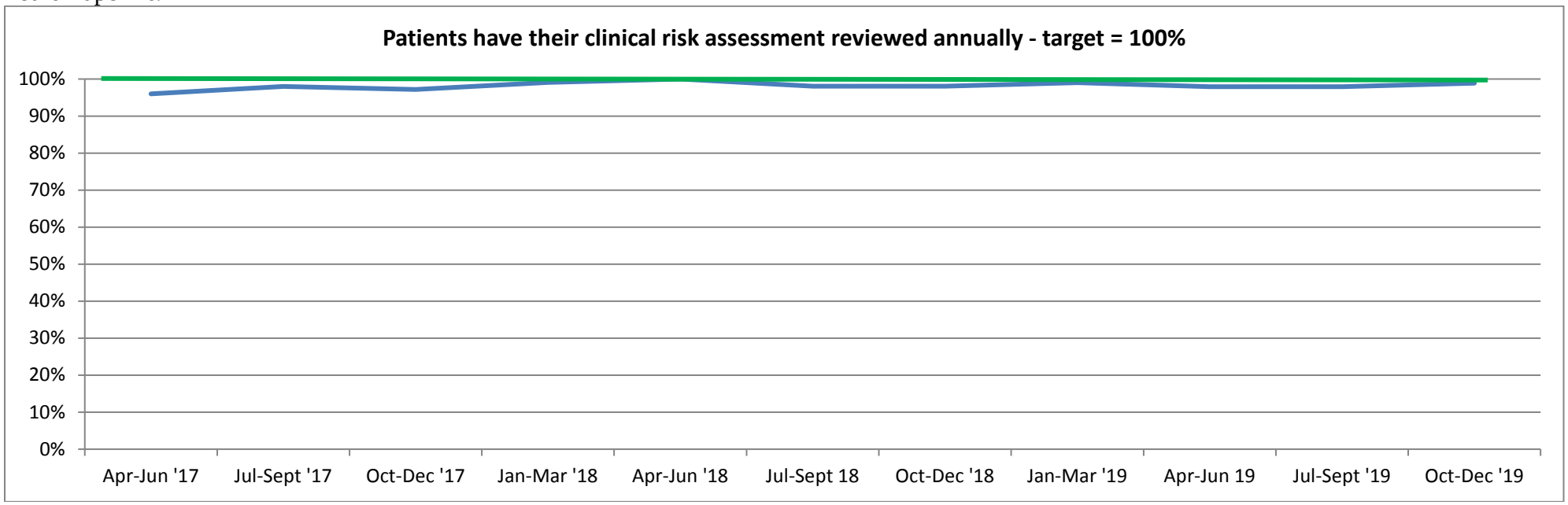
Item 10: Patients requiring primary care services will have access within 48 hours – No target line has been used as target has been met every quarter



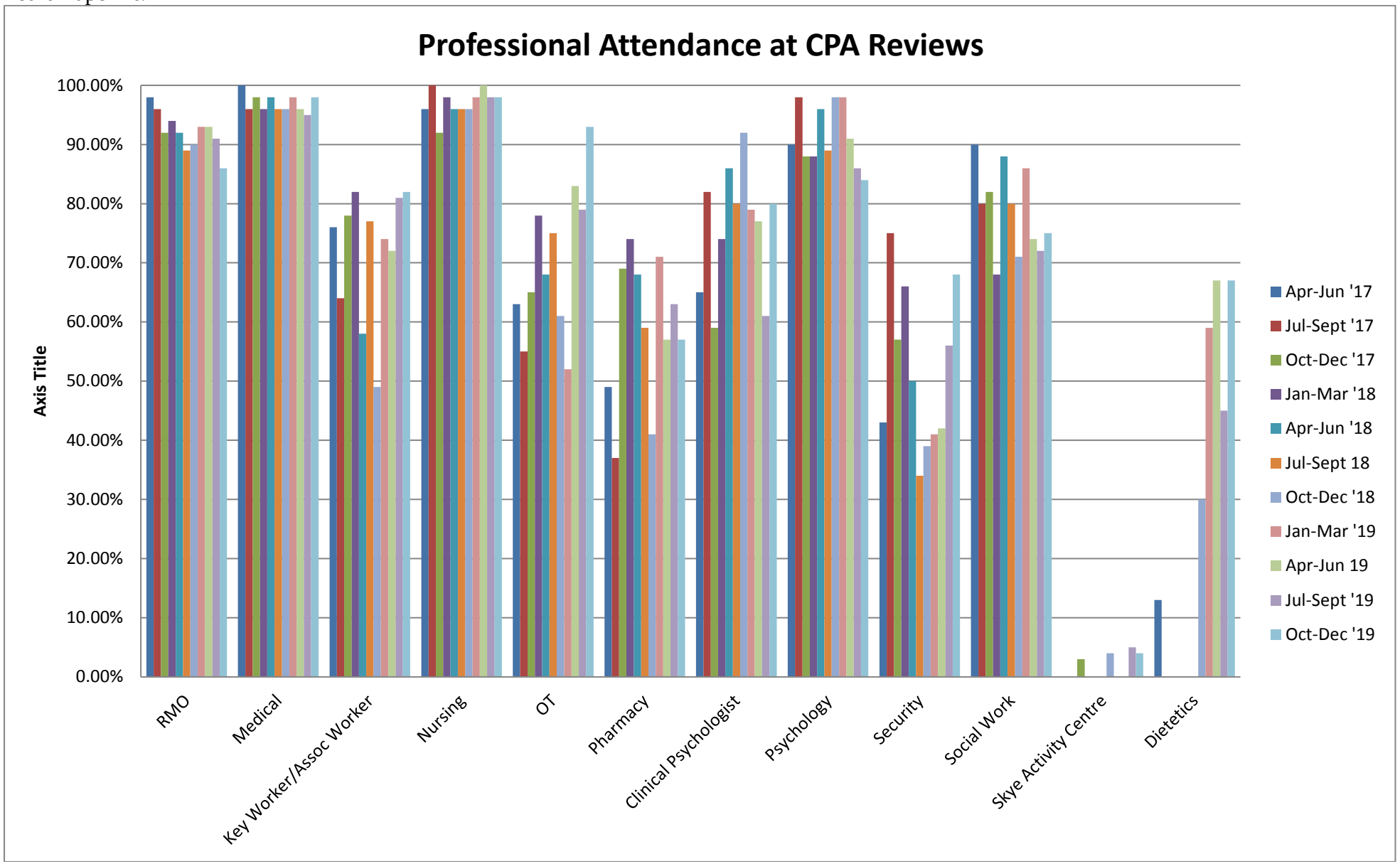
Item 11: Patients will commence psychological therapies <18 weeks from referral date



Item 13: Patients have their clinical risk assessment reviewed annually



Item 15: MDT Attendance at Case Review


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

Board Paper 20/12

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No: 20
Sponsoring Director:	Director of Security, Estates & Facilities
Author(s):	Risk Management Team Leader
Title of Report:	Resilience Update
Purpose of Report:	To update Board on Resilience activity undertaken and planned

1 SITUATION

This paper is prepared to provide an update of resilience related activities recently undertaken and planned for the next few months.

2 BACKGROUND

This is the first Resilience update provided to the Board. This work is monitored by the Resilience Committee which last met on 20 December 2019.

3 ASSESSMENT

EU exit on 31 January
Work remains ongoing to plan for TSH representation at forthcoming Beyond EU Exit: Integrating Resilience Across Health & Social Care on 21 January 20.

Level 2 table top
5 December 2019
Multi-disciplinary pandemic influenza tabletop exercise with resultant Loss of Staff plan review. Work ongoing to update plans.

Level 3 – Fire exercise
Scottish Fire and Rescue Service (SFRS) exercise held on 20 January 20. This involved 3 fire appliances on scene with an incident command structure established. Level 3 plan in process of being reviewed with SFRS.

Level 3 Multi Agency Contingency Plans (MACPs)
Police, South Lanarkshire Council, NHS Lanarkshire sections updated. Date planned with SFRS to review and update.

Coronavirus Outbreak

Continue to monitor external information, intranet updated and staff bulletin communication with all staff.

Golden Hour
Golden Hour training for new SCNs was undertaken on 28 January 20.

Standards for Organisational Resilience
Work ongoing with section owners to review and update prior to April self assessment submission.

Future activity

Loggist Training
Applications requested for new Loggists to support IC arrangements. Training programmed for early February 20.

Decant
Work with wider Forensic Network, including National Secure Adolescent in-patient service around accommodation contingency.

COPS 26 9 – 20 November 2020
Difficulty organising further multi-agency Level 3 exercises due to COPS 26 conference taking place in November. Upwards of 90,000 visitors to Glasgow, including 197 heads of state anticipated.

4 RECOMMENDATION

Board members are invited to note the update on Resilience activity. The Resilience Committee will next meet on 20 March 2020.

Board Paper 20/12
MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	N/A
Workforce Implications	N/A
Financial Implications	N/A
Route To Board Which groups were involved in contributing to the paper and recommendations.	Resilience Committee
Risk Assessment (Outline any significant risks and associated mitigation)	As per paper
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One ☑ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

Board Paper 20/13

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No: 21
Sponsoring Director:	Chief Executive
Author(s):	Board Secretary
Title of Report:	Corporate Governance Improvement Action Plan
Purpose of Report:	For Noting

1 SITUATION

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

The Board submitted its improvement plan to Scottish Government in April 2019, and submitted a six-month progress report in November 2019.

2 BACKGROUND

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

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

3 ASSESSMENT

The improvement plan has been updated to indicate progress against each item (Appendix A) and the Board is asked to note the content of the updated plan.

In particular, the Board is asked to note progress in relation to the review of effective rostering within nursing as a component on focus on effective workforce utilisation. Internal audit took place in January 2020, the results of which were presented to the Audit Committee at its meeting on 23 January 2020 (Action 2). In addition, the Board is asked to note the continuing focus on recruitment of registered nurses within a challenging national landscape (Action 11).

In respect of Action 20, the Board is asked to note that the Scottish Parliament has passed legislation which gives the Scottish Public Services Ombudsman the role of Independent National Whistleblowing Officer (INWO). The legislation gives the Ombudsman new powers as the final stage in Whistleblowing complaints about how NHS services handle whistleblowing concerns, and to define Whistleblowing Complaints Principles and Standards. The Ombudsman, as INWO, has published the finalised National Whistleblowing Standards for NHS boards and other NHS providers. The INWO will be able to receive and handle whistleblowing concerns from July 2020.

A Whistleblowing Champion has been appointed to The State Hospital by Scottish Government, and commenced in this Non -Executive Director role on 1 February 2020.

4 RECOMMENDATION

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

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

MONITORING FORM

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

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

BLUEPRINT FUNCTION		ACTION	LEAD	ASSURANCE SYSTEM	TIMESCALE	PROGRESS
SETTING THE DIRECTION	1	Reconfirm the Board's strategic direction, and communicate this through the Strategy Map and development of strapline statement for corporate documents.	CEO	CMT	June 2019	**Completed:** Strapline finalised following hospital wide competition. Strategy Map reviewed as part of review of Corporate Objectives.
	2	Review of effective rostering system within nursing as component of focus on effective workforce utilization and safe staffing legislation.	Director of Nursing and AHPs	CMT	March 2020	**On Track**. Work is ongoing to ensure effective rostering is in place with the support of electronic systems. Currently testing SSTS eRostering module in one ward with a view to rolling this out wider. Restrictions on effective rostering remain due to fixed shift pattern; alternative, flexible shift pattern introduced for all new appointments to ward nursing posts. This has increased capacity and much more flexibility to support effective rostering. Internal Audit are undertaking work in January to review preparedness for safe staffing legislation. **Update:** RSM undertook audit 6th to 10th January 2020, results of which were presented to the January meeting of the Audit Committee. A range of actions linked to this

						point have been accepted and are being progressed.
	3	Development of more robust processes to compare planned and actual spend and to account for any variance.	Director of Finance & PM	CMT /Board	September 2019	**Completed:** Process in place- Planned and actual £ spend per budget line reviewed with each individual budget holder on a line-by-line basis from the 2019/20 mid-year 6-month reviews (30/9/19) – a summary of any significant or material variances is collated to be reported as appropriate.
HOLDING TO ACCOUNT	4	Ensure compliance with new national guidelines in management of Executive pay and performance through remuneration Committee approval for annual ESM pay and performance cycle.	Chair /Interim HR Director	Remuneration Committee	Ongoing	**On Track**
	5	Ensure implementation of attendance management policy through support from HR to line managers help identify and act upon patterns of absence. Continued implementation of the action plan developed through the Attendance Management Improvement Task Group (AMITG).	Interim HR Director	CMT	October 2019	**On Track.** Training for Line Managers and HR Managers implemented. Update presented on attendance management to each Board Meeting. AMITG paused to reflect action plan implemented and wider work plan.
	6	Implementation and compliance with Once for Scotland HR policies within TSH. Focus on policy awareness through completion of	Interim HR Director	Partnership Forum/CMT	December 2019	**On Track** – to align with roll out of the national guidance.

		metacompliance / staff bulletins/ staff training in Single Investigatory process.				
	7	Review performance framework and assurance information systems to support review of performance.	CEO	CMT	July 2019	**On Track -** Strategic Review of Performance underway with draft performance framework in development based on balanced scorecard approach of better health better care, better value and better workforce. Operational definitions for suggested KPI's being developed with associated data sources identified.
	8	Blueprint Improvement Plan to be placed on Board Workplan for review at each Board Meeting.	Chair	Board	June 2019	**Completed**
ASSESSING RISK	9	Further development of risk management with focus on risk register to ensure this is clearly defined with set of mitigating measures against each risk which also have a focus on improvement actions.	Director of Finance	Audit Committee / Board	December 2019	**On Track:** Underway through closer Risk Register monitoring and review process (managed by Risk Team Leader) and reporting to Risk Finance and Performance Group – All risk register items either now with action plan in place or underway. Board Workplan 2020 includes regular updates on Corporate Risk Register.

ENGAGING STAKEHOLDERS	10	Review and develop the Communications Strategy to include proactive engagement with aim of addressing dissonance between strategic aims of the hospital and public perception of these aims.	CEO	Board	March 2020	**Review of media strategy in progress:** with regular updates to the Board.
	11	Promotion of The State Hospital as an employer in the local area. Increase number of modern apprenticeships. Participate in local school careers events, local and university recruitment fairs	Interim HR Director	CMT	March 2020	**Ongoing** – engagement work commenced at university level to recruit new graduates to nursing posts. This was trialed in one University and plan is to roll out further for 2020 graduates. Further recruitment to take place early 2020 for registered nurses.
	12	Encourage carers / volunteers /staff / local population to attend public Board Meetings through additional promotion and links with local community.	Board Secretary	Board	September 2019	**On Track** – through promotion of external Board Meetings /Annual Review session in 2020.
	13	Hold two Board Meeting each year at external locations to promote role as national Board.	Board Secretary	Board	April 2020	**On Track** - Board Meeting 27 February in Lanark Memorial Hall, and can be evaluated to inform future planning.
	14	Annual Review - Public Meeting to be held outside of the hospital to help engage public engagement and attendance.	Board Secretary	Board	April 2020	Plan to be progressed as part of Annual Review planned expected summer 2020.
INFLUENCING CULTURE	15	Define culture in The State Hospital in terms of key strengths and	CEO	Board	December 2019	**Review in progress** – progressed in conjunction with response to Sturrock and Clinical Model

		weaknesses - take forward through development sessions				Review – Culture, Values & Behaviours, Leadership workstream led by CEO.
	16	Implement a Staff Recognition Scheme for long service as well as individual contribution to the organisation.	Interim HR Director	CMT	September 2019	**Completed**- first ceremony 24 October 2019.
	17	Embed a culture of quality across the organisation through initiatives such as TSH3030, Quality Forum and sharing our work more widely.	CEO	CMT	March 2020	**On Track** - QI Forum initiatives underway. TSH 3030 took place successfully in November 2019, with update to Board in December.
	18	Senior Management visibility through regular front line staff engagement meetings with CEO / Directors' Group - plan a calendar of events to ensure regular engagement.	CEO	CMT	July 2019	**On Track** - wider engagement across TSH – progressed in conjunction with response to Sturrock and Clinical Model Review.
	19	Senior Team / RMO presence at key events in hospital calendar e.g. patient learning awards/ sportsman dinner. Promote this through management structures.	CEO / Medical Director	CMT	September 2019	**On Track** -Coordination of central diary of events to help facilitate attendance.
	20	Link in with Scottish Government once appointment of the Independent National Whistleblowing Champion has been appointed.	CEO	Board	April 2020	**On Track** - appointment confirmed as Scottish Public Service Ombudsman at national level, and local appointment made to Board. National training event scheduled on 28 February.
	21	Plan a schedule of Non-Executive Director informal visits across TSH to help promote the values and behaviours of the organisation.	Chair	Board	August 2019	**On Track** - Schedule in place for patient and staff engagement

Board Report 20/14

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	27 February 2020
Agenda Reference:	Item No: 23
Sponsoring Director:	Finance & Performance Director
Author(s):	Risk Management Team Leader
Title of Report:	Corporate Risk Register – Very High/High risks
Purpose of Report:	To update Board on Very High or High risks featuring on the Corporate Risk Register

1 SITUATION

This paper is prepared to provide oversight to the Board of the high and very high risks featuring on the Corporate Risk Register and to provide assurance that these are being addressed.

2 BACKGROUND

This is the first Board report on Very High or High Corporate Risks that are currently recorded on the Corporate Risk Register. The Corporate Risk Register was presented to the Audit Committee in January and is also a standing agenda item on the quarterly Risk, Finance and Performance Committee.

3 ASSESSMENT

There are no Very high risks recorded on the Corporate Risk Register currently.

The 7 following risks are graded as High:

MD30 Failure to prevent/mitigate obesity
*SD51 Physical or electronic security failure
*SD53 Serious security breaches (eg escape, intruder, serious contraband)
ND70 Failure to utilise our resources to optimise excellent patient care and experience
*ND71 Failure to assess and manage the risk of aggression and violence effectively
FD97 Unmanaged smart telephones' access to The State Hospitals information and systems.
HRD111 Deliberate leaks of information

*target risk met

CE = Chief Executive
MD = Medical Director
SD = Security Director
ND = Nursing Director
FD = Finance Director
HRD = Human Resource Director

These High risks are reviewed by risk owners (Directors) monthly and have action plans in place to assist reduction to their target level. All other risks fall into the review cycle detailed below:

Low risk	6 monthly
Medium risk	Quarterly
High risk	Monthly
Very High	Monthly

Risk distribution of other risks are as follows:

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely			ND70	MD30, HR111	
Possible			CE12, SD50, SD54, ND72, ND73, FD91, FD93, FD94, FD95,	ND71, FD97	
Unlikely			MD33, MD35, SD55, FD90, FD96	MD34, SD52, HR112	SD51, SD53
Rare			CE13	MD32	CE10, CE11

4 RECOMMENDATION

Board members are invited to note the Corporate Risk Register Very High/High Risk report, and to consider whether any amendment or addition should be made resulting from discussion at today's meeting.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	N/A
Workforce Implications	N/A
Financial Implications	N/A
Route To Board Which groups were involved in contributing to the paper and recommendations.	Risk, Finance & Performance Group/ Corporate Management Team
Risk Assessment (Outline any significant risks and associated mitigation)	As per paper
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One ☑ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications , full DPIA included.

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	RA	AP	Monitoring Frequency
Corporate MD 30	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	31/03/20	Clinical Governance Committee	Y/Y	Y/Y	Monthly
Corporate SD 51	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Extreme x Unlikely	Extreme x Unlikely	Security Director	Security Director	31/03/20	Audit Committee	Y/Y	Y/Y	Monthly
Corporate SD 53	Service/Business Disruption	Serious security breaches (eg escape, intruder, serious contraband)	Extreme x Unlikely	Extreme x Unlikely	Extreme x Unlikely	Security Director	Security Director	31/03/20	Audit Committee	Y/Y	Y/Y	Monthly
Corporate ND 70	Service/Business Disruption	Failure to utilise our resources to optimise excellent patient care and experience	Moderate x Possible	Moderate x Likely	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	31/03/20	SMT	Y/Y	Y/Y	Monthly
Corporate ND 71	Health & Safety	Failure to assess and manage the risk of aggression and violence effectively	Major x Possible	Major x Possible	Major x Possible	Director of Nursing & AHP	Director of Nursing & AHP	31/03/20	SMT	Y/Y	Y/Y	Monthly
Corporate FD 97	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Major x Possible	Major x Unlikely	Finance and Performance Director	Head of eHealth	31/03/20	Information Governance Group & SMT	Y/Y	Y/Y	Monthly
Corporate HRD 111	Reputation	Deliberate leaks of information	Major x Possible	Major x Likely	Moderate x Unlikely	Interim HR Director	Interim HR Director	01/12/19	SMT	Y/Y	Y/N	Monthly

Actions from those not at target level

MD30 Failure to prevent/mitigate obesity

- Ongoing patient education and where appropriate restrictions/limits on additional food stuffs (snacks, takeaways, high energy food items and similar) being available out with meals in conjunction with 'Supporting Healthy choices' remit for those 'at high risk'.
- Planned hospital workshop in January 2020 to scope work and changes required.
- Review of cumulative effect of availability of food to patients and how this can be managed in a least restrictive manner to support patients physical health.

- Increased accessibility of physical activity opportunities for all patients daily – move to national physical activity targets (min 150 minutes vs. 90).
- Increased education and training for staff around physical health needs – identified key support staff (trained and assistant proposed) to follow on from health champion posts in 2020 across the site supporting physical health matters.
- Ongoing implementation and audit of health and Wellbeing plans for 100% patients updated monthly and discussed at CPA's.
- Initiation of 'counterweight plus' (VLCD plans) in 2020 to targeted patients.

ND70 Failure to utilise our resources to optimise excellent patient care and experience

- Recruitment to funded establishment
- Review of recruitment processes to streamline and minimise risks of gaps in workforce
- Review of roles and responsibilities regarding Nurse rostering and associated decision making
- Introduction of e-rostering platform
- Increase in staffing allocated to the nursing 'pool'
- Variation to shift pattern for new starts – 7.5 hour shift x 5 day
- Development of nursing element of workforce strategy
- Improved workforce information

FD97 Unmanaged smart telephones' access to The State Hospital information and systems.

- Monitoring of increased security aspects of new - awaiting evaluation

HRD111 – Deliberate leaks of information
No actions identified to reduce to target level – will be highlighted to risk owner.