



# **Annual Delivery Plan 2023/24**

**NHS Board: State Hospital**

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## INTRODUCTION

This Annual Delivery Plan (ADP) details high level priority actions that The State Hospitals Board for Scotland (TSH) will progress in year 2023/24. The ADP is part of the NHS Scotland planning framework and is aligned to the Medium Term Plan (MTP). The MTP describes the three-year planning cycle for the organisation though to 2026.

Linkage is made, as far as possible, with the Recovery Drivers, and the Care and Wellbeing Portfolio ambitions, as set out by the Scottish Government Health Department (SGHD) (Appendix A). Further alignment to this plan may be necessary following the publication of The Mental Health and Wellbeing Strategy for Scotland later this year.

TSH is the national high security forensic mental healthcare provider for Scotland and Northern Ireland. The organisation provides specialist individualised assessment, treatment and care in conditions of high security for male patients with major mental disorders and intellectual disabilities. The patients, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting. Working closely with partners in the Forensic Network for Scotland, the organisation is recognised for high standards of care, treatment, innovative research and education.

The vision of TSH is to:

- excel in the provision of high secure forensic mental health care
- achieve positive patient outcomes
- ensure the safety of staff, visitors, patients and the general public
- strive to be an exemplar employer

The values of TSH are aligned with NHS Scotland:

- care and compassion
- dignity and respect
- openness, honesty and responsibility
- quality and team working

The twin aims of TSH are:

- the provision of a safe and secure environment that protects staff, patients and the general public
- the delivery of high quality, person centred, safe, effective care and treatment

In planning for the immediate term, the following success factors are identified as priorities:

- workforce sustainability, culture and organisational development
- clinical outcomes
- physical health and health inequalities
- financial sustainability
- data and evidence based decision making
- stakeholder and wider public trust and confidence in safety and security
- staff satisfaction

The ADP incorporates national priorities requested by the Mental Health Directorate (sponsor team), SGHD priorities, alongside internal organisational planning priorities, into a year one plan.

**SECTION A: RECOVERY DRIVERS AND STATE HOSPITAL PRIORITIES****1 Mental Health**

The core clinical focus of TSH is to deliver forensic mental health care as part of normal business. Oversight and governance of care and treatment metrics is monitored through the Clinical Governance Committee and onward to the Board. A summary of the clinical governance data and measures is contained within the MTP.

The following sections of this ADP are the combined and collective actions that TSH and the sponsor team consider as ongoing, additional or new to the 'business as usual' approach to mental health care and treatment within the organisation for the coming year.

<b>No.</b>	<b>Board Action</b>
<b>1.1</b>	<p data-bbox="256 622 1026 654"><b>The Mental Health and Wellbeing Strategy for Scotland</b></p> <p data-bbox="256 689 1426 788">The Mental Health and Wellbeing Strategy for Scotland was published in June 2023. An accompanying delivery plan will be developed in due course. Any alignment required as a result of this plan will be factored into the MTP planning process.</p> <ul data-bbox="256 824 1394 922" style="list-style-type: none"> <li data-bbox="256 824 1394 922">• TSH will review the associated delivery plan to assess if there are further actions to align the organisational aims with those of the national direction for mental health in Scotland.</li> </ul>
<b>1.2</b>	<p data-bbox="256 958 1334 1025"><b>Forensic Mental Health in Scotland: New Strategic Planning and Governance Structure</b></p> <p data-bbox="256 1061 1426 1227">The Independent Review into the Delivery of Forensic Mental Health Services was published in February 2021. The review made 67 recommendations, including the creation of a new forensic NHS Board for Scotland. Following an extensive option appraisal process, it was agreed that a new Strategic Planning and Governance structure will be formed in 2023.</p> <p data-bbox="256 1263 1410 1496">TSH operates within a wider forensic system and connects with a range of partners across health, social work, criminal justice and independent advocacy. The landscape is complex; the creation of a collective approach should enable greater singular cohesion from a planning and delivery perspective. 'Once for Scotland' approaches could be applied to resolve longstanding issues such as bed capacity, transfer of patients from custody settings, women's service provision, and future changes resultant from the Mental Health Law Review (September 2022).</p> <ul data-bbox="256 1532 1394 1630" style="list-style-type: none"> <li data-bbox="256 1532 1394 1630">• TSH will actively collaborate in the design, structure, formation and delivery of the whole system new Strategic Planning and Governance structure for forensic mental health in 2023.</li> </ul>
<b>1.3</b>	<p data-bbox="256 1671 903 1702"><b>Health and Care (Staffing) (Scotland) Act 2019</b></p> <p data-bbox="256 1738 1401 1836">'The Act' aims to enable high quality care and improved outcomes for patients. It places duties on NHS Boards, care service providers, Healthcare Improvement Scotland, the Care Inspectorate and Scottish Ministers.</p> <p data-bbox="256 1872 1426 1971">For health settings, 'the Act' places a duty on NHS Boards to ensure appropriate numbers of staff and appropriate types of professions. All clinical staff, including staff who provide clinical advice are subject to the duties within 'the Act'.</p>

No.	Board Action
	<p>TSH has been identified as an Early Implementer of the safe staffing template to test out Chapters 5 and 8b of the legislation. Chapter 5 relates to “real time staffing” and risk escalation and Chapter 8b refers to “duty to ensure appropriate staffing”.</p> <p>The majority of actions will be implemented this year and in advance for the implementation date of April 2024</p> <ul style="list-style-type: none"> <li>TSH will collaborate with the Chief Nursing Officer, and associated directorates at Scottish Government, on the early implementation process. This will ensure that the duties outlined in ‘the Act’ are tested, reviewed and safely implemented in advance of April 2024.</li> </ul>
1.4	<p><b>Mental Health Workforce</b></p> <p>TSH has an agreed three-year workforce plan in place. The plan will require further update and review in line with nationally led changes to terms and conditions, e.g. the implementation of the 36 hour working week, protected learning time and Agenda for Change review.</p> <p>There is a Workforce Governance Group in place to manage workforce planning and monitoring. This is aligned to the national workforce planning pillars of: Plan, Attract, Train, Employ, and Nurture. Workforce supply remains a priority area for the organisation. Further workforce information is contained in section C of this plan which outlines delivery of the first year of the Workforce Plan.</p> <ul style="list-style-type: none"> <li>TSH will continue to recruit staff up to six months in advance of a vacancy, based on predicted turnover and age retiral. TSH will collaborate through the sponsor team on any national workforce related issues, including terms and conditions changes, and issues associated with alignment to ‘the duties’ placed on NHS Boards under ‘the Act’.</li> <li>Section C outlines the approach taken by TSH in response to the letter issued by Health Workforce Directorate on 16 May 23.</li> </ul>
1.5	<p><b>Mental Health Estate</b></p> <p>TSH is a relatively new purpose built environment designed for high security mental health care. A major estate refurbishment took place between 2009 and 2011 at a cost of circa £90m. (Appendix B)</p> <p>In the previous two years a number of estates programmes have been initiated to ensure the environment remains optimal. This includes the re-designation of the Family Centre into a dedicated Visitor Centre with outdoor gardens. All Modified Strong Rooms (MSRs) were upgraded in the last year to improve access and visualisation. Modifications associated with the Climate Emergency are noted separately in section 5 of this ADP.</p> <ul style="list-style-type: none"> <li>There is a need to develop a planned and preventative maintenance programme for the period 2023/26. This will be developed in quarter 3 and available for review in quarter 4 of 2023/24.</li> <li>There may be additional site modification proposals required to develop the environment. This would involve creating a more tailored and adapted environment for the sub specialty needs of patients. As funding for this is unlikely to be available through recurring capital allocation, a business case – in the early stages of development – is likely to be required for additional support. This will be considered as part of the capital planning programme, referred to in Section B.</li> </ul>
1.6	<p><b>Patient Experience</b></p>

No.	Board Action
	<p>TSH's public (patients) are with us for an average of 6.5 years, and some very much longer, and therefore are classed as internal stakeholders.</p> <p>It is important that patient experience is tailored based on individualised care, but that the overall experience of the hospital provides a constructive and therapeutic environment to support their recovery and onward progression. Feedback on patient experience is provided regularly to the Board.</p> <ul style="list-style-type: none"> <li>TSH will continue to actively engage with patients through the Patient Partnership Group (PPG) and work with patients, carers and families to ensure their individualised and collective needs are reflected in their clinical care. Executive and Non-Executive Directors will continue to attend the PPG to ensure that patient views are heard and acted upon.</li> <li>TSH will continue to work in collaboration with the independent Patient Advocacy Service, the Mental Welfare Commission for Scotland and external inspectorates using this multi-source feedback to improve on the overall experience for patients in high secure care.</li> </ul>
1.8	<p><b>Mental Health Equalities</b></p> <p>There is a Quality Improvement Framework for Trauma Informed Systems, Organisations and Workforce, expected in summer 2023.</p> <p>TSH has adopted a person-centred trauma informed and formulation driven approach to patient care. This includes focus on the delivery of staff education and support, including Trauma Awareness training which has resulted in 36 members of staff being trained to either Level 1 or Level 2 standard. Additionally, Palliative Care and Dementia training has resulted in 9 members of staff being trained in the delivery of care for a specific subset of our patient population. TSH is actively involved in a cross service working group developing guidance for transgender forensic patients.</p> <ul style="list-style-type: none"> <li>TSH will review the forthcoming publication and adapt the current approaches against the framework. A revised plan will be developed in the last quarter of 2023/24 or in line with timeline of the publication.</li> </ul>
1.9	<p><b>Realistic Medicine</b></p> <p>TSH continues to champion Realistic Medicine. There is a local plan covering two years aligned to the six commitments set out by Scottish Government. The Clinical Governance Group and Clinical Governance Committee receive updates on the plan from the Realistic Medicine Clinical Lead. The Executive Sponsorship is through the Medical Director. Further information is contained in section D of this ADP.</p> <ul style="list-style-type: none"> <li>TSH submitted an updated action plan to the sponsor team in Quarter 1, a six-month update is required at quarter 3. There may be additional work developed in this area aligned to the Value Based Healthcare approach. Further information is contained in section D of this ADP.</li> </ul>

## 2 Health Inequalities

There are two key aspects to outline with regard of Health Inequalities. The first relates to patient receiving care within TSH. Section 7 of this ADP addresses health inequalities for mental health inpatients at TSH.

Therefore, this section of the ADP will focus firstly on the interface issues between people in custody, and collaboration across health and custody. Secondly, demonstrate a commitment from the organisation in relation to the role TSH can play as an 'anchor institution' supporting the local community.

No.	Board Action
2.1	<p><b>Admissions and Transfer for Treatment Directions (TTD)</b></p> <p>There is a weekly patient pathway meeting. Patients will be placed on this once accepted whilst the legal processes around their admission are carried out. There is no waiting list for access to high secure care once a referral has been assessed and accepted.</p> <p>Urgent referrals are reviewed within 48 hours (if clinically appropriate) and a transfer arranged as soon as possible thereafter. Admissions are also received directly from court services and other NHS providers.</p> <p>A bi-monthly collated report is provided to the Board outlining admission and transfer numbers and includes any delays. Delays are generally incurred with transferring patients out from high secure to medium secure services in Scotland. Patients subject to a compulsory treatment order, compulsion order, compulsion order with a restriction order, hospital direction or TTD may appeal against their detention in conditions of excessive security to the Mental Health Tribunal for Scotland.</p> <p>The Forensic Network for Scotland issues a weekly bed statement incorporating high, medium and low secure providers. This information is shared with all forensic service providers and the sponsor team in Scottish Government.</p> <ul style="list-style-type: none"> <li>• TSH will continue to monitor bed usage and report on performance to the Board for oversight and governance. A quarterly report will now be included as part of the sponsorship meeting at each meeting.</li> <li>• Further improvement work within the forensic health system is likely to be led through the 'Collective Leadership Group' once formed.</li> <li>• Short, medium and long-term plans to improve capacity across the Forensic Estate have been developed by the Forensic Network and stakeholder and given to the sponsor team at SGHD.</li> </ul>
2.2	<p><b>Healthcare in Custody Settings</b></p> <p>A Strategic Leadership Group has been formed to enable resolution and improvements in some of the interfaces challenges between health care providers and custody providers across Scotland. There are three sub groups aligned to this process:</p> <ol style="list-style-type: none"> <li>1) Consistency: Raising the profile</li> <li>2) Access to Services: Rules, Regime and Responsibilities</li> <li>3) Target Operating Models.</li> </ol> <p>The current healthcare link on this process is the CEO of TSH.</p> <ul style="list-style-type: none"> <li>• All actions related to high secure mental health care identified through this process will actioned by TSH.</li> <li>• Collaboration and improvement work in this area will be led directly through Chief Executive Officers, The Forensic Network for Scotland, and the Strategic Leadership Group. This work is active and in progress.</li> </ul>
2.3	<p><b>Anchor Organisation</b></p> <p>The Health Foundation describes an anchor organisation as follows:</p>

No.	Board Action
	<p><i>'First developed in the US, the term anchor institution refers to large, typically non-profit public sector organisations whose long term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities'</i></p> <div data-bbox="371 387 1300 853"> <p><b>What makes the NHS an anchor institution?</b></p> <p>NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:</p> <ul style="list-style-type: none"> <li><b>Purchasing more locally and for social benefit</b> In England alone, the NHS spends £27bn every year on goods and services.</li> <li><b>Using buildings and spaces to support communities</b> The NHS occupies 8,253 sites across England on 6,500 hectares of land.</li> <li><b>Working more closely with local partners</b> The NHS can learn from others, spread good ideas and model civic responsibility.</li> <li><b>Reducing its environmental impact</b> The NHS is responsible for 40% of the public sector's carbon footprint.</li> <li><b>Widening access to quality work</b> The NHS is the UK's biggest employer, with 1.6 million staff.</li> </ul> <p>As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.</p> </div> <p>SGHD have issued guidance to support NHS Boards develop their Anchors strategic plan, and to outline the support that is currently being developed by Scottish Government and Public Health Scotland to help deliver this important workstream.</p> <p>TSH is a major employer within Lanarkshire. Approximately 80% of the workforce is from the Clydesdale, Cambuslang, Rutherglen, East Kilbride and Hamilton postcodes. The Workforce Directorate has recently engaged with local higher education establishments around career opportunities within TSH as an employer of choice. TSH will expand this outreach work to other educational establishments as well as local community forums in the coming months in accordance with the Board's agreed Recruitment Strategy.</p> <p>From a community wealth building perspective, TSH spent 73% of 3<sup>rd</sup> party spend last financial year with small and medium sized enterprises, with around 89% of that with Scottish SME's including other public bodies.</p> <ul style="list-style-type: none"> <li>• A strategic plan outlining TSH contribution to retaining wealth, employment and tackling the determinants of health inequalities will be produced by October 2023. This will build on the recently published guidance. It will be presented to the Board in December 2023, and reviewed by the sponsor team as part of the Quarter 4 performance review cycle. The governance route will be determined as part of the development process and is likely to be through either Staff Governance or Audit Committees</li> <li>• Monica Merson, Head of Planning and Performance has agreed to be the Anchors Lead for this workstream.</li> </ul>
2.4	<p><b>EQIA (Equality Impact Assessment)</b></p> <p>All policies within TSH are reviewed to assess if a full EQIA is required. Examples of work in this area are: Communications Strategy (EQIA approved January 2022), Pandemic Influenza Communications Strategy (EQIA approved July 2018 and reviewed / updated on 10 May 2023), Media Policy (EQIA approved March 2022), and External Website Maintenance and Development Policy (EQIA approved March 2022).</p>



### 3 Workforce

TSH developed a Workforce Plan for the period 2022/25. Section C outlines the approach taken by TSH in response to the letter issued by Health Workforce Directorate on 16 May 23.

The plan details the five pillars of workforce planning outlined in the National Workforce Strategy. TSH strives to be an exemplar employer; therefore, the development of a supportive culture that puts staff needs and wellbeing central to delivery is essential. This is reflected in the Staff & Volunteer Wellbeing Strategy and Action Plan. The Workforce Plan will be reviewed and updated in line with nationally led changes to terms and conditions such as the implementation of the 36 hour working week, protected learning time, review of nursing profiles and Agenda for Change review.

The oversight and governance of workforce related Key Performance Indicators is through the Staff Governance Committee.

No.	Board Action
3.1	<p><b>e-Rostering Implementation</b></p> <p>TSH has commenced the implementation process and roll out of e-roster. Aligned with the national schedule, TSH commenced this work in the last quarter of 2022/23.</p> <p>Preparedness for the introduction of 'the Act' (section 1.2) will include the use of this system and the 'real time staffing template'. This will be introduced in each clinical area. Clinical teams will also work on a self-assessment template. This will enable a Red, Amber, Green (RAG) status for each team which will be monitored and reviewed to provide assurance to the Board.</p> <p>By the end of Quarter 3, TSH will have concluded the testing and implementation phase and embedded e-roster into business as usual.</p> <ul style="list-style-type: none"> <li>TSH will update the sponsor team at each quarterly review meeting on the progress with full implementation of the e-roster system.</li> </ul>
3.2	<p><b>i-Matter, Staff Engagement and Wellbeing</b></p> <p>TSH are on target for completion of the iMatter schedule in 2023. The output from this process will be incorporated into the updated Staff Health and Wellbeing Strategy. TSH will continue to tailor staff engagement and feedback events based on the organisational development needs analysis. One of the challenges raised by clinical teams related to getting time off the ward. TSH has introduced a Pastoral and Wellbeing support team which has developed an operating model of ward 'outreach' to support staff in clinical areas, an example of this is the Coffee, Cake and Conversation outreach model which has been developed where wellbeing representatives attend the ward.</p> <p>A calendar of health and wellbeing activities is underway for 2023/24.</p> <ul style="list-style-type: none"> <li>TSH will update the sponsor team at Quarter 2 and 4 on the progress of staff engagement and wellbeing activity and the specific targeted approaches taken to address staff feedback.</li> </ul>
3.3	<p><b>Occupational Health Service</b></p> <p>TSH introduced a new Occupational Health Service (OH) provider in Quarter 1 2023/24. NHS Dumfries and Galloway were successful in their submission and were awarded the service through a tender process linked to a service level agreement (SLA).</p>

No.	Board Action
	<ul style="list-style-type: none"> <li>• A review of the service benefits and progress will be undertaken in Q3 to consider the service 6 months from commencement.</li> <li>• As part the new OH SLA, TSH will increase its provision of Physiotherapy and Health &amp; Safety expertise, employing these roles directly and making a saving from previous SLA.</li> <li>• Introduction of new triage service for staff and managers has commenced and this will be reviewed through the HR &amp; Wellbeing Group and the Workforce Governance Group.</li> <li>• Review of immunisation status' for all staff will be undertaken to ensure that the Board meet their responsibilities as set by the British Standards Institute (BSI).</li> <li>• Full implementation of IT system for appointing and recording health information including recall for appointments.</li> <li>• Development of key policies, for example exclusion and substance misuse.</li> <li>• Introduction of outreach approach by clinicians attending on the hospital site (OH office is currently out with the main site) to build relationships and promote the supportive nature of the service.</li> </ul>
3.4	<p><b>Recruitment and Retention</b></p> <p>TSH is acutely aware of the challenges associated with recruitment and retention.</p> <p>In order to develop the organisations profile, actions to widen the reach for potential new employees have been introduced. These actions include attendance at job fayres, attendance at Higher Education Institutions, recruitment fayres, rebranding of the TSH logo, increased use of social media, dedicated on-boarding support, a recruitment milestones process, and a six-month assessment of likely vacancies from turnover and age retiral.</p> <p>With regard to leavers, TSH have introduced a process on Microsoft forms that all leavers are asked to complete exit interviews in confidence using an easy to access QR code. The results of these questionnaires are shared by HR to the relevant Director for their information and action. The content of the feedback is closely monitored through the Workforce Governance Group.</p> <p>In terms of staff retention, an analysis of data of staff leaving TSH has revealed that we are at higher risk of losing staff within the first three years of their employment. In response to this there has been planned engagement including support, supervision and training for new staff to provide points of connection for staff to raise any issues.</p> <p>The Corporate Management Team have agreed an approach to over recruit at key points in the year to maximise recruitment opportunities.</p> <ul style="list-style-type: none"> <li>• The Board are reviewing the Recruitment and Retention Strategy to reflect the significant amount of work undertaken so far and are committed to future actions until 2025, aligned with the three year workforce plan. These include, diversifying social media presence, maximising opportunities through the new TSH website to showcase career opportunities, attendance at educational providers to ensure TSH is an employer of choice and specific community outreach using local media etc.</li> <li>• Consideration of apprenticeship placements, other routes to employment for example Annex 21 and ranging 'Employability' options.</li> <li>• The focus on retention has included developing on-boarding surveys, which are issued regularly during the first 12 months of employment for addressing any areas for improvement as well as celebrating success and sharing learning.</li> <li>• Additional areas of developing TSH as an employer of choice include the consideration of Active Travel opportunities, encouraging team development,</li> </ul>

No.	Board Action
	<p>flexibility in work patterns and work / life balance, minimising staff moves and enabling staff to achieve positive outcomes with patients through working within the New Clinical Model.</p> <ul style="list-style-type: none"> <li>• An agreed organisational approach to succession planning and enabling career development through encouragement of personal development review compliance</li> </ul> <p>Further information is contained at section C of this plan.</p>
3.5	<p><b>Attendance Management</b></p> <p>Attendance management is a key priority for TSH as part of the workforce plan. Since May 2022, sickness absence has increased organisationally from 5.09% to 8.27% in April 2023 the reasons for this being stress, anxiety, depression and musculoskeletal problems.</p> <p>Line managers are supported to ensure they are completing quality return to work interviews as soon as possible, training and guidance has been delivered to support this. Reasonable Adjustment guidance has been developed following sessions with the Business Disability Forum to ensure managers are meeting their legal duty to consider this when staff need accommodations to their role, to avoid unnecessary sickness absence. There is a strengthened process in place for temporary placements / assignments to be used for staff who need a short term post to either support their pregnancy or indeed to assist with their return to post from sick leave if there are restrictions in place regarding their phased return.</p> <p>The introduction of the new OH contract allows for triage to a psychologist and a physiotherapist which will continue to be case managed by the Lead OH practitioner to ensure plans are in place for a safe return to work. Joint working between, HR, OH and line managers will encourage more flexibility within the service to accommodate meaningful and supportive phased returns and consider reasonable adjustments to enable safe return to work. Where required this will also ensure there is a plan in place for staff who are absent on long term sickness for redress within appropriate timescales.</p> <p>Introduction of new Assistant HR Advisor role within HR will focus on manager compliance with the stages of the Attendance Management Policy and undertake focused analysis to identify further areas of support going forward.</p> <ul style="list-style-type: none"> <li>• A “Task and Finish” Group will be established to ensure the focus on supporting Managers and Staff during their absence. This group will consider what we have in place currently and requirements for the future. The group will report to the Workforce Governance Group, Corporate Management Team, and Partnership Forum and provide assurance reporting to the Staff Governance Committee.</li> <li>• Attendance management will be a focus of Directorate Performance Meetings where high absence rates are observed.</li> </ul>
3.6	<p><b>Organisational Development (OD)</b></p> <p>TSH have recognised the requirement for a dedicated full time OD Manager. The OD Manager will commence early June 2023 and key priorities will include the following.</p> <ul style="list-style-type: none"> <li>• Support for the implementation of the Clinical Model and consideration of OD Interventions.</li> <li>• Focus on the Staff and Volunteers Wellbeing Strategy.</li> <li>• Supporting development of key leadership skills.</li> <li>• Supporting the outputs of the ADP.</li> </ul>

No.	Board Action
	<ul style="list-style-type: none"> <li>• Manage and contribute to key projects to create effective development provision to achieve Board goals.</li> <li>• Close links with the Practice Development Team on areas such as Excellence in Care and consideration of the supporting the Safe Staffing Legislation.</li> </ul>

#### 4 Digital Services and Technology

There has been significant focus on developing the organisations digital and e-health function over the last three years. TSH remains fully committed to digital development and enablement.

There have been many benefits from adopting nationally procured systems such as the National Video Conferencing (used for patient and family virtual visits), e-rostering (under implementation), HEPMA (implemented), Microsoft 365 (ongoing), Tableau (implemented) and Near Me (implemented) for health centre consultations.

TSH has invested in a Business Intelligence Team who continue to develop an ambitious suite of dashboards to inform both clinical and managerial decision making. However, there is considerably more that can be done.

In Quarter 2 2023/24 TSH will finalise the Patient Digital Inclusion Options Appraisal. This offers an opportunity to explore the potential, scope, and limitations of Digital Inclusion as it relates to the care of patients. The key driver for this approach is the Digital Health and Care Strategy (Scottish Government and COSLA) which states:

*‘Our aim is to harness the power of digital services and technology within our healthcare services continues with the publications of Care in the Digital Age, Delivery Plan 2022-23, with a 2023-24 Plan following in April.’*

Other national programme deliverables relevant to TSH Patient Digital Inclusion ambitions include:

- the expansion of the use of Near Me for group treatment programmes in mental health and educational type interventions
- access to digital mental health therapies
- implementation of the ‘Digital Front Door’ to support access to health and social care services

Naturally, the national programme deliverables are focused on citizens across Scotland. However, TSH continues to focus efforts on the needs of patients in mental health settings, in particular in high secure care.

TSH ambitions are particularly informed by the reports ‘Supporting Communication and Technology Use in Mental Health Settings (2018 and updated in 2021): Communications and Technology Short Life Working Group (School of Forensic Mental Health and NHS Scotland Forensic Network). These two reports provide a detailed literature review, insights into patients and their carer’s experience of digital inclusion and a compelling case for change. Importantly, the reports highlight what is possible referring to the progress made in low and medium secure services in England. It makes a recommendation to Scottish Government to form a National IT group to provide a forum to:

- enable service representatives to stay up to date with new security risks from IT and communication devices
- consider the application of relevant legislation
- develop policy and guidance to ensure a consistent approach to technology use
- influence and support the integration of eHealth within secure services

- promote consistency and standardisation in the use of hardware/software across the estate
- link with National initiatives which may provide assistance to services (e.g. Connecting Scotland)
- define support required for patients to enable them to develop digital skills and knowledge of how to use the internet safely
- review staff training needs and develop proposals to address these

The Working Group's 2018 report suggested stratified levels of access, which for High Secure were:

- no personal devices
- access to safe email
- access to hosted digital service, restricted content for subscribers via a 'walled garden', and approved white site list on hospital devices
- controlled service access to Video Conference
- games consoles (not WI-FI enabled)

The 2018 and 2021 reports remain with the Scottish Government for a response.

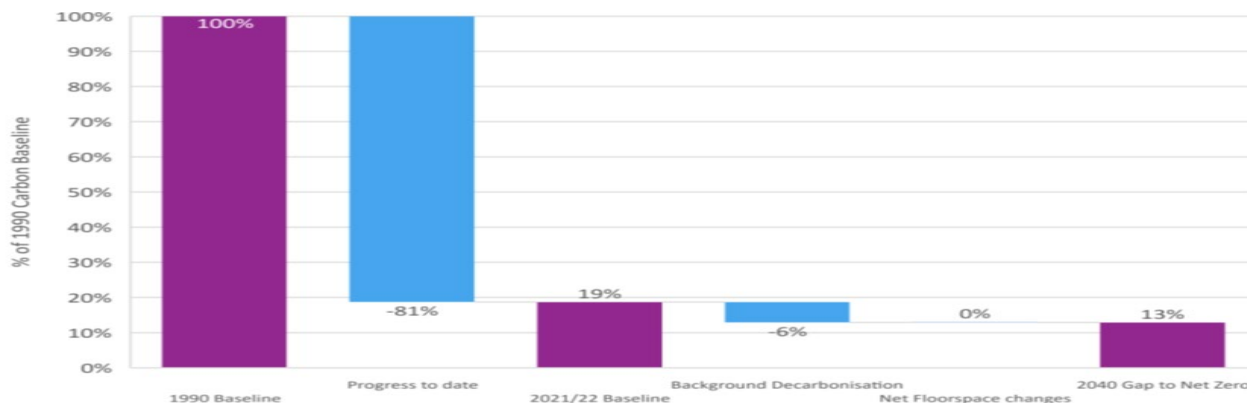
No.	Board Action
4.1	<p><b>Patient Digital Inclusion</b></p> <p>In Quarter 3 2023/24 TSH will have produced the Patient Digital Inclusion Options Appraisal. This report offers an opportunity to explore the potential, scope, and limitations of Digital Inclusion as it relates to the care of our patients.</p> <ul style="list-style-type: none"> <li>• Aim to have the report approved, in principle, through the Board in Quarter 3 of 2023. Review with sponsor team colleagues and try to encourage a decision on the inter-related 2018 and 2021 reports. The outcome can them be incorporated into the MTP. Discuss with sponsor team at Quarter 3.</li> </ul>
4.2	<p><b>TSH WIFI Network Upgrade</b></p> <p>In order to fully support digital innovation, there is a requirement to upgrade and expand the hospitals WIFI network. A business case will be developed and a capital request submission in 2023/24. This will secure the network capacity to fully take forward the Patient Digital Inclusion appraisal outcome.</p> <ul style="list-style-type: none"> <li>• A capital submission will be made to secure funding for the WIFI network in 2023/24.</li> </ul>
4.3	<p><b>Scottish Health Competent Authority – Network and Information Systems (NIS) Regulation Audit</b></p> <p>TSH have undertaken considerable work in relation to cyber security and the requirement associated with NIS. The organisation will participate in the NIS Regulation Audit process in 2023/24. The dates for the audit process are:</p> <ul style="list-style-type: none"> <li>– Onsite Audit: 05 June</li> <li>– Submission Deadline: 16 October</li> <li>– Staff Meetings: 22 November</li> <li>– Interim Report: 27 November</li> <li>– Management Meeting: 06 December</li> <li>– Final Report: 11 December</li> </ul> <ul style="list-style-type: none"> <li>• There is an active working group overseeing the action points relevant to NIS compliance.</li> </ul>

No.	Board Action
4.4	<p><b>Optimising M365</b></p> <p>Licencing for M365 is tightly managed by the e-health team within the TSH site.</p> <p>TSH is unable to take advantage of the M365 resource at present. There remains concern nationally around governance and back up and resolution is being sought.</p> <p>This issue is not preventing us from identifying our requirements and progressing with the design and layout of the new SharePoint site. TSH will use SharePoint to redevelop the intranet site. The project is at an early stage pending resources, governance approval and other necessary requirements.</p> <ul style="list-style-type: none"> <li>• Due to the current issues, it is difficult to provide an exact timeframe. However, the process overall is likely to take around 12-18 months.</li> </ul>
4.5	<p><b>Digital Maturity Exercise</b></p> <p>TSH are currently assessing our digital maturity as part of the Scottish Government / COSLA Health and Social Care Digital exercise. This provides guidance and questions enabling us to look at where we currently are and what changes are still required to achieve this. Digital maturity is not just about the systems and technology we use every day - it is about how we, as an organisation, use these systems to support and develop our staff, and to develop our skills and understanding in the digital workspace.</p> <p>Our digital maturity is embedded in our strategy and will be key to delivering this successfully. It is a gradual process of integration and implementation of organisational developments, beginning with our digital inclusion options appraisal in 2023/24 - and timetabled to be realised through this process. This will require investment in the tools and resources that can best leverage technology, and while these are pressured in the present financial climate, we are on track with the technology and systems presently in place.</p>
4.6	<p><b>General Data Protection Regulation (GDPR)</b></p> <p>TSH was inspected by the Information Commissioners Office in December 2022. The inspection reviewed Governance and Accountability, and Data Sharing. The organisation received an assurance rating of 'high'.</p>

## 5 Climate Emergency and Environment

TSH recognises the role it plays in NHS Scotland's approach to the climate emergency as set out in DL (2021) 38. The organisation has achieved its 2030 target of a 75% reduction from a 1990 baseline target.

There is considerable opportunity for TSH to reach the NET Zero target by 2040.



No.	Board Action
5.1	<p>NHS National Services Scotland procured a ‘Once for Scotland’ approach to provide analysis for all NHS Boards carbon management. TSH is awaiting the formal report from Jacobs (an external carbon management organisation) in order for further plan actions in support of decarbonisation. The report has been received in draft in late May and will be finalised by late June. Following finalisation of the report, the actions will be incorporated into the planning cycle and work stream of the TSH Climate Change and Sustainability Group.</p> <ul style="list-style-type: none"> <li>Further milestones will be developed once the external report is received and reviewed by the Sustainability Group</li> </ul> <p>Decarbonisation fleet: TSH have a relatively small fleet of vehicles, which consists of seven light commercial and two heavy vehicles. Of the seven light commercial vehicles two are electric, with the remaining five powered by fossil fuel. The Procurement Department are actively involved with assessing the most advantageous route for the replacement of four of these vehicles to further decarbonise the fleet. The two heavy vehicles are tractors used for site maintenance.</p> <ul style="list-style-type: none"> <li>TSH are currently developing a Transport Strategy that will include how the TSH Board will meet the 2025 targets for car/light commercial vehicles and 2032 target for heavy vehicles to decarbonise the fleet.</li> </ul>
5.2	<p>TSH have achieved the waste target in DL 2021 (38). As a Board, TSH continue to follow the waste hierarchy where practicable to continue to reduce emissions. When waste is created, the top priority is waste prevention, then reduction, recycling, recovery through energy from waste methods and finally disposal via landfill as the least preferred method.</p>
5.3	<p>Decarbonising heat will be the biggest challenge for the site to reach Net Zero.</p> <p>Improvements to building fabric and the heating network have helped to reduce thermal demand, therefore any further reduction in emissions will need to focus on generation assets.</p> <p>While the biomass boiler was installed in 2009, the LPG (Liquefied Petroleum Gas) boilers were only installed in 2017. If the site wishes to maximise the economic output of their assets, it is likely that the use of fossil fuels will continue for quite a number of years.</p> <p>Additional challenges include the high security nature of the site which mean that the design specification of the site meets standards that may not be required by any other Health Board in Scotland.</p>

No.	Board Action
	<p>Potential future use of green hydrogen in place of LPG being developed. This would not require major changes on site e.g. utilise existing tanks (installed in 2017) and burner head replacement required. Such systems could potentially utilise the existing low temperature heat networks only requiring a change out of generation assets. There is considerable space on site for both horizontal and vertical bore holes. An assessment of the geomorphology of the site is required to verify this.</p> <p>A backup system will still be required to provide redundancy for the site. That will most likely need to be a fluid fuel which can be stored onsite. Both bio-LPG and HVO (Hydro-treated Vegetable Oil) would be the most likely option, though as the biofuel market develops and grows, other options may become more viable.</p> <p>There is considerable space available for both solar and wind generation. TSH Climate Change and Sustainability Group will review actions associated with the potential development of renewable energy using these sources.</p> <p>The following actions will be taken forward to support decarbonisation in 2023/24.</p> <ul style="list-style-type: none"> <li>• LED (light-emitting diode) lighting for grounds has been purchased and due to be installed over the summer period.</li> <li>• Electric vehicles (EV) charging points: awaiting final commissioning certificates. KWH (kilowatt hour) charging rates to be determined, likely to be similar to existing electricity charges plus small amount to cover maintenance costs. TSH will provide advice on usage (not enforceable).</li> <li>• Bid submitted to 'switched on fleets' for further six external charging points, outcome expected in summer 2023.</li> <li>• Bid due to be submitted to the Scottish Central Government Energy Efficiency Grant Scheme for internal LED lighting by end Q1. Outcome expected in Q2, with spend by end 23/24.</li> </ul>
5.4	<p>NHS Scotland have introduced a new NHS Scotland Environmental Management System (EMS) provided by RiO in June 2021. Individuals at TSH have been given the relevant access rights and training for the system, and have commenced with the population of the EMS for the Board.</p> <ul style="list-style-type: none"> <li>• Reporting on the EMS is through the TSH Climate Change and Sustainability Group and is further reported into the Board and Scottish Government.</li> </ul>
5.5	<p>The geographic location of the site results in periodic extreme, sub-zero winter conditions, which are occurring with increasing frequency. Such weather events may prove to be a challenge for some low carbon heat technologies currently available in the market and may limit the opportunities available to the site.</p> <p>Furthermore, the rural location of TSH limits the opportunity of district heating systems.</p> <p>A climate change risk assessment has been completed in 2022/23.</p> <ul style="list-style-type: none"> <li>• The Climate Change Adaption Plan will be developed following the risk assessment to ensure resilience of service under changing climate conditions will be completed for Q4.</li> </ul>
5.6	<p>TSH has mapped the estate and has developed a biodiversity report in collaboration with other National NHS Boards.</p>
5.7	<p>TSH current patients are cared for in purpose built buildings with single occupancy bedrooms. There is no additional requirement for specialised ventilation systems.</p>



No.	Board Action

## 6 Security

The purpose of security in psychiatric care is to provide a safe and secure environment for patients, staff, volunteers and visitors which facilitates appropriate treatment for patients and protects the wider public.

All patients in TSH have been assessed as requiring high security care. As such, all areas within TSH are maintained at a level to meet the criteria set by the high security matrix.

The specific features of high security are categorised into three domains: physical, procedural, and relational. In addition to the measures in place across the site, all patients are subject to a range of security measures tailored to their clinical and risk evaluation needs and the stage of their treatment journey.

No.	Board Action
6.1	<p><b>TSH will complete the Perimeter Security and Enhanced Internal Systems Project in this current year.</b></p> <ul style="list-style-type: none"> <li>• Complete the overall project in the current year, and as soon as practicably possible.</li> <li>• Develop and implement an underpinning framework for the security systems and clinical security to support the Clinical Model (currently under implementation)</li> </ul>

## 7 Patient Physical Health

People with major mental illness and intellectual disabilities are at greater risk of poor physical health and premature mortality. Health inequalities for the patient population within TSH are extensive and major area of organisation focus.

From a 20 year follow up of former patients in TSH, it is known that this patient cohort died approximately 16 years earlier than the general population as a whole (Rees and Thomson, 2021). This is largely due to preventable physical health problems.

Within the wider forensic population (and for those who experience severe mental illness) the presence of persistent physical symptoms is higher than that of the general population. Individuals with severe mental illness experience higher rates of mortality and morbidity from cardiovascular diseases, respiratory diseases, genitourinary causes, digestive diseases, diabetes, and cancer (John et al, 2018).

In order to reduce this health inequality, it is crucial the patients are supported and encouraged to address their physical health needs.

The work of the Physical Health Steering Group and Supporting Healthy Choices Group focuses predominately on improving physical health outcomes. An action plan is in place. This is supplemented by a newly introduced Activity Oversight Group (August 2022) to actively monitor the amount of time patients spend on both physical and meaningful activity. The group meets monthly to review activity data and have taken a Quality Improvement (QI) approach. Nurse Practice Development also provide support for staff to develop nursing care plans with a focus on physical health monitoring for patients.

In October 2022 a full time health psychologist was recruited at TSH, adding to the commitment to improve the physical health of patients. The health psychology role aims to support patients to improve physical health and wellbeing through psychologically informed health care; indirectly through work with staff and also by delivering direct health psychological care to patients.

TSH has several Key Performance Indicator's (KPI) to provide assurance on patient physical health. These are:

- patients will be offered an annual physical health review: Target 90%
- patients will be engaged in off hub activity: Target 90%
- patients will be undertake 150 minutes of exercise each week: Target 60%
- patients will have a Healthy BMI: Target 25%
- performance against target is monitored monthly and reported to the Board quarterly

The KPI's are reviewed annually to ensure they are contemporary. The off hub activity centre's KPI will be redeveloped in 2023/24 to reflect changes on the clinical model and improvements in TSH ability to track individual patient activity.

No.	Board Action
7.1	<p><b>Physical Health Needs</b></p> <p>Physical health and supporting healthy choices is a key priority of TSH. It is of equal importance and priority to mental health support needs within the organisation. The key priority is to incrementally improve the physical health of patients, educate on the determinants of ill health and lifestyle choices.</p> <ul style="list-style-type: none"> <li>• An update will be provided in Quarters 2 and 4 in relation to progress and delivery of this key ambition.</li> </ul>
7.2	<p><b>Physical Health Support</b></p> <p>TSH has a bespoke service for physical health support, including an onsite health centre incorporating a dental suite. Regular GP services are provided through a SLA with a local GP. Full primary care facilities are available, annual health checks undertaken and screening programmes are carried out.</p> <ul style="list-style-type: none"> <li>• TSH will continue to undertake annual health checks on all patients, including screening programmes for eligible patients. The KPI's are reported to the Clinical Governance Committee.</li> </ul>
7.3	<p><b>Psychologically informed physical health care</b></p> <p>The aim is to lead in fostering an environment which uses available evidence while also taking account of competing demands so that patients and staff are supported and enabled to promote good physical health at every available opportunity and intervention.</p>
7.4	<p><b>Indirect interventions for physical health</b></p> <p>The health psychologist will assist patients with their physical health indirectly through providing support to the staff that they work with across the hospital. This includes a number of activities and interventions that aim to enable staff to effectively support their patients with psychological and emotional aspects of physical health. This includes teaching and training, consultation and coaching/supervision.</p>

<b>7.5</b>	<p><b>Direct Psychological Interventions</b></p> <p>The health psychologist will carry a small individual caseload and will provide input to different areas of the weight management pathway by developing a robust, interlinked range of psychologically informed interventions to be delivered by multi-disciplinary professionals.</p>
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## 8 Patient Pathways

<b>No.</b>	<b>Board Action</b>
<b>8.1</b>	<p><b>Clinical Model</b></p> <p>The Clinical Model describes how clinical care is structured and delivered at TSH. With a focus on providing tailored and individualised approaches to delivery of mental health care, work on the Clinical Model was paused during Covid and has since restarted in 2022.</p> <p>TSH Board approved a Project Initiation Document in June 2022 to progress with the project. The Clinical Model had been developed to provide an enhanced treatment environment with a focus on recovery.</p> <p>There are four sub specialties within the model:</p> <ol style="list-style-type: none"> <li>1) Admission and Assessment</li> <li>2) Treatment and Recovery</li> <li>3) Transitions</li> <li>4) Intellectual Disability.</li> </ol> <ul style="list-style-type: none"> <li>• The project implementation will be completed by end Q1 with stand up of the four clinical sub speciality services expected by end Q2. Ongoing monitoring of the clinical guidance will take place throughout the year to assess the effectiveness of the model both in terms of patient and staff satisfaction and in terms of risk management.</li> <li>• An external evaluation has been commissioned to assess the project outcomes and impacts against its stated objective.</li> </ul>
<b>8.2</b>	<p><b>Scottish Patient Safety Programme</b></p> <p>In response to the Scottish Patient Safety Programme national framework 'From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care' published in 2019 TSH has developed and consulted on a new Clinical Care policy. This is a way of caring for patients to meet their individual needs based on immediate identified risks.</p> <ul style="list-style-type: none"> <li>• In 2023/24 an implementation plan will be developed to support the rollout of the policy over Q2 4 using Quality Improvement methodology. It is expected that this new way of working will result in further minor revisions to the policy to ensure it is fit for purpose across each of the service areas (i.e. Admissions, Treatment and Recovery, Transitions, and Intellectual Disabilities).</li> </ul>
<b>8.3</b>	<p><b>Visitor Experience</b></p> <p>The Family Centre was redeveloped and upgraded in to a central Visiting Centre in 2022/23. An evaluation process of visitor experience will take place in quarter 3 of this year. This will include engagement with carers and families.</p>

No.	Board Action
8.4	<p data-bbox="256 185 564 219"><b>Daytime Confinement</b></p> <p data-bbox="256 219 1401 488">As part of the restrictions required to keep patients safe during the Covid pandemic, a change to clinical practice for infection prevention and control purposes was introduced. This approach was to isolate patients in their rooms, however this is not considered clinically acceptable in normal practice. It also runs the risk of being considered as an element of Type 2 seclusion when the patient has not activity chosen this. Due to national recruitment challenges, this approach continues to be utilised at times. Reducing the use of 'daytime confinement' to a never event is an organisational priority for 2023/24.</p> <p data-bbox="256 521 341 555">Action</p> <p data-bbox="256 555 1385 656">A short life working group will be established in Q1 with an aim to have ensured a sustainable model is in place to prevent 'daytime confinement' as much as possible by Q4</p>

**SECTION B: FINANCE AND SUSTAINABILITY**

The draft base budgets have been established, with forecasts provided to Scottish Government for 2023/24, 2024/25 and 2025/26. The baseline for the three-year period shows a small overspend (approx. 1%) in 2023/24 – arising from the key risks and pressures noted below.

While it is anticipated that the energy cost pressures may diminish beyond 2023/24 into the next period, the pressures from essential additional staff posts will continue on a permanent basis. This could also be subject to change once there is notification of 2023/24 pay circulars from Scottish Government.

Key risks for the forthcoming period have been identified as:

- energy costs (potential £550k increase)
- additional essential operational posts required (potential £300k)
- costs of enhancing and strengthening essential digital innovation and inclusion (£ tbc)

Other pressures highlighted are:

- Workforce Plan Numbers and Skill mix - due in part to the fall in staff turnover, it has not yet been fully possible to achieve the planned workforce. The issues relate mainly to nursing costs. The full workforce plan aligned to the clinical service delivery model and safe staffing legislation is under review, to link with the review of the Clinical Model.
- Pressure from any unfunded element of increased payroll costs that are not met centrally
- Payroll impact continuing from the 2019 outcome of the legal case “Locke vs British Gas” and the potential liability for additional shift payments required
- Potential increases in rates
- A number of costs associated with the hospital estate upkeep / backlog maintenance programme, all monitored closely and outturns adjusted accordingly. Ongoing evaluation of this impact over the coming years is assessed for budgetary pressures to be controlled
- The requirement for the National Boards to provide additional savings of £15m on a recurring basis in 2023/24 and beyond
- A savings plan around the workforce, capital charges and supplies may need to be extended if the on-going costs of the new Clinical Model (currently at the implementation stage) are more than forecast
- Also year on year, it gets harder to identify workforce savings without affecting patient care or security. The staffing costs for TSH are 84% of the total revenue budget. If plans fall behind the financial balance could be at risk unless other non-pay savings can be found
- The lack of any increase in capital funding potentially leaves equipment replacement at risk, as the allocation will require close control and review to be able to cover any major equipment replacement programmes

The capital resource budget has been set with agreed priorities for 2023/24, from discussion through the hospital’s Capital Group and Corporate Management Team and is expected to be fully utilised. We are now also looking at capital demands for 2024/25 and beyond. The allocation for 2022/23 was fully utilised, including additional priority funding agreed specifically regarding security work required on the MSRs and the Hospital’s main key safes, and other essential approved spending as part of the national support for backlog maintenance work.

**SECTION C: WORKFORCE**

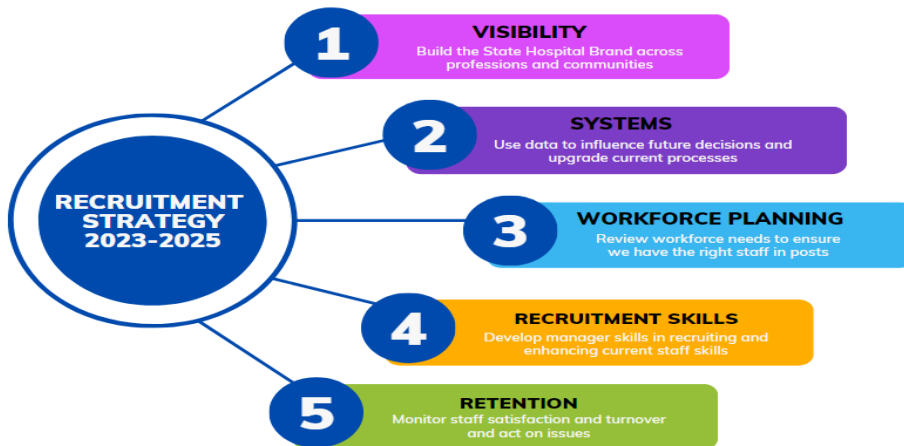
TSH Workforce Plan for the period 2022 – 2025 details the Five Pillars of Workforce Planning outlined within the National Workforce Strategy, these are:

- 1) Plan
- 2) Attract
- 3) Train
- 4) Employ
- 5) Nurture

The National Strategy details that these should be the basis for action to secure sufficient workforce to meet both short term recovery and medium term growth and transformation in our services and workforce. Therefore, detailed below is progress towards actions achieved in year 1 2022/23 of the plan and outlines proposed work within each of the areas.

**1) Attract**

TSH have developed a Recruitment Strategy and Action Plan in June 2022 to meet the organisational objectives of recruiting and retaining an effective and modern workforce. The purpose is to ensure that we recruit the right people, in the right place at the right time. This strategy is not only aimed at attracting new / returning staff but also those who are under schemes developed to provide routes to employment. A Short Life Working Group has been established to update this Strategy with an additional emphasis on retention and marketing TSH as a great place to work. This is due to be approved in June 2023.



In order to develop the organisations profile, actions to widen the reach for potential new employees have been introduced.

These actions include:

- Attendance at job fayres
- Rebranding of the logo / brand for TSH
- Increased use of social media

Further local work is required to analyse positive response rates for roles, where we are attracting candidates from and maximising good practice. For example the table below demonstrates the top ten places where candidates who applied for roles, discovered our adverts

Advert Source	Candidates who applied Count	Advert Source	Candidates who applied Count
Indeed	422	LinkedIn	103
NHS Scotland Website	320	NHS Intranet	91
Candidate did not disclose	281	Google	59
Word of mouth	125	Other	51
NHS Internal Job	112	Facebook	47

Using Social Media within TSH is in its infancy however we will continue to monitor its usage to ensure we are utilising this as widely as possible. Analysis of data has revealed that TSH has run a similar number of recruitment adverts in 22/23 compared to 21/22.

Year	No of Adverts/Campaigns	No of Posts to be Filled
20/21	53	77
21/22	92	164
22/23	89	153

TSH has also prioritised retention of staff within the strategy and will continue to develop this strand of work in 2023/24. Current progress has been the development of the on-boarding process and induction programme for all new employees. All members of staff who have either change roles or are new to the Board will be contacted at three, six and twelve months to check in on their experiences to date.

With regard to leavers, TSH have introduced a process on MS forms that all leavers are asked to complete exit interviews in confidence using an easy to access QR code. This has proven successful where the levels of input has increased and those leaving the organisation making contact to give their feedback.

### Anchor Organisation

As an Anchor Organisation TSH aims to be an employer of choice and is reflective of the Community. This will form part of our Recruitment & Retention Action Plan, ensuring that we maximise local opportunities.

This includes consideration of the following:

- Location
- Transport Links
- Links with Schools and HEI to look at opportunities for development of future staffing

## 2) Train

TSH has a strong focus on staff wellbeing, career development, and adhering to staff governance standards to maintain a skilled and motivated workforce that feels valued and is equipped to deliver high quality services and care. TSH is committed to supporting the training and ongoing development of all staff, and a key component of this plan is the provision of education and learning to help train and develop staff at all stages of their employment.

### Nurse Practice Development

The Nurse Practice Development Team lead a number of key projects, working closely with organisational development, learning, training and development and the education and development of nursing staff within TSH. These projects are ongoing from 2022/23 into 2023/24 and include:

- Following recent consultation, embed the new clinical care policy into practice and ensure its alignment with the revised clinical model structure.
- Continue to work with colleagues from NHS Education Scotland to undertake a pathfinding project to explore and develop a framework for the delivery of a sustainable model for the delivery of nursing clinical supervision.
- Development of a peer support network that will consist of both clinical and non-clinical peer support workers throughout the organisation. Since the start of 2023 there have been three separate training sessions delivered, with a total of 18 staff now trained as peer support workers. There is a further training date scheduled for June.
- Development of specialist dementia training skill with delivery to 26 nursing staff and seven multidisciplinary team members over six bespoke sessions, and trained nine nursing staff with palliative care and dementia.
- Review the current nursing induction process (including secondary induction) with the dual aim of streamlining processes whilst also increasing the number of inductions carried out each year
- Work to increase delivery of nursing assessment and care planning.

### **Corporate Training Plan**

TSH delivers on a broad range of training and development activities through the annual Corporate Training Plan. This includes a focus on:

- Core statutory and mandatory training - including training on fire safety, health and safety, infection control, information governance, PMVA, equality diversity and rights, safeguarding, security, suicide awareness and prevention, and workplace first aid.
- Clinical practice - including training on autism, epilepsy, food, fluid and nutrition, intellectual disability, physical health and health improvement, relational approaches to care, Talking Mats, and trauma informed care.
- Leadership and management development - with an emphasis on coaching, leadership skills, management essentials and people management skills.
- Practice development - including training relating to clinical supervision, excellence in care, improving observation practice, key worker development, Flying Start and New to Forensics.
- Psychological Therapies - including training on CBT for psychosis, low intensity psychological therapy, life minus violence therapy, MBT, personality disorder risk assessment, positive behaviour support, trauma & PTSD, violence risk assessment and management, and external supervision for staff delivering psychological therapy programmes.
- Quality Improvement - including training on feedback & complaints, QI essentials and realistic medicine.
- Records management and data protection training – including DPIA training, and training on effective records management and record keeping.
- Risk and resilience - including incident command training, comms officer training, 'Golden Hour' training, and multi-agency incident response training.
- Technology and digital skills - including training to support the implementation and rollout of eRostering, and training on key IT systems including Datix, eESS manager and employee self-service, HEPMA, Tableau dashboard and RiO.
- Workplace wellbeing - including training on leadership for mentally healthy workplaces, mental health first aid, psychological safety, and peer support training.
- Whistleblowing - with a focus on ongoing roll-out of the INWO Whistleblowing Standards online training programme.
- Bursary scheme - to support staff undertaking further education.

A total of £81,308 has been allocated from the Corporate Training Budget to support delivery of corporate training for 2023/24.

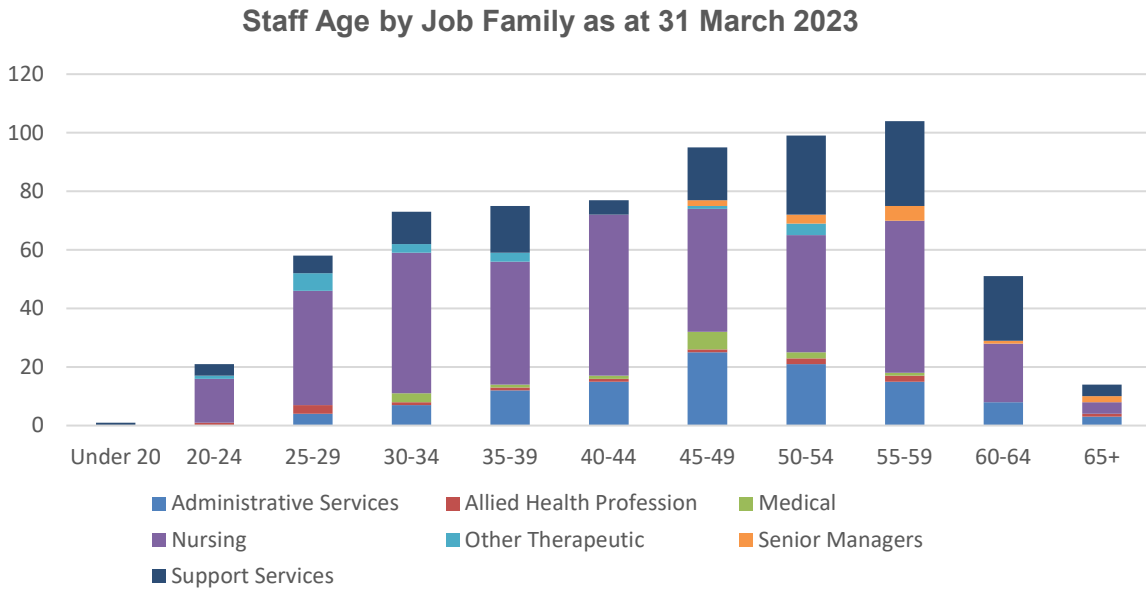
In 2022/23 TSH achieved its targets for both statutory and mandatory training, 94.2% compliance for statutory training and 85.9% compliance for mandatory training against an 80% target. The compliance rates have been progressing in an upwards trajectory since September 2021.



### 3) Employ

Staff are TSH greatest asset and resource, 84% of TSH budget is committed to staff costs. Delivery of high quality care is dependent on recruiting a workforce who are skilled and retaining their skills to ensure we meet patient care needs.

The chart below demonstrates the age range of TSH employees and associated job families.

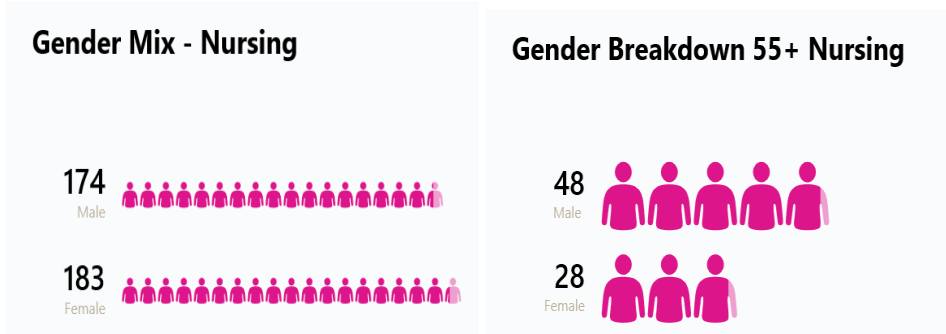


There is a slight reduction in all staff numbers in the 50 to 65+ category by ten and an increase in the age under 20 to 49.

Within the Nursing staff group, we are seeing higher levels of staff returning to join the Supplementary Staffing Register once retiring. The number of 50+ employees has reduced by 14 and we are seeing an increase in staffing under 49.

#### Gender Mix

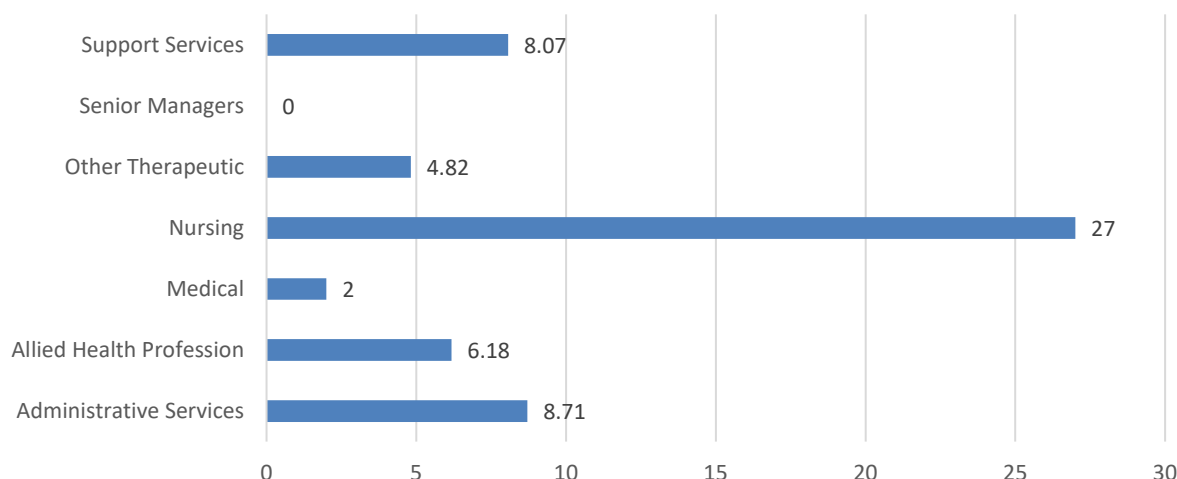
Gender mix in nursing staff is a consideration in resource allocation. Current gender distribution for nursing staff is below for information.



#### Turnover

Turnover in 2022/23 was 70 staff, 56.78 WTE. For Nursing there was 31 leavers, 27 WTE. Work continues on the area of retention within our updated Recruitment & Retention Strategy.

## Turnover WTE 2022/23



### Recruitment

It is essential that TSH support staff through the employment process. This ensures a welcoming introduction to TSH and provides a consistent and robust process. In 2022/23 a series of KPI's were developed to track the performance of the recruitment process. These are reported monthly to the Workforce Governance Group. TSH also fully embraced Job Train as the platform for recruitment, ensuring that each manager now utilises this platform to fill vacancies.

Key vacancies have been secured in year. TSH has stabilised its infection control resource through the recruitment to the role of the Infection Control Facilitator. This resource will be embedded permanently into organisation's resilience approach. Proactive recruitment has also taken place in roles where there is a known turn over. Challenges continue to exist in filling Nursing Band 5 vacancies and TSH have reviewed skill mix of teams to balance potential shortfalls.

TSH is committed to developing apprenticeship programmes to assist in balancing our ageing workforce and help attract more staff into a career within the NHS. There is one Modern apprentice currently in post in the organisation. There is commitment to providing two modern apprenticeship placements within nursing per year, and opportunities for future expansion of apprenticeship programmes within the organisation will be actively explored.

### 4) Nurture

TSH is committed to providing a healthy working environment which promotes and protects the physical and mental wellbeing of its employees. A tiered support model has been adopted based on the principles of Psychological First Aid (i.e. Care, Protect, Comfort, Support, Provide, Connect, and Educate).

Our workforce is the most valuable asset and therefore we will continue to ensure that individuals are fully supported in the pivotal roles of maintaining safety and security whilst delivering front line care to patients in sometimes challenging and complex circumstances. A permanent Wellbeing Centre has been in place since October 2020. This provides a space for both Staff and Volunteers to relax and recuperate.

Support offered over 2022/23 includes:

- Programmed targeted information sessions e.g. women and men's health weeks, activity challenges which engaged over 50 staff members, credit union, creative writing and outreach 'Coffee, Cake and Conversation' which engaged 123 staff over 9 events.
- Support for all Staff and Volunteers to access the Wellbeing Centre for specific wellbeing events e.g. workplace massage therapy.

- Direct peer support with 16 staff trained in 2023.
- Pastoral support via Staff Care Specialist, information events, signposting, listening spaces or coaching. Pastoral care have provided support for 56 referrals.
- Provision of targeted interventions linked to existing priority work streams (e.g. trauma informed care and psychological safety) specifically aimed at enhancing line manager capability in relation to Staff wellbeing and support. e.g. 20 managers have been trained in Supporting a Mentally Healthy Workplace

A three-year Staff & Volunteer Wellbeing Strategy and Action Plan has also been developed and approved at the Board in April 2022. This Strategy is for all Staff, Volunteers and any colleagues who work for TSH. The Strategy focuses its efforts in eight areas: mental health, environmental, financial, personal growth and development, physical health, social, spiritual and occupational. It encompasses the work of Healthy Working Lives as well as any wellbeing work across the organisation.

The Strategy and Action Plan will undergo scrutiny through evaluation using local data, set KPI's and feedback from stakeholders.

Over the course of the next three years, implementation will involve ensuring support at the following levels:

- Self-help, providing resources and signposting staff.
- Peer, offering advice and opportunities for staff to access one-to-one or group support.
- Line management, ensuring appropriate training opportunities are available for our managers.
- Organisational, making the links with the relevant organisational and national groups to ensure our approach is inclusive, comprehensive and encompassing.

TSH will continue to encourage feedback through iMatter questionnaires and the completion of Action Plans by each Team. "What Matters to you" was carried out in 2022/23 and will continue to be asked on an annual basis to ascertain what additional supports can be put in place for all staff and volunteers.

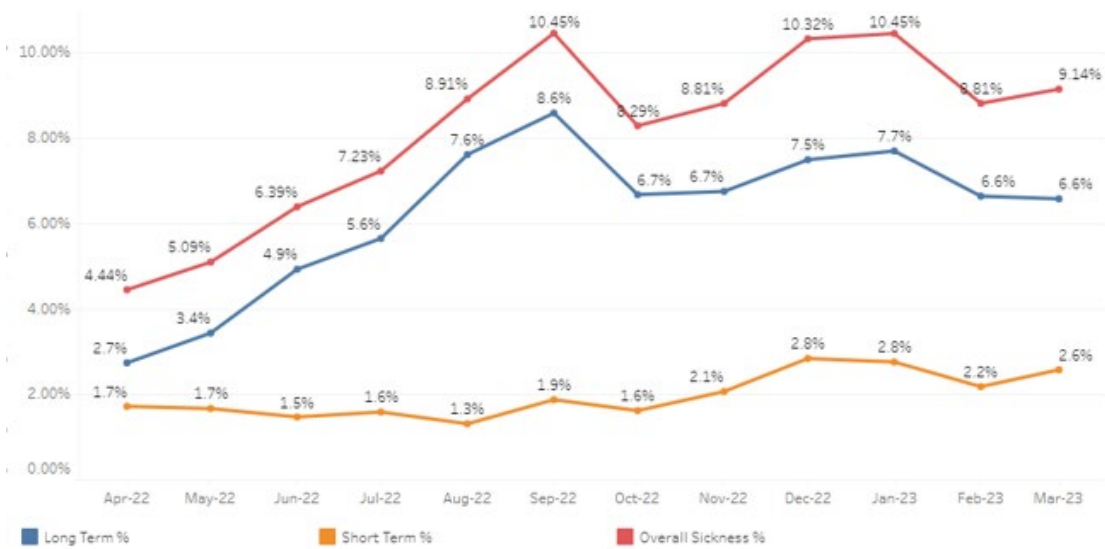
The SPSO (Scottish Public Services Ombudsman) developed a model procedure for handling whistleblowing concerns raised by staff and others delivering NHS services and this was formally published on 1 April 2021. The Independent National Whistleblowing Office (INWO) provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing case. For NHS Scotland staff, these form a 'Once for Scotland' approach to Whistleblowing. As part of the Whistleblowing Standard, a quarterly update is provided to the Board on the current situation with any outstanding Whistleblowing Investigations. An Annual Report is also produced and a copy is also sent to the INWO for their information.

### **Attendance Management**

Attendance management continue to be challenge within TSH. The figures below demonstrate an upward trend, with 2022/23 saw an overall increase in our Sickness Absence

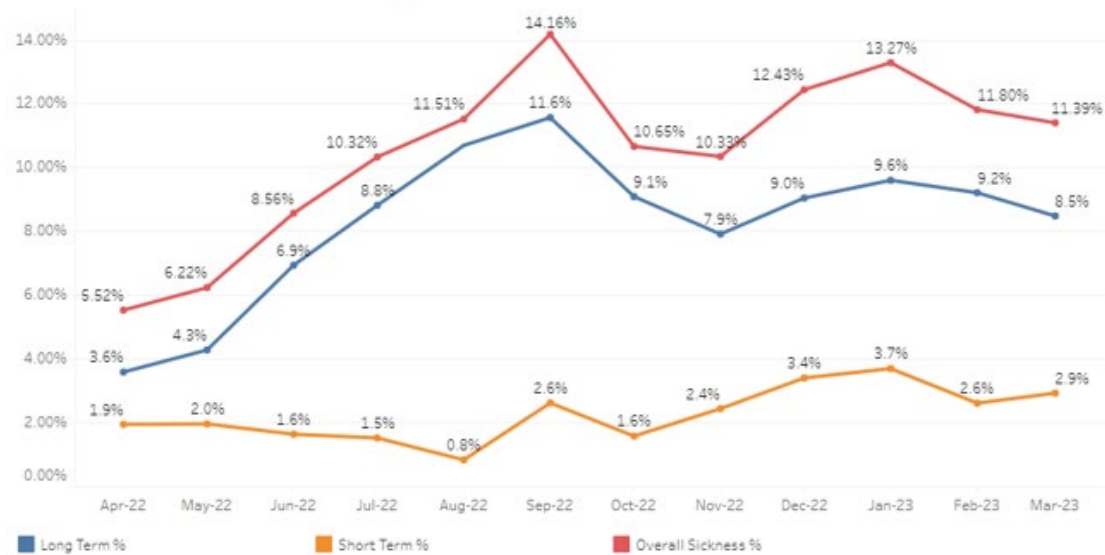
### **Sickness Absence**

Sickness Absence 12 Month Rolling To: March 2023



**Nursing Staff**

Sickness Absence 12 Month Rolling To: March 2023



Sickness Absence for Nursing Staff has also increased and work will continue on improving the support to all nursing staff with an overall 2% reduction request during Performance Reviews on a quarterly basis.

**Actions for 2023/24 include:**

- A Task and Finish Group has been established to develop and action plan to support absence management.
- TSH have engaged a new Occupational Health Service, which will support staff health and on return to work.

**SECTION D: VALUE BASED HEALTH AND CARE**

Realistic Medicine (RM) is the Scottish Government's approach to delivering Value Based Health and Care (VBH&C) in Scotland. VBH&C is defined as "the delivery of better outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of available resources". VBH&C is based on the primary principle of person-centred care - care that is not only high in quality but also delivers the outcomes and experiences that really matter to people, defined by and reported by them. In addition, VBH&C seeks to reduce the waste, harm and unwarranted variation that exist across our health and care system. The equitable distribution of resources is key to delivering VBH&C. It is by practising RM that we will deliver VBH&C

TSH continue to champion RM, and Value Based Health & Care. The TSH RM action plan for 2023/24 was submitted to Scottish Government in May 2023. It demonstrates the commitment of the organisation to delivering VBH&C via the RM principles and provides the mechanism through which progress towards this aim is measured and monitored. The action plan has a renewed focus on specific projects relevant to the RM principles. Each project has also been aligned with the relevant VBH&C commitment from the Scottish Government's VBH&C action plan – set out below:

- 1) Continue to promote RM as the way to deliver Value Based Health & Care.
- 2) Promote the measurement of outcomes that matter to the people we care for and explore how we can ensure a coordinated approach to their development and implementation.
- 3) Continue to support the development of tools that enable health and care colleagues to seek out and eliminate unwarranted variation in access to healthcare, treatment, and outcomes.
- 4) Continue to build a community of practice and a culture of stewardship across Scotland.
- 5) Support delivery of sustainable care in line with the [NHS Scotland climate emergency and sustainability strategy](#) by reducing waste and harm.
- 6) Continue to engage with the public to promote understanding of RM and VBH&C and its benefits for Scotland. We will also work to empower people to be equal partners in their care, through shared decision making enabling self-management, and promoting health literacy and healthy lifestyle choices.

TSH action plan builds on these commitments and sets out the action we will take to deliver on them. It is hoped this provides a more accessible and meaningful plan for the staff of TSH and the wider group of stakeholders who will access it.

## **SECTION E: INTEGRATION**

Through the National Directors of Planning Group TSH is supporting and participating in an integrated approach to recovery and delivery planning across NHS Scotland. We will share the content and focus of our annual and medium term plans as a collective group of national Boards, with the intention of identifying any key activities or projects that would benefit from wider collaboration.

The ADP and MTP will be circulated to the following stakeholders in advance of completion for feedback. They will also receive final versions.

- NHS Greater Glasgow and Clyde Forensic Services Manager
- NHS Lothian Planning Manager
- NHS Lanarkshire Planning Manager
- Patient Advocacy Service
- Mental Welfare Commission
- Scottish Government Sponsor Team
- Forensic Network, Scotland
- Internal Stakeholder Session
- PPG will receive a presentation on the plan

## **SECTION F: OTHER PROGRAMMES**

### **Resilience, Risk and Business Continuity**

TSH, although not a Category 1 or 2 Responder, awaits the outcome of the 'Preparing for Emergencies Guidance Review' and will work with SGHD colleagues to ensure compliance where appropriate.

#### **Level 3 Plans**

TSH level 3 plans are those of a multi-agency joint working model. These plans involve input from partner agencies, Police Scotland, Scottish Fire and Rescue, Scottish Ambulance Service, South Lanarkshire Council and the West of Scotland Regional Resilience Partnership. Work continues to develop and refresh Level 3 plans to a standardised format in line with those of our partners.

The Multi-Agency Incident Response Guide (MAIRG) has been developed as a short but informative overview of a multi-agency response for TSH. Further work is being completed to define a multi-agency Memorandum of Understanding that will help to further define roles and responsibilities of ourselves and partner agencies.

Level 3 plans are still fit for purpose and a multi-agency exercise is currently being planned for Quarter 3.

#### **Level 2 Plans**

TSH level 2 plans are primarily Loss of Service Plans and are led by internal operational structures.

Ordinarily, a return to normal operations is swift and is controlled within normal service functions and operations.

### **Research and Development**

Within the NHS, it has been shown that research not only furthers knowledge but improves staff morale, recruitment and retention, and patient care. TSH has demonstrated considerable commitment to research and has a proven track record in published research and development of evidence based practice. In 2022/23 TSH staff were involved in the production of 11 peer reviewed publications. TSH Research Committee aims to support the use of data and research evidence as part of an evidence based culture aimed at improving both patient care and the patient experience of care, though a focus on continuously improving practice. The Research Committee approved six new studies in 2022/23 with 14 research studies continuing. Priority research themes are identified through engagement across the research community and inform the focus of future research supported by the committee.

In 2023/24 a new Research Strategy will be developed.

TSH hosts an annual Forensic Network Research conference, which disseminates current evidence.

### **Public Inquiries**

With the commencement of the UK and Scottish Public Inquiries into the Covid-19 pandemic, there has been a requirement to review available resourcing within the workforce to ensure that The State Hospitals Board for Scotland is in a position to respond appropriately to each Inquiry. TSH has not previously had direct involvement or been requested to provide evidence to an ongoing Public Inquiry process. Given the size of the Board, there is a lack of opportunity to utilise redeployment of staff. Lack of available staffing was assessed as a potential risk given the

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expected level of input expected from all NHS Boards through each Inquiry. Further, that preparatory work should not be delayed on assessment of information held and stored, as well as raising awareness of staff and providing supportive mechanisms to them should they be expected to be involved.

Therefore, the role of Board Lead has been aligned to the Head of Corporate Governance role, and a further temporary secondment role (Business Manager) has been funded and aligned to the Corporate Services Team. This is initially for 12 months for 2023/24; the post will be reviewed before the end of this period in terms of the real possibility that it will be required in the longer term to support this workstream.



	<b>10 Recovery Drivers</b>	<b>TSH Specific</b>
<b>1</b>	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community	Relevant to primary care access on site and the provision of physical health improvement
<b>2</b>	Urgent and Unscheduled Care – Provide Right Care in the Right Place at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need	Not applicable
<b>3</b>	Improve the delivery of mental health support and services	Applicable to overall ADP
<b>4</b>	Recovering and improving the delivery of planned care	Not applicable
<b>5</b>	Delivering the National Cancer Action Plan	Not applicable
<b>6</b>	Enhance planning and delivery of the approach to health inequalities	Applicable to overall ADP
<b>7</b>	Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes	Where appropriate
<b>8</b>	Implementation of the Workforce Strategy	Applicable to overall ADP
<b>9</b>	Optimise the use of digital and data technologies in the design and delivery of health and care services for improved patient access	Applicable to overall ADP
<b>10</b>	Climate Emergency and Environment	Applicable to overall ADP

	<b>Care &amp; Wellbeing Portfolio</b>	<b>TSH Specific</b>
<b>1</b>	Anchor Organisations (Place and Wellbeing)	Applicable to overall ADP
<b>2</b>	Getting it Right for Everyone	Applicable to overall ADP
<b>3</b>	Preventative and Proactive Care	Applicable to overall ADP
<b>4</b>	Waiting Well	Applicable to overall ADP

**The State Hospital: 1991**



**The State Hospital: 2022**

