



Annual Delivery Plan 2024/25

NHS Board: The 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 2024/25. The ADP is part of the NHSScotland planning framework. It has been developed in tandem with the financial plan and is set within the context of financial challenge and pressures felt across the whole NHS Scotland health system. Section C of this plan details further the impact of the extremely challenging financial context and outlines the risks and issues associated with this for TSH planning and care delivery over 2024/25.

TSH is the national high secure 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, 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
- staff experience and satisfaction
- financial sustainability
- data and evidence based decision making
- stakeholder and wider public trust and confidence in safety and security

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. An overview of the governance structure for TSH is detailed in Appendix A. Linkage is made, as far as possible, with the Recovery Drivers, and the Care and Wellbeing Portfolio ambitions, set out by the Scottish Government Health Department alongside internal organisational planning priorities, into one plan. It is the intention for TSH to develop a medium term plan over 2024/25 following clarification on strategic direction for forensic mental health.

SECTION A: RECOVERY DRIVERS AND STATE HOSPITAL PRIORITIES

1 Mental Health

Scottish Government launched the Mental Health and Wellbeing Strategy in July 2023, the associated Mental Health and Wellbeing Workforce Action Plan 2023- 25, and the Mental Health and Wellbeing Strategy Delivery Plan 2023-25 were launched in November 2023. These documents outline priorities for Scottish Government. These include the intention to continue to improve support for those in the forensic mental health system. They identify the challenges and opportunities in reducing stigma and discrimination, delivering support and services, workforce, trauma and adverse childhood experiences and the benefits of investing.

The Mental Health and Wellbeing Delivery plan outlines that Scottish Government will establish a Mental Health Leadership Board to streamline the existing governance landscape, with the ambition to simplify decision-making and support clearer accountability. TSH will engage with this emerging Leadership Board when established to support strategic planning and governance for forensic mental health services.

The Mental Health and Wellbeing Strategy outlines the legislative background that support mental health. The provision of the Mental Health (Care and Treatment) (Scotland) Act 2003 allows for detention in hospital and compulsory medical treatment on the grounds of mental disorder. Rigorous safeguards apply which include the right to independent advocacy, an independent mental health tribunal for Scotland and the independent Mental Welfare Commission (MWC). Scottish Government have committed to consider changes to practice and legislation to improve or simplify the delivery of forensic mental health services.

TSH support and engage with safeguarding approaches and will engage with discussions regarding any changes to legislation. Regular reviews are held by the MWC within TSH. MWC visits provide a rigorous assessment of care quality and safety for patients and identify any areas for improvement. The independent advocacy service hosted by TSH have full access to patients and continue a programme of development to ensure that patients have access to advocacy support as part of their care and treatment. The Service Level Agreement for the advocacy service will be tendered in Q1 as part of the agreed approach to national procurement.

The Mental Health and Wellbeing Delivery plan outlines that a plan will be developed with stakeholders to agree how services for women in Scotland who need high secure care and treatment will be delivered. TSH will fully engage in these discussions to develop an agreed operating model and best practice clinical guidance that meets the financial and operational realities.

Scottish Government Planning Priorities

Scottish Government have set out a range of planning priorities and asked NHS Boards to set out how they will deliver against them. Below are the planning priorities that relate to TSH and the associated Board actions that will be taken forward:

No	Planning Priority	TSH Board Action
1.1	Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.	TSH monitor the time to referral for Psychological Therapies as part of the Corporate Key Performance Indicators (KPI). TSH will continue to monitor this and will engage with national reporting through Public Health Scotland as well as continue to report this locally through the ¼ KPI Performance report through TSH Board.
1.2	Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.	<p>TSH will engage with the development of the Leadership Board to support strategic planning and governance for forensic mental health services.</p> <p>TSH will fully engage in discussions on women's high secure forensic services to develop an agreed operating model that meets the financial and operational realities.</p> <p>TSH will actively collaborate, as part of stakeholder discussions, to consider any changes to practice and legislation to improve or simplify the delivery of forensic mental health services</p> <p>TSH will continue to ensure patients have access to independent advocacy services through engaging in national procurement of this service.</p>
1.3	Improving support and developing the Mental Health workforce	TSH has an agreed Workforce Plan in place. There is a Workforce Governance Group 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 A part 3 (page 8) of this plan which outlines delivery of the Workforce Plan.
1.4	Improving the mental health build environment and patient safety	TSH is a relatively new purpose built environment designed for high security mental health care. Major estate refurbishment was completed in 2011. In 2023/24 a planned and preventative maintenance programme for the period 2023/26 was developed. The priorities from this will be assessed and put forward through the capital group for assessment of financial affordability prior to actions being agreed.

2 Health Inequalities and Population Health

From Scottish Government commissioned research, the evidence clearly illustrates the many, diverse and interacting determinants of mental health and wellbeing, with these being driven by structural factors such as unequal distribution of income, power and wealth, global, national and local economic and political forces and priorities, and societal attitudes. The impact of poverty, along with stigma and the pervasive nature of adverse childhood experiences and trauma are seen to be impacting on wellbeing and mental health at an individual and population level in Scotland, and the evidence of how inequalities are being exacerbated by the ongoing effects of the pandemic and cost of living increases continues to emerge.

[Evidence Narrative to inform the Scottish Government Mental Health and Wellbeing Strategy \(www.gov.scot\)](https://www.gov.scot/evidence-narrative-to-inform-the-scottish-government-mental-health-and-wellbeing-strategy)

Within TSH individual health inequalities and health behaviours is addressed later in the ADP though the supporting health choices and physical health projects. The more structural elements of population health and health inequalities are addressed in this section with a focus on improving health in custody and the TSH Anchors strategy. The workforce elements of the ADP also addresses the role TSH has as a large employer in an area of disadvantage. TSH employs 82% of staff from a local (ML) postcode area.

TSH Anchors strategy

TSH Developed its Anchors Strategy in 2023/24. Scottish Government commissioned all NHS Boards to produce an Anchors Strategic Plan as an initial three year strategy to demonstrate how TSH plans to take action to contribute to community wealth. The initial themes include:

- Progressive Procurement - TSH can direct investment into the local region through procurement practices. It may be possible to consider giving local suppliers greater weight in procurement processes, which in turn can create new employment locally.
- Employment - TSH is a relatively large local employer within an area of deprivation. Development of recruitment practices to encourage community members to consider employment in TSH would be useful to consider.
- Sustainable use of land and property - consideration given to the use of land and sustainable practices.

The Anchors strategy has a range of commitments in each of the initial themes for TSH to ensure action on.

Healthcare in Custody

There have been issues identified nationally with consistency of healthcare delivery to those in custody. A Short-life Strategic Leadership Group (SLG) comprising of leaders from Scottish Government (SG), NHS Scotland (NHS) and the Scottish Prison Service (SPS) was established in March '23. There are three sub groups aligned to this process:

- 1) Consistency: Raising the profile
- 2) Access to Services: Rules, Regime and Responsibilities
- 3) Target Operating Models.

The SLG reports to a Cross-Portfolio Ministerial Group. The Chief Executive of TSH provides input into these groups. All actions related to high secure mental health care identified through this process will be actioned by TSH.

No	Planning Priority	TSH Board Action
2.1	Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment	TSH is a large local employer with 82% of staff from a local (ML) Lanarkshire postcode area. TSH will continue to seek to employ staff from the local area, contributing to the circular economy.
2.2	Supporting Improved population health with particular reference to smoking cessation and weight management	Patient population physical health priorities are addressed in the patient care section of the ADP. Staff wellbeing – staff weight management being offered, staff financial support through education and credit union.
2.3	Redirecting wealth back into local communities to help address the wider determinant of health inequalities through actions set out in the 'Anchors Strategy'	TSH will work towards commitments made in the 2023/24 Anchors Strategy and will review this annually in Q3
2.4	Improve custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.	The Chief Executive of TSH provides input to the Strategic Leadership Group and the Executive Leads Group.

3 Implementation of the Workforce Strategy

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

Scottish Government's Mental Health and Wellbeing Workforce Action plan 2023 – 25 outlines the vision and principles that underpin the support and development of the mental health workforce. It details that the five pillars above 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.

TSH's workforce is its greatest asset, and change will only be possible with their support and commitment. The Board is focused on enabling a culture which engages all staff, encouraging feedback and providing ways through which they can help to further improve the quality of care for our patients. It is notable, in the current financial challenges that 84% of the Board budget is committed to staff costs. To provide direction and cohesion to the development of organisational effectiveness and health, TSH will develop an organisational development strategy to enhance leadership capability, support development of culture and embed the values of NHSScotland.

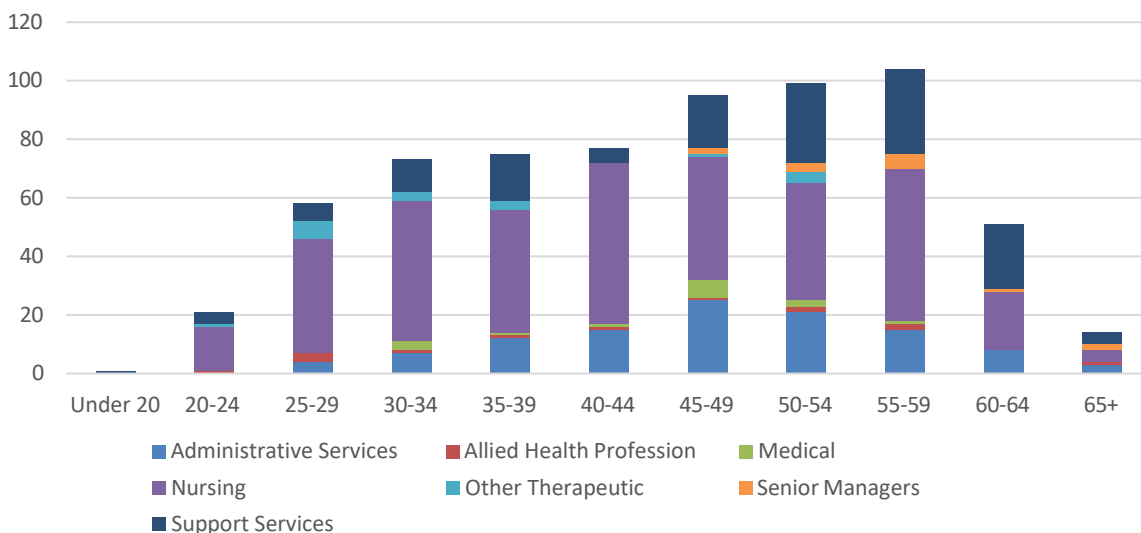
The oversight and governance of workforce related Key Performance Indicators is through the Staff Governance Committee. The Workforce Governance Group (WGG) provides reporting to Staff Governance Committee via the Corporate Management Team (CMT). WGG oversees the governance around decision making processes, update on the 3-year workforce plan and associated strategies for example recruitment & retention and well-being, as well as ensuring TSH meets the various Workforce Policies and terms and conditions of service

Detailed below is progress towards key actions achieved in years 1 and 2 of TSH's workforce plan and outlines proposed work within each of the areas for year 3, 2024-25.

Workforce Profile in TSH

Numbers of Staff within each age category

Staff Age by Job Family as at 31 March 2023



1) Plan

The Health and Care (Staffing) (Scotland) Bill

The Health and Care (Staffing) (Scotland) Bill was passed by parliament on 2 May 2019 and received Royal Assent on June 6th, 2019. Statutory Guidance Chapters have been developed in conjunction with Health Improvement Scotland (HIS) and have been tested out across Scotland, and enactment of the legislation is anticipated to take place in April 2024. There are 10 Chapters in total being developed (1, 3, 4, 5, 6, 7, 8a, 8b, 9 and 13). TSH was an Early Implementer 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.

TSH has a work plan in place, based on a self assessment on readiness to implement the Health and Care Staffing Bill. TSH has worked towards ensuring that Optima Health Roster and the other associated modules are implemented by the 31 March 2024, however this has been challenging. In addition, TSH will develop a business as usual approach to support embedding, continued management and rollout of e-roster. This approach will also support and manage forward planning of e-rostering and support associated modules are built into future directorate plans.

Daily Resource Planning

Resource planning within nursing operations has been further developed in 2023/24 with a daily resource meeting established to support resource analysis and decision-making. This multidisciplinary approach ensures that all groups of clinical staff are aware of any pressures across the site and collaborate to provide safe staff numbers and effective care. The Supplementary Staff Resource (SSR) continues to be developed to support safe delivery of care and to provide placement of staff for additional shifts.

Workforce planning will continue to be an area for development. Over 2024-25 there will be further development of the Senior Charge Nurse role and the role of Senior Clinical Cover to ensure that TSH uses capabilities efficiently across the hospital to plan for and support delivery of patient care.

Workforce Planning

Directorates and individual teams have taken the opportunity to review structures and job descriptions over the course of 2023/24. Workforce planning and review has taken place across many teams including procurement, psychology, risk and resilience, communication and others. This will continue into 2024/25, with notable changes to directorate structures being implemented in Nursing and Operations. Reviewing team and directorate structures and job descriptions have been with an aim to ensure TSH has contemporary job roles and ensures that the correct mix of skill and experience is retained in teams. TSH will continue with work to devolve responsibility to the right level within nursing. This will be coupled with an approach to support educate and train staff to feel confident and competent within their areas of expertise.

There are many small teams or functions that relies on expertise of individuals in TSH, the Workforce Governance Group (WGG) have supported teams to consider succession planning and workforce resilience issues as part of workforce planning.

2) Attract

TSH have developed a Recruitment & Retention Strategy and associated Action Plan which was approved in June 2023 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 was established to update this Strategy with an additional emphasis on retention and marketing TSH as a great place to work.



In order to develop the organisations profile, actions to widen the reach for potential new employees have been a significant focus for TSH over 2023-24. TSH has been successful in attracting new staff members through the use of social media and will continue with this approach, together with raising the profile of the work carried out through online videos. This will continue to be developed and TSH will explore opportunities to widen employment to underrepresented groups. This will link to actions in the TSH Anchors Strategy as noted in page 6.

Actions include:

- Attendance at local careers and employability events and national job fayres
- Rebranding of the logo / brand for TSH
- Increased use of social media including twitter and Facebook
- Development of manager's guidance regarding safe and appropriate use of apprenticeships

Progress was made in 2023/24 with the development of an on boarding survey, seeking feedback and learning from new staff at 3,6,12 months from commencement of employment. Initial analysis of this has supported local actions to develop induction and support in the initial months of employment. A review and refresh of the corporate induction programme has been undertaken to ensure that all new employees complete a robust induction process, and are provided with relevant training, information and support when they commence in post. Non-executive Directors also now attend the staff induction sessions to support connection of new staff to TSH Board. As part of the induction refresh project, a new Welcome Handbook was produced and is now issued alongside the employment contract to all new staff. A new 'Core Induction' online learning module was also introduced in July 2023 and, to-date, feedback from new staff completing the module has been very positive. Inductions have been held face to face from September 2023 with positive feedback of this return to original practice post Covid. This will continue in 2024/25 and any trends in data from the on boarding survey can be fed into management groups for actions.

3) 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. Plans for staff development 2024/25 include a refresh of our leadership and management development programmes and associated coaching framework to enhance leadership and people management skills and capabilities across all levels of staff.

TSH has maintained high levels of compliance in mandatory and statutory training over 2023/24 and this has been a focus across all Directorates. An annual training plan is developed. This supports development across TSH staff.

Once for Scotland, phase 2-policy roll out was carried out in 2023 with focused training being available for managers and staff side on consistent use of all policies. Consultation of phase 3 policies will be taken forward in 2024/25.

4) Employ

For TSH, staff are its most valuable 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.

Recruitment & Retention Strategy

TSH has developed a Recruitment & Retention Strategy with local action plan and KPI's in place to track and monitor the recruitment process and journey. TSH aims to reduce the 'time to hire' KPI from current position of 86 days in December 2023 to a target of 75 days. Data on recruitment and retention is reported monthly. TSH will continue to analyse this data to interpret trend and patterns to inform actions.

TSH has taken a proactive approach to recruitment in 2023/24. It is a commitment in the Board's Workforce Plan and Recruitment & Retention Strategy to recruit to registered nurse positions on an ongoing basis. This will include consideration of focused / targeted recruitment campaigns to encourage applications from underrepresented groups. TSH will seek to increase where possible the number of staff who are employed through apprenticeship schemes, young people and employability programmes. These will also support the aims of the Anchors Strategy.

TSH has been proactive in encouraging workforce and career development through supporting staff who wish to pursue a career in nursing through the Open University route. TSH has up to 12 individuals engaged in this route each year since 2019 and will continue to target staff who may benefit from this route to higher education and registration.

Retention of staff is also an aim for 2024/25. Research carried out in 2022 revealed that staff turnover from TSH is higher in the first 3 years of employment. This pattern is similar to other NHS Boards. TSH will provide targeted support for new employees through the feedback from the on-boarding survey to provide insight into what new employees needs are to settling into TSH employment as well as first year support for nurses supported by practice development.. Turnover is monitored monthly and reported into Staff Governance Committee and TSH Board. Exit interviews are in place, with QR code access to the exit interview form now available well as from MS Teams. Feedback is monitored for trends and issues. In 2023 TSH were able to report less leavers month on month, compared to the same period in 2022 and work will continue to retain staff in accordance with the aforementioned strategy.

Job evaluation activity has been high throughout 2023 with some long standing 'legacy' roles which needed addressed. The target timeline for completion of the job evaluation process is 14 weeks and the average timeline for outcomes given in 2023 was 15.25 weeks, however, there were some long standing posts which took much longer. Improvement actions have been put in place, which has resulted in all posts in November and December being given outcomes within the 14 weeks. Governance through the local Job Evaluation Steering Group will continue to ensure that this timescale can be sustained in the long term.

Attendance Management

Maximising healthy attendance at work has been a significant area of focus for TSH. An Attendance Management Task and Finish Group has been established. This group developed a comprehensive action plan based on analysis of recent and trend data to support managers to manage absence and for staff to understand the impact of absence. It was recognised that there is no singular solution that will bring the organisation to within its 5% target in the immediate term, however over Q2 and Q3 of 2023/24 incremental reductions were noted both in short and long term absence. Sustained reduction in absence continues to be an aim for the group. The action plan will continue to be a priority for managing absence over 2024/25. The group will continue to monitor progress and a targeted approach to understand nuances in data continues.

Ongoing management of the Board's Occupational Health SLA with NHS Dumfries & Galloway has focused on encouraging engagement with the service, governance regarding immunisations and health surveillance, prioritising case management and joint working with managers, partnership and HR to provide professional and supported plans for employees to maintain healthy attendance and return to work at the earliest opportunity.

5) Nurture

TSH is committed to providing a positive, supportive and enabling working environment. This includes ensuring provision of Organisational Development (OD), including individual and team development opportunities, wellbeing interventions to support staff to reach their full potential and feel valued, and equipped to deliver safe, effective and high quality services and care.

Wellbeing Centre

The Wellbeing Centre continues to be available for all staff to access, as and when required (including before, during or after shift). There is dedicated support available within the Centre Monday–Friday, 9am-5pm, and a range of wellbeing activities offered throughout the year. Over 2023, on average the wellbeing centre welcomed 300 staff members per month. The centre has been used to support reflective practice groups for ward nursing staff as part of a QI project.

Support offered over 2023/24 includes:

- Programmed targeted information sessions e.g. women and men's health weeks, activity challenges, credit union, creative writing and outreach 'Coffee, Cake and Conversation' which engaged staff from across TSH.
- Support for all Staff and Volunteers to access the Wellbeing Centre for specific wellbeing events e.g. workplace massage therapy.
- Peer support Network was launched in Sept 23 with recruitment of 26 peer supporters across a range of disciplines.
- Pastoral support via Staff Care Specialist, information events, signposting, listening spaces and coaching.

An evaluation of the Staff and Volunteer Wellbeing Strategy will be carried out in Q1. This evaluation aims to assess the outputs and impact of the Strategy.

A long service award presentation ceremony was delivered in December 2023 with 50 staff eligible to receive an award. As part of the staff recognition scheme, initial planning is underway to deliver Staff Awards celebration in Q3

Organisational Development

TSH has recently increased its OD staff complement to support staff teams and improve organisational effectiveness and wellbeing. An OD Strategy will be developed by Q1. Focus will be to support effective team working, leadership and the competencies associated with creating and maintaining a positive work environment to support the delivery of safe, effective care and treatment.

Coaching Provision

There are currently four accredited internal coaches who provide coaching for State Hospital staff, and to staff in other Boards as part of a collaborative coaching network across the West of Scotland. Focus in 2024/25 will be to raise the profile of the benefits of coaching for staff, building coaching capability and help embed a coaching culture.

Occupational Health Service

TSH had a significant change to the Occupational Health contract in Q1 2023/24 with a new provider coming on stream. Over 2024/25 TSH will review year 1 of the new contract and plan for future delivery

Whistleblowing and review of Confidential Contact

TSH have fully launched the Whistleblowing Standards and the National Policy. TSH participated in the "Speak Up' Week" during October of 2023 . A review of the confidential contact will be taken forward in 2024/25.

Scottish Government Planning Priorities

Scottish Government have set out a range of planning priorities and asked NHS Boards to set out how they will deliver against them. Below are the planning priorities that relate to TSH and the associated Board actions that will be taken forward

No	Planning Priority	TSH Board Action
3.1	The Workforce Strategy Implementation Programme will continue to take forward key workforce reform in 2024/25 designed to enhance staff and patient safety, improve working cultures, optimise workforce planning and staff deployment, and deliver sustainable improvement in conditions of service.	TSH will review the local workforce plan to ensure this is reflective of the current and future priorities, based on local data and emerging national trends, aligned to the Mental Health and Wellbeing: Workforce Action Plan 2023-2025.
3.2	As spend on staffing continues to rise as a proportion of total portfolio expenditure, Boards are asked to set out plans to achieve further reductions in agency staffing use and to optimise staff bank arrangements.	TSH does not use agency staff TSH will continue to over recruit to ensure consistency and sustainability of service. Maximise the development and utilisation of the Supplementary Staffing Register (nursing) and an overall reduction in overtime
3.3	Achieve reductions in medical locum spend	TSH does not use medical locums
3.4	Deliver a clear reduction in sickness absence by end of 24/25	Absence Management Group established and work plan in place to target actions to address specific issues and maximise attendance at work.
3.4	Support staff to deliver safe, effective care and treatment	Development of Organisational Development Strategy Q1 Staff awards ceremony Q3 Evaluation of Wellbeing Strategy Q1 Peer Support Network development

4 Digital Service innovation adoption

There has been significant focus on developing the organisations digital and e-health function over the last few years. TSH remains fully committed to digital development and enablement, however the significant financial challenging position will impact on TSH ability to deliver its digital inclusion ambitions.

TSH has invested in a Business Intelligence Team who continue to develop a suite of dashboards to inform both clinical and managerial decision making. The focus for 2024-25 will be to develop business intelligence financial dashboards for clinical staff to support financial planning and decision making.

TSH is keen to progress digital inclusion for patients, both to improve the patients' experience and also to support care and treatment. 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.

In January 2024, Scottish Government committed to work with the Forensic Network to develop a Delivery Plan based on the recommendations from the above reports. This plan should be affordable and align with the Mental Health and Wellbeing strategy and the Digital Mental Health Programme.

Digital Inclusion

In 2023/24 TSH finalised the Patient Digital Inclusion Options Appraisal. This provided an opportunity to explore the potential, scope, and limitations of Digital Inclusion as it relates to the care of patients. Patients within the State Hospital have extremely limited access to digital technology, experiencing a regressive Digital Inclusion experience as technology develops. Current areas of digital inclusion are:

- Use of PCs and supervised access to the internet through the Patient Learning Centre.
- Limited online catalogue browsing as part of an 'enhanced' shopping experience.
- Use of technology to assist/augment communication (there is one device in use).
- As a result of COVID, the rapid introduction of video visiting.

If Digital Exclusion is not tackled, the gap between those with and without digital skills or access to technology will continue to grow, potentially exacerbating mental health inequalities. More broadly, being digitally capable is an important part of being included in society and is an important part of the care and rehabilitation of our patients as they progress through tiers of secure care within the forensic network. Our patients need to be prepared to re-enter the digital world in which we all now live or face social isolation

Through the Patient Digital Inclusion Options Appraisal extensive engagement took place across staff and patients to explore options and gauge priorities. This have been developed further into a comprehensive plan to progress patient digital inclusion. However, this plan will require financial and staffing resources, which are currently being evaluated to review all options. At this stage, the availability of resources is still very uncertain as NHS Scotland national budgets for revenue and capital are under review and the 2024/25 national financial position is known to be severely pressured. The position will be monitored in the coming period, with all options and timeframes to be considered as soon as there is clarity on availability of resources."

Scottish Government Planning Priorities

Scottish Government have set out a range planning priorities and asked NHS Boards to set out how they will deliver against them. Below are the planning priorities that relate to TSH and the associated Board action that will be taken forward

No	Planning Priority	TSH Board Action
4.1	Adoption and implementation of the national digital programmes	TSH has engaged with the adoption and implementation of national digital programmes including M365, Sharepoint and e-roster. TSH will continue to link in with the national programmes as they develop.
4.2	Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework	Scottish Health Competent Authority – Network and Information Systems (NIS) Regulation Audit was carried out in October 2023. Feedback included that TSH is assessed as a strongly performing Board with clear commitment to the NIS audit programme, overall compliance of 76%. TSH will focus on areas for improvement identified.
4.3	Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce	TSH learning and development department are progressing a Digital Skills programme for staff as part of the TSH training plan
4.4	Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway	TSH contribute to this as part of the national group. A review of the infrastructure team job descriptions to align with national innovation adoption is being carried out.
4.5	Patient Digital Inclusion	Financial constraints require a rephrasing of this programme with a likely delay to progressing this are over 2024/25. This will be reviewed as a priority over the period and any areas where progress can be made will be identified. Business case to be considered for the 2025/26 plan.
4.6	Developing digital maturity	TSH will continue to develop business intelligence dashboards, and other financial process enhancements within management accounts e-health projects to be prioritised and monitored against available resourcing

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. The State Hospital operates from 15 buildings and manages land and buildings covering an area of 63 hectares.

Governance for the Climate Change and Sustainability agenda is through the newly established Climate Change and Sustainability Group which has the lead responsibility and is accountable to the Security, Resilience, Health and Safety Oversight Group. The Group ensure an integrated approach to sustainable development, harmonising environmental, social and economic issues.

TSH commissioned an independent audit in regards to Environmental, Social and Governance Review by external auditors RSM. The purpose of the audit was to benchmark progress against the Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development - DL (2021) 38. The Climate Change Risk Assessment (SD54) was presented to the Security, Resilience, Health and Safety Oversight Group on 6 October 2023 and remains as a 'Medium Risk'

The findings of the audit against TSH's progress towards the 68 DL 38 requirements, identified that given the resource and financial restrictions faced in terms of sustainable development, TSH is in a position to fulfil the requirements by 2040. The report evidenced that TSH has already reduced its emissions by 81% since 1990, established a strong governance structure and is meeting its various reporting requirements set out by NHS Scotland

The State Hospitals Board for Scotland is obliged to meet decarbonisation targets set by NHS Scotland Assure. The most critical targets are:

- 6 75% reduction in emissions by 2030
- 7 decarbonised heat by 2038
- 8 Net Zero by 2040

The State Hospital has already reduced emissions by 81% against the 1990 baseline year. Therefore, the TSH is well-ahead of the 2030 target. However, without targeted decarbonisation measures the health board would not meet the other two key targets.

The bulk of carbon savings in 2030 are proposed to be delivered by deployment of on-site renewable generation, whereas in 2040 it is the decarbonisation of heat that drives the health board towards Net Zero.

Focus for this year will be to develop and implement a high-level waste route map, move forward with an active travel agenda, including active business travel, increase biodiversity/greenspace awareness and create a plan to achieve Net Zero by 2040.

Recent development have included Electric Vehicles (EV) have now been added to the Fleet with further EV's planned. EV charging points have now been extended to the Car Park for staff use and additional points are being added internally for future EV's. New LED lighting is also being introduced across the Hospital

Scottish Government Planning Priorities

Scottish Government have set out a range of planning priorities and asked NHS Boards to set out how they will deliver against them. Below are the planning priorities that relate to TSH and the associated Board action that will be taken forward

No	Planning Priority	TSH Board Action
5.1	Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide	In 2022/23, 1547.62 tonnes of CO2 equivalent were produced by The State Hospital use of energy for buildings. This was a decrease of 6.1 % since the year before. TSH does not report on the inhaler propellant and nitrous oxide use as these are not aspects of our clinical care. TSH will continue to explore small gains of reducing energy building use whilst creating a longer term net zero plan.
5.2	Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards	TSH will develop an adaptation plan following the climate change risk assessment. This risk assessment report identified that weather fluctuations are the key risk across the site. Work over the year will identify mitigation to address risks.
5.3	The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards	TSH will develop and implement a high-level waste route map. This will be completed in Q4. The anchors strategy references the focus on local procurement where possible. This will continue to be a developmental aspect of TSH procurement.
5.4	The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.	Transport strategy was developed in 2023/24 and further developments on active travel including sustainable business travel will be considered and developed by Q4. Requirement for cost control will affect the pace of change to move to electric vehicles.
5.5	Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate	As part of the sustainability work plan, TSH will increase biodiversity/greenspace awareness through creating a local biodiversity action plan. This will be completed by Q4.
5.6	Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.	TSH does not report on the National Green Theatre Programme as this is not an aspect of our clinical care

9 Patient Care - Physical Health, Patient Pathways, Realistic Medicine

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 a major area of organisation focus.

People with severe mental health conditions often have higher rates of physical ill health such as cardiovascular disease, respiratory disease, diabetes, obesity, digestive diseases, and cancer (John et al, 2018), and also their physical problems can be made worse by effects of their mental health problems. People with severe and enduring mental illness may have their lives shortened by 15 to 20 years, a large part of which is because of physical ill-health. 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.

A qualitative exploration of the experience of individuals living with a severe mental health condition and a physical health problem illustrates the challenges of their situation. People with severe mental illness can find it extremely difficult to manage their physical health condition, and therefore personalised support taking into account their needs and circumstances is essential.

Physical health and supporting healthy choices

The work of the Physical Health Steering Group and Supporting Healthy Choices Implementation Programme within TSH focuses predominately on improving physical health outcomes. The Supporting Healthy Choices Implementation Group (SHCIG) have developed an action plan over 2023/24, using Quality Improvement (QI) approaches to prioritise actions and develop changes to practice to support healthy weight in the patient population. This will continue to be implemented into 2024/25 with specific goals and actions identified. The action plan will be revised to reflect the new guidance. Oversight of this group is at executive level with the Supporting Healthy Choices Oversight Board (SHCOB).

This is supplemented by the Activity Oversight Group (AOG) which was established in August 2022 to actively monitor the amount of time patients spend on both physical and meaningful activity, this is a key priority for TSH. The group meets regularly to review activity data and have taken a QI approach. Over 2023/24, the group have reviewed their terms of reference and have contributions from each of the new clinical model Service Leadership Teams (SLT) to explore in more detail the activity provision in each service and across the recovery pathway. Nurse Practice Development also provide support for staff to develop nursing care plans with a focus on physical health monitoring for patients.

During the Covid pandemic, isolation in bedrooms was used as a means to prevent infection spread. This practice was gradually relaxed as infection control measures were approved and utilised and vaccination was implemented. This practice of isolation began to be used in July 2022 as a measure to manage staff shortages. This has been labelled Day Time Confinement (DTC) and is an unacceptable clinical practice. Daytime confinement is defined as being locked in your bedroom out with "room 4 you" periods (voluntary time in room after lunch and dinner). This practice also runs the risk of being considered as an element of Type 2 seclusion when the patient has not activity chosen this. A short life working group (SLWG) was established to identify the process to move towards DTC being a never event in TSH. A number of subgroups worked to reduce this with staff absence and resourcing a key element of wards modifying practice or closing. DTC has reduced markedly.

Work will continue over 2024/25 to monitor and report use of DTC with a daily focus to ensure that flexibility is planned into the system to ensure that DTC is not used. TSH will continue to focus on supporting staff to understand the risks associated with implementing DTC for patient mental health and wellbeing. TSH will also ensure that clinical staff seek out contemporary evidence to ensure that clinical practice is progressive and based on available evidence.

Clinical Care Policy (Improving Observation Practice Framework).

TSH has been working towards the implementation of our new Clinical Care policy. Implementation is now planned for Q1/2 of 2024/25. The new policy will bring a change in practice and an end to the current language used around observation practices and will instead focus on a more person-centred approach to care and risk management. The policy will be supported by the implementation of the Improving Observation Practice framework. Preparatory training around areas such as understanding trauma, the importance of clinical supervision, and the development of person-centred care plans is ongoing. Implementation will be supported with a communications plan to raise awareness across staff groups to this change in practice. The implementation will be monitored through the Clinical Governance Group.

CPA process

All patients who are admitted to TSH will have their care and treatment planned using the Care Plan Approach (CPA). Guidance for the application of CPA for restricted patients is contained in the Scottish Government CEL 13 (2007) and the Memorandum of Procedure on restricted patients CEL 20 (2010). The CPA process is currently being reviewed to be more patient centered and to embed parity of input from the multi-disciplinary team. Together with this, the current Variance Analysis (VAT) process is also being developed. The current VAT system measures interventions linked to the CPA review. The new systems will provide assurance around the CPA process. These processes will be delivered by Q4 with testing from Q1.

Psychological and trauma informed care

Psychological services within TSH have a multifaceted role. This includes delivering services to patients as well as working systemically to support the Hospital to be more psychologically trauma and risk informed. Development of a trauma-informed and trauma responsive workforce is a key aspiration of Scottish Government and an organisational requirement for TSH. Over 2023/24, three trauma training events at Level 1 'Trauma Informed Practice' were delivered to 26 staff and four were delivered at Level 2, 'Trauma Skilled Practice' for 39 staff, these received excellent feedback. To date, a total of 99 staff have attended these training programmes. Plans are in place to continue to provide training on trauma informed care for TSH staff, which will now include 'Trauma Enhanced Practice' level 3 training.

TSH has a designated Trauma Champion and Implementation Coordinator. The Champion role is to provide senior level support for the Transforming Psychological Trauma Implementation Coordinator (TPTIC) within the Board. The TPTIC provides trauma expertise and has a remit to support the organisation to understand its training needs and deliver on these.

Scottish Government formally launched its National Psychological Therapies and Interventions Specification in November 2023. In response to this Specification, TSH will be required to report waiting times, including the 18 week referral to treatment target, to the Scottish Government from April 2024. Work has progressed in 2023/24 to ensure that TSH data is reliable, accurate and accessible directly from RIO, the electronic patient record.

Off-site emergency clinical outings

In November 2023, TSH carried out a review of patients who required emergency care or off site clinical treatment. A longitudinal analysis was carried out, to review such cases over the previous 5 years to explore any trends in data and key learning points. From the 5 year data review, it was apparent that TSH can expect to have 40 – 50 patients off site requiring emergency care and treatment over the course of a year. Although it is predictable that these events will occur, the pattern can vary. Recent data reveals that there were 44 emergency clinical outings from September 2022 – October 2023, consisting of 22 patients in total and averaging two to four emergency outings each month, which while unpredictable, could be planned for.

Of the 44 outings, 36% resulted in the patient being admitted to a medical ward and all others either required imaging or active treatment. The review concluded that all visits to the local Accident and Emergency Department had been required.

The review team concluded that there were no inappropriate transfers, and it did not make financial sense to have a GP onsite beyond the current provision. In addition, there was a requirement for clear communication between the receiving unit and TSH to clarify what TSH does and can provide for its patients to avoid 'bouncing back' between acute hospitals and TSH. Recommendations, including planning resource for outings and anticipatory care planning are being taken forward via a subgroup of the Physical Health Steering Group and an action plan will be produced for 2024/25.

Clinical Model

The implementation of the new Clinical Model in July 2023 introduced a recovery pathway for patients within TSH. 4 new services were established.

- Admission and Assessment
- Treatment and Recovery
- Transitions
- Intellectual Disability

Service Leadership Teams have been established for each service and an oversight group has been established to support coherence and leadership across the services.

The overall aim of the Clinical Model project and expected outcomes are set out below. This is monitored through the Clinical Governance Group and an external evaluation is being carried out through Edinburgh University.

The delivery aims are:

- More tailored security based on risk and clinical presentation, aligned with the least restrictive practice principles
- A sense of progression for patients through their clinical care journey in high security
- Streamlined integration between sub specialty wards and the Skye Centre, enabling best use of resources to support physical health, therapeutic activity and treatment goals
- Meeting the ID specific patient need through a more tailored and specialised environment. This involves distribution of patients across 2 wards rather than 1 to improve the therapeutic milieu.
- Improved clinical case mix, with admissions accommodated in specified wards
- The ability for staff to specialise in sub specialty areas of care and practice

Outcomes to be achieved are:

- An enhanced treatment environment with a more tailored and individualised approach
- Effective use and deployment of available resources
- Increased patient activity for the betterment of their physical health
- Feeling of progression for patients
- Management of patients with similar risks together with adequate staffing levels
- Staff feeling of improved safety within the workplace
- More positive recognition of staff and the support available to them

Over 2024/25 TSH will seek to further embed the clinical model

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Hospital Electronic Prescribing and Medicines Administration (HEPMA) –was introduced into TSH in April 2022. This electronic system enabled a movement from paper prescribing and administration to an electronic prescribing and medicines administration system. The system is hosted by NHS Lothian and securely accessed by TSH. . The benefits realisation from the introduction of the HEPMA system is a priority for TSH to support the efficiencies that the system should deliver. The changes to administration of medicines brought about by the introduction of the HEMPA system have highlighted a training need for staff. The Pharmacy department will develop a learn pro module to support safe administration of medicines and review the policy. The Medicines Committee will provide governance and oversight of this.

Realistic Medicine

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 seeks to reduce the waste, harm and unwarranted variation that exist across our health and care system. It is by practising Realistic Medicine (RM) that we will deliver VBH&C.

TSH develop a Realistic Medicine Action Plan annually to outline the key projects associated with the approach. TSH continue to link with national networks to share practice. Priorities in 2024/25 will be to continue to champion RM, and VBH&C. Each project has also been aligned with the relevant 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.

Excellence in Care

The Excellence in Care (EiC) programme is a collaborative piece of work [commissioned by Scottish Government](#) in response to the Vale of Leven Hospital enquiry.

We are working alongside national partners and NHS boards to establish processes that allow the measurement, assurance and improvement of the quality of care provided by nursing and midwifery staff.

The EiC Programme has four key deliverables.

- A nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery.
- A design of local and national infrastructure, including an agreed national framework and dashboard.
- A framework document that outlines key principles/guidance to NHS boards and Health and Social Care Partnerships on development and implementation of local care assurance systems/processes.
- A set of NHS Scotland record-keeping standards

Person Centered Improvement

TSH will review and develop its carers strategy over 2024/25 to support carers to feel engaged and connected. TSH will also explore way or widening the Equality and Diversity agenda to support staff to be skilled and confident in the equality duties and outcomes required.

Governance and strategy

Clinical Governance Group has oversight and reports to the Clinical Governance Committee. The Clinical Quality and Research strategies will be revised 24/25 as part of the ongoing approach to updating strategy and action plans.

No	Planning Priority	TSH Board Action
6.1	Physical health of patients	Implementation of the SHC action Plan Activity Oversight Group will support improvements in activity provision for patients Monitoring of DTC, ward modifications and closures.
6.2	Embed Clinical Model	Support SLT's to develop services to support patients care and treatment
6.3	HEPMA	Benefits realisation Learn pro module development and review of Safe Use of Medicines Policy
6.4	Implementation of the Clinical Care Policy	Implementation is planned for Q1/2 with monitoring through the Clinical Governance Group
6.5	Realistic Medicine	Development of Action Plan for 2024/25 and embed the use of Benefits, Risks, do nothing and Alternatives (BRAN) questions in care planning.
6.6	Development of a trauma-informed and trauma responsive workforce	Deliver trauma training events at levels 1, 2 and 3
6.7	Off-site emergency clinical outings	Recommendations will be taken forward via the Physical Health Steering Group and an action plan will be produced for 2024/25.
6.8	Development of Carers Strategy	Development of Carers Strategy by Q3
6.9	Review of the CPA process	Review of the process will be delivered by Q4 with testing from Q1

10 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 Forensic Network Matrix of Security.

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.

TSH has implemented a complex project to upgrade security on site. The Perimeter Security and Enhanced Internal Security Systems project, which has been in the implementation stage since 2019 is near completion, with handover to TSH expected in Q1. Following completion of the project, TSH will develop an underpinning framework for the security systems and clinical security to support care and treatment.

In order to measure the performance of the security systems, TSH will develop a security framework and security standards, to align with other high secure hospitals within the UK, and Scottish legislation taking into account the Forensic Network Matrix of Security. This will enable TSH to measure and audit performance in line with set criteria. The audit framework will look at physical, procedural and relational security across the site, and will provide a process to identify learning and gaps and reduce any risk to our secure environment

Resilience

Resilience of TSH is fundamental to ensure safety and security for staff, patients and visitors onsite and also for the wider community and general public. TSH has developed its resilience function and has a renewed focus on testing of plans, collaboration with external partners and training of staff to ensure they have the necessary capabilities to ensure and maintain staff, patient and visitor safety. TSH, although not a Category 1 or 2 Responder, does have a responsibility to ensure that emergency procedures are planned and staff are trained in core aspects in line with the Scottish Government "Preparing Scotland" guidance and the NHSScotland Resilience "Preparing for Emergencies" guidance and standards.

The State Hospital is unique in some areas, therefore planning and resilience are different to territorial boards, with different identified risks and needs, therefore we have to stand alone with the way in which we plan and prepare, but still ensure that we develop and align to the guidance.

Level 3 Plans

Partnership working is key to the resilience of TSH. As a stand-alone site TSH aims to maintain resilience, and have further developed staff skills and sustainability in times of crisis. However, TSH still require assistance from other agencies. Close relationships exist with partner agencies and this will continue to develop. TSH collaborates with partner agencies through joint training and familiarisation activities to ensure interoperability is maintained. Joint exercising is key and plans are again in place to deliver a multi-agency exercise this year following the success of last year's event.

TSH level 3 plans align to the 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. A full review of the Lv3 multi agency plan will be completed by Q4 with a further multi-agency exercise planned for Q3/4.

A 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, aligned to the Lv3 Plans, will help to further define roles and responsibilities.

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.

Work has been ongoing to develop these plans into a consistent format, with each of the plans being fully reviewed and refined. TSH will prioritise a testing regime for these plans, this will ensure that departmental plans are tested and remain fit for purpose.

Corporate Risks Register

The Risk management team continue to review and refresh the risk management strategy and processes and align the Corporate Risk Register to the Corporate Objectives for 2024-25.

The current Corporate Risk Register and associated risks date back to 2012 and were introduced at the time of the new hospital becoming operational. The majority of Risk Owners have inherited the current risks based on the needs of the hospital over a decade ago. A full review of the Corporate Risk Register is underway to align the risks with the current aims, objectives and KPIs

No	Planning Priority	TSH Board Action
7.1	Completion of the Perimeter Security and Enhanced Internal Security Project.	Complete the overall project in Q2 and agree handover from contractor.
7.2	Quality assurance of physical security approaches.	Develop and implement an underpinning framework for the security systems and clinical security to support the Clinical Model.
7.3	Development of the Corporate Risk Register	Review the current Corporate Risk Register – final draft complete by end of Q3 with sign off Q4
7.4	Maintain Partner Agency Relationships a	Multi agency work will continue throughout the year with continued partnership working taking place. A full review of the Lv3 Multi Agency plan will be completed by Q4 with a further multi-agency exercise planned for Q3/4.
7.5	Development of a resilience plan testing regime	Resilience testing plan timetable will be developed in Q1 with the programme of testing being implemented thereafter. This will run on a 3-year cycle.

SECTION B: SERVICE SUSTAINABILITY

Budget control and sustainability

Scottish Government has highlighted the national financial position for 2024/25 as being under severe pressure. All boards have been instructed to achieve breakeven, with no brokerage option available and the Support and Intervention Framework now to be reinstated. The initial budget return for TSH for 2024/25 shows a savings requirement of £1.33m - an increase from 2023/24 of £0.76m. TSH is now working to have plans in place to achieve this national target of 3% recurring savings on baseline budgets.

The impact of this is being discussed with all TSH directorates on an individual basis to assess savings plans within each area, and identify specific initiatives in order that these can be achieved. This approach will review in detail, with the senior members of the teams, the individual budget codes including an assessment of staff costs and the bands of which these are comprised, together with a review of the levels of budget approval granted in order to ensure full control over expenditure

Given the significant financial challenges, SG has encouraged NHS Boards to review a 15 point spending grid to form a self-assessment of some immediate actions that could be considered to address financial pressure.

Scottish Government – 15 Point Spending Grid

Prescribing	Workforce	Productivity / Other
1. Transition to regional formularies	1. Further agency reduction / bank optimisation	1. Theatre optimisation – to agree approach to investment and roll out
2. Digital prescribing to be accelerated	2. Clear reduction in sickness absence by end of 24/25	2. Remote outpatient apportionments – to agree national/local targets
3. To establish targets to complete a number of polypharmacy reviews by end of 24/25 using a person centred approach	3. Review of national cost of pay protection and options on changes to this	3. Review of integration schemes – to set out review process and what common changes could be considered
4. All Boards to work to reduce medicines of low clinical value	4. Agreed trajectory of decreasing headcount in administrative and support services job family as part of wider work on business systems transformation	4. Procedures of low clinical value – agree how to work with SG to reduce spend for these areas
5. Further work on affordability of new medicines	5. Medical locums – to provide similar support to that of nurse agency to drive down high cost locums	5. PLICS – to work across Boards to update costing data through PLICS or similar to allow better decision making and identifying variation

TSH has carried out an analysis of the above 15 point spending grid. On review of the prescribing actions, TSH has determined that medicines budget is already delivering value for money. All points have been considered and either already been actioned with the introduction of HEPMA and review of medicines prescribed, and no new medications are being considered. Actions in the columns of Workforce 1- 4 and Productivity/Other - 3 and 5 are considered to be areas that TSH may be in a position to review.

Workforce sustainability

TSH currently have a range of actions associated with maintaining and sustaining its workforce. In addition to the areas noted the Workforce Strategy section p8-13, TSH will introduce a vacancy control process to critically review each vacant post at a senior level, prioritise patient facing services and carry out a review of headcount in administrative and support services

The NHS Scotland Planning and Delivery Board is considering the requirement for a national-level business services transformation. As part of this, Boards will be expected to establish clear trajectories for increasing efficiencies across administrative and support services. Board specific improvement plans and targets will be developed and issued via the Planning and Delivery Board and progress will be monitored through, inter alia, quarterly returns

Building maintenance and sustainability

TSH is a relatively modern facility with the new hospital completed in 2011. However, the building will need lifecycle maintenance. Maintenance costs will inevitably increase as the facility ages. These costs now need to be planned for to maintain standards of building quality for patients and staff to enable a level of care. While formula capital will be maintained at 2023-24 levels (TSH being £269k), it has been notified that no additional funding will be provided, including in relation to the previous SG intention to increase formula capital so that it doubles over the Capital Spending Review period (2021-22 to 2025-26).

Scottish Government have confirmed that there will not be funding development costs for any new projects. They also do not anticipate starting construction of any new project over the next two years at least, with an immediate stop on any project development spend, otherwise these costs may need to be funded from local formula capital budgets which should instead be directed towards maintenance of the existing estate and essential equipment and digital replacement.

Transport strategy

Given the significant pressure in the financial position, TSH will review spend within the transport strategy and identify areas where postponement of spend could be considered.

Communications

TSH has a range of communications functions in track to support staff, patients and the wider community, these are

- Development of the intranet to support staff knowledge and awareness and support HR processes
- Development and ongoing use of TSH website

TSH Collaborations and Service Level Agreements

TSH collaborates with and procures various services from a range of stakeholders to provide value for money and deliver care and treatment. We regularly work with other NHS Boards, Local Authorities and independent providers via service level agreements (SLA's) to meet the needs of both our patients and the organisation.

TSH staff also work for other NHS Boards, Scottish Prison Service and Scottish Government to provide specialised medical services via SLAs to support specialist care. This provides income for TSH.

TSH reviews its SLAs regularly and reports these through the Audit and Risk Committee. In 2023/24 retendering of the Occupational Health SLA released some savings back into TSH. The review of the Advocacy Service SLA is underway and will be retendered in Q1 2024/25. Below is an overview of the SLAs and contracts with NHS Boards, Local Authorities and other stakeholders.

NHS Board / LA supplier	Contract type
NHS Lanarkshire	SLAs to provide the following for TSH - podiatry, pastoral care, antimicrobial prescribing, physiotherapy, speech and language therapy, infection control support and governance, dental services, management of medical equipment, staff care specialist.
NHS Lothian	Pharmaceutical services and provision of Forensic Psychiatry sessions
NHS Dumfries and Galloway	Occupational Health and TSH provides medical services
NHS Ayrshire and Arran	Finance system support
NHS Greater Glasgow and Clyde	Payroll services
NHS Forth Valley	Sterilisation services, TSH supply medical services.
NHS Tayside	E – expenses and e-payroll services.
NSS	Finance support
Scottish Government	TSH supply specialist staff support and medical services
South Lanarkshire Council	Social work service
University of West of Scotland	TSH supply specialist staff support
Scottish Prison Service – HMP Glenochil and YOI Polmont	TSH supply Forensic Psychiatry sessions

The Procurement Reform (Scotland) Act 2014 requires authorities to comply with the Sustainable Procurement Duty where applicable. The Scottish Government Sustainability Toolkit is used in all regulated Tenders to identify opportunities to ensure sustainable contracts. A large programme of work is continuing to review these agreements to meet our current requirements.

National Planning

Through the National Directors of Planning Group TSH is supporting and participating in an integrated approach to recovery and delivery planning across NHS Scotland. The following National Boards Collaborative Charter has been agreed with Directors of Planning

To maximise the effective use of our collective resources, improving the quality and sustainability of our services and making the best use of public funds, NHS Boards will work together in the planning environment using the following principles.

- Inclusive by nature. - Our organisations will look to share, partner and offer access to products, services and initiatives. Encouraging a 'once for' approach
- Transparent. -We will be open in all our dealings and realistic about opportunity and challenge
- Respect difference, seek commonality. - We will seek to understand and support unique aspects of our organisations, while actively seek commonality and opportunity
- Accountable. We will make commitments that are fully understood and ensure they are delivered
- Respectful challenge. We will champion change and encourage the removal of barriers
- Collective benefit. We will provide mutual support and aid to ensure benefits and costs are share

SECTION C: RISKS AND ISSUES ASSOCIATED WITH DELIVERY, FINANCIAL BALANCE AND WORKFORCE

Scottish Government have in their commission to NHS Boards, acknowledged that there is significant challenge, both financial and operational in delivering an accurate and robust plan and financial forecast for 2024/25. The initial budget return for TSH for 2024/25 shows a savings requirement of £1.33m - an increase from 2023/24's £0.76m. This is an extremely challenging financial position for TSH, which has an 84% staff budget cost against revenue budget.

NHS Boards have been asked by Scottish Government to ensure that they focus on preventative risk management with an emphasis on active performance, financial and risk management.

TSH Corporate Risk Register has been updated to reflect the challenging financial position with a detail risk assessment of the financial integrity and the future financial planning of the organisation. The risk has been rated as high. The risk will be monitored monthly through financial governance meetings to ensure enhanced scrutiny and reporting processes. Notification will be to the Audit and Risk Committee for monitoring and TSH Board for approvals.

While existing areas of known future pressure continue to be considered, additional potential areas (e.g. energy, "green" costs, rates, overtime) also now require to be addressed. Among these is the reduction to a 36 hour week for Agenda for Change staff groups; the impact of any 2024/25 pay awards for which Scottish Government funding has not been indicated; preventative maintenance requirements and fixed-term posts without permanent funding.

Organisational performance is actively managed through the Strategic Planning and Performance Group where performance against plan is considered alongside ongoing strategic planning. This group reports to CMT. In addition, each directorate has quarterly Directorate Performance Meeting with the Chief Executive to actively manage and review performance. The focus of these meetings over 2024/25 will be on the opportunities and challenges of current financial and resource context in addition to specific delivery issues.

The TSH Digital Inclusion programme which has been extensively scoped is currently being collated with identified financial and staffing resource demands. This will now require consideration as to which aspects, if any, are able to be addressed within the current and forecast resource envelope, and will be communicated to staff accordingly.

NHS Boards are also asked to identify areas of workforce that pose a risk to service delivery and any actions identified to manage this. TSH has a Workforce Governance Group, which has overview of key workforce issues, this reports into the Staff Governance Committee. As a patient facing NHS Board, TSH requires to prioritise patient facing services, however with 16% of revenue budget not allocated to staff resource, there is significant challenge in achieving savings and breakeven targets against this element of the budget. This challenge is recognised in the financial integrity risk assessment and will be monitored as set out above.

NHS Scotland's Support and Intervention Framework provides a ladder of escalation for support and intervention by Scottish Government. All boards have been instructed to achieve breakeven – with no brokerage option available and the Support and Intervention Framework now to be reinstated to provide escalation for Boards. The Support and Intervention Framework is aligned to the revised NHS Scotland – Blueprint for Good Governance. TSH will carry out a self-assessment against the revised blueprint in Q1 with an action plan developed

Overview of TSH Governance Structure

There are three statutory governance strands for NHS Boards in Scotland. TSH structure is aligned through the: 1) Clinical Governance Committee 2) Staff Governance Committee and also Remuneration Committee 3) Audit and Risk Committee. The State Hospitals Board receives annual reporting from each committee, to provide assurance that it has met its remit.

Board Governance Structure:



Governance
structures - Board.do

The Board works actively to review its corporate governance arrangements, taking direction from the NHSScotland Blueprint for Good Governance in NHSScotland. The key focus in 2024/25 will be implementation of the Board Improvement Plan, developed in response to the self-assessment exercise that took place during 2023/24.

TSH continues to review its management reporting systems and organisational groups actively, to embed a streamlined linear approach, and to underpin assurance reporting for the Board. This structure is led by the Chief Executive as follows:

TSH Organisational Group Structure



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