THE STATE HOSPITALS BOARD FOR SCOTLAND
BOARD MEETING

THURSDAY 23 OCTOBER 2025
at 9.30am
Hybrid Meeting: in Boardroom and on MS Teams

A G E N D A

9.30am			
1.	**Apologies**		
2.	**Conflict(s) of Interest(s)** To invite Board members to declare any interest(s) in relation to the Agenda Items to be discussed.		
3.	**Minutes** To submit for approval and signature the Minutes of the Board meeting held on 28 August 2025	For Approval	TSH(M)25/07
4.	**Matters Arising:** **Rolling Actions List: Updates**	For Noting	Paper No. 25/87
5.	**Chair's Report**	For Noting	Verbal
6.	**Chief Executive Officer's Report**	For Noting	Verbal
9.45am	**RISK AND RESILIENCE**		
7.	**Corporate Risk Register** Report by the Acting Director of Security, Estates & Resilience	For Decision	Paper No. 25/88
8.	**Finance Report – to 30 September 2025** Report by the Director of Finance & eHealth	For Noting	Paper No. 25/89
10.10am	**CLINICAL GOVERNANCE**		
9.	**Quality Assurance and Quality Improvement** Report by the Head of Planning, Performance and Quality	For Noting	Paper No. 25/90
10.	**Medical Education Report** Report by the Medical Director	For Noting	Paper No. 25/91
11.	**Medical Appraisal and Revalidation Annual Report** Report by the Medical Director	For Noting	Paper No. 25/92
10.40am	**STAFF GOVERNANCE**		
12.	**Staff Governance Report** Report by the Director of Workforce	For Noting	Paper No. 25/93
13.	**Whistleblowing Update Quarter 2/ Speak Up Week** Report by the Director of Workforce	For Noting	Paper No. 25/94

14.	**Reduced Working Week** Report by the Director of Workforce	For Noting	Paper No. 25/95
11.10am	**BREAK**		
11.20am	**CORPORATE GOVERNANCE**		
15.	**eHealth:** - **Annual Report 2024/25** - **Network and Information Systems Review** Report(s) by the Director of Finance and eHealth	For Noting	Paper No. 25/96 Paper No. 25/97
16.	**Whole System Infrastructure: Business Continuity Plan** Report by the Acting Director of Security, Estates & Resilience	For Noting	Paper No. 25/98
17.	**Project Update for the National High Secure Forensic Healthcare Services for Women in Scotland** Report by the Programme Director	For Noting	Paper No. 25/99
18.	**Perimeter Security and Enhanced Internal Security Systems Project** Report by the Programme Director	For Noting	Paper No. 25/100
19.	**Board Improvement Plan** Report by the Head of Corporate Governance	For Noting	Paper No. 25/101
20.	**Audit and Risk Committee:** Approved Minutes of meeting held 19 June 2025	For Noting	ARC(M) 25/03
	Report of meeting held 2 October 2025	For Noting	Paper No. 25/102
21.	**Any Other Business**		Verbal
22.	**Date of next meeting:** 9.30am on 18 December 2025		Verbal
23.	**Proposal to move into Private Session, to be agreed in accordance with Standing Orders.** Chair	For Approval	Verbal
24.	**Close of Session**		Verbal

Estimated end at 12.15pm

THE STATE HOSPITALS BOARD FOR SCOTLAND **TSH (M) 25/07**

Minutes of the meeting of The State Hospitals Board for Scotland held on Thursday 28 August 2025.

This meeting took place by way of MS Teams and commenced at 9.30am.

Chair:	Brian Moore
Present:	
Employee Director	Allan Connor
Non- Executive Director	Stuart Currie
Non- Executive Director	Cathy Fallon
Chief Executive Officer	Gary Jenkins
Director of Nursing and Operations	Karen McCaffrey
Vice Chair	David McConnell
Finance and eHealth Director	Robin McNaught
Non- Executive Director	Pam Radage
Non- Executive Director	Shalinay Raghavan [from Item 8 onwards]
Medical Director	Lindsay Thomson

In attendance:

Acting Director of Security, Estates & Resilience	Allan Hardy
Clinical Forum Chair	Joe Judge
Skye Centre Manager	Jacqueline Garrity [Item 7]
Social Work Mental Health Manager	David Hamilton
Information Governance and Data Security Officer	Ken Lawton [Item 20]
Head of Planning, Performance and Quality	Monica Merson
Head of Corporate Governance/Board Secretary	Margaret Smith [Minutes]
Programme Director	David Walker [Item 8]
Director of Workforce	Stephen Wallace

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr Moore welcomed everyone and noted apologies from Ms Caroline McCarron, Head of Communications.

2 CONFLICTS OF INTEREST

There were no conflicts of interest noted in respect of the business on the agenda.

3 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 19 June 2025 were noted to be an accurate record of the meeting, with one minor amendment in nomenclature.
The Board:

1. Approved the minute of the meeting held on 19 June 2025.

4 ACTION POINTS AND MATTERS ARISING FROM PREVIOUS MEETING

The Board noted that actions had progressed or were on the agenda for today's meeting.

The Board:

1. Noted the updated action list, with the updates provided.

5 CHAIR'S REPORT

Mr Moore advised that, along with Ms Raghavan, he had attended the TSH3030 Oscars and thanked everyone involved in arranging this initiative and the event. This event had platformed a number of improvement initiatives which demonstrated the work of the hospital. Mr Moore added that it would be helpful to see all of the posters produced as a single source. Ms Merson confirmed that this would be the case and said that nine projects were continuing which was positive. The Patient Partnership Group (PPG) project, which would be the subject of the Patient Story at today's meeting, was developing further, and the Project Facilitator from Ms Merson's team was providing support to the group to enable this. She added that there had been positive feedback from both patients and staff about TSH3030, and the benefit of the initiative.

Mr Moore advised that he had attended the Patient 5k Run on 17 July, and that this had been a really uplifting event, with some staff also joining in the run and others spectating and cheering the runners on. He offered congratulations to everybody involved. The Sports Awards Ceremony had also been well attended, with patients receiving awards to mark their achievements in a wide range of activities. The patients' dedication and enjoyment had been evident.

He had also attended a meeting of the PPG and had given an overview of the Board's governance role which had been positively received. Patients had also discussed some aspects of service delivery, including the impacts on their day to day lives when there were job vacancies in departments, and also during occasions when staff sickness levels had increased. It was a helpful and interesting discussion, especially in terms of patients' perceptions.

On the 1 August, Ms Radage and himself had taken part in a walkround in the Harris building, meeting staff and learning more about their roles. This had been insightful and a useful learning experience. He thanked all the staff involved on the day. Mr Radage echoed these sentiments and said that as previous walkrounds had been in clinical areas, it had been a good opportunity to link with staff in support roles.

Mr Moore confirmed that he had attended NHS Board Chairs Group meetings and chairs meeting with the Cabinet Secretary for Health and Social Care, Mr Neil Gray MSP. Discussions had been focused on the NHS Reform agenda including the Single Authority Model, as well as receiving an update on Network and Information Systems (NIS) in relation to cyber security.

The Board:

1. Noted this update from the Chair.

6 CHIEF EXECUTIVE'S REPORT

Mr Jenkins advised that the Board Chief Executives (BCE) Group had met with focus being on the NHS Scotland Operational Improvement Plan, particularly on the planned reduction in waiting times including cancer waiting times, as well as unscheduled care and primary care services. He also noted

that he had met with the Chief Executives for NHS Greater Glasgow and Clyde, and NHS Lothian, and thereafter with the Chief Operating Officer for NSH Scotland around whole system provision of mental health services. He also advised that Board Chief Executives had signed off process for business systems across all NHS Boards, following significant work in this respect.

Mr Jenkins highlighted that the interim Women's Service had opened as scheduled on 21 July, with in-year funding confirmed by Scottish Government. This would be considered later in the meeting as part of today's agenda.

He had also had a follow up meeting with Scottish Government and Network Rail in respect of major contingency planning, and this would be brought to the Board in the future. He had also been involved in a resilience exercise around power outages and lessons learned from the recent Storm Eowyn. This had provided good assurance form the Head of Estates and Facilities around steps to ensure generator resilience.

The latest quarterly Sponsorship meeting had taken place with the Mental Health Directorate on 30 June, with various issues being discussed including charges for patients from Northern Ireland, as well as the report from the Forensic Governance Advisory Group relating to forensic mental health services across Scotland. It had been confirmed that the report was with the Minister for Mental Wellbeing and Social Care for consideration.

Mr Jenkins provided that work was continuing on the Reduced Working Week for Agenda for Change (AfC) staff, in readiness for plans to be completed by 1 October 2025. He also noted that the early and helpful feedback on the work of the Workforce Equalities Group had been presented at the recent Board Development Session, with further reporting to be considered at today's meeting.

He asked the Board to note the continuing efforts to conclude the Perimeter Security and Enhanced Internal Security Systems Project, to focus on the closure of items into the Defects and Liability period, with reporting to be considered at this meeting.

Mr Jenkins confirmed that the majority of Directorate Performance Review Meetings had taken place, with the Nursing and Operations meeting scheduled for later today. Lastly, he drew the Board's attention to previous reporting in relation to nursing resourcing (from the Board's meeting in April) noting that there would be an increase in deficits and some operational challenges, until the newly recruited staff were able to fill the vacancies created by the opening of the Women's Service.

The Board:

1. Noted the update from the Chief Executive.

7 PATIENT STORY: TSH3030 – PATIENT PARTNERSHIP GROUP "PROJECT PASS IT ON."

The Board received a presentation from Ms Jacqueline Garrity who outlined the project that the PPG had undertaken as part of TSH3030 initiative. The project aim had been to improve the sharing of information from the PPG to their peers across all wards. The PPG had realised that information from their meetings was not being shared in a consistent way. The project was continuing, and the PPG had recently engaged with Charge Nurses to explore what type of barriers may be present impeding information sharing, and to consider different approaches. They had also been able to learn Quality Improvement skills as part of their work and would be supported further in this respect. The PPG would provide input on their progress to the Person Centred Improvement Group, and this would help to support sustaining changes made in the future. Ms Garrity explained that the PPG had recorded their story as a group, so that each member of the group could contribute.

She then played a recording of the PPG speaking about their experience of the project and taking part in a hospital wide improvement initiative. They spoke about their goal to improve communication to all

patients from the PPG, and that they had used different ways to do so including flash reports and

compiling notes that could be copied and shared. The project had also helped to raise the profile of the PPG. In the past it had been perceived as a forum just for raising concerns, but now it was much more positive. The group talked about enjoying the TSH3030 ceremony, and how much they had appreciated receiving a Highly Commendable Award to recognise their work.

Ms McCaffrey noted how proud the PPG had been to take this project forward and learn new skills at the same time. They had been really enthusiastic about sharing their story with the Board, and this was a great way to re-confirm the value of patients' contribution.

Ms Fallon agreed, and found the presentation really enjoyable, and valuable in having direct involvement from patients. She asked that the Board's thanks be passed on to all of those involved. Ms Radage had similar thoughts and said that it showed how well the PPG had been developing in terms of its role in the past year.

Mr Jenkins confirmed that he would write personally to the PPG to thank them for their work, and their contribution.

Action – Mr Jenkins

Mr Moore thought that this project was a great way of promoting the work of the State Hospital, especially the focus on patient engagement and quality improvement, with staff and patients working together.

.

The Board:

1. Noted the full update within reporting.
2. Noted thanks to the PPG, with Mr Jenkins to write to do so.

8 HIGH SECURE FORENSIC HEALTHCARE SERVICE FOR WOMEN

The Board received a paper (Paper No. 25/68) from the Programme Director on the new development of national high secure forensic healthcare for women within the State Hospital.

Mr Walker joined the meeting and confirmed that the Interim and Outreach Service had attained 'patient ready' status on 21 July 2025. Further, that a workshop with key stakeholders had taken place in respect of a proposed pilot of the outreach service with further reporting of this to be considered by the Project Oversight Board when it next meets.

With respect to Phase 2, relating to the Medium-Longer Term Service Model, Mr Walker highlighted the options available to TSH that are outlined in DL 2025 (14) – Whole System Infrastructure Planning – Strategic Planning Phase including updated governance arrangements for Capital Spending. This would involve the preparation and submission of a Strategic Assessment (SA) which would be considered for approval through the steps set out in the Scottish Capital Investment Manual. This meant that the SA could be submitted in 2026/27, following the process through to Full Business Case would in 2031 and a potential project start date of 2032.

Mr Moore thanked Mr Walker for providing a clear update on the capital planning process, and Mr McConnell asked about whether there could be potential for the timescale being shorter. At present, the timetable may mean that infrastructure works would not commence until 2032, and the service itself would not then be ready for some time after that. He reflected on the impact to the interim service during that time period.

Mr Currie agreed with these concerns which represented a stark position potentially. It was important that the revenue costs for the interim service were part of the financial baseline during this time. The legal imperatives for introducing the interim service had been made clear to the Board by Scottish Government, and these would remain in place until the longer-term service was in place. Ms Fallon offered her agreement with these points, as well as thanking the project team for their work in getting the service to readiness for the target date.

Mr Jenkins noted his understanding that the State Hospital Board were responsible for the interim service, as directed by Scottish Government. The revenue funding had been received for the current year and would continue to be an area of focus with the Mental Health Directorate going forward. He said that it would be a challenge to best use the space available for the interim service over an extended period of time, balancing this with the needs of the hospital as a whole including the need to have contingency planning in place. He was in support for the model outlined in reporting, but at the same time offered assurance that every opportunity presented would be taken to shorten the timescale. In the meantime, it was important to take forward the necessary planning work required to prepare the SA.

Professor Thomson noted the clinical concern should the interim service be considered to be the solution on a longer-term basis. She thought that there was a strong basis on which to prioritise the funding required for the longer-term service in terms of clinical safety.

Mr Moore summed up for the Board, advising that the next Project Oversight Board would take place in the next week, and that further update reporting would be circulated to the Board following that.

The Board:

1. Noted the full update within reporting.
2. Agreed to the further development of Phase 2 as outlined.

9 CORPORATE RISK REGISTER

The Board received a paper (Paper No. 25/69) from the Acting Director of Security, Resilience and Estates in respect of the Corporate Risk Register. Mr Hardy provided a high level summary of the position for the Board.

He confirmed that all risks had been reviewed within the required timescale, and noted the key changes made since the date of the last Board meeting. This included the addition of a new risk MD36 relating to the impact on the female service of any delay in the implementation of the long-term model. He also asked the Board to note that two risks relating to learning from events, CE12 and SD57 had been merged as they coalesced around the same risk. A change had been made to the risk rating for ND70 relating to the effective utilisation of resources to optimise patient care and experience, and this had been reduced to medium. Within the Workforce Directorate, risk HRD 116, in respect of the potential risk of failure to complete Protecting Vulnerable Groups (PVG) checks on all staff within the required timescale, had been reduced to its target level of medium. Lastly, Mr Hardy confirmed that work was progressing toward further reduction of corporate risks towards their target rating.

Mr McConnell asked about the new risk MD36, and its rating as a medium risk in terms of the previous paper received at this meeting and the position outlined on the longer-term service. Mr Hardy agreed that this would need to be reviewed further in line with developments in this respect to acknowledge the risk and the available mitigations.

Mr Currie welcomed the report which helped to demonstrate movement in the way that risks were reviewed. He thought that the work relating to PVG check had been excellent, thus allowing the risk to decrease. He noted that review dates across a number of risks were due in the next month, and the need to manage this carefully in terms of the resource available to do so, and Mr Hardy acknowledged this point.

Ms Radage agreed with the point made about the positive work relating to PVG checks and also asked about risk MD30 relating to levels of patient obesity in terms of the timing of the review of the related Key Performance Metric (KPI). Mr Jenkins commented that the current KPI did not necessarily produce a meaningful means through which to measure success in this area. Work was progressing on this, and Professor Thomson confirmed that a new KPI would be in place by the end of the year. She thought that the key to this would be how to measure any difference made in this regard and to follow that through the clinical governance route. She also noted the need to reflect differences within patient

cohorts within services e.g. the Transitions Service would present a different position to that of Admissions and Assessment as patients were at a different stage of their recovery. She said that there were a number of initiatives underway especially in terms of exercise which were having a positive impact.

Ms Fallon asked a further question about the implementation of the Reduced Working Week for AfC staff groups, and it was confirmed that the plan for implementation was due for 1 October 2025, and then these would be implemented by April 2026. She also asked about the overall risk strategy, and the level of risk appetite particularly around tolerance for low and medium risks and the review of controls on these to ensure that they remained relevant. She noted that this had been considered in detail previously through a Board Development Session, and that it would be helpful to do so again. Leading on from this point, Mr Moore also noted the reference to the link to Local Risk Registers and the need for the Board to have assurance in the way that these were being managed. It would be helpful to receive assurance reporting in this respect.

Mr Jenkins confirmed that that future reporting would consider these points, and this would be brought back to the Board and agreed that this could also be discussed further through a development session.

Action(s) – Mr Hardy/ Ms Smith

The recommendations of the report were accepted by agreement around the table.

The Board:

1. The Board reviewed the current Corporate Risk Register and approved it as an accurate statement of risk
2. The Board asked for further consideration of the risk strategy especially in terms of risk tolerance and review of controls through a board development session
3. Further to include assurance on management of the local risk registers within reporting.

10 FINANCE REPORT

The Board received a paper (Paper No. 25/70) from the Director of Finance and eHealth, presenting the financial position to 31 July 2025 (Month 4). Mr McNaught confirmed the position, this being of a small variance and a year-end break-even position being anticipated.

The position within the nursing directorate had improved, within the context of clinical acuity including outboarding of patients for acute care when required, staff vacancies and sickness absence. This continued to be closely monitored. He outlined the continuing wider financial pressures and confirmed that Scottish Government remained content with the overall position at this date. In terms of capital demand, he advised that additional non-recurring capital budget of £380k had been granted by Scottish Government for a range of maintenance work as detailed in reporting.

In response to a question from Mr McConnell about the impact of the women's service on nurse resourcing, Ms McCaffrey confirmed that there were competing pressures in play which had impacted the use of overtime and that the need to reduce overtime costs to projected levels was recognised. Mr McNaught confirmed that this was being monitored very closely, and Mr Jenkins added following the agreement to increase nurse resourcing, the benefit of this investment had been seen during June and July in relation to less impact on service delivery and use of daytime confinement. However, the opening of the women's service had then negatively affected this. New staff were being onboarded, and a positive impact was expected which would stabilise the position, with the expectation of a normalised baseline by October.

Mr Currie thought that the reduction in overtime overall was encouraging, and asked whether a clear trend could be seen in the reduction of sickness absence and a reduction of overtime levels. Leading on from this, he asked if it would be possible to see a correlation to any such trends in terms of staff wellbeing. He asked for consideration of how to demonstrate these trends, and any potential alignment and acknowledged that this may be something to consider in future as more data was available,

perhaps at the end of the next quarter. Mr Wallace commented that in this regard it would be essential to establish cause and effect and take learning from that and this would be considered over time. Ms McCaffrey underlined the robust approach being taken in the management of overtime, and that the key strategy was accountability at the right level with leaders within nursing understanding the impact of decision-making on overall resourcing.

Ms Fallon commented positively on the collaborative team effort that was evident in reaching this positive financial position. She noted the additional capital funding and that some of the works underway could benefit patients in terms of physical health. She also asked about the pressures due to Microsoft 365 (M365) which was unfunded, and also on energy and inflation increases. Mr McNaught said that M365 was a current pressure which was being managed within the State Hospital's allocation but that this pressure impacted all NHS Boards and was being led through NHS National Services (NSS). In terms of energy costs, there was a reduction expected compared to the previous year and a further benefit was expected from the LED lighting upgrades.

With reference to the capital budget, demands for the current year would be prioritised against the available allocation. This included specific additional estate demands in the form of necessary repairs and upgrade works, supported by Scottish Government following a submission of requirements.

Mr Moore summed up for the Board, saying that it was important to highlight the positive financial performance which placed the Board in a good position in terms of the national landscape.

The Board:

1. Noted the content of the report.

11 QUALITY ASSURANCE AND QUALITY IMPROVEMENT

The Board received a paper from the Head of Planning, Performance and Quality (Paper No. 25/71) which outlined quality assurance and improvement activities. Mr Merson outlined the key details of the report, and this included the result of a number of clinical audits as well as high level reporting of the Hospital Wide Variance Analysis Tool (VAT). She also provided an overview of the TSH3030 project, which had been well received and had produced a range of successful initiatives.

Ms Fallon thanked Ms Merson for her report, which was helpful in providing a summary of the range of work underway, and that it was particularly pleasing to see the success of TSH3030. She asked for further assurance regarding the detail of clinical audits relating to medications, especially lithium and the practice involved in signing out medications. Professor Thomson confirmed that there were no clinical concerns in this respect in terms of patient safety. Ms Fallon also asked about the evidence matrix in the report regarding guidelines and standards, and whether there were any potential risks due to reviews being outstanding. Ms Merson noted that these could be reviewed further to make any potential risk clear in reporting.

Mr Jenkins noted the granularity of reporting, especially in relation to clinical audit, within the context of a small patient cohort, and reflected that reporting in this regard could be reviewed to ensure that more detailed reporting was routed through the oversight of the Clinical Governance Committee. This was agreed around the table in terms of future reporting.

Action – Ms Merson

Ms Radage asked for clarification of what was entailed in the prevention and management of violence and aggression (PMVA) post physical audit, and Ms McCaffrey advised that this related to the de-briefing process to make sure that all relevant steps following the use of PMVA techniques had been addressed.

Mr Moore thought that it would be helpful to include further background in terms of team based quality initiatives as these developed in the future. He also noted the possible benefit of comparing performance against clinical audit as outlined in the paper to other performance metrics such as

sickness absence.

The Board:

1. Noted the content of the report.
2. Noted that reporting detail should be reviewed as outlined.

12 CLINICAL GOVERNANCE COMMITTEE

The Board received the approved minutes of the meeting, which had taken place on 8 May 2025, as well as a summary report (Paper No 25/72) of the meeting which had taken place on 14 August 2025. As Chair of the Committee, Ms Fallon noted that the meeting this month had been positive, and that there had been a decision to review reporting in relation to taking learning from Serious Adverse Events.

The Board:

1. Noted the content of the approved minutes dated 8 May 2025.
2. Noted the update from the meeting held on 14 August 2025.

13 CLINICAL FORUM

The Board received the approved minutes of the meeting, which had taken place on 11 June 2025. As Chair of the Forum, Dr Judge provided an update to the effect that the Forum had met again this week and had elected a Vice-Chair. Discussion at the meeting had included daytime confinement, and a presentation had been received from Dr Sheila Howitt in her role as Clinical Lead for the Women's Service. He was keen to develop further the link between the Board and the Forum, to ensure that the clinical voice was heard; and he had also linked in with the National Area Clinical Forum Group. The Forum had also received an update form Ms Smith about the upcoming Ministerial Annual review and would now prepare for that.

Mr Moore thanked Dr Judge for his update, and it was confirmed that both he and Mr Jenkins would be available to attend future meetings of the Forum.

The Board:

1. Noted the content of the minutes dated 11 June 2025, and the update from Dr Judge.

14 STAFF GOVERNANCE REPORT

The Board received a report from the Director of Workforce (Paper No. 25/73) providing a summary of workforce performance data to 31 July 2025. Mr Moore note that the Board had reviewed the key elements of this at the recent Board Development Session, and that the Staff Governance Committee had met on the previous week and had considered this is detail. Mr Wallace then confirmed that the majority of KPIs were in a good position, with sickness absence rates having improved over the quarter as a whole. In this regard the improved rates within some wards and areas were acknowledged by the Board, particularly Lewis 3 and Mull 2.

The Board:

1. Noted the content of the report.

15 PROTECTING VULNERABLE GROUPS (PVG) REPORT

The Board received a paper (Paper No. 25/74) from the Director of Workforce to provide an update on the progress of introduction of changes made by Disclosure Scotland relating to the Disclosure

(Scotland) Act 2020, as of 1 April 2025, with the State Hospital. Mr Wallace confirmed that all required applications were submitted by the required date and then followed up appropriately. There were no consequential issues arising from this.

Mr Moore thanked Mr Wallace and his team on behalf of the Board, for this positive outcome.

The Board:

1. Noted the content of reporting.

16 EQUALITIES UPDATE

The Board received a paper (Paper No. 25/75) from the Director of Workforce to provide an update on equalities, and more specifically on a commitment to developing an anti-racism plan, covering both the workforce and wider health care inequalities.

Mr Wallace summarised the work undertaken to date, as well as the need to provide an update in this respect to Scottish Gvoernment. This had included setting up the Workforce Equalities Group (WEG) and carrying out a staff wide survey on inequalities to help better understand the lived experience of staff. Mr Wallace outlined the future priorities of the WEG as well as the key milestones of this work. He also noted that the outcomes of the staff survey had been fed back to the Board at its recent development session.

Mr Jenkins added that he welcomed this workstream, and the added value and sophistication of the work underway. Ms Raghavan agreed with this, and noted the work carried out to date and that she was working closely on this in her role as Equalities Champion. Mr Moore thanked Mr Wallace and his team for the progress made in this regard.

The Board:

1. Noted the content of reporting.

17 WHISTLEBLOWING UPDATE – QUARTER 1

The Board received a paper (Paper No. 25/76) from the Director of Workforce which confirmed that there had been no new cases received during Quarter 2 of this year, and also to provide background on the preparation for Speak Up Week this year, which would take place on week commencing 29 September.

Mr Wallace provided an overview of the approach including reinforcing the routes that were in place through which staff could speak up to raise any concerns. He advised that he had asked the Organisational Development Team to lead the campaign this year. This would focus on psychological safety and building support for line managers in how to respond to concerns raised.

Ms Raghavan noted her agreement with this approach and that she was liaising with the team in this respect, as Whistleblowing Champion.

The Board:

1. Noted the content of reporting.

18 STAFF GOVERNANCE COMMITTEE

The Board received the approved minute of the meeting that took place on 15 May 2025; as well as a summary report (Paper No 25/58) of the key areas of reporting and discussion at the meeting which

had taken place on 21 August 2025. As Committee Chair, Ms Radage asked the Board to note the cohesion in reporting through both HR and OD, and that there had a helpful paper from the Corporate team in respect of Non-Executive Walkrounds which would be considered further as the next Board Development Session.

The Board:

1. Noted the content of the approved minutes of the meeting on 15 May 2025.
2. Noted the update in relation to the meeting held on 21 August 2025.

19 FEEDBACK AND COMPLAINTS ANNUAL REPORT 2024/25

The Board received a paper (Paper No. 25/78) from the Head of Corporate Governance which provided a summary of activity for the year 1 April 2024 to 31 March 2025, in line with the Patient Rights (Scotland) Act 2011 and associated regulations and directions.

Ms Smith advised that the report content was prescribed by Scottish Government and noted that this was the first year in which complaints and feedback had been combined into a single reporting stream through the Clinical Governance Committee. She highlighted the focus on early resolution of complaints and noted the improvement in timescales for resolving Stage 2 complaints, with most being resolved within 20 working days, but acknowledged that further work was needed to improve response times. She noted a positive uptake of the Complaints and Feedback Module on LearnPro and outlined the links in place with the new staff induction process.

Ms Smith noted that feedback on the complaints process was obtained from patients and carers and expressed her view that report was reflective of the organisation's culture and its approach to working in equal partnership. Mr Moore thanked Ms Smith for her report and agreed that the report reflected the organisation's culture and links with quality improvement.

Ms Fallon echoed Mr Moore's remarks and commented positively on the presentation of the report. She asked what had contributed to the improvement in the response times for Stage 2 complaints and Ms Smith replied that this was due to extra resourcing for Stage 2 complaints. Ms Fallon further enquired whether complaints raised by patients at a local level were formally recorded and Ms Smith explained that such issues may be documented as concerns rather than formal complaints if the patient does not wish to initiate the formal complaints process. The patient's wishes would be followed in this regard.

Mr Currie enquired whether an easy read version of the report would be published on the State Hospital website and if the report was shared with patients. He suggested that the report could be shared with the PPG and other patient forums to see if the report recognised patients experiences with the complaints process. Ms Smith advised Mr Currie that the report had not previously been shared with patients, and that she would link with the PPG to explore if the report could be shared in this forum. Ms McCaffrey commented that the report is reviewed by the Person Centred Improvement Team (PCIT) and the PPG Chair attends PCIT meetings. Professor Thomson also thanked Ms Smith for the report and commented that it was interesting and valuable to see the themes emerging from complaints.

The Board:

1, Noted the content of reporting, and approved the report for submission to Scottish Government.

20 INFORMATION GOVERNANCE ANNUAL REPORT 2024/25

The Board received a paper from the Director of Finance and eHealth which presented an overview of the work across the organisation in relation to information governance (Paper No. 25/79)

Mr Lawton joined the meeting and led the Board through a summary of the content of the report. He emphasised compliance with Freedom of Information (FOI) response timelines, despite there having been a 28% increase in requests received during this time period. He also noted that a new Records

Management Plan had been prepared and submitted to the Keeper of the Records in December 2024. He went on to say that there had been a restructure within the team, and that this was proving beneficial. He asked the Board to note the key areas of future focus, and also that the team was a small one which was involved in sensitive work for the organisation which was vital to its function. Mr McNaught echoed this and noted the increasing volume of work for the team, and that this was an important area of compliance for the Board.

Mr Moore commented on the helpful structure of the report, which demonstrated a number of areas of good work as well as some areas of challenge. He also said that it had been a pleasure to meet with the team on a recent non-executive Walkround and learn more about the different functions within the team. He also noted that it was good to see a reduction experienced in data breaches.

Mr Jenkins also noted that the report was a testimony to the good work of the team, and thanked Mr Lawton in this regard.

Mr Moore asked about Data Protection Compliance Toolkit (DPCT) particularly around the rating for transparency and what this gauged. Mr Lawton outlined that this related to the requirement to notify individuals when using personal data and that this had to be considered on a rolling basis to ensure that all privacy notices were kept up to date. In response to a further point around the potential time-consuming nature of subject access requests, Mr Lawton noted both the volume of work that could be involved as well as that this may be emotionally draining work given the potentially sensitive contents of patient records.

Ms Fallon asked about the process for reviewing FOI responses to ensure that these were done independently. Mr Lawton confirmed that there was the required separation in place between staff working on the original response and the review, and that best practice guidelines from the information commissioner were followed in this respect.

Mr Moore summed up the report, welcoming it as a clear position statement on all areas across this remit.

The Board:

1. Noted the content of reporting.

21 PERFORMANCE REPORT – QUARTER 1

The Board received a paper from the Head of Planning, Performance and Quality (Paper No. 25/80) which provided a high level summary of organisational performance for Quarter 1 of the current year. Ms Merson summarised the report and asked the Board to note the three areas in which performance had not met the target level.

Mr Moore noted that the areas which were off target were discussed through the Board and standing committees on a regular basis.

In response to a query from Ms Fallon on the targets for staff attendance at case reviews and how often these were reviewed, it was confirmed that this had been done within the last year with Heads of Department to ensure that these remained realistic.

Mr Moore noted that the Board had already considered the measurement of patient BMI at today's meeting when discussing the related corporate risk. He acknowledged that the target of 150 minutes of moderate exercise each week for patients would have been positively impacted by seasonal variation over the summer, but thought that meeting this KPI did represent an important statement in terms of supporting patients to get as much exercise as possible. Ms Merson said that planning was being developed to provide patients with alternate means to exercise over the coming winter period. Professor Thomson echoed this point, providing the example of exercise bikes within hubs and the need to try and vary the types of activity available so as to maintain interest. This was noted as a good improvement initiative.

The Board:

1. Noted the content of the report

22 PERIMETER SECURITY AND ENHANCED INTERNAL SECURITY SYSTEMS PROJECT

The Board received a report (Paper No. 25/81) to confirm the updated position on this project. Mr Jenkins asked the Board to note the key points within reporting, which confirmed that all systems were functioning with only small items to consider with the main contractor. Further reporting would be submitted to the private session of the Board.

Board Members noted this position.

The Board:

1. Noted this update in relation to the Perimeter Security and Enhanced Internal Security Systems Project and recognised that this was also an item for the Private Session of the Board Meeting.

23 ANNUAL SCHEDULE OF BOARD AND COMMITTEE MEETINGS 2026

The Board received a proposed schedule for meetings for 2026 (Paper No. 25/82), and this was endorsed around the table.

The Board:

1. Agreed the schedule for meetings for 2026.

27 ANY OTHER BUSINESS

The Board received a further paper from the Medical Director (Paper No. 25/86) which requested approval for Dr Leanne Duthie as Approved Medical Practitioner (AMP) within the State Hospital in line with the Mental Health (Care and Treatment) (Scotland) Act 2003. This was formally approved by the Board.

The Board:

1. Approved Dr Duthie's status as AMP as outlined in reporting.

There were no other additional items of competent business for consideration at this meeting.

28 DATE AND TIME OF NEXT MEETING

The next meeting held in public would take place at 9.30am on Thursday 23 October 2025.

29 PROPOSAL TO MOVE TO PRIVATE SESSION

The Board then considered and approved a motion to exclude the public and press during consideration of the items listed as Part II of the Agenda in view of the confidential nature of the business to be transacted.

30 CLOSE OF MEETING

Mr Moore brought the session to a close, thanking everyone for their contributions.

Approved as an Accurate Record

The meeting ended at 12.15pm

ADOPTED BY THE BOARD _____

CHAIR _____

DATE _____

NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND
ROLLING ACTION LIST

ACTION NO	MEETING DATE	ITEM	ACTION POINT	LEAD	TIMESCALE	STATUS
1	April 24	A.O.B	Reporting template review around the monitoring report, and how to re-frame report template	M Smith	August 2025	**October Update:** Review and align to governance arrangements for committees, and bring back to the Board. **February Update:** Scheduled for Board Development Session on 1 May, alongside wider review of governance. **June Update**: Refreshed approach agreed at Board Development Session around agenda setting Review of report template linked to website accessibility workstream – pilot of papers through Corporate Management Team (CMT) and then take forward for Board and Committees, pending learning taken. **August 2025:** This is linked to pilot work taken through the CMT as well as website accessibility work around reporting. Further work is in progress and will be finalised in the final quarter of the year to ensure all aspects are addressed. Added to Board Development Sessions/ Workplan to close from this list. **CLOSED**
2	October 24	Corporate Risk Register	-Consider Risk SD51 relating to physical security in context of security project finalisation – and post completion period and how to re-frame this risk	A Hardy	December 2025	**December Update:** This will be reviewed fully on completion of the project to understand risk/ requirements to mitigate system failure. To return to Board in June. **June Update:** Project Update on agenda, with expectation of final reporting in August 2025. **August Update:** Reporting in terms of final elements due in October, and to be actioned on that basis.

						October Update: Update reporting on agenda [Item 18]
3	February 2025	CEO Update	Provide an update to Board on roll out and impacts of Digital Inclusion Made Purple Pilot	R McNaught	October 2025	**April Update:** Work in progress, and update to next Board meeting. **June Update:** Confirmation that groundwork for pilot progressed well with clinical and security staff having access, and patients being consulted with on future content e.g. music, shopping, education. Focus on connectivity of devices by September 25. Update to return to Board in October, with eHealth annual reporting. **October Update:** On Agenda [Item 15] and on Board Development Day 30 October
4	February 2025	Whistleblowing	Capture the routes through which concerns can be raised, and how made accessible to Staff i.e. business as usual and place whistleblowing route within that overall context, as well as whether meaningful data can be provided.	S Wallace	August 2025	**April Update:** Work in progress, and update to return to Board. **June Update:** Work is progressing, and reporting will return to the August Board Meeting **August:** Update included within reporting on agenda (Item 17). Board noted progress and endorsed this approach. **CLOSED**
5	April 2025	High Secure Female Service	Risk to be added to the Corporate Risk Register	A Hardy/ D Walker	August 2025	**June Update:** Update provided on development of this through project Oversight Board. To be reported through CMT and then to Board at next meeting. **August Update**: On agenda as part of reporting (Item 8). Board endorsed and noted that this would continue to be reviewed as part of risk management process. **CLOSED**

6	April 2025	PVG Update Report	Update noted, and request to bring back further update on progress at next Board, and CMT to escalate any issues in intervening period	S Wallace	August 2025	**June Update:** Good progress noted by the Board, and a further update to be provided at the next meeting. **August Update:** On Agenda (Item 15) Board received assurance about implementation and item closed. **CLOSED**
7	April 2025	Communications Annual report	Discussion on communication with staff on key issues such as attendance management, and wider approach to media enquiries. Noted to be on planner for Board Development Sessions, to be arranged.	C McCarron/ M Smith	October 2025	**June Update:** Scheduled for Board Development Day in October 2025, and confirmed with Communications. **CLOSED**
8	June 25	Risk and Resilience Annual Report	Regular updates to Board on implementation of InPhase	A Hardy	August 2025	**August Update:** The Project Initiation Document for InPhase has been signed off, and project team set up. Between August and November the system administrators will complete the required training modules for the system until the development of the system begins in November. Further reporting will be included in risk reporting. **CLOSED**
9	June 25	Staff Gov Report	Attendance – consideration of seasonal impacts / data as part of reporting is possible.	S Wallace	August 2025	**August Update:** on agenda as part of reporting (Item 14). Considered as part of reporting and closed. **CLOSED**

10	June 25	Annual Performance Report	Performance on 150m of exercise a week – service breakdown	M Merson	August 25	**August Update:** included as part of reporting on agenda (Item 21). **October Update:** Updated reporting on Dietetics. Performance on 150m of exercise a week to include impact of seasonal variation. **CLOSED**
11	August 25	Patient/Carer Story - TSH3030: Patient Partnership Group "Project Pass It On"	To write to the PPG to thank them for their work and presentation to the Board	G Jenkins	October 2025	**October Update:** Letter sent to PPG. **CLOSED**
12	August 25	Corporate Risk Register	(a) Include Local Risk Register reporting as part of the report to give assurance. (b) Add Risk wider consideration of risk tolerance and control to Board Development Session	A Hardy A Hardy/ M Smith	October 25	**October Update:** (a) Update as part of reporting (Item 7). (b) Added to Board Development Session schedule for 2026
13	August 25	Quality Assurance and Quality Improvement Report	Review reporting to Board to ensure high level summary and compare/consider re committee route for reporting.	M Merson	October 25	**October Update:** Included as part of reporting on agenda (Item 9).

Last updated – 15.10.25 V Gregg

Paper No. 25/88

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 7
Sponsoring Director:	Acting Director of Security, Estates and Resilience
Author(s):	Risk Management Team Leader
Title of Report:	Corporate Risk Register Update
Purpose of Report:	For Decision

1 SITUATION

A corporate risk is a potential or actual event that:

- Has potential to interfere with achievement of a corporate objective / target; or
- If effective controls were not in place, would have extreme impact; or
- Is operational in nature but cannot be mitigated to the residual risk level of Medium (i.e. awareness needs to be escalated from an operational group)

This report provides the Board with an update on the current Corporate Risk Register.

2 BACKGROUND

Each corporate risk has a nominated executive director who is accountable for that risk, as well as a nominated manager who is responsible for ensuring adequate control measures are implemented.

3 ASSESSMENT

3.1 Current Corporate Risk Register - See appendix 1.

3.2 Out of Date Risks

All risks are in date.

3.3 Risk 12 Month Movement and recent updates

This document summarises directorate risks, tracks changes over time, and provides updates on risk management.

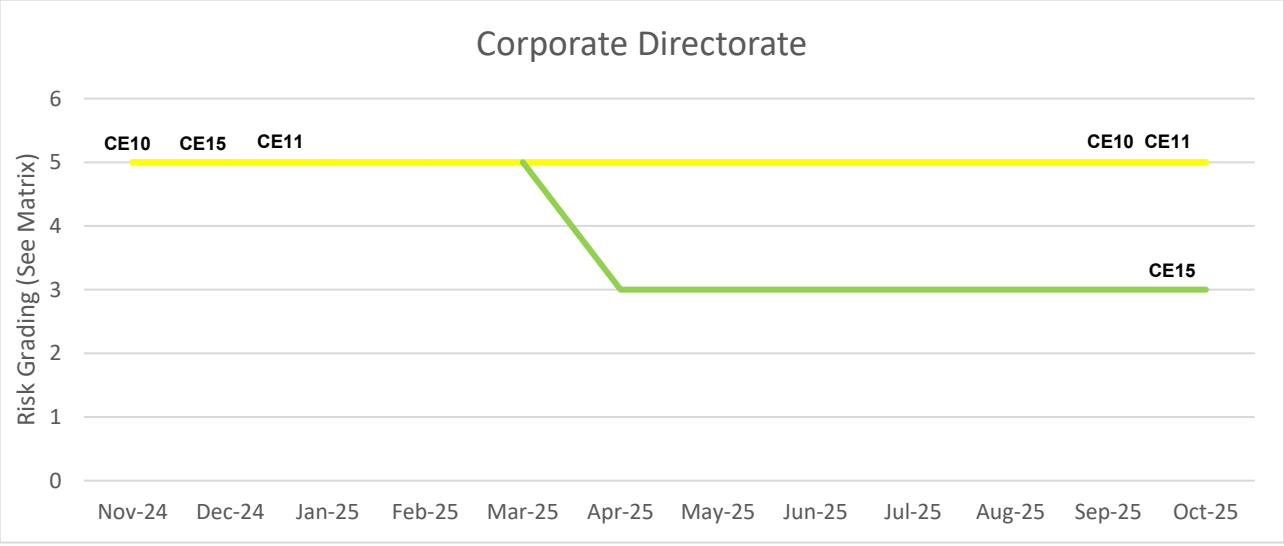
Risk Matrix

Likelihood	Impact/Consequences				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	V High (20)	V High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	V High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

- Very High **17 -25**
- High **10 - 16**
- Medium **4 - 9**
- Low **1 - 3**

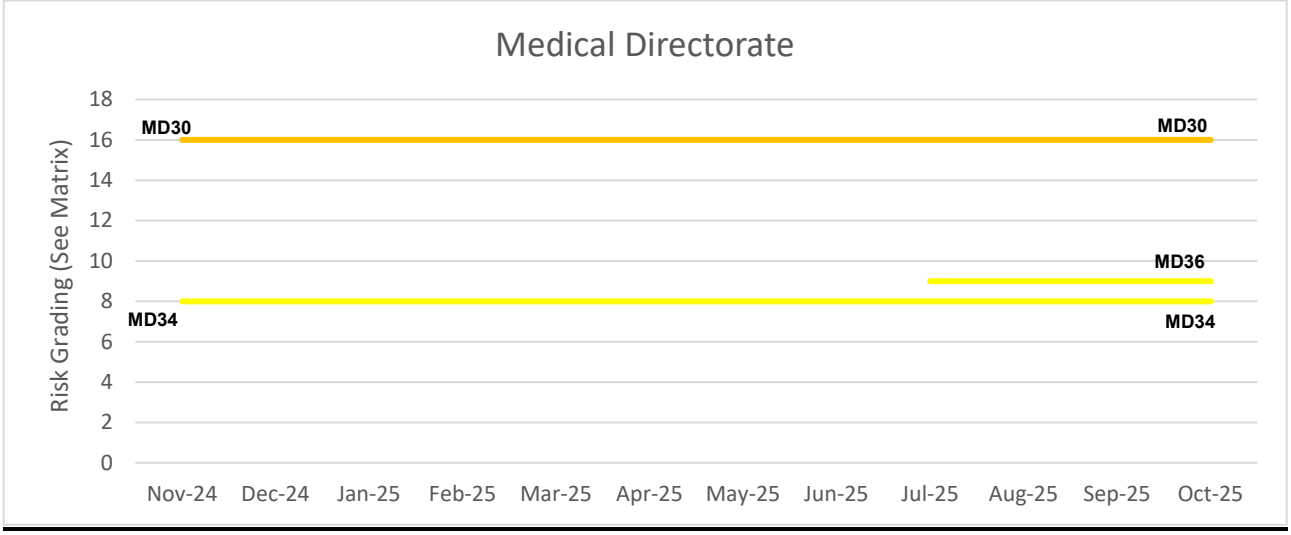
Corporate

No changes to the risk gradings within the Directorate.



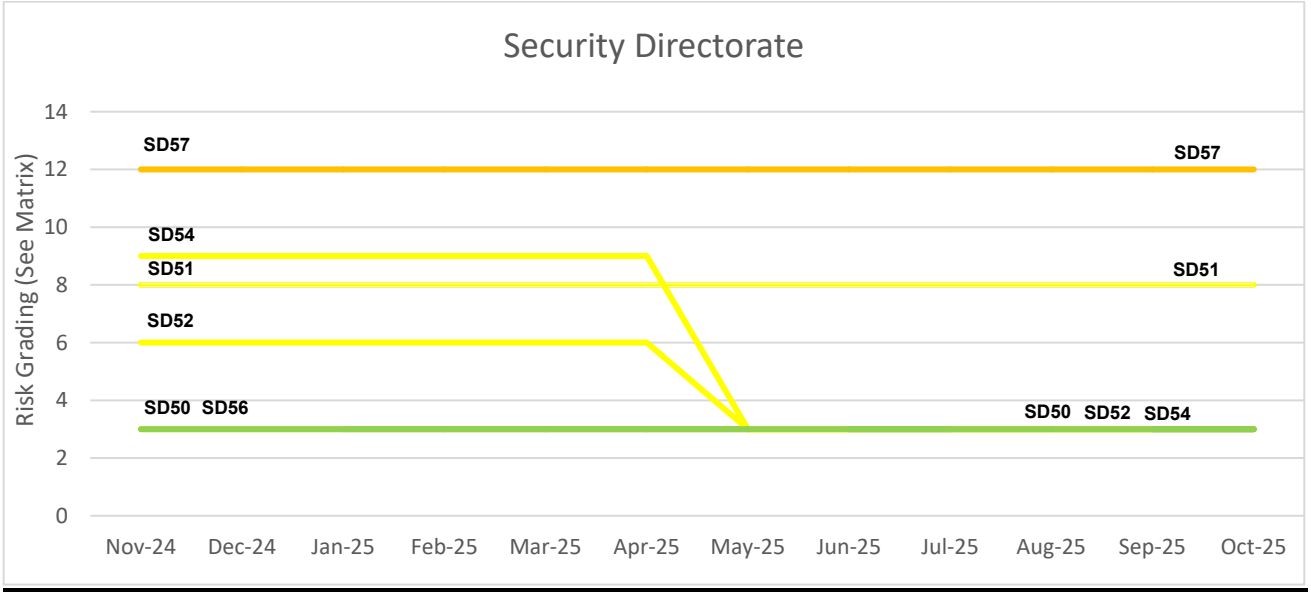
Medical

No changes to the risk gradings within the Directorate.



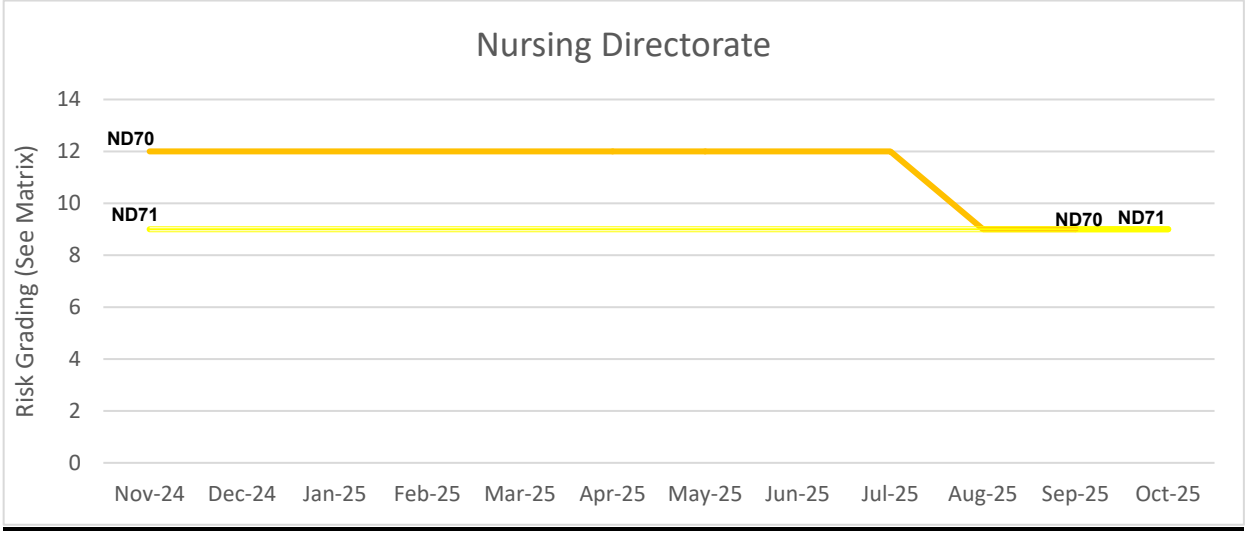
Security

No changes to the risk gradings within the Directorate.



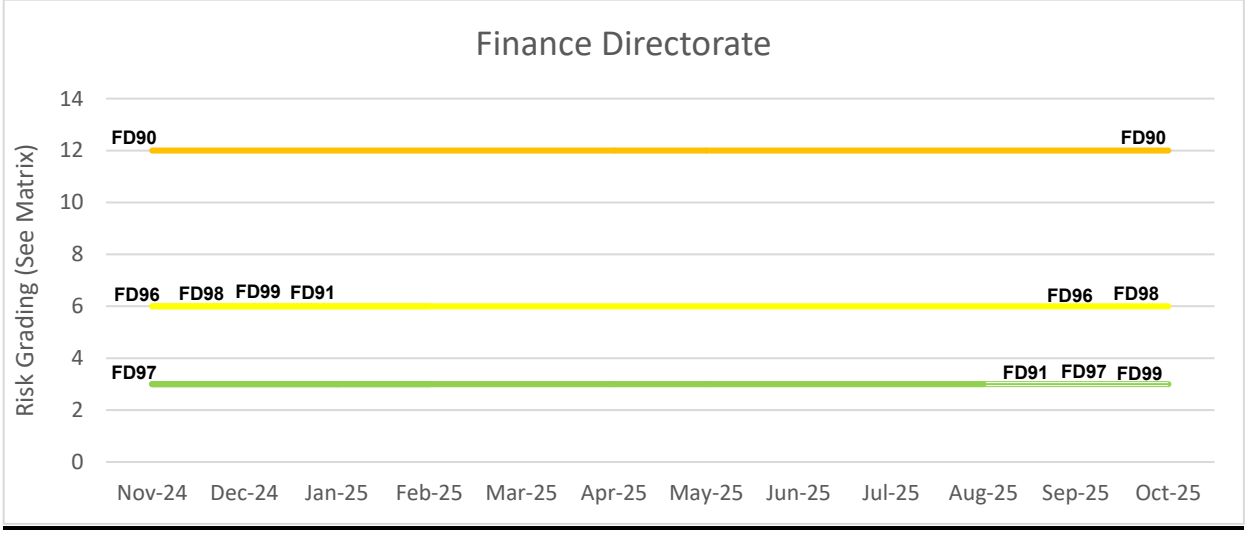
Nursing

No changes to the risk gradings within the Directorate.



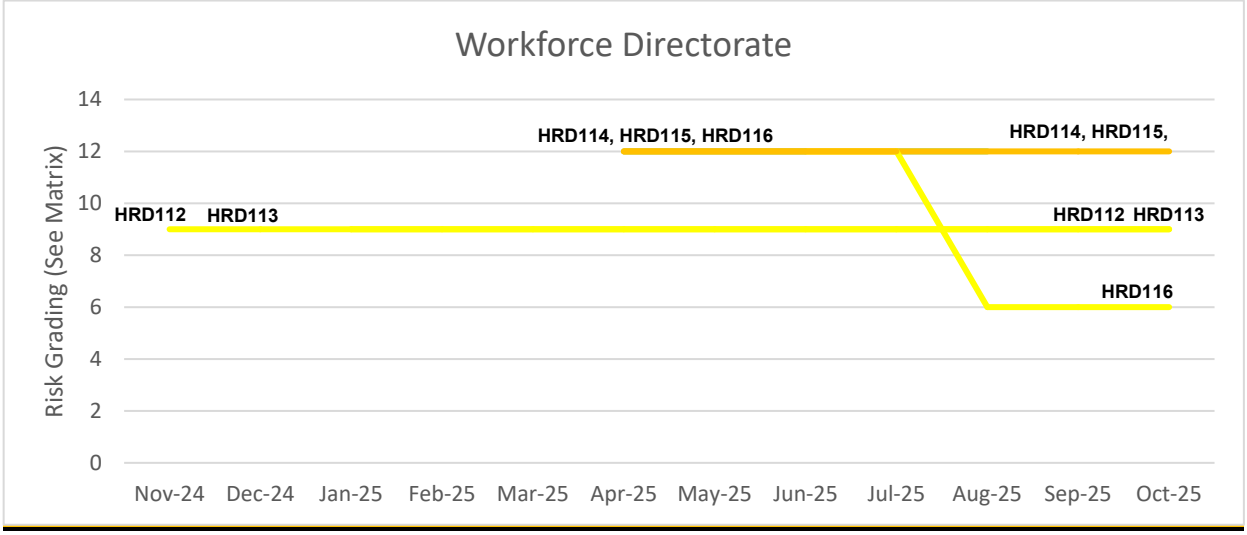
Finance

No changes to the risk gradings within the Directorate.



Workforce

No changes to the risk gradings within the Directorate.



3.4 Update on Proposed Risks for inclusion on Corporate Risk Register (CRR)

No additional risks have been proposed for addition to the CRR since the last report.

3.5 High and Very High Updates

The State Hospital currently has no "Very High" rated risks but has 5 'High' graded risks, updates on the progress to reduce from High are outlined below:

Medical Director: MD30- Failure to prevent/mitigate obesity.
The risk has been subject to considerable debate and modification. It has been agreed that the current risk description (i.e. BMI) is not an effective method of oversight for physical health.

The modifications are being presented to the Clinical Governance Group in October 2025, for ratification. Pending agreement of the risk descriptor and scoring of the risk, the risk will be added to risk register and reported accordingly to the Board.

Security Director SD57- Failure to complete Category 1 and 2 Reviews on Time

Risk SD57 was raised to **'High'** in October 2024 due to concerns that adverse event reviews were not compliant with national timeline guidance.

A process of review was undertaken, staffing resources were considered and a reviewed method of approach was agreed. The Serious Adverse Event Review (SAER) Group was established. The group met in July 2025 and will meet on a monthly basis for oversight. Baseline data on investigation timelines has been reasserted to monitor compliance and progress.

New guidance has been issued in relation to reporting mechanisms to SG and HIS – the SAERs group will ensure that these mechanisms are adhered to.

Finance Director: FD90: Failure to implement a sustainable long-term model

Risk FD90 has been updated to acknowledge ongoing national financial pressures and projected budget constraints communicated by the Scottish Government for 2024/2025. Quarterly finance meetings are in place with Scottish Government, and internal finance reports are reviewed monthly. The current position of the organisation is breakeven, however there remains a risk over the

recurring funding of the women's service, therefore the risk remains high. There are associated risks attributed to the Reduced Working Week (HRD 114) that may also affect the overall position of the organisation in 26/27. The risk rating stays at **'High'**.

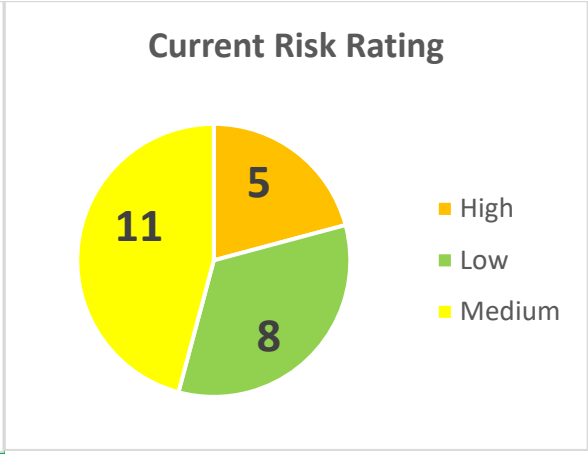
Workforce Director: HRD114 – Reduced Working Week

HRD114 remains graded at High although is due to be reviewed following the submission of all reduced working week plans. All departments have submitted plans which have in turn been submitted to the Scottish Government, achieving a significant milestone in the management of this risk.

Workforce Director: HRD115 – Sickness Absence

HRD115 remains at High. Progress on absence is positive and showing significant improvement since December 24. Absence figures remain above the 5% target.

3.7 Risk Distribution



Currently 14 Corporate Risks have achieved their target grading, with 10 currently not at target level.

As stated in the TSH Risk Management Strategy, **low and medium risks are deemed tolerable** within the organisation's established risk appetite. Although certain corporate risks have yet to meet their target thresholds, they continue to fall within the approved risk parameters. The Risk Manager is actively pursuing further reduction of these risks through ongoing assessments and timely updates to maintain effective risk management practices.

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely			SD57	MD30, HRD114, HRD115,	
Possible	FD91		ND71, HRD112, ND70, MD36	FD90, HRD116	
Unlikely			FD96, FD98,	MD34, SD51,	
Rare			FD97, SD56, FD99, SD50, SD54, CE15, SD52		CE10, CE11

Review Periods:

Low risk	6 monthly
Medium risk	Quarterly
High risk	Monthly
Very High	Monthly (or more frequent if required)

3.8 CRR Development

The Risk Management Team is actively refining the risk management process and regularly updating the Corporate Risk Register with input from all service directors.

InPhase software has been purchased to replace the Datix Incident Management System and will be gradually implemented, with full rollout expected by March 2026.

InPhase will be the software package in use for the recording of incidents and the risk register from March 26.

3.9 Local Risk Register

Department/Local Risk Registers contain risks that can be managed and contained within the locus of the local departments through heads of service and Senior Charge Nurses.

Risks may be submitted to this register from the following sources:

- local risk assessment review
- as a consequence of a local incident and its impact
- risks reported from specialist advisors e.g. Health & Safety
- escalation from performance management assessment

The Acting Director of Security, Estates and Resilience, in collaboration with the Risk Management Team, is responsible for the connection between the Local Risk Register and the Corporate Risk Register. This ongoing process ensures that any risks identified at the departmental or service level, which may require escalation, are appropriately monitored and considered for inclusion in the Corporate Risk Register. The review provides assurance that emerging risks with potential organisational impact are identified in a timely manner and that robust mechanisms are in place to escalate them as necessary.

4 RECOMMENDATION

The Board are asked to endorse the current Corporate Risk Register as an accurate representation of the organisation’s risk profile.

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP /	Monitoring of all Corporate Risks aligned to the organisation
Corporate Objectives Please note which objective is linked to this paper	**Better Care** • Safe delivery of care within the context of least restrictive practice resilience and the ability to identify and respond to risk. • Ensure organisational resilience and ability to respond to any increase in risk to care delivery within expected systems pressures and any unexpected events. • Learn locally and nationally from adverse events to make service improvements that enhance the safety of our care system. **Better workforce** • Sustain a safe working environment for staff with a focus on risk management across all aspects of the organisation.
Workforce Implications	There is no workforce implications related to the publication of this report.
Financial Implications	There are no financial implications related to the publication of this report.
Route to Board Which groups were involved in contributing to the paper and recommendations.	CMT
Risk Assessment (Outline any significant risks and associated mitigation)	There are no significant risks related to the publication of the report.
Assessment of Impact on Stakeholder Experience	There is no impact on stakeholder experience with the publication of this report.
Equality Impact Assessment	The EQIA is not applicable to the publication of this report.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16. 1. There are no privacy implications. 2. There are privacy implications, but full DPIA not needed 3. There are privacy implications, full DPIA included Please state which option above applies (i.e. 1, 2 or 3).	**1** There are no privacy implications.

High Risks – Reviewed Monthly

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Target Level Achieved	Movement Since Last Report
Corporate MD 30	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	Nov 26	Clinical Governance Committee	Not at Target	-
Corporate FD 90	Financial	Failure to implement a sustainable long term model	Major x Almost Certain	Major x Possible	Moderate x Rare	Finance & Performance Director	Finance & Performance Director	Nov 26	Finance and Performance Group	Not at Target	-
Corporate SD57	Health & Safety	Failure to complete actions from Cat 1/2 reviews within appropriate timescale	Moderate x Likely	Moderate x Likely	Moderate x Unlikely	Finance & Performance Director	Head of Corporate Planning and Business Support	Nov 26	Security, Risk and Resilience Oversight Group	Not at Target	-
Workforce HRD114	Workforce	Impact of reduced working week	Major X Possible	Major x Possible	Moderate x Unlikely	Director of Workforce	Head of HR	Nov 26	Workforce Governance Group	Not at Target	-
Workforce HRD115	Workforce	Sickness absence levels increase above acceptable levels	Major X Possible	Major x Possible	Moderate x Possible	Director of Workforce	Head of HR	Nov 26	Workforce Governance Group	Not at Target	-

Medium Risks – Review Quarterly

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Target Level Achieved	Movement Since Last Report
Corporate CE 10	Reputation	Severe breakdown in appropriate corporate governance	Extreme x Possible	Major x Rare	Major Rare	Chief Executive	Board Secretary	Dec 25	Corporate Governance Group	At Target	-
Corporate CE 11	Health & Safety	Risk of patient injury occurring which is categorised as either extreme injury or death	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Head of Risk and Resilience	Dec 25	Clinical Governance Committee	At Target	-
Corporate MD 34	Medical	Lack of out of hours on site medical cover	Major x Likely	Major x Unlikely	Major x Unlikely	Medical Director	Associate Medical Director	Dec 25	Clinical Governance Committee	At Target	-
Corporate MD36	Medical	Impact on patients within Female Service if long term model is not fully implemented	Major x Likely	Moderate x Possible	Minor x Rare	Medical Director	Lead RMO – Female Service	Feb 26	Clinical Governance Committee	Not at Target	-

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Target Level Achieved	Movement Since Last Report
Corporate SD 51	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Major x Unlikely	Major x Rare	Security Director	Security Director	Dec 25	Security, Risk and Resilience Oversight Group	Not at Target	-
Corporate ND 70	Service/Business Disruption	Failure to utilise our resources to optimise excellent patient care and experience	Major x Likely	Moderate x Possible	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	Nov 25	Clinical Governance Committee	Not at Target	-
Corporate ND 71	Health & Safety	Serious Injury or Death as a Result of Violence and Aggression	Extreme x Almost Certain	Moderate x Possible	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	Dec 25	Clinical Governance Committee	Not at Target	-
Corporate FD 96	Service/Business Disruption	Cyber Security	Moderate x Likely	Moderate x Unlikely	Moderate x Unlikely	Finance and Performance Director	Head of eHealth	Dec 25	Information Governance Committee	At Target	-
Corporate FD 98	Reputation	Failure to comply with Data Protection Arrangements	Moderate x Likely	Moderate x Unlikely	Moderate x Unlikely	Finance and Performance Director	Head of eHealth/ Info Gov Officer	Dec 25	Information Governance Committee	At Target	-
Corporate HRD 112	Health & Safety	Compliance with Mandatory PMVA Level 2 Training	Major x Possible	Moderate x Possible	Moderate x Rare	HR Director	Training & Professional Development Manager	Dec 25	Clinical Governance Group	Not at Target	-
Workforc eHRD116	Workforce	Delay in completion of PVG checks from Disclosure Scotland	Major X Possible	Moderate Unlikely	Moderate x Unlikely	Director of Workforce	Head of HR	Dec 25	Workforce Governance Group	At Target	-

Low Risks – Reviewed 6 Monthly

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Target Level Achieved	Movement Since Last Report
Corporate CE15	Reputation	Impact of Covid-19 Inquiry	Extreme x Likely	Moderate x Rare	Moderate x Rare	Chief Executive	Board Secretary	Apr 26	Covid Inquiry SLWG	At Target	-
Corporate SD 50	Service/Business Disruption	Serious Security Incident or Breach	Extreme x Likely	Moderate x Rare	Moderate x Rare	Security Director	Security Director	Feb 26	Security, Risk and Resilience Oversight Group	At Target	-
Corporate SD 52	Service/Business Disruption	Resilience arrangements that are not fit for purpose	Major x Unlikely	Moderate x Rare	Moderate x Rare	Security Director	Security Director	Mar 26	Security, Risk and Resilience Oversight Group	At Target	-

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Target Level Achieved	Movement Since Last Report
Corporate SD 54	Service/Business Disruption	Implementing Sustainable Development in Response to the Global Climate Emergency	Major x Likely	Moderate x Rare	Moderate x Rare	Security Director	Head of Estates and Facilities	Mar 26	Security, Risk and Resilience Oversight Group	At Target	-
Corporate SD 56	Service/Business Disruption	Water Management	Moderate x Unlikely	Moderate x Rare	Moderate x Rare	Security Director	Head of Estates and Facilities	Feb 26	Security, Risk and Resilience Oversight Group	At Target	-
Corporate FD 91	Service/Business Disruption	IT system failure	Moderate x Likely	Negligible x Possible	Negligible x Possible	Finance & Performance Director	Head of eHealth	Apr -26	Finance and Performance Group	At Target	-
Corporate FD 97	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Moderate x Rare	Moderate x Rare	Finance and Performance Director	Head of eHealth	Feb 26	Information Governance Committee	At Target	-
Corporate FD 99	Reputation	Compliance with NIS Audit	Major x Likely	Moderate x Rare	Moderate x Rare	Finance and Performance Director	Head of eHealth	Apr 26	Information Governance Committee	At Target	-

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Report:	23 October 2025
Agenda Reference:	Item No: 8
Sponsoring Director:	Director of Finance and eHealth
Author(s):	Senior Management Accountant
Title of Report:	Finance Report – to 30 September 2025
Purpose of Report:	For Noting

1 SITUATION

This report provides information on the financial performance, which is also issued monthly to Scottish Government (SG) along with the statutory financial reporting template.

The Board is asked to note the Revenue and Capital Resource outturn and spending plans.

2 BACKGROUND

The approved annual operating plan for 2025/26 was submitted to SG and signed off, with a projected breakeven forecast. Regular meetings between TSH and SG monitor progress against targets.

With regard to the capital spend programme, the Enhanced Security Project is noted to have a delayed end date, as reported directly to the Board and notified to SG finance – now being anticipated to complete in the third quarter of 2025.

3 ASSESSMENT

3.1 Revenue Resource Limit Outturn

The current budget comprises of The Scottish Government Revenue Resource Limit core and non-core allocation of £55,687, in addition £1,278m has been assumed in the budget for the new capital charges (enhanced security project).

The State Hospital Annual Budget	£'000
Total Budget	56,965

Outstanding allocations that are anticipated:

Excellence in care	£37k
NHS Board Implementation Leads	£44k
Health Workforce	£ 2k

The year-to-date position is £413k underspent, this is driven by the high level of vacancies across the hospital, with a high number of senior posts currently being vacant. In addition, there has been a reduction in nursing overtime with no costs association with patient boarding out to date which has resulted in a reduced spend within nursing. In previous years a higher overspend within nursing would have masked the underspend resulting from the high level of vacancies.

3.2 2025/26 Budget

The 3-year plan required by SG includes savings requirements of £1.9m (approx.3.8%) to ensure the forecasted breakeven position. It is anticipated that full savings plans will be achieved.

The formula Capital budget for 2025/26 has been set at £282k, with an additional £560k non-recurring capital allocated for the patient wander path, Skye centre animal shed repair and Islay roof repair. A further allocation of £220k has recently been awarded to cover the necessary update of LED lighting across the site.

3.3 Year-to-date position 2025/26 – allocated by Board Function / Directorate

Directorate	Annual Budget £'k	Year to Date Budget £'k	Year to date Actuals £'k	YTD Variance	Budget WTE	Actual WTE	Comments
Cap Charges	4,508	2,254	2,255	(1)	0.00		Capital charges have increased as a result of new assets being added to the register. Capital charges will be fully funded by the Scottish Government.
Central Reserves	2,753	0	0	(0)	0.00	0.00	Unallocated RRL has been phased to period 12 and will be released as required. This includes unallocated budget for women's services and AFC reform costs that have not been implemented yet.
Chief Exec	2,729	1,371	1,336	35	25.87	24.89	Vacancies within departments are resulting in a small underspend overall.
Finance	2,865	1,511	1,499	13	33.18	32.16	Costs for M365 have been funded non recurringly from reserves, the annual cost is anticipated to be £180k. Vacancies in finance and procurement are the main driver for underspend . E-Health strategic RRL funding has not be uplifted in line with pay awards over the last few years, which is creating an underlying pressure.
Human Resources Directorate	1,243	622	595	27	16.03	15.16	Underspend in training and vacancies across the directorate. £16k pressure within HR as a result of additional PVG certificates.
Medical	3,827	1,913	1,859	54	20.66	21.23	As a result of a consultant vacancy in previous months there is a ytd underspend, this post was recently filled and costs are now being incurred. Additional EPAs have started to cover long term sick leave, this is likely to result in the ytd underspend diminishing. There is also an underspend in drugs as costs are currently lower than the budget allocated.
Misc Income	(120)	(70)	(87)	17	0.00		YTD income benefit from the previous ECP patient. No further benefit anticipated at this point.
Nursing And Ahp's	29,877	14,621	14,531	90	439.38	434.23	see below for detailed narrative from nursing directorate
Security And Facilities	9,283	4,645	4,466	179	124.29	118.30	Vacancies across the directorate are contributing to underspend, utilities pressures have been funded from reserves.
	56,965	**26,866**	**26,453**	**414**	**659.41**	**645.97**	

Nursing & AHPs (as provided from Nursing Directorate)

The main contributors to nursing overtime at The State Hospital continue to be increases to the daily operating model because of clinical acuity (including outboarding patients at partnering territorial Boards), vacancies and sickness absence.

As noted in previous updates, pro-active-recruit campaigns to manage the Band 5 vacancy gap continue with the most recent round of interviews taking place in June 2025. These interviews resulted in seventeen individuals being offered Band 5 posts on completion of their nurse training in September, nine started recently with others due to commence shortly. Dates have now been set for further Band 5 and Band 3 interviews in December, with most posts filled before financial year end.

As also detailed in previous reports the hospital now has one additional ward to care for female patients. This service was formally stood up at the end of July 2025. Recruitment to support the opening of the female service, whilst successful, did impact on Band 5 vacancy figures for the existing male services, and work remains ongoing to balance deficits across the site with regular reporting to Board Directors.

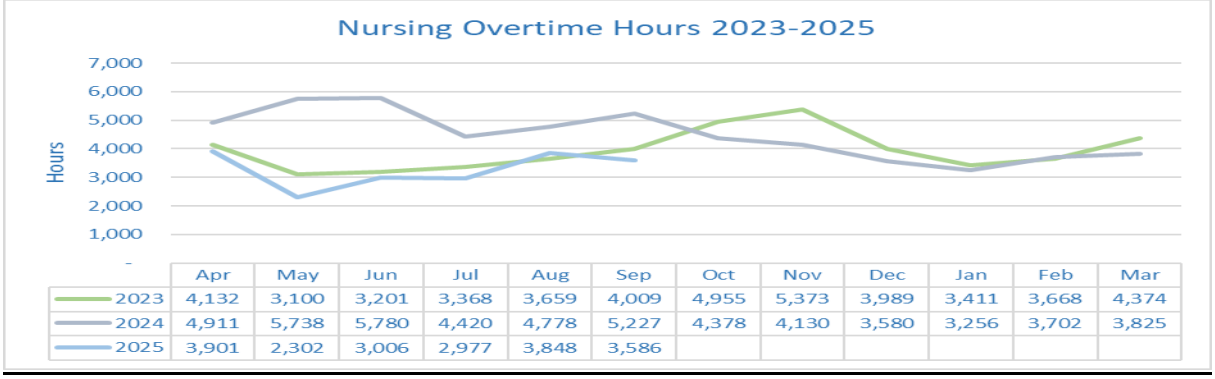
Robust attendance management processes and regular reviews of employee relation cases remain in place as do the monthly finance meetings with Senior Charge Nurse (SCN). These meetings enable supportive discussions with around effective roster management, effective use of allocated funding, and robust oversight of non-pay related spending. This co-ordinated approach to staff and finance management is demonstrating positive effects.

The Director and Associate Director of Nursing continue to meet monthly with the Head of Finance to ensure the Nursing Directorate remain on track to meet all financial savings and requirements.

3.4 Financial pressures / potential benefits.

Pressures:

Ward Nursing



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023	4,132	3,100	3,201	3,368	3,659	4,009	4,955	5,373	3,989	3,411	3,668	4,374
2024	4,911	5,738	5,780	4,420	4,778	5,227	4,378	4,130	3,580	3,256	3,702	3,825
2025	3,901	2,302	3,006	2,977	3,848	3,586						

- Following recent recruitment into nursing vacancies there has been reduction in overtime during September. It is anticipated that as we continue to fill the vacancies the overtime costs should decrease further.

M365

- M365 remains a pressure to The State Hospital, the pressure has been offset against non-recurring reserves.

Energy and Inflation Increases

- A reduction in utilities spend is anticipated against last year's costs, despite the reduction the anticipated spend will remain approximately £200k above budget. This gap has been funded from non-recurring reserves in 2025-26

AFC Reform

- Recurring budget of £1.4m was allocated from The Scottish Government to manage AFC reform that was instructed to be implemented by April 2026. This includes:
  - Reduction of AFC staff working week from 37.5 hours to 36 hours.
  - Band 5 – band 6 regrading costs approved for nursing staff.
  - Protected Learning Time

Women's Services

- An allocation of £3.1m has been received from The Scottish Government to fund the costs anticipated for this service. The costs are recorded, closely monitored and reported to the oversight board.
- While the allocation is for phase 1, further funding has yet to be confirmed, and discussions with Scottish Government will be taken forward through the quarterly finance meetings and the sponsorship review process.

Benefits:

ECP Patient Income / Northern Ireland patients

- There is a year-to-date benefit of £23k as a result of the phasing of the income achieved from the exceptional circumstances patient from NHS Fife. The patient has now been discharged, and not further ECP income is anticipated at this point.
- Discussions are currently underway with Scottish and Northern Ireland Governments regarding the Scottish Government's requirement for charges to be raised for Northern Ireland patients – which is expected to be in place for 2026/27.

Travel & Training

- Less spend has continued to be required following covid, with most meetings and some training online.

Vacancies

- The current underspend in the position is driven by the high level of vacancies across the hospital. Although the number of vacancies has not significantly changed the reduced cost in overtime has resulted in this benefit emerging.

4 ASSESSMENT – SAVINGS

Savings targets of £1,920k have now been identified, the savings targets are currently being fully achieved as demonstrated in the table below:

Directorate	Annual Target £k	YTD Target £k	Savings Achieved £k	Suplus/ (Shortfall) £k
Chief Exec	70	35	34	(1)
Finance	128	64	60	(4)
Human Resources Directorate	37	18	19	1
Medical	113	57	59	2
Nursing And Ahp's	872	436	436	0
Security And Facilities	700	350	352	2
	1,920	**960**	**960**	**0**

It should be noted that of the Hospital's budget 86% of costs are pay related this makes it difficult to achieve recurring savings whilst ensuring a safe environment for staff and patients.

5 CAPITAL RESOURCE LIMIT

Capital priorities are planned and agreed through the Capital Group, allocations and currents plans are set out on the table below:

Capital CRL 2024/2025	Annual Plan £k	YTD Spend £k
Capital		
Anti Barricade and Observation Panels	55	
E-health equipment	54	26
Kitchen Equipment/Doors	41	
Defib & Vital Signs Machines	41	
Hi Voltage Switch Room Door	25	
Key Safes	20	
TV protection Cabinets	20	
Laundry Equipment	18	
Records Office Upgrade	9	
Thomson Gray	7	7
Over Commitment	-8	
Capital CRL Allocation	**282**	**33**
BCP Funding		
Islay Repair	160	
Patient Wander Path	250	
Animal Shed Replacement	70	
Fire Alarm Replacement	80	
BCP Allocation	**560**	**0**
Additional Capital		
LED Lighting Replacement	220	
Additional Capital Allocation	**220**	**0**
Total CRL	**1,062**	**33**

6 RECOMMENDATIONS

The Board is asked to note the content of the report – highlighting the following position and forecast –

Revenue
The forecasted year-end position is breakeven. Overtime within ward nursing, utilities, M365 and the non-recurring funding are currently the highest risk factors this financial year.

Capital
Capital projects and plans will be agreed through the Capital Group, and the budget will be fully committed for the year.

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP	Monitoring of financial position
Corporate Objectives	**3. Better Value** – a) Meet the key finance targets set for the organisation and in line with Standard Financial Instructions. c) Deliver all Scottish Government financial budget and resource reporting and monitoring requirements for NHSScotland national matters, through Board Chief Executive, Director of Finance and Human Resource Director groups.
Workforce Implications	No workforce implications – for information only
Financial Implications	Reporting on financial outturn and budgetary compliance
Route to Board Which groups were involved in contributing to the paper and recommendations.	Senior Management Accountant CMT Partnership Forum Board
Risk Assessment (Outline any significant risks and associated mitigation)	None identified
Assessment of Impact on Stakeholder Experience	None identified
Equality Impact Assessment	No implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed. □ There are privacy implications, full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 9
Sponsoring Director:	Medical Director
Author(s):	Head of Corporate Planning, Performance and Quality Head of Clinical Quality Corporate Planning, Performance and Quality Support Manager Clinical Quality Facilitators
Title of Report:	Quality Assurance and Quality Improvement
Purpose of Report:	For Noting

1. SITUATION

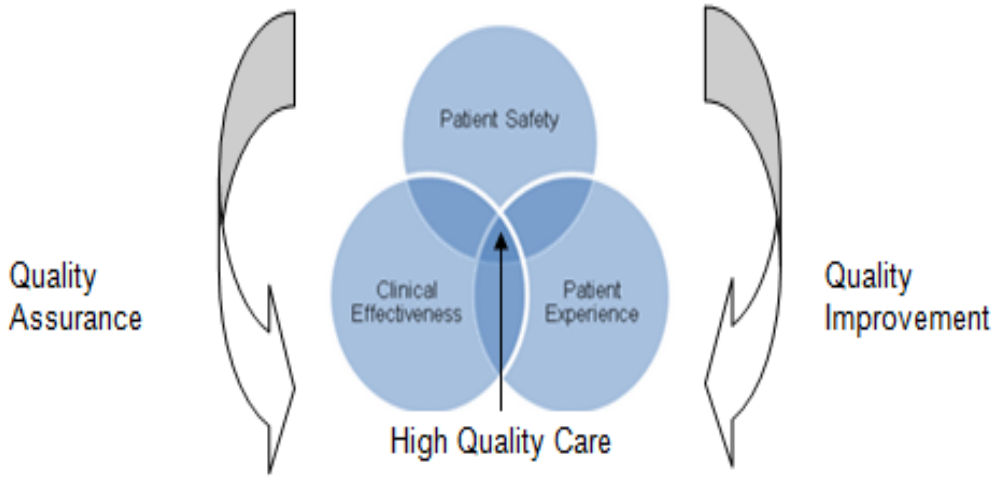
This report updates the Board on developments in quality assurance and improvement since the last Board meeting. It demonstrates their alignment with the hospitals strategic planning and organisational learning processes, supporting the commitment to embedding quality in care and service delivery .

2. BACKGROUND

Quality assurance and improvement at the State Hospital align with the Clinical Quality Strategy 2024–2029, approved by the Board in August 2024. This strategy outlines the direction and goals for enhancing clinical care, aiming to improve patient experiences through person-centred, safe, high-quality support. Key aims to provide focus for the organisation quality vision include to:

- Deliver safe, effective and person-centred care based on available evidence and best practice.
- Improve patients outcomes and experience.
- Demonstrate meaningful involvement of patients, carers, volunteers and all other stakeholders in quality assurance and improvement activities.
- Assure the Scottish Government and stakeholders of safe systems, ongoing quality improvement, and efforts to reduce health inequalities in patient care.
- Develop a culture of ongoing learning and improvement.

The State Hospital quality vision is to deliver and continuously improve the quality of care through the provision of safe, effective and person-centred care for patients.



3. ASSESSMENT

The paper outlines key areas of quality improvement and assurance activity over the reporting period, these include:

- The monthly report from the analysis of variance analysis tools and completion of clinical audits.
- An update on quality improvement capacity building within the State Hospital.
- An update on the actions associated with the Realistic Medicine portfolio.
- An overview of the evidence for quality including analysis of the national and local guidance and standards recently released and pertinent to the State Hospital.

4. RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy /ADP	The quality improvement and assurance report supports the Quality Strategy
Corporate Objectives Please note which objective is linked to this paper	**1. Better Value** d) Safe delivery of care within the context of least restrictive practice resilience and the ability to identify and respond to risk. k) Deliver a programme of Infection Control related activity in line with all national policy objectives. l) Monitor the use and recording of restrictive practices (including seclusion practice and use of soft restraint kits) in accordance with Mental Health legislation and the definitions published by the Mental Welfare Commission. n) Embed the principles of Realistic Medicine, through the Realistic Action Plan for 2025/26. **2. Better Health** c) Ensure the delivery of tailored mental health and treatment plans individualised to the specific needs of each patient. g) Ensure the organisation is aligned to the values and objectives of the wider mental health strategy and framework for NHSScotland.
Workforce Implications	Workforce implications in relation to further training that may be required for staff where policies are not being adhered to.
Financial Implications	Not formally assessed for this paper.
Route to Board Which groups were involved in contributing to the paper and recommendations.	This paper reports directly to the Board. It is shared with the QI Forum
Risk Assessment (Outline any significant risks and associated mitigation)	The main risk to the organisation is where audits show clinicians are not following evidence-based practice.
Assessment of Impact on Stakeholder Experience	It is hoped that the positive outcomes with the service level reports will have a positive impact on stakeholder experience as they bring attention to provision of timetable sessions.
Equality Impact Assessment	All the policies that are audited and included within the quality assurance section have been equality impact assessed. All larger QI projects are also equality impact assessed.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	This will be part of the project teamwork for any of the QI projects within the report.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One x There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

QUALITY ASSURANCE AND IMPROVEMENT IN THE STATE HOSPITAL – JUNE / JULY 2025

1. ASSURANCE OF QUALITY

1.1 Clinical Audit

The Clinical Quality Department carries out a range of planned audits. Over the course of a year there are usually 21-25 audits carried out. The audits provide feedback and assurance that clinical policies are being adhered to. All clinical audit reports contain recommendations to ensure quality improvement and action plans are discussed at the commissioning group.

Within this reporting period, there have been three audits completed and actioned through the Commissioning Group, excellent compliance was noted across all three audits:

- RMO Contact with Patients.
- Nursing Progress Notes.
- Unvalidated Progress Notes.

The Master Audit table (table 1) provides a summary of recent local audit outcomes for each ward. Compliance is indicated by a colour code: green for excellent adherence or minimal improvement, amber for areas requiring action, and red for significant improvements required.

Table 1: Master Audits

	Arran 1	Lewis 1	Arran 2	Arran 3	Lewis 2	Lewis 3	Mull 1	Mull 2	Iona 2	Iona 3
Medication Trolley Audit (to ensure that medication is kept in alphabetical order and dose low to high as per guidance)										
Medicine Fridge Audit (all medicine fridges within the hospital will be fit for purpose and temperature regularly monitored)										
HEPMA Audit (to ensure that medicines are being administered as per the Safe Use of Medications Policy										
PMVA Post physical Audit (to ensure staff are completing the PPIA, NEWS and PRN forms)							n/a	n/a		
Unvalidated progress notes audit (to ensure all progress notes are validated within 7 working days to make them a legal entry)										
Nurse Progress Note Audit (to ensure all patients have one nursing entry per shift as per NMC guidance)										
RMO contact with patients (at least once per month)										
Controlled Drugs Audit to ensure practice meets legal requirements		n/a			n/a	n/a				
Observations of care audit is to ensure meals are being served in accordance with the Patient Food and Fluid Provision Guidance										
Seclusion audit measure adherence with the PMVA Seclusion Policy				n/a		n/a	n/a	n/a		
Oxygen Cylinder Checklist to ensure oxygen cylinders are fit for purpose to use and checked weekly										

1.2 Hospital Wide Variance Analysis (VAT) Flash Report – CPA's

The monthly variance analysis data (covering September 2025) revealed a decrease in key worker, psychology and pharmacy attendance at case reviews. This, in part, was due to workforce challenges experienced in September and mitigation action to prevent / reduce daytime confinement. MDT attendance within the ID Service remained at an excellent level (91%).

2. QUALITY IMPROVEMENT

2.1 QI Forum

The QI Forum continues to champion, support and lead quality improvement initiatives. Twelve quality improvement projects are currently underway within the hospital, facilitated by teams across clinical, operational, and patient groups and supported by the QI Forum. Projects include Support Healthy Choices, the Admission and Assessment Leadership Team, the Realistic Medicine Team, Patients Advocacy Service, and the Patients Partnership Group.

2.3 QI Capacity Building

2.3.1 – Scottish Improvement Leaders Programme (ScIL)

Recruitment for cohort 53 of ScIL has recently closed with three State Hospital staff gaining places on this national QI training programme, planned start date is November 2025.

2.3.2 -QI Essential Training

The QI Essential Training is an in-house program designed to develop staff skills in quality improvement, facilitated by ScIL-trained staff. Cohort four is currently being delivered with six staff from various services participating, while Cohort five is planned to commence in December.

2.4 Realistic Medicine

2.4.1 - Team Based Quality Reviews

Team Based Quality Reviews (TBQR) continue to develop across the organisation, reinforcing our commitment to continuous improvement and collaborative learning. To further support staff engagement and understanding, the Realistic Medicine Lead will attend the upcoming Joint Staff Side meeting to outline the strategic benefits of TBQR and provide an overview of the process (see Appendix 1).

The Admission and Assessment Service conducted a TBQR-based preparatory exercise to identify ways to improve the process and impact service delivery. Insights gained will be shared across departments to aid hospital-wide changes. A session in late October 2025 will offer staff a forum to discuss experiences and develop improvement ideas.

2.4.2 – Realistic Medicine six monthly update report to Scottish Government

A six-month progress report on the 2025–26 Realistic Medicine Action Plan was endorsed by the Clinical Governance Group in September 2025. The Realistic Medicine Team will present a strategic update to the Scottish Government in October 2025, reinforcing our commitment to national priorities and continuous improvement.

3. EVIDENCE FOR QUALITY

3.1 National and local evidence-based guidelines and standards

The State Hospital has a robust process for reviewing all incoming guidance to determine its relevance to the State Hospital. Pertinent documents are evaluated by multidisciplinary teams using an evaluation matrix to ensure compliance. During the period 1 August to 30 September 2025, 24 guidance documents have been reviewed:19 documents were considered either not relevant or were overridden by Scottish guidance and four were shared for information, and one NICE guidance on bipolar disorder awaits evaluation.

Table 2: Evidence of Reviews

Body	Total No of documents reviewed	Documents for information	Evaluation Matrix /action required
HIS	1	0	0
MWC	1	1	0
Scottish Government	1	1	0
National Institute for Health & Care Excellence (NICE)	21	2	1

There are currently four additional evaluation matrices which have been outstanding for a prolonged period.

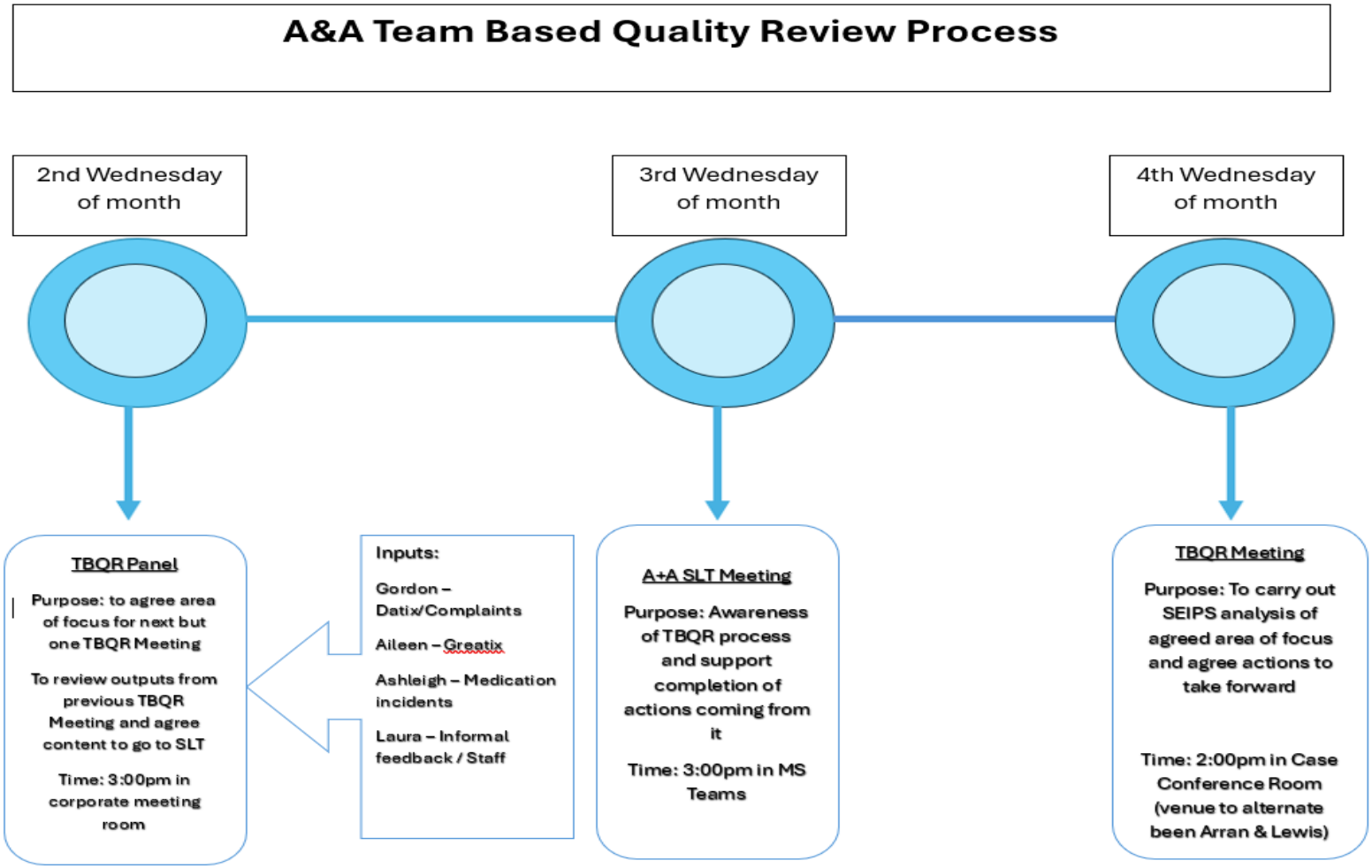
The review process for the HIS Gender Identity Healthcare Standards was delayed pending the introduction of the Workforce Equalities Group. Once this group initially met, progress was made with the evaluation matrix completion ongoing. The Asthma guideline has been reviewed with its evaluation matrix completed and will go to Physical Health Sterring Group (PHSG) for sign off in October. The NICE guideline regarding Obesity is tabled to be reviewed within Supporting Healthy Choices in October whilst the Gambling evaluation matrix is tabled for October Mental Health Practice Steering Group (MHPSG) for final sign off.

Table 4: Evaluation Matrix Summary

Body	Title	Steering Group	Current Situation	Publication Date	Projected Completion Date
HIS	Gender identity healthcare: Adults and young people	PHSG	Progress delayed until creation of Workforce Equalities Group. Evaluation matrix under review.	September 2024	December 2025
SIGN	Asthma: Diagnosis, monitoring and chronic asthma management	PHSG	Evaluation matrix completed. To be signed off at PHSG in October.	November 2024	September 2025
NICE	Overweight and obesity management	PHSG	To be progressed in absence of current Scottish guidance (publication anticipated March 2027). Evaluation matrix created and awaiting review by SHC, meeting scheduled for 13 October 2025.	January 2025	December 2025

Body	Title	Steering Group	Current Situation	Publication Date	Projected Completion Date
NICE	Gambling-related harms: Identification, assessment and management	MHPSG	Evaluation matrix awaiting completed To be tabled at October MHPSG for agreement	January 2025	October 2025

Appendix 1


A&A Team Based Quality Review Process
2nd Wednesday of month
3rd Wednesday of month
4th Wednesday of month
TBQR Panel
Purpose: to agree area of focus for next but one TBQR Meeting
To review outputs from previous TBQR Meeting and agree content to go to SLT
Time: 3:00pm in corporate meeting room
Inputs:
Gordon – Datix/Complaints
Aileen – Greatix
Ashleigh – Medication incidents
Laura – Informal feedback / Staff
A+A SLT Meeting
Purpose: Awareness of TBQR process and support completion of actions coming from it
Time: 3:00pm in MS Teams
TBQR Meeting
Purpose: To carry out SEIPS analysis of agreed area of focus and agree actions to take forward
Time: 2:00pm in Case Conference Room (venue to alternate been Arran & Lewis)

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Board Meeting:	23 October 2025
Agenda Reference:	Item No: 10
Sponsoring Director:	Medical Director
Authors:	Consultant Psychiatrist and Educational Supervisor
Title of Report:	Annual Medical Education Report
Purpose of Report:	For Noting

1 SITUATION

The General Medical Council (GMC) Quality Improvement Framework for Undergraduate and Postgraduate Medical Education in the UK outlines expectations for the governance of medical education and training. GMC standards specifically highlight the importance of Board-level oversight in ensuring quality and accountability.

This report is presented to the Board within that context and covers the period from 1st August 2024 to 31st July 2025.

2 BACKGROUND

Dr Prathima Apurva serves as the Educational Supervisor at The State Hospital (TSH), with responsibility for overseeing postgraduate medical training. Undergraduate medical education is led by Dr Natasha Billcliff and Dr Stuart Semple.

Dr Apurva reports internally to Professor Lindsay Thomson, Medical Director at TSH, and externally to Dr Michelle McGlen, Training Programme Director for Forensic Psychiatry Higher Training in Scotland, as well as to local Training Programme Directors for Core Psychiatry Training.

3 ASSESSMENT

3.1 Undergraduate training

Student numbers in the last academic year were:

Edinburgh University	107 student placement days with 68 students total
Glasgow University	2 student placement days with 1 student total
Dundee University	16 student placement days with 1 student total
All Universities	125 student placement days with 70 students total

These figures represents a 10% increase in student placements days and a 21% increase in student numbers compared to the previous academic year, which saw 114 student placement days with 58 students total.

As mentioned in last year's report, in 2022/2023 the total placement days were more (144), but total number of students were less (40). The 2022/2023 figures are likely a significant overrepresentation of actual student placement days. A change in methodology in counting student placements in 2023/2024 has resulted in more accurate recording.

We continue to offer Edinburgh University students the opportunity of placement at TSH. This can be arranged via their clinical tutors on an ad hoc basis and is discussed with students on the first day of their psychiatry blocks. Students on placement in NHS Borders have also been able to book placements at TSH since 23/24.

This year we opened an additional route of booking placements, available for Edinburgh University students placed in Midlothian. Students can use the Tutorial Booking System (TuBS). We have not recorded specific numbers of students using this route, however, we suspect that it has contributed to the rise of student placements observed this year.

Student Feedback
This year we collected feedback from 38 students, a significant increase on the 3 feedback forms collected in the previous academic year. This was due to a change in the way we solicited feedback. We asked a medical secretary to collect feedback as we judged that individual doctors were less likely to remember to do so. Additionally, we created an easy to complete online feedback form, which contributed 18 of the 38 responses.

Across all collected feedback, medical students consistently reported that their placements at The State Hospital were highly valuable, enjoyable, and educational. They praised the opportunity to gain insight into the workings of forensic psychiatry, particularly the management of complex cases and the multidisciplinary care provided in a secure setting. Supervising consultants were frequently commended for being approachable, enthusiastic, and generous with teaching time. Students felt welcomed by the teams, appreciated the structured tours of the hospital, and valued direct exposure to patient care, ward rounds, and multidisciplinary collaboration. Many described the placements as eye-opening experiences that improved their understanding of the interface between psychiatry and the criminal justice system, with several noting that it encouraged them to consider forensic psychiatry as a future career.

Suggestions for improvement were relatively minor and practical in nature. Some students mentioned a desire for more patient contact or extended placements to allow greater clinical participation, while others recommended clearer pre-placement communication regarding schedules or forms. A few noted that restricted access to electronic devices limited opportunities for study during quieter periods. Overall, however, the feedback portrays a very positive learning environment, making The State Hospital a highly regarded placement among medical students.

Forensic tutorials
The 6 weekly forensic tutorials returned to in-person delivery at Edinburgh University this academic year. Informal feedback from students about this approach has been positive, with lecturers noting students approaching them at the end of lectures to request placements and ask questions, something that did not happen when the lectures were delivered virtually.

Day Trip
This year we considered reinstating the day trip, which previously brought Edinburgh University medical students to TSH for a one-day placement each block. The trip stopped during COVID and has not resumed because of timetable changes.

We established with block organisers that 6 trips were required, of 50-55 students per trip. We discussed this with TSH consultants and specialty doctors given the significant levels of supervision this would require. We considered that each supervisor could realistically take only a small number

of students. We also considered space requirements for delivering an in person tutorial at TSH. There is only one venue at TSH large enough to accommodate such numbers (Islay).

Regrettably, despite our agreement in principle to reinstate the bus trip, the notice period provided was insufficient for us to reserve the teaching venue, which is highly sought after and typically booked well in advance, and to arrange the necessary student supervision. This excursion also necessitates a considerable medical presence on site; consequently, we require several months' notice both to secure the training facilities and to organize appropriate medical oversight. After careful consideration, we have decided not to proceed with the trip this year, as we were unable to confirm at least three of the proposed dates, which would have resulted in unequal access and opportunities across different student groups.

We requested additional advance notice for the next academic year to facilitate this trip. We have been notified that although the university year will be longer, student numbers are expected to remain consistent due to the introduction of a seventh block, which will keep the number of students per block within the 50-55 range.

Medical ACT
During this academic year, TSH achieved its first successful bid in several years. We submitted a proposal for secretarial support for the undergraduate programme, seeking to recognise the substantial contributions of TSH medical secretaries. Although the available funding was stated to be £856, we submitted a bid for £2,392 and were subsequently awarded the full amount. This allocation constitutes a 15% increase from our baseline ACT funding of £36,771.

This bid was awarded on a non-recurrent basis. However, following discussion with the medical ACT team about the nature of the secretarial work going forward we have been invited to make a bid on a recurrent basis.

We were late in submitting our Medical ACT accountability report this year due to difficulties in establishing what our baseline level of funding was being used for. This initiative had not been previously conducted and necessitated input from the medical director in order to accurately determine the allocation of ACT funding. Baseline funding has now been established and this clarity will allow for planning of future bids from Medical ACT.

3.2 Postgraduate training

Core Training
Over the past year, the State Hospital has hosted six Core Trainees (CTs) on placement—four from the West of Scotland and two from the East. Reflecting a broader trend observed in recent years, an increasing number of doctors are opting to work part-time. During this period, we have accommodated two part-time Core Trainees and one part-time Higher Trainee.

Induction Programme
We have developed a comprehensive induction programme that is delivered over several days at the commencement of each trainee's placement. This programme benefits from contributions across multiple departments and includes key components such as training in HCR-20 and PANSS. The induction is highly regarded by both Core and Higher Trainees, and their feedback is actively sought and reviewed. Adjustments to the programme are made on a six-monthly basis to ensure its continued relevance and effectiveness.

First on-call Rota
At present, we have three Specialty Doctors and three Core Trainees, a staffing arrangement that has remained consistent over the past few years. This stability has enabled us to maintain a fully staffed on-call rota operating on a 1:6 basis. A rota monitoring exercise was conducted with the most recent cohort of Core Trainees, yielding a 100% response rate. The results provided clear evidence that our on-call rota is compliant with the required standards.

Higher Training

Over the past year, five Specialty Trainees (STs) have been placed with us for varying durations, typically spanning either three or six months. These trainees work under the supervision of Consultant Trainers, and we are well resourced in terms of experienced trainers across a range of specialties, as detailed in Appendix 1.

Specialty Trainees dedicate part of their weekly schedule to research and special interest activities, and as a result, they generally spend less time at the State Hospital compared to Core Trainees and non-training grade Specialty Doctors. Their role is distinct and represents a progression from Core Training. It is important to maintain a clear distinction between their responsibilities and those of other non-Consultant grade doctors, as they continue to develop towards readiness for Consultant-level practice.

We have maintained our UK ranking position for 'overall satisfaction' of 5th out of 11 on the Forensic Higher training programme of Scotland.

Teaching Programme

A structured series of seven lectures is delivered by Consultant Psychiatrists to Trainee Doctors during the initial three months of their placement at the State Hospital. The programme covers core topics in Forensic Psychiatry, providing a foundational understanding of the field and its practical applications.

To support continuous improvement, a feedback system has been implemented, allowing Trainees to evaluate each lecture. Feedback is gathered based on agreement with statements regarding the lecture's engagement, alignment with expectations, usefulness of the knowledge and skills taught, relevance of presentation materials, and overall quality.

Over the past year, all submitted feedback has been overwhelmingly positive, with 100% of responses falling into the 'agree' or 'strongly agree' categories across all evaluation criteria.

Monthly Educational Programme

Over the past year, a monthly Educational Forum has continued to run successfully in a webinar format, organised by Dr Jana De Villiers. This initiative provides trainee psychiatrists with valuable opportunities to present clinical cases, academic papers, and audit or research findings. In addition, the forum features educational sessions delivered by both internal and external speakers.

The forum plays a key role in supporting trainees' learning, professional development, and portfolio enhancement. It has been well received by participants, with six core trainees and three higher trainees actively contributing as presenters throughout the year.

New to Forensic' (N2F) Education Programme

The 'New to Forensic' (N2F) education programme is a joint initiative between NHS Education for Scotland (NES) and the School of Forensic Mental Health (SoFMH). It is designed to support both clinical and non-clinical staff who are either new to forensic mental health services or seeking to deepen their understanding of the field. The programme promotes self-directed learning and adopts a multi-disciplinary, multi-agency approach.

Participants are supported throughout their study period—typically six months to one year, depending on prior experience—by a mentor who is an experienced mental health professional. The programme comprises 15 chapters, all but one of which include case scenarios involving patients across a range of settings, from high secure hospitals to community psychiatric care.

At The State Hospital (TSH), all trainee psychiatrists who have not previously completed the programme are registered with N2F upon arrival. In some cases, trainees may have already undertaken the programme during earlier placements or have substantial prior experience in forensic settings. Materials are provided to enable completion of the programme under the guidance of their Consultant clinical supervisors.

Administrative coordination is efficiently managed by TSH Clinical Secretaries Co-ordinator, Claire McCrae, who liaises with the Forensic Network at the point of registration. Thereafter, it is the responsibility of the mentee and mentor to ensure the programme is completed. Over the past year, two trainees have been formally signed off by the Forensic Network as having completed the programme, while others are currently in the process of doing so.

State Hospital Visits

Occasional requests for “taster visits” are received from Foundation Grade Doctors, Core Trainees, and non-forensic Specialty Trainees who express an interest in learning more about Forensic Psychiatry. These visits offer a valuable opportunity for doctors to gain insight into the specialty, often driven by curiosity or a potential interest in pursuing a career in Forensic Psychiatry.

Clinical Attachments for International Medical Graduates (IMGs)

We have streamlined the process for offering clinical attachments to International Medical Graduates (IMGs) who are seeking NHS experience to strengthen their applications for UK-based medical posts. These attachments provide IMGs with valuable exposure to clinical practice within the NHS, enhancing their understanding of the system and improving their prospects of securing a position.

Psychotherapy Training

Dr Adam Polnay, Consultant in Forensic Psychotherapy, provides part-time input at the State Hospital. His contributions include facilitating Balint and Reflective Practice sessions for non-Consultant grade doctors, offering a valuable space for clinical reflection and professional development.

In addition, Dr Polnay supports Core and Specialty Trainees in identifying opportunities to engage in individual and group psychotherapy activities. These experiences form an essential component of their core psychotherapy training requirements and continue to be highly valued by trainees during their placement at the State Hospital.

Recruitment and Trends in Working Patterns

Less Than Full Time (LTFT) working arrangements have remained popular among trainee psychiatrists over the past year. Recruitment across Scotland has been strong, with a high fill rate in both Core and Specialty Trainee posts. This positive trend, which initially emerged during the COVID-19 pandemic, appears to be continuing.

Thanks to increased availability of training grade doctors on rotations that include placements at the State Hospital, and the successful recruitment of a third non-training grade Specialty Doctor, we are now in a stronger position regarding our non-Consultant grade medical workforce than we have been in recent years.

Representation at External Committees Relevant to Medical Education

Over the past year, Dr Apurva has represented the State Hospital at several key committees and review panels relevant to postgraduate medical education, including:
West of Scotland Specialty Training Committee (STC)National Forensic
Psychiatry Specialty Training Committee (STC)
Bi-annual NHS Education for Scotland Annual Review of Competence Progression (ARCPs)

This representation ensures that the State Hospital remains actively engaged in regional and national discussions around training standards, curriculum development, and trainee progression.

4 RECOMMENDATION

The Board is invited to note that the past year has been a highly positive one for medical education at the State Hospital. We have continued to deliver extensive, high-quality undergraduate and postgraduate training, supported by a skilled and experienced Consultant workforce.

Notable strengths include positive ranking in training schemes nationally, strong recruitment outcomes, and high fill rates for training posts. These achievements place us on a confident and optimistic footing as we enter the forthcoming year.

Dr Prathima Apurva

Dr Prathima Apurva
Consultant Forensic Psychiatrist & Educational Supervisor

25/09/2025

Date of next annual report – August 2026

Appendix 1. NTS Data for departments not on Priorities/High Performers lists

Site	Programme Group	Level	Adequate	Clinical	Clinical Supervisi	Educatio	Educatio	Facilities	Feedback	Handover	Induction	Local	Overall	Regional	Reportin	Rota	Study	Supporti	Teamwor	Workload	N
State Hospital	CPT	Core																			<3
State Hospital	Forensic psychiatry	All Trainees																			<3
State Hospital	Forensic psychiatry	ST																			<3
State Hospital	General psychiatry	All Trainees																			<3

Appendix 2. NTS Trainer Data for departments not on Priorities/High Performers lists

Site	Specialty	Appraisal	Education al	Handover	Professio nal	Resource s to Train	Rota Issues	Support for	Supportiv e	Time to Train	Response rate
State Hospital	Forensic psychiatry	W	W		L	L		W	W	W	0.33
State Hospital	Psychiatry of learning disability										1

Appendix 3. STS Data for departments not on Priorities/High Performers lists

Site	Specialty	Level	Clinical Supervisio	Discriminat ion	Educationa l	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
State Hospital	CPT	Core													2
State Hospital	CPT	Core	W—	W—	W—	W—	W—	W—	W—	W—	P—	W—	W—	W—	11 (aggregated)
State Hospital	Forensic psychiatry	All Trainees													1
State Hospital	Forensic psychiatry	All Trainees	W—	W—	W—	W—	W—	G—	W—	G—	P—	G—	W—	W—	12 (aggregated)
State Hospital	Forensic psychiatry	Core													1
State Hospital	Forensic psychiatry	Core	G—	W—	W—	W—	W—	W—	W—	G—	P—	G—	G—	W—	5 (aggregated)
State Hospital	General psychiatry	All Trainees													1

Site	Specialty	Level	Clinical Supervisio	Discriminat ion	Educationa l	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
State Hospital	General psychiatry	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	6 (aggregated)
State Hospital	General psychiatry	Core													1
State Hospital	General psychiatry	Core	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	6 (aggregated)

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP /	N/A
Corporate Objectives Please note which objective is linked to this paper	**4m. Better Workforce** Review and action absence related issues and prioritise support mechanisms and staff wellbeing to provide staff and line managers with the support required; and where absence is required, support staff to return to work at the earliest opportunity. Strengthen leadership and develop positive culture. Continue to support training and development for all staff at every level across the organisation.
Workforce Implications	N/A
Financial Implications	N/A
Route to Board Which groups were involved in contributing to the paper and recommendations.	Consultants Group
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; ☐X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 11
Sponsoring Director:	Medical Director
Author(s):	PA to Medical Director & Associate Medical Director
Title of Report:	Medical Appraisal and Revalidation 1 April 2024 – 31 March 2025
Purpose of Report:	For Noting

1 SITUATION

It is a requirement of NHS Education for Scotland that an annual report on Medical Appraisal and Revalidation is placed before the Board.

2 BACKGROUND

Revalidation is the process by which doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise, and comply with the relevant professional standards. The information doctors provide for revalidation is drawn by doctors from their actual practice, from feedback from patients and colleagues, and from participation in continued professional development (CPD). This information feeds into doctors' annual appraisals. The outputs of appraisal lead to a single recommendation to the GMC from the Responsible Officer in their healthcare organisation, normally every five years, about the doctor's suitability for revalidation.

Within the State Hospital, an agreed data set for annual appraisals is collated centrally by the Appraisal and Revalidation Administrator (this is the PA to the Medical & Associate Medical Director). This includes Clinical Effectiveness Data, Pharmacy Audits, CPA / Restricted Patient and Medical Record Keeping Audits.

3 ASSESSMENT

- The Revalidation and Appraisal Committee meet twice yearly in May and November.

- Revalidation Policy
  The Revalidation and Appraisal Policy was approved by the Senior Management Team on 3 August 2016 and is available on the Intranet under HR Connect. The Policy was reviewed at the Revalidation and Appraisal meeting on 7 November 2023.

- Responsible Officer
  Professor Thomson has undertaken Responsible Officer training and attends Responsible Officer Network meetings.

- Revalidation System
  Revalidation system has been used for 12 Consultants and 3 speciality doctors in 2024-25. This includes one doctor on secondment to Scottish Government. One Consultant is appraised and revalidated through the Chief Medical Officer system.

  In 2025, we have added the GP who provides a service to patients at the State Hospital to our list as his responsible officer will be Lindsay Thomson, however, the GP will be appraised by NHS Lanarkshire.

- Appraisals
  From 1 April 2024 to 31 March 2025, of the 15 medical staff within The State Hospital revalidation system, all were appraised during this period.

- Revalidation
  All revalidations are up to date.

- Multi-source feedback
  Multi-source feedback using the SOAR system is now being submitted by medical staff at appraisal meetings. This is required once per 5 year cycle.

- CARE Questionnaire
  The CARE questionnaire was issued to patients in July 2024 for all Consultants. Questionnaires for Specialty Doctors and Consultant Psychotherapist will be issued in early 2025.

- SOAR Appointment System
  SOAR appointment system was introduced to avoid delays in annual appraisals. A doctor will be invited to an appraisal appointment at mutually agreed times on three occasions. Standard letter to doctors not engaging in the process in terms of attending an appointment or submitting paperwork has been prepared. This has never been used to date.

- Case based discussions are included in the appraisal process. There is a monthly allocated slot open to Trainees, Specialty Doctors or Consultants where cases can be discussed by the medical staff group.

- Medical Appraisal Revalidation Quality Assurance Review 2024-25 (MARQA)

  We submitted the Medical Appraisal and Revalidation data return to NES. Their review panel met on Wednesday 18 August 2025 and were fully satisfied with the information and achievement rates that our report outlined. They will present their findings to the Revalidation Advisory Board Scotland (national stakeholders group) in November and will publish the finalised report shortly thereafter on their website.

  https://www.appraisal.nes.scot.nhs.uk/our-work/marqa-reports/

.

Consultants	Last Date for Recommending Revalidation	Date of Revalidation	Appraisal 01/04/19-31/03/20	Appraisal 01/04/20-31/03/21	Appraisal 01/04/21-31/03/22	Appraisal 01/04/22 – 31/03/23	Appraisal 01/04/23 – 31/03/24	Appraisal 01/04/24 – 31/03/25	Appraisal 01/04/25 – 31/03/26	AMP Training		Last date to register for refresher training	Refresher training	Planned training
										Forensic	Core & Capacity			
	15/10/2026	16/10/2021	24/09/2019	01/10/2020	26/10/2021	31/10/22	30/11/23	12/12/24	24/11/25	31/08/22	21/06/18	Jan 2028	17/01/23	
	01/09/2026	02/09/2021	04/02/2020	31/08/2020	01/06/2021	25/10/22	03/10/23	10/12/24	02/10/25	01/02/19	29/05/21	Jan 29	**25/01/24**	
	09/02/30	12/02/2025	28/01/2020	01/06/2021	16/03/2022	17/01/23	29/01/24	23/01/25	12/01/25	25/11/19	21/06/18	March 28	30/03/23	
	01/08/2026	31/05/2021	15/03/2019	30/03/2021	26/01/2022	24/02/23	On mat leave	20/03/25	07/11/25	01/02/19	31/10/19	Aug 2029	**07/08/24**	
	26/12/2027	02/05/2022	05/11/2019	27/11/2020	04/10/2021	28/11/22	16/11/23	6/11/24	24/11/25	20/09/21	29/05/21	**Aug 26**		
	27/03/2029	11/10/2023	28/02/2019	02/02/2021	08/03/2022	06/02.23	07/03/24	13/02/25		01/02/19	29/05/21	Jan 28	**17/11/23**	
	20/12/2026	24/05/2021	12/12/2019	23/11/2020	25/10/2021	29/09/22	12/10/23	21/11/24	12/02/26	01/02/19	29/05/21	Jan 28	17/11/23	
	28/07/2026	31/05/2021	20/01/2020	16/02/21	11/02/22	30/01/23	25/01/24	28/01/25	23/01/26	01/03/23	29/05/21	April 29	01/03/24	
	19/03/2030	14/10/24		05/10/2020	12/11/2021	10/02/23	05/02/24	17/02/25	09/11/25	05/01/23	09/12/19	Jan 28	05/01/23	
	17/08/28						*	01/10/24	28/10/25	22/07/20		July 30	15/07/25	
	08/01/28						23/06/23 (Tayside)	12/12/24		30/10/18		Nov 28	17/11/23	
									*					
Specialty Doctors														
	02/02/2027	24/01/2022			05/10/2021 19/10/2021	18/10/22	24/10/23	12/11/24	11/11/25	6-8/7/21		**June 26**		
	04/08/2029							19/03/25	26/02/26	01/08/24		July 29		
	29/07/28						18/01/24	20/03/25	20/02/26					
Appraised by Other Organisations														
	13/12/2028	20/02/25	30/04/2019	15/10/2020	12/10/2021	23/11/22	15/11/23	31/03/25	18/02/26		29/05/21	**April 26**		13/10/25 Multi-specialty
	18/11/2028	29/09/23	28/08/2020	20/07/2021	10/03/2022	15/03/23	15/03/24	13/03/25		01/02/19	29/05/21	Nov 2028	17/11/23	
Primary Care														
	10/07/27	July 2022	*03/03/2020*	*25/03/2021*	*08/03/2022*	*16/03/23*	*20/03/24*	*01/04/2025*		Not required to undertake AMP training but requires to be fully up to date with relevant GP training within NHS				

4 RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP /	N/A
Corporate Objectives Please note which objective is linked to this paper	**4I. Better Workforce** Review and action absence-related issues and prioritise support mechanisms and staff wellbeing to provide staff and line managers with the support required; and where absence is required, support staff to return to work at the earliest opportunity. Strengthen leadership and develop positive culture. Continue to support training and development for all staff at every level across the organisation.
Workforce Implications	Revalidation and appraisal are requirements to work as a doctor and essential to ensuring our continued medical workforce.
Financial Implications	Nil
Route to Board Which groups were involved in contributing to the paper and recommendations.	HIS requirement. Report will be shared with MAC.
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	Captures feedback on stakeholder experience and provides opportunity to improve this
Equality Impact Assessment	EQIA Screened – no identified implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; ☒ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 12
Sponsoring Director:	Director of Workforce
Author(s):	Director of Workforce
Title of Report:	Staff Governance Report
Purpose of Report:	For Noting

1 SITUATION

This report provides an update on overall workforce performance to 30 September 2025.

2 BACKGROUND

The State Hospital use a dashboard system called Tableau. The Workforce Dashboards are available for access by Tableau users and the system has the ability for managers to set up subscriptions to reports on particular days so that they receive an auto-notification.

Information and analysis is provided to the Workforce Governance Group, the Operational Management Team and Corporate Management Team. Information is also provided on a 6-weekly basis to the Partnership Forum.

3 ASSESSMENT

(a) ATTENDANCE MANAGEMENT

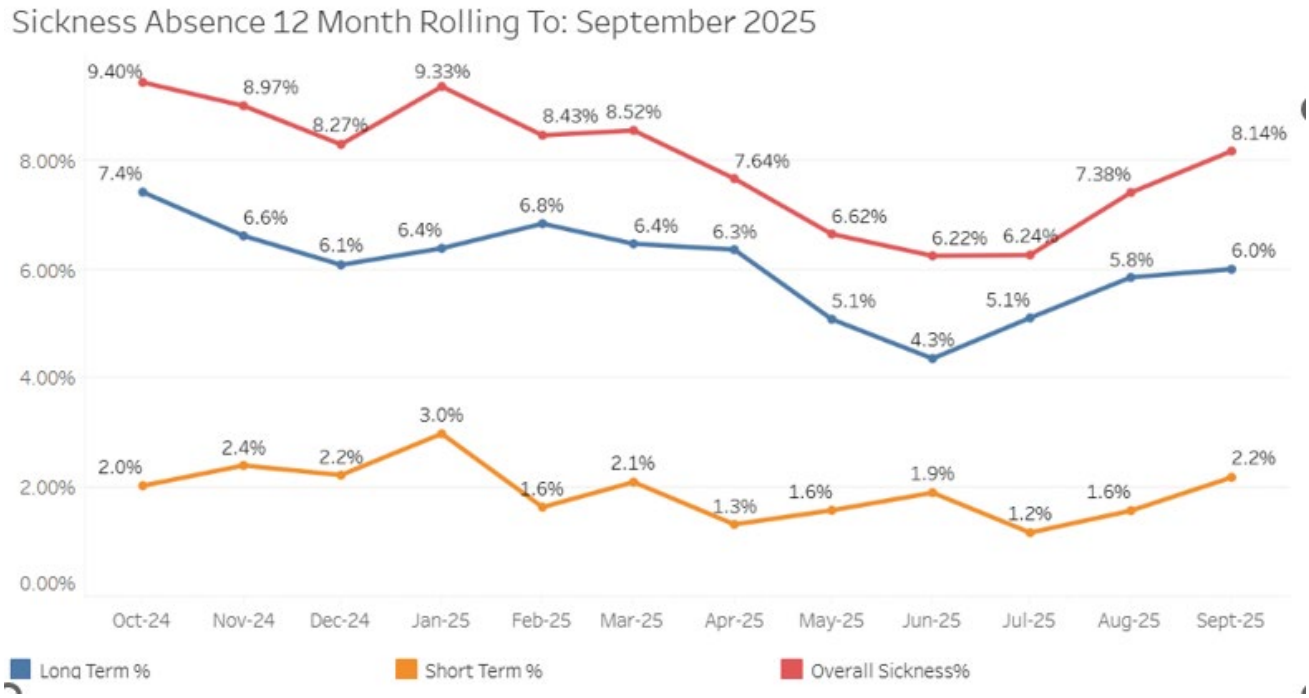
TSH Sickness Absence (Oct 24 to Sept 25)

Despite seeing a sustained improvement during the summer months, sickness absence remains a significant challenge for TSH as our sickness absence begins to creep upwards towards winter.

From our June position of 6.22%, our lowest monthly absence figure since May 2022, we have seen a steady increase in overall absence with both short and long term increasing by over 1% each.

The fall from the start of the year, a peak of 9.33% in January 25, to the low in June, and the subsequent increase, is illustrated in Graph 1 below:

GRAPH 1 – all staff



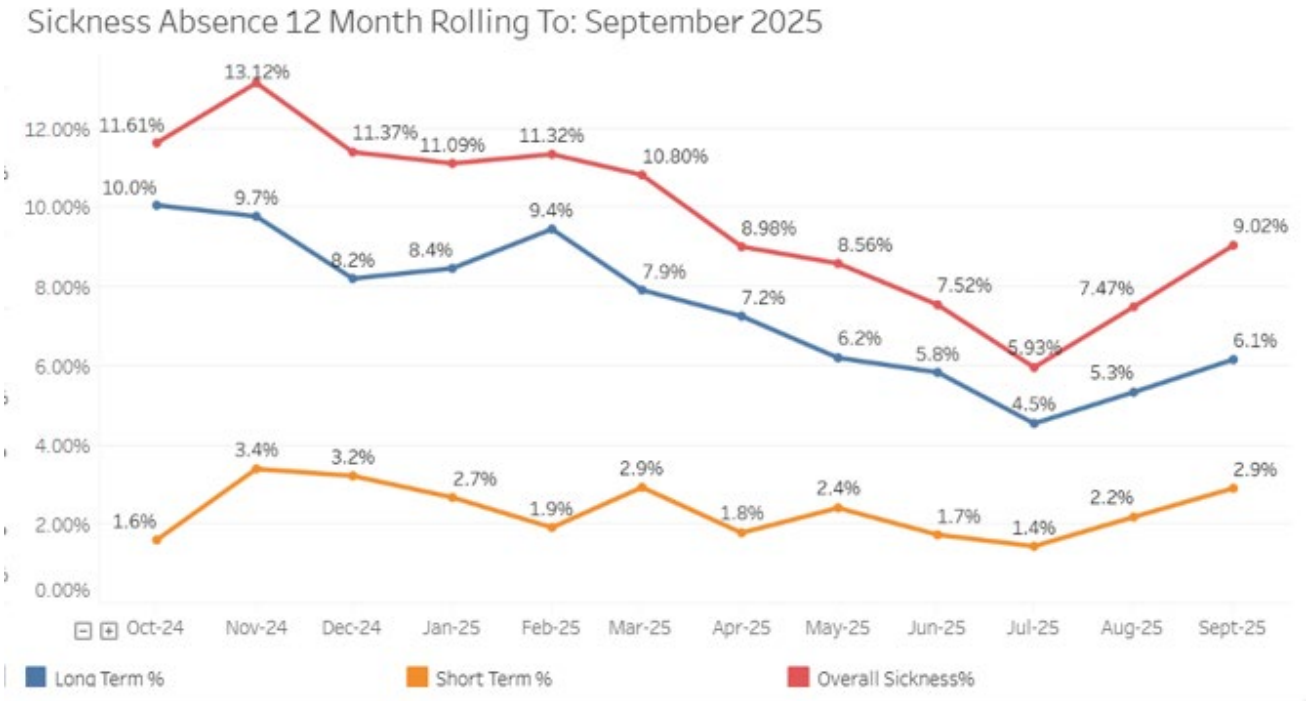
The main contributing factors to the increased absence figure is:

- Over 3% increase in Nursing (further illustrated in graph below)
- Seasonal trend (children returning to school in August, heading for winter)
- 1% increase in both short and long term
- Increase in Mental Health/Stress absence

Nursing Sickness Absence (October 24 to Sept 25)

The increase in absence is reflected in Nursing (from 5.93% in June to 9.02% in July) and ultimately this area remains the major challenge for TSH

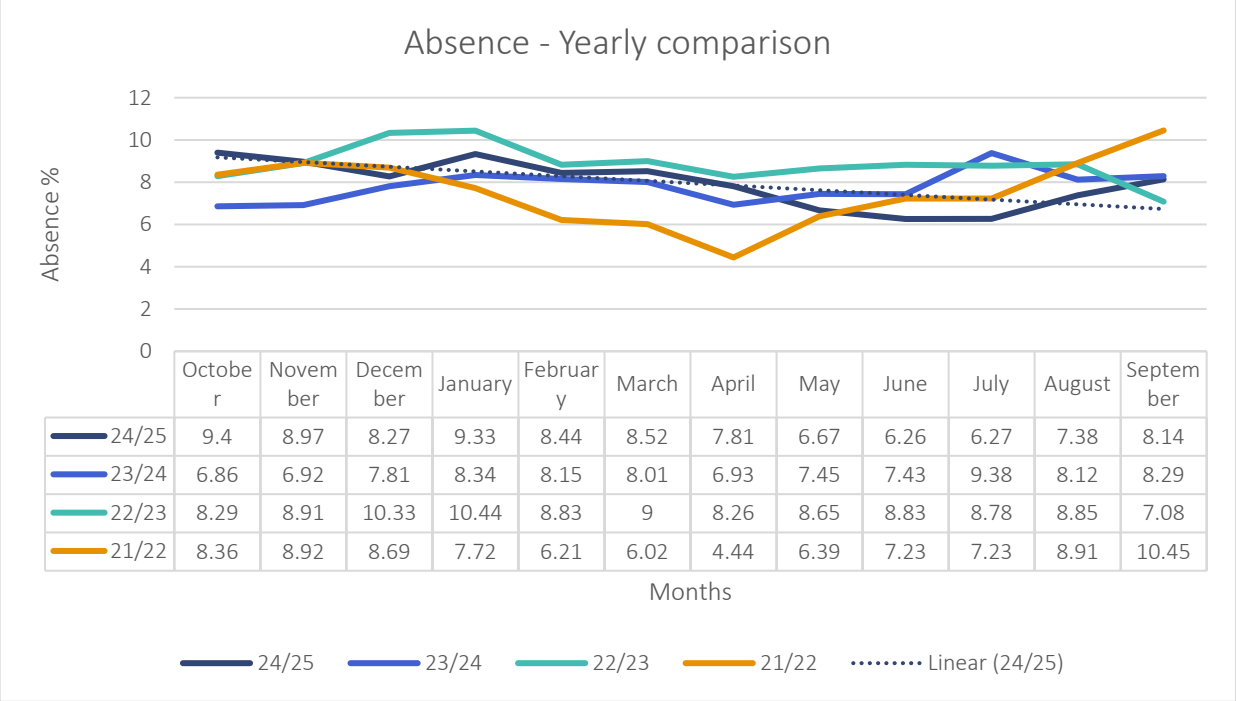
GRAPH 2 – nursing hubs



GRAPH 3 – Seasonal Trends

There are limitations in terms of trend analysis over the last 4 years, in part due to the crossover of the covid years, and in particular the utilisation of special leave to record covid, which in turn masked sickness absence.

Despite the recent increase, the current trend for this year, and actual position, leaves grounds for optimism in trying to set a lower benchmark (or starting point) from which we recognise that we need to manage and mitigate seasonal trends (including winter).



	October	November	December	January	February	March	April	May	June	July	August	September
24/25	9.4	8.97	8.27	9.33	8.44	8.52	7.81	6.67	6.26	6.27	7.38	8.14
23/24	6.86	6.92	7.81	8.34	8.15	8.01	6.93	7.45	7.43	9.38	8.12	8.29
22/23	8.29	8.91	10.33	10.44	8.83	9	8.26	8.65	8.83	8.78	8.85	7.08
21/22	8.36	8.92	8.69	7.72	6.21	6.02	4.44	6.39	7.23	7.23	8.91	10.45

ATTENDANCE MANAGEMENT OBSERVATIONS

Patterns/Trends for TSH:	Graduated increase over the months of August and September. Increase in Mental Health/Stress absences and increase in Nursing absence	
Identified Departments of Concern:	Arran 1 Hotel Services Arran 3	17.26% 15.85% 15.46%
Identified Departments of Improvement since March 2025:	Iona 2 Mull 1 Mull 3	2.93% 1.11% 0.36%
Reasons:	**Key reasons for long-term absence:** Anxiety/Stress/depression/other psychiatric illnesses, injury fracture, other known causes not otherwise classified, Heart, Cardiac or Circulatory **Key reasons for short-term absence:** Anxiety/Stress/depression/other psychiatric illnesses, injury fracture, other known causes not otherwise classified	
Activity:	At the time of reporting, for the month of September, 4 members of staff were invited to a Stage 1 meeting, and 0 members of staff invited to a Stage 2 meeting. 2 Stage 3 meetings are scheduled. Occupational Health issued 52 appointments in September 2025. Of all appointments issued, 34 were attended, 13 were cancelled and 5 were DNA.	

National Position

The challenge of reducing absence in a sustained manner remains a key theme across NHS Scotland. The National figures below are produced centrally and retrospectively by SWISS and tend to have a slight variance to the figures reported in boards through SSTS and earlier in this paper.

Sickness Absence Statistics by NHS Board

1st August 2024 - 31st July 2025

	Absence Rate Total
Scotland	**6.36**
NHS Ayrshire & Arran	6.20
NHS Borders	5.62
NHS National Services Scotland	4.85
NHS 24	9.04
NHS Education For Scotland	2.54
Healthcare Improvement Scotland	4.23
Public Health Scotland	3.21
Scottish Ambulance Service	9.41
The State Hospital	7.42
National Waiting Times Centre	5.82
NHS Fife	6.85
NHS Greater Glasgow & Clyde	6.60
NHS Highland	6.11
NHS Lanarkshire	7.14
NHS Grampian	5.18
NHS Orkney	5.96
NHS Lothian	5.99
NHS Tayside	6.54
NHS Forth Valley	7.77
NHS Western Isles	5.81
NHS Dumfries & Galloway	5.80
NHS Shetland	4.64

The State Hospital have consistently been within the top 5 highest sickness absence rates for all Boards.

Our key challenge remains trying to get as close to 5% absence target, but also ensuring that we have the lowest baseline prior to the peaks of winter.

In order to support this, the regular planned activity will continue as we seek to maintain a sustainable approach to maximizing attendance:-

- Regular RAG Reviews
- Continued partnership working with focus on providing a safe working environment
- Encouragement and monitoring of consistent Pathways usage
- Improved communication and awareness of impact of absence
- Manager development
- Accountability and performance management for areas which require additional support

We have also increased bespoke wellbeing provision to support the increase in Mental Health/Stress absence and will continue to focus on these areas through our dedicated pathways.

(b) RECRUITMENT / SUPERNUMARY STAFFING

Our Recruitment process continues to work proactively, with vacancies processed timeously to support services:

TIME TO HIRE	93 days (KPI of 75 days)	KPI impacted primarily due to the recruitment of newly qualified nurses, whose start dates were required to align with scheduled training programmes.
VACANCIES ADVERTISED	4 posts totalling 15 vacancies were progressed during September.	
EMPLOYABLITY:	The demonstrator programme is currently underway with two successful candidates having commenced their roles within Housekeeping and Clinical Administration.	

Since April 2025 there has been an ongoing increase in the reliance on additional hours. This is related to the recruiting for the Women's service, and the associated shortfall in establishment for existing posts.

A number of new starts have started throughout October and outstanding vacancies have been advertised to fill remaining vacancies, as we return to regular projected recruitment to support the service.

OT & EXCESS	48.17 WTE (increasing from 39.13 WTE in April yearly low)
NURSING	32.51 WTE (increasing from 23.24 WTE in April yearly low)
SSR	9.09 WTE (Reducing slightly from August)

(c) EMPLOYEE RELATIONS - LIVE CASES

The table below provides a summary of live ER Casework: -

Active ER Casework – timescales

Ongoing ER Case Work				
	<1 month	1-3 months	3-6 months	6+ months
Capability - formal	0	0	0	0
Conduct - formal	0	2	1	0
Bullying & Harassment - formal	0	0	2	0
Grievance - formal	0	0	0	1
Whistleblowing	0	0	0	0

The live Grievance case is currently in process and due to conclude.

(d) LEAVERS

- There were 3 leavers in September 2025. All 3 were within the Nursing and AHP Directorate.
- This totals 22 leavers YTD, turnover of 3.03% financial year to date.
- Of the 19 leavers this financial year, 11 had less than three years of service, all from nursing roles. In response, a SLWG will be established in September to review nursing recruitment practices. The group will focus on developing an improved recruitment process and a comprehensive recruitment pack. This will ensure that prospective nursing staff have all the necessary information from the outset to make an informed decision about whether the State Hospital is the right fit for them. Key details will include shift patterns, daily routines, mandatory training requirements, and other role-specific expectations.
- Exit interview compliance within the current financial year is 36.36% with 8 out of 22 leavers completing this.

(e) JOB EVALUATION

Progress & Status – September 2025

- There were two panels held during September
- Two posts will progress to Quality Checking panel, date arranged during October 2025
- One job description received during September
- Two Job Descriptions were progressed via the JD Share Protocol
- Timelines from receipt to outcome are well within the target of 14 weeks.

4 RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP /	Update report Supports delivery of Staff Governance Standards and Workforce Plan
Corporate Objectives Please note which objective is linked to this paper	**4. Better Workforce** Paper covers various objectives
Workforce Implications	N/A
Financial Implications	N/A
Route to Board Which groups were involved in contributing to the paper and recommendations.	Staff Governance, Partnership Forum, WGG and CMT
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	There are no identified impacts.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; ☐ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 13
Sponsoring Director:	Director of Workforce
Author(s):	Director of Workforce
Title of Report:	Whistleblowing Report Update Quarter 2/Speak Up Week
Purpose of Report:	For Noting

1 SITUATION

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.

As part of the Standard, a quarterly update on the number of whistleblowing cases is provided to the Board.

2 BACKGROUND

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 standards form a 'Once for Scotland' approach to Whistleblowing.

3 ASSESSMENT

The Quarter 2 update is from 1 July 2025 to 30 September 2025. No formal Whistleblowing cases were raised during this quarter either direct to The State Hospital or indirect via the INWO.

In the performance year 2025/26, the State Hospitals Board for Scotland had no cases raised under Whistleblowing to date.

The end of Quarter 2 coincided with Speak Up Week 2025, which ran from Monday 29th September to Friday 2nd October 2025.

As part of our approach to Speak Up this year, we had several internal communications from the Director of Workforce and the Whistleblowing Champion to reinforce the importance of Speaking Up and linking this to other benefits across the organization. The Whistleblowing Champion also visited the Wellbeing Centre to meet with staff (which we hope to arrange on a quarterly basis

moving forward.)

Details of Speak Up, and the routes open to our staff and how to access were readily available at 3 main hubs throughout the site: Reception, Canteen and Wellbeing Centre.

We also supported and advertised the main national themes and resources each day and actively encouraged staff to get involved in these events and seminars.

As part of our overall round up, further communication was issued to highlight the importance of hearing the employee voice in successful organisations, outlining the type of work we will be taking forward over the next year and advertising the next sessions to be run by the OD team on Psychological Safety.

We will continue to actively advertise the routes available for staff to speak up, along with the support available to them. This will include access to Confidential Contacts (which we are recruiting to) and how to take forward a concern in terms of whistleblowing.

4 RECOMMENDATION

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

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP /	Workforce Planning
Corporate Objectives Please note which objective is linked to this paper	4. Better Workforce ▪ Support the Independent National Whistleblowing Standards, and support this workstream locally including promoting awareness for staff.
Workforce Implications	Ensuring robust standards for whistleblowing are adhered to. Encouraging the development of a positive proactive 'Listening' Workplace.
Financial Implications	None
Route to Board Which groups were involved in contributing to the paper and recommendations.	NA
Risk Assessment (Outline any significant risks and associated mitigation)	NA
Assessment of Impact on Stakeholder Experience	NA
Equality Impact Assessment	n/a
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	n/a
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; ✓ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 14
Sponsoring Director:	Director of Workforce
Author(s):	Director of Workforce
Title of Report:	Reduced Working Week
Purpose of Report:	For Noting

1 SITUATION

This report outlines the current position of The State Hospital in respect of the final stage of the Planning for the Reduced Working Week, which will see all staff employed under Agenda for Change Terms and Conditions reduce to a working week of 36 hours by 1st April 2026.

2 BACKGROUND

As part of the pay settlement for Agenda for Change staff in 2023-24, it was agreed that the Agenda for Change staff working week would reduce from 37.5 hours to 36 hours. To facilitate these discussions Scottish Government issued the NHS Circular PCS(AFC)2024/2, which outlined the approach and engagement that was required with managers in partnership with Staff and trade unions.

The first incremental reduction of 30-minute took place on 1st April 2024, and the second increment will be implemented on 1st April 2026. The second increment will reduce the working week from 37 hours to 36 hours (pro rata for part-time staff).

As part of this process, outline plans to support the full implementation of the Reduced Working Week were to be completed by May 2025, with full plans to be completed and submitted to the Scottish Government by 1 October 2025, prior to full implementation on 1 April 2026.

3 ASSESSMENT

The implementation plan for the TSH, in accordance with Scottish Government Guidance, was considered at an extraordinary Partnership Forum on 24th September 2025.

The report highlighted the service areas for which plans to implement are in place, along with highlighting the areas of greatest risk and the potential financial resource required to mitigate the risk.

The areas of greatest risk are identified as the main Nursing ‘Hub’ Roster, Skye Centre, other clinical services (AHP and Psychology) and Security & Facilities teams.

The report was accepted by the Partnership Forum as an accurate reflection of the current position at The State Hospital and provided reassurance that we will be in position to fully implement the 36 hour working week on 1 April 2026.

4 RECOMMENDATION

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

A copy of the Partnership Forum paper is included as Appendix A.

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP /	Workforce Strategy Wellbeing Pay
Corporate Objectives Please note which objective is linked to this paper	4. Better Workforce Support Health and Wellbeing
Workforce Implications	Implement 'non pay' pay award agreed by SG in 2023/24.
Financial Implications	To be reviewed with Scottish government
Route to Board Which groups were involved in contributing to the paper and recommendations.	Partnership Forum
Risk Assessment (Outline any significant risks and associated mitigation)	NA
Assessment of Impact on Stakeholder Experience	NA
Equality Impact Assessment	n/a
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	n/a
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; ✓ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

APPENDIX A

EXTRAORDINARY PARTNERSHIP FORUM PAPER 24 SEPTEMBER 2025

ASSURANCE OF FORMAL PLANS

1 SITUATION

As part of the pay settlement for Agenda for Change staff in 2023-24, it was agreed that the Agenda for Change staff working week would reduce from 37.5 hours to 36 hours. To facilitate these discussions Scottish Government issued the NHS Circular PCS(AFC)2024/2, which outlined the approach and engagement that was required with managers in partnership with Staff and trade unions.

The first incremental reduction of 30-minute took place on 1st April 2024, and the second increment will be implemented on 1st April 2026. The second increment will reduce the working week from 37 hours to 36 hours (pro rata for part-time staff).
This paper details the impact of the change, the level of risk and assurance of relevant planning, along with any additional resource and budget requirements to provide continuity of service across The State Hospital.

The paper has been structured in such a way to consider the operating Directorates as follows:
· Nursing, Clinical Operations and Skye Centre
· Security and Facilities (inc Estates, Housekeeping, Catering)
· Corporate / Administrative functions including Workforce, Finance, E health etc

There are circa 689 staff employed across the organisation, 633 of which are employed under Agenda for change terms and conditions and therefore affected by the reduction in the working week.

The reduction does not apply to the remaining 56 staff, who are senior and executive managers or medical staff. For the purposes of this planning all SSR and bank staff have been excluded.

2 BACKGROUND

TSH has continued with the approach to the first incremental reduction, which was implemented successfully in April 2024.

Joint Management/Staff Side Subgroups have been formed I to reestablish principles and process to be followed in the implementation of this reduction in hours.

These groups included:
- Nursing
- Rostered Services
- 9-5 type services Services

- **Key Principles**

As outlined by the Scottish Government in their letter of 18th February 2025, it is crucial that the delivery of further change, is in a way which is safe for patients and staff, supported continued recovery of services and avoiding extra burden for our workforce. Staff wellbeing is central to this and implementing the final stage of the reduced working week is an important part of our overall approach to wellbeing.

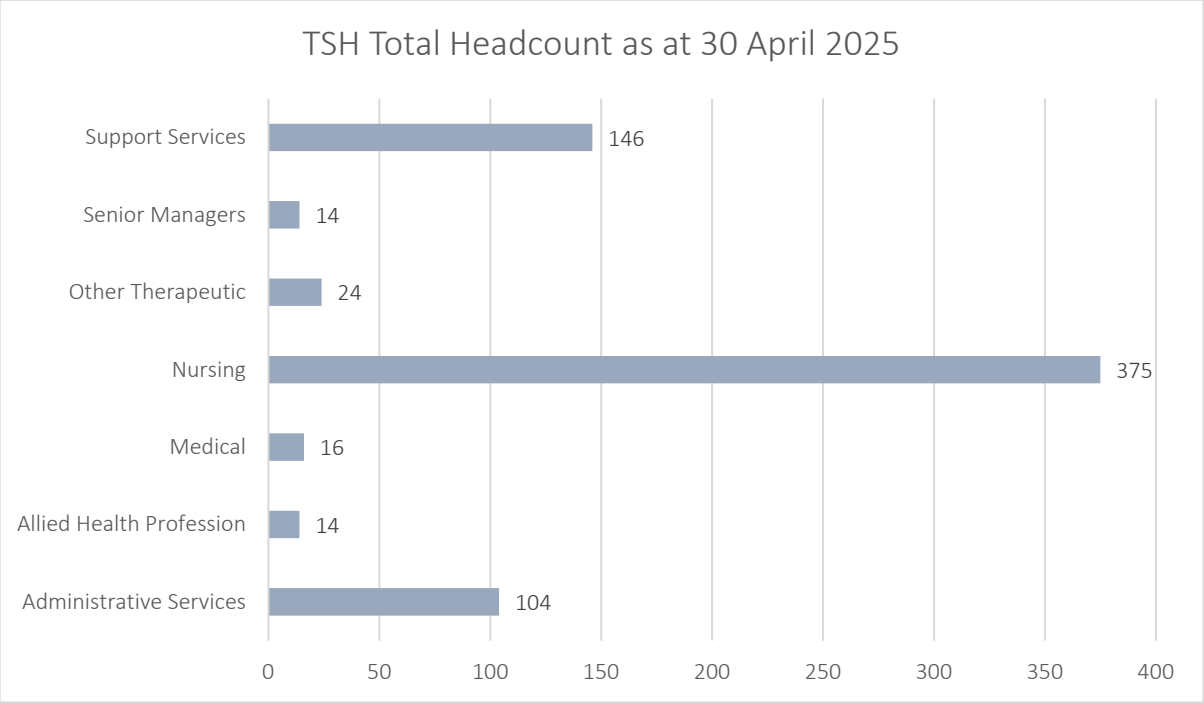
Other key principles for TSH were outlined as:

- *Managers and staff are encouraged to think innovatively when reducing hours across all working patterns. There is no one size fits all model and each service is encouraged to find a solution that works for them, and provides all staff with the benefit from reducing the working week.*
- *The term service will be used to refer to all 'operational units' across areas of the organisation including clinical and care as well as non clinical/care areas.*
- *All services will continue to operate using the* ***existing model and hours of service provision*** *to ensure a consistent approach across the organisation and so that service users can access the services in line with existing hours of operation*
- *Managers and staff will work together to develop and agree proposals for changes to working patterns and rosters that enable each AfC member of staff to achieve the reduction in working hours per week whilst ensuring the existing operating model can continue safely and effectively.*
- *Staffside should be involved in the discussions and development of these proposals*
- *The proposals should be based on the current establishment and consider how the workforce can be deployed in different ways to achieve the reduction in hours within the existing service model including:*

i) Phased starts and finishes
ii) Altering duration of shift hand-over periods
iii) Skill mix during these periods of the day
iv) Changes to scheduling of tasks to accommodate changes in working patterns and skill mix
v) Where agreement cannot be reached in partnership on proposals for permanent changes or for any other reason including safety, staff wellbeing and service sustainability/viability these will be referred through the governance structure for consideration of actions including:
  - *Service redesign*
  - *Request for services to revisit proposals with guidance on potential changes to consider.*

Formal proposals for each service were developed in conjunction with staff and staff side, signed off by Service Directors and ratified by the joint Management/Staff Side Group.

The table below details the organisational breakdown of staff in each job family across the organisation and within AfC staffing groups. 55.4% of the workforce is in the Nursing and Midwifery job family. The next largest job family, at 21.56% is Support Services. (April 2025 data).



NOTE: This data includes SSR / Bank staff so the total number is different from the one quoted above

3 ASSESSMENT

TSH Reduced Working Week Overview

The table at Appendix A provides an overview of the impact of RWW across our services and the current plans in place.

This table also details the overall loss of hours that cannot be mitigated with change in working practices, which amounts to 458 hours per week, which equates to a total cost of £1,256,160 per annum. This accounts for circa 3% of the total annual salary for Agenda Change staff. The current salary cost of Agenda for Change employees for NHS TSH is approximately £41,818,975.90 (FY 25-26).

The majority of our services have been able to develop plans to successfully implement the 36 hour Working Week, with no or minimal impact on existing services.

The following areas, which have been identified as high/very high risk, are detailed below, including the resource required to support and maintain services.

- **Nursing 'Hub' Roster**

As the largest proportion of our workforce, the Nursing Team have the most significant loss of resource across the organisation, the reduction is 318 hours per week and so requires additional resource to ensure continuity of existing services to patients.

Extensive consultation has taken place in terms of the development of a new 36-hour week roster, which has minimum impact on the patient day, realises the benefits of Allocate/Optima and is attractive in delivering benefits to staff wellbeing.

An options appraisal paper has been developed in partnership, outlines the most likely options alongside the risks and the benefits, with the associated cost outlined for the preferred option.

- **Skye Centre and other clinical services (AHP & Psychology)**

Other clinical services such as Skye Centre, AHPs and Psychology have smaller teams who have agreed arrangements of working time within their services to reduce the WTE to 36 hours.
This has, is in the main, meant arranging working hours across the week/fortnight to ensure that continuity of patient care is not adversely impacted.
However, the reduction in resource, directly impacting delivery of service to patients, equates to 1.81 WTE lost across these services.

- **Security & Facilities**

Security and Facilities teams provide key operational support functions for the clinical services and delivery of patient care. To ensure there is adequate cover, aligned to new shift rosters, and ways of working the reduced WTE (as outlined in the table above) is required to ensure no indirect disruption to the delivery of patient care.

There are also some areas where the reduction can only be made from enhanced hours incurring a ‘mark time’ protection payment is required; this has been minimised where possible.
Detailed plans are in place and will require final alignment with the nursing hub plans to ensure appropriate cover ‘at the front door’.

The reduction in resource presents a challenge in ensuring the level of full cover and maintenance of ‘high security’ services.

4 RECOMMENDATIONS

The Partnership Forum is asked to note the content of this report and approve this report as an accurate representation of TSH position in relation to RWW, with assurance that the 36 hour working week can be fully implemented on 1 April 2026.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No 15a
Sponsoring Director:	Finance and eHealth Director
Author(s):	Head of eHealth
Title of Report:	eHealth Annual Report
Purpose of Report:	For Noting

1 SITUATION

In order for the Board to have an overview of the work carried out by the eHealth Department, an annual report is provided for consideration.

The eHealth Annual Report highlights the activities of the department during 2024/25 – encompassing the following –

- Information team
- Infrastructure team
- Project Management

2 BACKGROUND

The State Hospital's eHealth department builds on the national commitment to provide a suitable digital infrastructure for the Board and for NHS Scotland, with a strong focus on delivering national initiatives and programmes. In addition, there are significant Board-specific projects which require to be addressed in order to maintain the desired level of provision for both staff and patient needs.

This report relates to the period October 2024 to September 2025 and provides an update in respect of the above work streams, in relation to contributing to the delivery of high quality service and developments based on identified needs in the short, medium and longer-terms.

3 ASSESSMENT

The report highlights the main areas of activity and issues from 2024-2025.

Key achievements include:

- CPA change to digital
- Microsoft CoPilot
- Microsoft M365 Security Baseline
- Made Purple patient digital inclusion pilot
- Upgrade to remote access system
- Actions for the next twelve months include:

- Disaster Recovery Test Plans:
- Patient EPOS system
- Signle sign on for Rio
- ServiceNow Helpdesk
- NIS replacement framework

4 RECOMMENDATION

The Board is asked to **note** the progress outlined in the enclosed report for the year 2024/25 and the key plans for the coming period.

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP	The Report follows good practice and also links in with the eHealth Strategy
Corporate Objectives Please note which objective is linked to this paper.	Better Value (3f) – Enhance and strengthen digital innovation for the organisation; and the digital inclusion programme. Better Value (3h) – Deliver the actions identified by the NIS audit, to maintain cyber security and resilience.
Workforce Implications	Not applicable
Financial Implications	No financial implications if approved
Route to the Board Which groups were involved in contributing to the paper and recommendations?	eHealth SubGroup
Risk Assessment (Outline any significant risks and associated mitigation)	No significant risks identified
Assessment of Impact on Stakeholder Experience	None
Equality Impact Assessment	No identified implications
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	None identified
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed. □ There are privacy implications, full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

eHEALTH ANNUAL REPORT

2024-2025

Responsible Director	Finance and eHealth Director
Lead Author	Head of eHealth
Contributing Authors	Senior Project Manager, Information & Data Lead, Infrastructure Operations and IT Security Manager
Approval Group	The State Hospitals Board for Scotland
Effective Date	October 2025
Review Date	August 2026
Responsible Officer	Finance and eHealth Director

Contents

1 Overview

The use of digital technologies is now critical to the delivery of services at The State Hospital. Our main purpose is to deliver digital change and innovation while supporting the hospital's recurring digital demands. These requirements are delivered in line with the Network and Information Security policy (NIS), General Data Protection Regulation (GDPR) and Scotland's Digital Health and Care Strategies.

The reliance on digital technologies and the eHealth Department's resources is ever-growing. Digital technology does not stand still, and the constant stream of digital innovation is important to TSH. We are beginning to make small steps in the world of Artificial Intelligence (AI) but it can be challenging to find suitable AI offering within the constraints of our funding and the care we deliver. The support provided by the heads of each eHealth team have been a significant factor it the adaptability of their staff. They ensure teams are aware of the priorities of the service and continue to support their development with a focus on improving their capabilities.

The IT helpdesk continues to be the first point of contact for the eHealth department - the number of calls logged in the last 12 months being 3,855. The highest number of calls was for Rio password re-sets – and work is on-going by the department in conjunction with the supplier to upgrade the self-service capabilities of Rio. It is expected this will help to reduce the number of calls for this service and will allow staff to re-set their own password and ensure they have minimal interruptions to their access to Rio 24/7.

The Infrastructure team have been pivotal in the delivery of maintaining the security of our digital estate. They continually monitor and update our key digital systems as required while providing the support for the day-to-day activities of the team, supporting projects and assisting with helpdesk requests. The reliance on this team is significant to the effective running of digital systems in the hospital. There has been an impact on this team due to absence, but they have still managed to deliver the necessary levels of support. Hospital staff have seen some delays with the resolution of calls due to prioritisation and resource, but their primary focus is to deliver effective support delivery of patient care. Highlights of the last year for the team have been the upgrade to the remote access system, end to end encryption of Rio network traffic and automatic monitoring of SQL data servers.

The Information team continues to work with all departments in the continual development of Rio EPR and the business intelligence system Tableau. Several new forms and data dashboards have been created while existing forms and dashboards are updated as requirements develop and mature. They have also been successful in accessing the HEPMA pharmacy data after several years waiting. The delay was outside of TSH control but thanks to the work in conjunction with colleagues at NHS Lothian and our infrastructure team we now have the data required for the Pharmacy data dashboards

The project team has had another successful year. They have supported the delivery of the new CPA process and the Made Purple pilot. They have managed the rollout of Microsoft CoPilot and are in the early stages of rolling out the hospital-wide CoPilot deployment. Licensing is limited due to national M365 controls, but 88 TSH staff will have the opportunity to benefit from the capabilities offered.

2 Information and Business Intelligence Team

- Rio – Successful upgrade to V24.09 plus ongoing development, including Telephone Approval and Contacts system, Admission Process including new body map and image upload functionality, NEWS2, full refresh of timetabled activities, Child Contact recording, research study: 'Offender, prisoners, patients? Risk needs and management differences', improvements to Grounds Access Authorisation, addition of MSR beds, updated GASS assessment, ICD11 introduced, Infection Prevention and Control area, Case Record menu, Medicines Reconciliation, improvements to Enhanced Care Plan, Patient Safety Plan and My Personal Plan, plus various email alerts and pop-ups to support TSH processes, and

numerous reports including Clinical Model Evaluation, SMR04 submissions, SRK usage, Diagnoses, Patient Rooms, User Audits, Summary of Psychiatric Input, Psychology Waiting Times, plus considerable other features
- CPA – Fully automated/populated CPA documents, including Admission, Annual, Intermediate, and Discharge versions, Risk Assessment, Transference of Care for transfers out, CPA Reports for individual professions, Care and Treatment Recovery Plan, Extended Legal Details, Admission report and Meeting and Minutes report introduced.
- Tableau – Development and updates of HR/Workforce, Resourcing, BMI and patient physical activity, plus all new Variance Analysis Tool, Incidents, Hub Leadership Teams, and Seclusions dashboards. Training delivered to new users.
- eRostering – Continued technical support and advice including rollout of SafeCare.
- HEPMA – working with Pharmacy to develop a bespoke reporting and dashboard solution
- Unsupported Systems – replacement or upgrade of legacy systems including BPAS, Integrated Care Pathways, Patient Menus
- Excellence in Care –New measures being developed, including 'Mental Health Person-Centred Care Planning'

3 Infrastructure Team

- Upgrades – Firewall, ClearPass (Network Access Control system), Virtual infrastructure, Exchange server upgrade (required to continue to work with National 365 platform),
- Microsoft Defender for Server deployment (ongoing)
- Patient Call recording system (recently completed from an Infrastructure point of view)
- BMS heating system software and network (Recently completed from an Infrastructure point of view)
- Migrating on premise device control and configuration to Microsoft Intune which includes repackaging of software for installation on endpoints. This also incorporates delivering the national M365 security baseline requirements to allow the use of MS SharePoint and MS CoPilot.
- Windows 11 preparation, testing and rollout including equipment upgrades (memory increases) which includes the migration from Sophos to Microsoft Defender Endpoint security and Microsoft BitLocker (Ongoing)
- Mobile phone replacements
- Migration of user profiles and home drives to OneDrive.
- Regular security patching (Backup system (Veeam), virtual Infrastructure (VMWare), Firewall, ClearPass, Servers), removal of unsupported systems (ongoing).
- Public key infrastructure (PKI) upgrade (certificate server replacements)
- Outstanding NIS points under review.
- Responding to Cyber security alerts and incidents, phishing email simulations.
- Development of Service Now helpdesk call logging system (ongoing)
- Assisting with projects from a technical viewpoint (Made Purple, Inphase (Datix Replacement), additional Hepma requests, CoPilot pilot, MetaComliance refresh, CPA review project, Menumark update, Patient Shopping EPOS system, Patient Library system, Dragon Medical One ward pilot, Dragon Medical One Skye centre pilot)
- Wireless upgrade
- Business as usual helpdesk work (Account work (Joiners, Movers and Leavers), password resets, computer/account issues, IT advice, backup restores, Refurbishing of Mull 3 with new equipment

4 Project Management

- The Team provided project management services for the successful delivery of the CPA project. The Digital CPA is now live with an incremental supported rollout delivered across all Clinical Teams. The final Project Board took place in September and the handover to BAU has been completed. The End Project Report was presented. This summarises key outcomes, lessons learned, and recommendations for future initiatives, ensuring that

valuable knowledge is preserved and accessible. This report will be presented to several groups and committees.

- Patient Digital Inclusion: the Made Purple Proof of Concept (PoC) has been agreed and is supported by CMT and the Transitions Team. This is possible because Made Purple Ltd have loaned the devices and content for the PoC.

  The Project Management Team has been working with the Transitions Team, Made Purple and colleagues from Rampton since February to progress this and content has been agreed, the number of devices and locations agreed, patient skills survey completed, and the shopping process agreed with Procurement and approved by the auditors. Wireless is currently being installed in Mull to allow the devices to be placed in patient areas.

  The first Project Board took place in September, and PoC went live in October 2025 and will run for six months. An evaluation report will be written and, if the PoC is successful, a Business Case will be written as funding will need to be secured for this patient digital inclusion initiative to continue in the Transitions Service and expand to other areas. An exit strategy is in place if no funding is secured, and our patients are aware that the devices are only available for the six-month pilot and may be withdrawn.

- M365 – preparatory work continues to meet the prerequisites specified nationally to implement SharePoint and Co Pilot. A project meeting was held to review our current position and actions required for all M365 projects to ensure security and compliance; governance and records management work is completed ahead of the implementation of SharePoint Online (this is also dependent on work being completed by the National 365 Team). OneDrive is being rolled out and pilot users are participating in the national proof of concept for licenced Co-Pilot.

- Project management services are being provided for the Patient Shop EPOS system with requirements agreed, a supplier selected and funding agreed. The solution will be purchased and implemented in Q3/4.

- An iPAD Makaton comms device for patient in now in use. Members of the Iona Team have been asked to give a platform presentation at an Augmentative and Alternative Communication Conference about the introduction of this device, and all the work the eHealth team have done to ensure the communication needs of a patient are met using technology in this more challenging environment.

- The Team is providing project management services to the Risk Management Team for the implementation of In-Phase (replacement for Datix). The first Project Board was held in September and the project will run until March 2026.

- A pilot of the NetSupport product was conducted in the Patient Learning Centre. Patients at the State Hospital need access to technology to support their educational needs. The Patient Interactive Educational Resources project, which aims to give patients experience of using tablet and laptop devices within the Patient Learning Centre at first, has been on hold due to concerns expressed by security colleagues. The pilot indicated that NetSupport is an acceptable solution to address these concerns. Funding has been agreed, and the solution will be implemented once the Patient Learning Centre are ready to proceed.

- The Team is providing project management services for the implementation of MenuMark working with the Catering and Dietetics Teams. The Catering Team is preparing data to be uploaded and training will be provided by the supplier. An implementation date will be agreed once this is all in place but is expected in Q3

- The Team continue to provide project management services for the Rio EPR supporting weekly development meetings and the ROAD group.

- The Team supported the replacement of the Ricoh Multi-functional devices across the site in two phases over the past year.

- The Team supported the implementation of the MEG audit system for the Infection Control service.

- A Digital Innovation event will be held in January 2026. This is opportunity to consider the changing digital landscape and how innovation can benefit us in a high secure setting. The programme includes State Hospital colleagues as well as external speakers from the NSS Research and Innovation, BT and the Scottish Government.

5 Key eHealth Projects 2024-2025

ServiceNow Helpdesk
Disaster Recovery Test Plans:
Office 365 SharePoint

6 Cyber Security

We continue to work towards full NIS compliance and our final submission to the present NIS iteration has just been completed. The outcome of this will be presented in October 2025 by the competent authority. It is expected that our compliance will increase with this submission, but our focus next year will be on the replacement to NIS in the new year. This is expected to have a reduced number of compliance points but will require testing and assessments of security procedures and processes rather than just written submissions.

We continue to discover new ways to education staff in reducing cyber risks and exposure. Several email phishing campaigns in conjunction with the NSS Cyber Centre of Excellence (CCOE) have been ran over the last year. Staff who responded to emails were asked to complete cyber security training provided by the CCOE. Phishing campaigns will continue to be carried out over the next 12 months with staff selected at random to receive the emails crafted by the CCOE.

The focus on Cyber security has been maintained in the last 12 months. Systems have been maintained and updated in line with NIS requirements and patched as recommended by the manufacturer. We received 25 alerts from the CCOE in relation to TSH. The recommended actions were implemented as required and no further action was needed. The CCOE continues to support TSH and all other NHS Boards and now provide 24/7 monitoring of email and SWAN network traffic in support of all Boards

The eHealth and Risk departments carried out a Cyber Awareness desk top exercise in February of this year. This was attended by representation form all departments and was seen as a huge success. The focus of the event was on the resilience of the hospital in the event of the loss of our EPR Rio and a Cyber-attack that compromised the digital infrastructure and exfiltration of patient images. Staff responded well and the event highlighted the hospital readiness to maintain with the delivery of care in what would be a significant challenging situation.

7 eHealth Collaborative Working

The eHealth department continuing to represent the hospital at several national eHealth groups and work where possible with other National or Territorial Boards. We still have sight of all relevant national programs and projects within NHS Scotland, and benefit from national solutions wherever practical and applicable.

The groups on which State Hospital eHealth staff are represented include –

eHealth Leads Group,
National Information Leads Group,
National Infrastructure Group,
National IT Security Group,
National Board Digital Group,
West of Scotland Infrastructure Group,
West of Scotland IT Security Group,
Office 365 Project Group.

Paper No 25/97

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 15b
Sponsoring Director:	Director of Finance and eHealth
Author(s):	Head of eHealth, Infrastructure Operations and IT Security Manager
Title of Report:	Network & Information Systems Review
Purpose of Report:	For Noting

1 SITUATION

The State Hospital (TSH) was subject to a compliance progress review of Network & Information Systems by Cyber Security Scotland in October 2024, following the previous review in 2023 – with the next stage interim review submission in October 2025.

2 BACKGROUND

In 2020 the Scottish Health Competent Authority commissioned a three-year programme of audits and reviews of health boards to evaluate compliance with the Network & Information Systems (NIS) regulations. The initial audit programme was completed and unless incident reports or significant system changes in a health board merit a more frequent audit exercise, audits are conducted every third year – with the next for the State Hospital due in 2026. In intervening years, 2024 and 2025, Compliance Reviews are being undertaken – to which this report relates - the primary objective of the review being to assess progress on implementing the recommendations from the previous full audit and note progress on the control requirements.

3 ASSESSMENT

3.1 2024 OUTCOME

Evidence was submitted up front to the reviewers – each piece requested for the review being "mapped" and cross-referenced to one or more controls set out. The documentary evidence was then independently reviewed and assessed for compliance.

Our 2024 review submission was successful in achieving an extremely positive outcome.

The overall assessment was a rating of 78% - an improvement on the 76% from 2023 – and we are recognised as having strength across the organisation and a high level of performance, being a strongly-performing board with a clear commitment to the NIS audit programme.

- All 17 categories continue to be rated above the 60% compliance level, with 9 being 80% or better, and two at 100%.
- The number of controls that have been achieved is 66% – also above the 60% compliance level.
- None of the 68 sub-categories are below 30% compliance (2023 -1) – with 39 (2023 – 36) rated above 80%

We have therefore now achieved the targetted full KPI compliance of 60/60/0.

The report once again recognised the engagement of the Board – noting that the concluding management meeting "was exceptionally well attended by both executive and non-executive members, including the Chair and Chief Executive."

3.2 NEXT STAGES

The NIS lead and team will continue to review the remaining areas for development, addressing these where possible for the next full review in 2026.

2024's outcome being the second year of the three-year cycle towards that next full review, certain pieces of work are still being developed on an ongoing basis such as business continuity and disaster recovery desktop exercises (completed in March 2025), and further securing our digital infrastructure by removing/replacing legacy systems.

The next interim submission has now been completed in early October 2025 and the aim is for our overall compliance score to increase above 80% and for all areas of the review to remain on a compliant rating. The relevant actions continue to be tracked by the monitoring group.

The operational details of the 2026 full review are still unknown, with confirmation awaited of the authority who will be undertaking this exercise – however it is expected that there will be a reduction in the number of compliance points, with an increased focus on testing and assessments of security procedures and processes, rather than just written submissions.

4 RECOMMENDATION

The Committee is invited to note the content of the report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	N/A
Corporate Objectives Please note which objective is linked to this paper	Better Value (3h) – Deliver the actions identified by the NIS audit, to maintain cyber security and resilience.
Workforce Implications	N/A
Financial Implications	N/A
Route to Board Which groups were involved in contributing to the paper and recommendations.	eHealth SubGroup Information Governance Group
Risk Assessment (Outline any significant risks and associated mitigation)	N/A
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications, full DPIA included

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 16
Sponsoring Director:	Acting Director of Security, Resilience & Estates
Author(s):	Head of Estates & Facilities
Title of Report:	Business Continuity Planning / Whole System Infrastructure Planning
Purpose of Report:	For Noting

1 SITUATION

The Scottish Government have introduced a new approach to Strategic Infrastructure Planning and Investment across NHSScotland. This was announced via a Directors' Letter that was issued on the 12 February 2024.

The initial phase involved creating a maintenance-focused Business Continuity Plan using a risk-based assessment of the board's current infrastructure. The investment plan is intended to address risks related to the existing infrastructure, comply with environmental sustainability requirements, and ensure suitable facilities for service delivery over the next ten years.

The second phase involves preparing and submitting a Programme Initial Agreement (PIA) to the Scottish Government. This document outlines a comprehensive, system-wide plan for service and infrastructure changes over the next 20–30 years. The Scottish Government will not consider individual capital projects for investment until the PIA has received approval from both the respective NHS Board and the Scottish Government.

2 BACKGROUND

NHS The State Hospitals Board for Scotland submitted their Do Minimum Business Continuity Option to the Scottish Government by 31st January 2025.

This investment plan aimed to mitigate against inherent risks associated with existing infrastructure, meet environmental sustainability standards, and provide the necessary accommodation for service delivery needs.

Projects scheduled for the first 5 years of the programme included a more detailed breakdown and explanation of costs. The list of projects below formed The State Hospital submission:

- ST-MNT-001 Islay External Render / Roofing Repair
- ST-MNT-002 Patient Wander Path Upgrade
- ST-MNT-003 Skye Centre Animal Shed Replacement
- ST-MNT-004 Ground Perimeter Intruder Detection System Replacement
- ST-MNT-005 Perimeter Fence Lighting Columns Replacement

- ST-MNT-006 External Doors Replacement
- ST-MNT-007 Ward Kitchens Replacement
- ST-MNT-008 Ward Upgrade Programme to include Doors / Decoration / Flooring / Isolation Room Blinds
- ST-MNT-009 Building External Lighting Replacement
- ST-MNT-010 Internal Lighting Replacement
- ST-EQP-001 Fire Alarm System Replacement

The whole-system PIA, including the Preferred Way Forward Option, is due by 31 March 2027. Earlier submission requires approval from the Scottish Government. The NHS Board will review the PIA regularly and report significant changes annually. The PIA must be updated and resubmitted for government approval every five years, or sooner if requested.

There is nothing currently the Board are required to endorse. The original submission is still active, with the next stage being that of the March 27 submission.

3 ASSESSMENT

Phase 1: Business Continuity Planning

The initial Scottish Government prioritisation process resulted in The State Hospital receiving zero BCP allocation in April 2025. Scottish Government received 530 projects from across all health boards, of which only 48 were allocated a budget.

During May 2025, instruction was received from Scottish Government to progress with 3 projects at The State Hospital following a review of funding allocations. The table below details the projects and funding:

Reference	Project Name	2025.26 £m
ST-MNT-001	Islay External Render / Roofing Repair	0.08
ST-MNT-002	Patient Wander Path Upgrade	0.25
ST-MNT-003	Skye Centre Animal Shed Replacement	0.05
Total		0.38

The Estates Department commenced work on all 3 projects, with bi-monthly progress meetings being held with Scottish Government.

In July 2025, a separate Scottish Government funding stream was approached for Sustainability Energy Projects that have been identified. A budget of £220,000 (VAT inclusive) was allocated for the purposes of installing LED lighting to the following buildings during this financial year:

- Family Centre
- Reception
- Essential Services
- Skye Centre Sports Hall

The Estates Department commenced work on all 4 projects, along with developing a specification to upgrade all patient areas to LED lighting during the next financial year.

In September 2025, Scottish Government allocated a fourth BCP project funding. This was £80,000 to commence the Fire Alarm System Replacement.
The Estates Department have commenced work to utilise the allocation this financial year.

Scottish Government have confirmed that the BCP submission due in November 2025 is by exception only and provides boards an opportunity to review / re-prioritise risks and add any new or emerging risks. The next full submission is due November 2026 for funding in 2027-28.

Phase 2: Whole System Infrastructure Planning: A Programme Initial Agreement

The 2025-26 Scottish Budget confirmed the portfolio's current priority projects for capital investment (replacing University Hospital Monklands, Princess Alexandra Eye Pavilion and the Belford Hospital), plus this year's Programme for Government added the Barra and Vatersay Community Campus to the priority list. These will take around 5–7 years to deliver, therefore this next phase of planning is looking to establish which NHS infrastructure capital investment projects should follow completion of these current priorities.

A refreshed Strategic Assessment - Scottish Capital Investment Manual (SCIM), has been published to aid completion, alongside other complementary guidance. Initial submissions can be made at any time during 2026-27 and will be evaluated by the Scottish Government Health and Social Care Capital Investment Group across a number of criteria, including strategic importance, alignment with NHS Scotland's future strategic intent for infrastructure, evidence of benefits to local population health and outcomes, and value to the public purse.

Ministers will decide what projects will be prioritised, but they do not intend to make any recommendations until after 31 March 2027. This will allow Boards to progress their programme of work alongside local planning processes and take account of nationally or regionally co-ordinated planning, which may evolve in support of the Service Renewal Framework and Population Health Plan.

As capital funding will remain a constraint, only a limited number of proposals will be approved and be able to progress to the next stage. Those approved for development will proceed straight to Outline Business Case stage. This represents a key change in the planning approach with approval now required from Director General - Health and Social Care (based on a recommendation from the Capital Investment Group) before Boards can progress Outline and Full Business Cases.

Scottish Government have provided the following timeline for the submission of Strategic Assessments:

- Aug-Oct 2025 Strategic Assessment Support Sessions
- Oct 2025 – Mar 2027 Development of Strategic Assessment Proposals
- March 2027 Submission of Strategic Assessments
- Apr 2027 – Mar 2028 Scottish Government confirm investment priorities
- March 2029 Outline Business Case submitted
- March 2031 Full Business Case submitted
- March 2032 Project ready to commence

The State Hospital have commenced a Strategic Assessment for the development of a Central Treatment Hub for Womens' Services.

4 RECOMMENDATION

The Board are invited to note this paper and the status of Business Continuity Planning / Whole System Infrastructure Plan for The State Hospital, and that a further update will be brought at the next stage of the process.

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP /	The report provides the Board with an update on Business Continuity Planning within the Estates ADP.
Corporate Objectives Please note which objective is linked to this paper	**Better Care**: improving facilities for patients.
Workforce Implications	There is no significant workforce implications related to this report.
Financial Implications	There are no significant financial implications related to this report. Full budget agreed for the projects with Scottish Government.
Route to Board Which groups were involved in contributing to the paper and recommendations.	N/A
Risk Assessment (Outline any significant risks and associated mitigation)	There are no significant risks related to the publication of the report.
Assessment of Impact on Stakeholder Experience	There is no significant impact on stakeholder experience related to this report.
Equality Impact Assessment	The EQIA is not applicable to the publication of this report.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	The Fair Scotland Duty is not applicable to the publication of this report.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; √ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications, full DPIA included

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 17
Sponsoring Director:	Chief Executive Officer
Author(s):	Programme Director
Title of Report:	Project update for the National High Secure Forensic Healthcare Services for Women in Scotland
Purpose of Report:	For Noting

1 SITUATION

This paper provides an update on the new development of National High Secure Forensic Healthcare Services for Women in The State Hospital (TSH).

2 BACKGROUND

TSH was asked by Scottish Government to implement a proposal to deliver High Secure Services for Women in Scotland at TSH.

Strategically, this development supports 'The Independent Review into the Delivery of Forensic Mental Health Services in Scotland' published in 2021 (Recommendation 3); and 'The Mental Health and Wellbeing Delivery Plan 2023-25' published in November 2023 (Priority 8.1.2). This states 'During the lifespan of this Delivery Plan, develop a plan with stakeholders to deliver services in Scotland for women who need high secure care and treatment in the short and longer-term'.

The proposal is being developed in two phases:

i. develop and implement an **interim women's service model**,
ii. develop and implement an **outreach service model.**

Points i and ii above will be referred to as Phase 1, **The Interim and Outreach Service Model**. The Interim Womens Service attained 'patient ready' status on 21 July 2025.

iii. oversee the development and implementation of a capital development of the 'Harris Option', following the outcome, and preferred option, from a professional design team feasibility report.

Point iii above will be referred to as Phase 2, **The Medium- Longer Term Service Model**.

It is the intention that Phase 1 will integrate and co-locate with Phase 2 on its completion, therefore co-locating the three aspects of the patient's treatment journey into a central 'treatment hub' at TSH.

In January 2025, funding was confirmed by Scottish Government to progress both Phase 1 and 2, thereafter a Core Project Team (CPT) has been established to take forward planning.

3 ASSESSMENT

3.1 GOVERNANCE

The establishment of a Womens Project Oversight Board (WPOB) is supported and agreed though the Corporate Management Team and The State Hospitals Board for Scotland. The WPOB is chaired by Mr. Stuart Currie, Non – Executive Director and meets bi-monthly. The last meeting was held on 4 September 2025.

The CPT meets on a fortnightly basis and is chaired by the Programme Director.

The latest updates on progress of both phases are as follows:

3.2 PHASE 1 UPDATE – INTERIM AND OUTREACH WOMENS SERVICE

Interim Womens Service

The governance arrangements for the Interim Womens Service have now been remitted to the Clinical Governance Committee with a monthly report provided to the Clinical Governance Group. Further bedroom adaptations are currently being carried out to support the Clinical model and work to enhance the garden area is being scoped with a view to being completed before the financial year end.

Outreach Service

The Psychology Service are currently leading on the proposal for the Outreach Service and continuing to undertake engagement across the forensic network and SPS. The 'test of change' pilot proposal is nearing completion and is planned to commence in November 2025 with completion before the financial year end.

3.3 PHASE 2 UPDATE

Strategic Assessment Process

The CPT continue to meet with NHS Assure to support the development of the Strategic Assessment (SA) for Phase 2 and an interim update on progress will be provided to the Corporate Management Team on 3 December 2025.

The proposal to further develop Option 3 with Thomson Gray will commence on 29 October 2025 for eight weeks with a draft report expected in January 2026.

A timeline for overall submission of the SA has been developed with the aim of presenting a draft report at the TSH Board meeting in April 2026.

3.4 FINANCIAL UPDATE

Phase 1

Discussion on recurring revenue will be required through the quarterly finance meetings and sponsorship team at Scottish Government. Spend to date is within budget for both revenue and capital. The Finance Corporate Risk has been updated to reflect the position on recurring funding.

Phase 2
The allocation of £223,975k in 2024/5 for the Feasibility Study (Phase 2) includes:

Revenue Allocation:	£67k	(spend £67k)
Capital Allocation:	£150k	(spend £97k)
Travel/Expenses Allocation	£6k	(spend £0)

The remaining allocation for Phase 2 is £59k. This allocation will be partly utilised to fund the development of Option 3 as agreed at TSH Board meeting in August 2025.

3.5 RISK REGISTER

A risk register has been developed jointly by the CPT and Risk department. Identified risks have been divided into the following themes:

- Workforce
- Finance
- Governance
- Clinical
- Environmental

Each risk is assessed weekly by the CPT and a report provided monthly to the WPOB. This process aligns itself to the TSH Risk Management Strategy and allows the WPOB to escalate any risk to the Corporate Risk Register if required.

At the WPOB meeting in September 2025 the risk profile for Phase 2 was updated and approved based upon the recent guidance contained in DL (2025)14.

There are currently no Very High or High risks on the WPOB Risk Register.

3.6 STAKEHOLDER MAPPING AND COMMUNICATIONS PLAN

A comprehensive stakeholder mapping exercise and communications plan have been established by the CPT. These were endorsed by the WPOB in March and engagement with internal and external stakeholders is ongoing. Recent engagement has been with the following organisations:

HMP Stirling
Forensic Network
Scottish Human Rights Commission – Planned visit
NHS Ayrshire and Arran – Foxgrove Development.

4 RECOMMENDATION

The Board is invited to **note** the status of the National High Secure Forensic Healthcare Services for Women.

MONITORING FORM

How does the proposal support current Policy / Strategy /ADP	This paper outlines the strategic direction, as led through Scottish Government and being taken forward by The State Hospital's Board (TSH). The Corporate Objectives 2025/26 proposed include this as a key focus of work.
Corporate Objectives Please note which objective is linked to this paper	**1 Better Care** f) Develop and implement an interim women's service model, in line with the project initiation. g) Develop and implement an outreach service model for women from high security to medium security providers and the Scottish Prison Service. The aim of the outreach service is to work in partnership with service teams in the management of patients who may require admission, or who are displaying behaviours that could necessitate a high security referral. h) Oversee the development and implementation of a capital development following the outcome, and preferred option, from a professional design team feasibility report. This development will create a dedicated care and treatment centre for women with tailored person-centred care packages aligned to the three phases of the Clinical Care Model: Admissions, Treatment & Recovery, and Transitions.
Workforce Implications	There are considerable implications as set out in the paper, as this service requires staff with specific skills required for this service, and also to consider any impact on existing staff.
Financial Implications	The funding is outlined in detail within the paper, representing additional revenue and capital out with existing budget.
Route to Board Which groups were involved in contributing to the paper and recommendations.	Womens Project Oversight Board (WPOB) to TSH Board (both public and private sessions).
Risk Assessment (Outline any significant risks and associated mitigation)	The report sets out the initiation of work to develop this service, and the risk framework for the project will be reported through the WPOB, and to TSH Board.
Assessment of Impact on Stakeholder Experience	Reporting confirmed that a Stakeholder engagement plan has been developed by the Core Project Team and endorsed by the WPOB who will be responsible for reporting in detail on impacts for all stakeholders, as the project develops.
Equality Impact Assessment	Equality Impact Assessments are in place for both phases of the project. Planned linkage with NHS Central Legal Office ensures compliance with Human Rights and Equality legislation.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	The development of the service will reduce current inequalities and gaps in service provision.

Data Protection Impact Assessment (DPIA) See IG 16.	Tick One ✓ There are no privacy implications. □ There are privacy implications, but full DPIA not needed □ There are privacy implications, full DPIA included

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 18
Sponsoring Director:	Acting Director of Security, Resilience and Estates
Author(s):	Programme Director
Title of Report:	Perimeter Security and Enhanced Internal Security Systems Project
Purpose of Report:	For Noting

1. SITUATION

As previously reported to the Board, the project is in the final stages, with the majority of works complete and operational. Discussions are ongoing with Securitas regarding the works required to achieve contractual completion and it is hoped that agreement will be reached on those items in the near future.

2. BACKGROUND

Previous papers have outlined the various meetings taking place in order to provide governance and oversight. Plans to scale down this structure in line with the reducing size of the project have been implemented. The Project Oversight Board continues to meet monthly, and the last meeting took place on 16th October 2025. Weekly operational meetings continue.

3. ASSESSMENT

a) General Project Update:

The project is essentially complete, and all systems are functioning. All quality targets have been met and the projected date for the award of Practical Completion will be established through the ongoing discussions with Securitas. The projected final cost overspend is contained in Finance – Project Cost below. At the time of writing discussions are ongoing regarding the need for the contractor to address final issues and the timing of those works relative to Practical Completion. As these discussions are commercially sensitive and are potentially subject to rapid change a full verbal update will be given to in the Board's Private Session.

b) Project Timescales

Revision 73 has been submitted and is under review. It contains assumptions regarding the inclusion of remedial works for Water Ingress and for Generator Activity / CCTV drops that mean the

programme projected end date of 12th December 2025 may be inaccurate. There remains the potential for completion to be achieved by the end of October 2025.

Works to be addressed include:

- F2K Issues previously agreed and known to the Board and to be addressed following contractual completion. These works are currently forecast for December 2025 – June 2026

- A small number of works that need to be addressed before Contractual Completion can be awarded:
    - Water ingress to cable ducts
    - Operation and Maintenance Manuals
    - Cameras affected by power fluctuations at generator tests

c) Progress

Contract Completion
Discussions with Securitas have been ongoing. Due to the commercial sensitivity and fluid nature of these discussions a verbal update will be provided in the Board's private session.

d) Finance – Project cost

The contract with Securitas will underspend against budget, including available contingencies. Project management costs and associated contingencies have been affected by changes in the project timescale, and the project has a projected final overspend (exclusive of VAT) of approximately £1,091k. This has increased by 44k since the August 2025 report to the Board. The increase is entirely composed of TSH costs for Lead Advisors, management and escort staff. Other than the contractual retention the remaining amount due to Securitas is currently approximately zero.

The key project outline at 10th October 2025 is:

Project Start Date:	April 2020
Planned Completion Date (Estimate):	Oct 2025
Contract Completion Date:	May 2022
Main Contractor:	Securitas Technology Limited
Lead Advisor:	Thomson Gray
Programme Director:	Doug Irwin
Total Project Cost Projection (Exc. VAT) at 10/10/25:	£9,883,916
Total costs to date (exc. VAT & retention) at 09/08/25:	£9,819,028
Total costs to end of project (Exc. VAT & retention)	£ 64,888

The cash flow schedule planned for the months to come is confirmed on a rolling basis in order to ensure that the Hospital's cash flow forecast is aligned and that our Scottish Government (SG) funding drawdown is scheduled accordingly. All project payments are processed only once certification is received confirming completion of works to date.

While it is not a prerequisite of the project, regular reports to the SG Capital team are also being provided to notify of progress against total budget.

A Rounded breakdown of actual spend to date (Exc. VAT) at 10th October 25 is:

Securitas	£ 7.299m
Thomson Gray	£ 1.315m
Doig & Smith	£ 0.008m
HVM	£ 0.192m
Staff Costs	£ 1.119m
Miscellaneous	£ 0.002m
Income	-£ 0.116m
Total	**£ 9.820m**

VAT has been excluded from calculations of amounts paid due to the potential for final adjustments on project completion.

4 RECOMMENDATION

That the Board **note** the current status of the Project.

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP	Update paper on previously approved project
Corporate Objectives Please note which objective is linked to this paper	**3. Better Value** i) Complete the security upgrade and move towards the development of the core security quality indicators.
Workforce Implications	N/A
Financial Implications	The projected overspend is regularly communicated to Scottish Government and is an ongoing action at Project Oversight Board.
Route to the Board Which groups were involved in contributing to the paper and recommendations?	Project Oversight Board
Risk Assessment (Outline any significant risks and associated mitigation)	Previously reported, delays in completion incur additional capital cost
Assessment of Impact on Stakeholder Experience	N/A
Equality Impact Assessment	N/A
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	Contract agreement stipulates compliance with Fairer Scotland Duty in respect of the remuneration of staff and contractors.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. There are privacy implications, but full DPIA not needed There are privacy implications, full DPIA included.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 19
Sponsoring Director:	Chief Executive Officer
Author(s):	Head of Corporate Governance
Title of Report:	Board Improvement Plan
Purpose of Report:	For Noting

1 SITUATION

The NHSScotland Blueprint for Good Governance outlines a model for effective corporate governance to deliver good governance in healthcare. Through this NHS Boards should take a consistent and systematic approach to assessing their governance arrangements with a view to identifying any emerging issues or concerns.

2 BACKGROUND

Along with all other NHS Boards, the State Hospital (TSH) completed a self-assessment questionnaire in 2023, which focused on effectiveness against the Blueprint model. The outcome of this exercise informed the creation of a Board Improvement Plan which is attached as **Appendix A**.

The Board has monitored progress against completion of the plan at six monthly intervals and taken assurance from the developments made across a range of workstreams. When last reviewed in April 2025, the Board agreed that further work should be progressed in the following areas:

Risk Management: streamline the position of risk with performance and governance.

Engaging Stakeholders: develop stakeholder mapping, defining stakeholder groups and how TSH engages in different forums.

Influencing Culture: raise awareness of whistleblowing, supporting staff to feel confident about speaking up. The Board also recognised the more wide-ranging work led through Organisational Development (OD).

Diversity, Skills, and Experience: focus on succession planning as a key area of risk in a small NHS Board.

3 ASSESSMENT

Risk Management
The Risk Team has made progress working across directorates to ensure that reviews of all existing risks have been completed, with the only exception being Risk MD30, which relates to levels of patient obesity. This is part of wider work in respect of measurement of this as a Key Performance Metric (KPI) in a meaningful way. This is due to be completed by the end of the year, and the risk assessment will be reviewed in conjunction with this.

The Leadership Development Day held on 30 September included review of organisational governance around the risk function, and this will be part of the follow-up session on 1 December. The Board will also review risk appetite and the management of controls at a future Board Development Session in 2026.

Stakeholder Engagement:
There is an aim to take forward a review of the development of a Stakeholder Map and Model, which will identify their required engagement along with their interdependencies and links to other groups/workstreams. This will be taken forward during Quarter 3 and 4. Prior to this, work is ongoing across a number of other workstreams in relation to engagement.

Introduction of the Interim Women's Service:
A stakeholder mapping exercise has been established by the Project Team, and this supported the related communications plan. This work has been led through the Women's Project Oversight Board. There has been recent engagement has been with the following organisations: Mental Welfare Commission, Forensic Network, HMP Stirling and the Scottish Human Rights Commission.

Patients and Carers:
There has been a shift in patient engagement, with greater focus on engagement at as local a level as possible with ward based community meetings. This has enabled the development of improvement ideas more locally, as well as the ability to share and resolve concerns. This has meant that the Patient Partnership Group (PPG) has had space to grow into a more forward looking and positive arena, in which patient voices are heard. This was recently demonstrated through the PPG project and further quality improvement work as part of TSH 3030. The PPG Chair attends the Person Centred Improvement Group, and this direct engagement helps to support service development.

The Director of Nursing and Operations chairs the Forensic Network Improving Carers' Experience Group which is working to building on established frameworks and to developing a regional approach. The West of Scotland Group includes carers who have loved ones in the State Hospital, and the indications to date are that the group is progressing well with positive feedback from attendees.

Work is being led through Social Work on child friendly materials and processes, and engagement will take place with local schools in this regard. The feedback from this will be reported through the clinical governance route, initially through the Child and Adult Protection Forum.

The Carers' Strategy continues to be implemented, through the key priorities of the supporting carers to understand and navigate patients' care journeys, and improving communication. Further to develop and improve the visitor experience including check ins with carers after visits.

Workforce:
There has been broad engagement to support the development of the Workforce Plan for 2025/28. Implementation of the Organisational Development and Wellbeing Strategy 2025/28 is being rolled out, with focus on the workplace environment, as well as leadership and management development.

A staff survey was completed in terms of workforce equalities, and the results of this have been shared across the organisation. This work will be linked more widely to influencing culture across the organisation. The key actions from this engagement exercise are:

- Enhanced equality, diversity, and inclusion training
- Psychological Safety Sessions
- Creating safe spaces and peer support networks
- Conducting an independent culture assessment
- Increasing leadership visibility and diverse recruitment

With a view to future recruitment, there have been engagement sessions with local schools including Larkhall Academy, with future sessions planned in High Schools in Lanark and Carluke. This is in the context of promoting the State Hospital as an employer of choice at recruitment fairs, and the intention of holding a recruitment at the hospital again in the coming year.

Influencing Culture
The Board has reviewed its approach to Whistleblowing, and this has been demonstrated by the refreshed approach to Speak Up Week this year. This approach was linked to the overall OD workstream, and includes:

- The commitment to quarterly Leadership walk-rounds, a crucial initiative that underscores our dedication to listening to staff.
- Recruitment of new confidential contacts.
- Confirming 'business as usual' access routes
- A mini-series on Psychological Safety led through OD.

A programme of Leadership Development Sessions have been rolled out this year led by the Chief Executive, and this is at the heart of the OD approach. This will continue focused on the key priorities of culture and the working environment, direction and leadership. The Board will consider these aspects at its development session scheduled for 30 October 2025.

Diversity, Skills, and Experience
The Board Improvement Plan focuses on succession planning as an area of potential risk, and the need to take steps to build resilience within a small NHS Board, particularly around leadership roles which could be single points of failure. It is recognised that this requires review of internal approaches for senior specialised roles. To support this, the State Hospital is an active part of the Senior and Executive National approach to Succession Planning. There will be focus on this during Quarter 3 of the current year, following the introduction of the interim High Secure Women's Service in Quarter 2. Reporting will return to the Board in this respect.

4 RECOMMENDATION

The Board is asked to note progress to date and provide any further input if required in relation to the current plan. Further, to note that guidance is awaited through NHS Education for Scotland on the timing of the next self-assessment exercise for all NHS Boards expected in 2026.

MONITORING FORM

How does the proposal support current Policy / Strategy /ADP	This supports the Board's approach to assurance, based on self-assurance exercise and development of plan for improvement across key identified areas.
Corporate Objectives Please note which objective is linked to this paper	**3. Better Value** j) to embed continuous improvement of governance arrangements as part of the Blueprint of Good Governance
Workforce Implications	No issues identified in terms of staff resourcing
Financial Implications	There are no direct financial impacts related to progressing this plan
Route to Board Which groups were involved in contributing to the paper and recommendations.	As per national guidance, and the Board has ownership directly. The CMT reviewed this as per of their agenda prior to the plan coming to the Board.
Risk Assessment (Outline any significant risks and associated mitigation)	This is a continuous improvement mechanism, and should not present additional risks to the Board.
Assessment of Impact on Stakeholder Experience	Stakeholder engagement is a key part of the plan, and will be reviewed as part of the proposed governance arrangements
Equality Impact Assessment	This is not required as part of this workstream
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	This is not relevant to this workstream
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One X There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

Appendix A

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Status
Functions	Risk Management	Review the Board risk appetite in light of current financial and operational pressures. Ensure that this is agreed and the risk management approach is embedded across the organisation, including through the development of local risk registers, and linking Corporate Risk Register to Corporate Objectives.	Standing committees	Director of Security, Resilience and Estates	Feb-25	Underway with regular updates to Board and Standing Committees. To continue to develop across each directorate locally and bring together in CRR.
Functions	Engaging Stakeholders	Produce a stakeholder map to define who our stakeholders and the purpose of our engagement. Review our Anchor strategy as a mechanism to develop community engagement and help with visibility and impact.	External agencies e.g. MWC, patients and carer groups, government, elected representatives and wider public	Director of Nursing and Operations/Head of Planning, Performance & Quality/OD	Feb-25	This is new workstream - stakeholder map leads to be agreed then developed, building on existing workstreams. Anchor Plan agreed and baseline metrics in place.
Functions	Influencing culture	Raise awareness of Whistleblowing Champion to improve levels of psychological safety and support staff to raise concerns.	INWO, Scottish Government	Director of Workforce (to be reviewed?)	Aug-24	TSH to respond to INWO advice in respect of executive leadership of whistleblowing i.e. not an HR function. Need for Exec leads to work with HRD to develop planning for staff support.

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Status
Enablers	Diversity, Skills, and Experience	Include succession planning through Staff Governance Committee	Link to communications planning, and public perceptions	Director of Workforce	May-24	Build on work initiate in Workforce Governance Group - add to next SGC agenda as starting point, and to scope issues and key risks. Strategy and action plan to be developed.
Delivery	The Assurance Framework	Explore further benchmarking opportunities and tools, keeping the Board updated.	NHS England High Secure, Forensic Network,	All Directors through CMT	Oct-24	Covers range of areas and underway across directorates- single lead to be agreed for more coherence: e.g. attendance management, digital inclusion, security, complaints, HR policy implementation.
Evaluation	Evaluation	Better promote our work to national Boards through raising our profile, hosting visitors and bespoke work. Opportunity to observe Board meetings in other areas to see how they function and identify any areas of learning.	National Boards Collaborative forums e.g. CEO, DoFs, Planning Leads	All Directors through CMT	Nov-24	Covers range of areas - single lead to be agreed to give more structure and coherence: e.g. finance, procurement, SLAs, healthcare in custody, forensic network, information governance, PMVA techniques

THE STATE HOSPITALS BOARD FOR SCOTLAND

AUDIT AND RISK COMMITTEE **ARC(M) 25/03**

Minutes of the meeting of the Audit and Risk Committee held on Thursday 19 June 2025.

This meeting was conducted virtually by way of MS Teams and commenced at 9am

Chair:

Vice Board Chair	David McConnell

Present:

Employee Director	Allan Connor
Non-Executive Director	Stuart Currie

In Attendance:

External Auditor, KPMG	John Blewett
Business Manager, Corporate Services	Anne Donnelly (minutes)
Acting Director of Nursing	Josie Clark [for Item 5]
Internal Auditor, RSMUK	Laura Gough
Acting Director of Security, Estates, and Resilience	Allan Hardy
Internal Auditor, RSMUK	Asam Hussain
Chief Executive	Gary Jenkins
Director of Finance and eHealth	Robin McNaught
Head of Corporate Planning, Performance & Quality	Monica Merson
Board Chair	Brian Moore
Head of Corporate Governance	Margaret Smith
External Auditor, KPMG	Michael Wilkie

1 APOLOGIES FOR ABSENCE AND INTRODUCTORY REMARKS

Mr McConnell welcomed everyone to the meeting. Apologies were noted from Ms Radage, Non-Executive Director. Mr McConnell also welcomed Laura Gough from KMPG to the meeting for the first time.

2 CONFLICTS OF INTEREST

There were no conflicts of interest noted in respect of the business on the agenda.

3 MINUTES OF THE PREVIOUS MEETING

The Committee received the minutes of the meeting held on 27 March 2025. No changes were noted and members approved the minute of the previous meeting.

The Committee:

1. Approved the minutes held on 27 March 2025.

4 MATTERS ARISING – ROLLING ACTION LIST UPDATE

The Committee received the Action List and noted that for Item 7: Climate Emergency and Sustainability an update would be brought to the next meeting. All other actions were either closed or on the agenda today.

The Committee:

1. Noted the Action List and actions taken.

5 INTERNAL AUDIT REPORTS

a) Clinical Care Policy

The Committee received the Clinical Care Policy internal Audit Report and Ms Clark joined the meeting for this item. Mr Hussain referred members to Healthcare Improvement Scotland developed guidance which supported a multidisciplinary approach to patient centred care and an approach of least restrictive practices. The guidance outlined the shift from the use of historic language described to observe patients and the TSH implemented revised policies in response to that in May 2024.

The review looked at how the policy had been embedded within the hospital, staff engagement and training for the new approach. It also covered the processes around the implementation of the policy, and monitoring arrangements and governance structures. The audit concluded a substantial assurance opinion. The audit found that TSH had effectively rolled out the new policy and ensured clear communication with staff to promote the awareness and understanding of how the policy requirements would impact them. Further, that that TSH had completed several audits around the compliance of the new policy to get an understanding of how it was being embedded. One action was identified around the audits that TSH were undertaking which was to ensure that actions were followed through to completion.

Mr McConnell thanked Mr Hussain for the overview and noted that it was good to see substantial assurance and invited Ms Clark to comment. Ms Clark added that this had been her first experience of being involved in a full audit and that it had been a very helpful experience and provided valuable learning. Mr McConnell thanked Ms Clark and opened to members for comments or questions on the report.

Mr Connor noted the cycle of the results around enhanced care plans noting that percentages were low for both the first and second cycle, which finished in October 2024. He asked how assurance was obtained that the action points were being progressed. Ms Clark replied that she worked on monitoring compliance with the Clinical Quality team. They had identified that there was good compliance within nursing but also identified that improvement should be made across wider clinical teams. Clinical Quality had been asked to narrow this down to specific services that were not showing strong compliance. Mr Connor acknowledged this and thought that there should be clear evidence of this work taking place going forward, in terms of assurance. It was noted that this would form part of the response to the management actions and reported back to the Committee in the future.

Mr Moore welcomed the opinion of substantial assurance and referenced the comments made by Mr Connor in relation to the two cycles. He asked if there was any alignment with these internal audit findings, with observations made previously by the Mental Welfare Commission (MWC). Further, if any benchmarking had taken place which may be helpful in understanding what the issues are on a comparative basis. Ms Clark responded that feedback from the MWC was generally good around care plans and that no concerns or feedback had been raised by the MWC regarding the new policy.

Mr McConnell thanked everyone for their contribution to the discussion and to the auditors for their work.

The Committee:

1. Noted the Internal Audit Report on the Clinical Care Policy.

6 INTERNAL AUDIT

a) Audit Progress Report

The Committee received the Audit Progress Report presented by Mr Hussain who noted the report showed the plan for 2025/26. He highlighted that Project Management and Estates and Facilities audits would commence in August; and the Absence, Disciplinary and Suspension arrangements review would start in September. Due to ongoing internal work, the audit on the use of Soft Restraint Kits (SRKs) was being re-phased.

b) Action Tracker Report

Mr Hussain highlighted that there were 16 actions on the tracker and provided a summary overview of the position as detailed within reporting, and that auditors were content with tracking of actions and any extensions granted.

Mr McConnell thanked Mr Hussain for the update.

The Committee:

1. Noted the Audit Progress Report.
2. Noted the Action Tracking Report.

7 ANNUAL REPORT FOR YEAR ENDED 31 MARCH 2025

The Committee received the Annual Report for year ended 31 March 2025 presented by Mr Hussain who highlighted the summary which showed the overall opinion for the year, which was positive. This stated that The State Hospital (TSH) had an adequate and effective framework for governance, risk management and internal control.

Mr Hussain highlighted that from the five audits undertaken, two were just below the line; the Consultant Discretionary Points audit and the Roster Compliance audit, on which there was further work to be done. Three opinion reports were positive: Statutory and Mandatory Training, Physical Healthy: Supporting Healthy Choices and the Clinical Care Policy. The management action tracking process showed progress throughout the year. In terms of the governance statement Mr Hussain noted good progress made in the implementation of management actions generally.

Mr McConnell thanked Mr Hussain for this summary and opened to members for comments or questions.

Mr Currie commented that it was always helpful to look at gradings in terms of context and welcomed the progress on actions. He noted that it was important to implement actions proactively and make improvements. Mr Currie observed the impression from the reports was that management were keen to make the improvements. He sought clarity that where areas of concern were highlighted, that this was an iterative process to ensure actions could be implemented and closed. Mr Hussain agreed with Mr Currie's comments and confirmed that in terms of taking actions forward, management were transparent where an action had not been implemented. He

noted that there was a good culture of receiving and responding to internal audits and that staff were aware that evidence would be sought before an action was closed.

Mr Jenkins highlighted the point made by Mr Hussain that the process was used to focus in on areas where we looked for corrections and assurances and added that TSH had a very productive relationship with RSMUK.

Mr McConnell thanked Mr Hussain for the report and summary provided which was reflected in the annual governance statement due to be presented later in the meeting.

The Committee:

1. Noted the Annual Report for year ended 31 March 2025.

8 CORPORATE RISK REGISTER

The Committee received the Corporate Risk Register (CRR) update presented by Mr Hardy who highlighted that three new risks had been added to the CRR bringing the total to 28. These, noted below, related to workforce and had been rated as high, but would be monitored:

He advised that all risks were currently up to date. Seven were graded as high, 10 medium and eight low. Thirteen risks had reached their level which had led to a reflection on what changes could be actioned to address this. He informed members that the new Female Service would be overseen in detail by the Project Oversight Board for both phase 1 and 2 with the intention at this stage to create a single risk. He also summarised the position on risks removed or re-classified, as well as ongoing monitoring of High-Ratted Risks. Mr Hardy advised that most risks were within the organisations defined risk appetite and monthly reviews continued for high risks, quarterly reviews for medium risks and biannual for Low risks.

Mr McConnell thanked Mr Hardy for the report and update and opened to members for comments or questions.

In relation to Risk SD57 as reported, Mr Currie noted the importance of ensuring that the noted delays in relation to Serious Adverse Event Reviews (SEARs) were managed appropriately, to obtain assurance that the organisation was learning from adverse events. He added the importance of ensuing there was capacity in place to undertake reviews to ensure target risk ratings were achievable as this was critical. Mr Jenkins added that he had requested a review of recent activity through the Corporate Management Team (CMT) to ensure that this all actions and resultant learning from SAERS were being recognised and taken forward.

Mr Moore noted the change in the rating of Risk HRD111 relating to deliberate leaks of data, which demonstrated that the mitigations put in place have had the desired effect. Mr McConnell agreed with Mr Moore's comments and asked about the escalation channel for this if required. Mr Hardy explained that the risk would be managed locally, and at that level oversight sat with Organisational Management Team (OMT) and this provided a route of escalation if required.

The Committee:

1. Endorsed the Corporate Risk Register as an accurate representation of risk.

9 RISK AND RESLIENCE ANNUAL REPORT 2024/25

The Committee received the Risk and Resilience Annual Report for 2024/25 presented by Mr Hardy who provided an overview of the report. He highlighted that the Risk and Resilience

department played a pivotal role in safeguarding the organisation's operational integrity and ensuring preparedness across a range of critical domains.

Mr Hardy advised that in 2024/25 the Risk Management team underwent structural changes, and a full refresh of the Corporate Risk Register was undertaken. Local Risk Registers were maintained and reviewed across all department and all Resilience Plans were up to date. Two Level 3 and one Level 2 incidents had occurred. Resilience training included PMVA Level 3, Incident Command, Critical Incident Communicators and cyberattack simulations. Strong collaboration with Police Scotland, Scottish Fire and Rescue, the Scottish Ambulance Service, and South Lanarkshire Council were in place. Work had also progressed within the Health and Safety workstream making improvements on reporting. He also summarised the range of investigations undertaken including SAERs and Duty of Candour.

Mr Moore thanked Mr Hardy for report and acknowledged the content of the report and progress of work undertaken which provided reassurance to the Committee. Mr McConnell echoed these comments on behalf of the Committee.

The Committee:

1. Noted the Risk and Resilience Annual Report for 2024/25.

10 FINANCE REPORT TO 31 MAY 2025

The Committee received the Finance Report to 31 May 2025 presented by Mr McNaught who highlighted that the report presented the indicative draft financial position to Month 2 – 31 May 2025. He noted a small adverse variance at this date, with a year-end break-even position anticipated. Monthly meetings continued to be held with each directorate to address the plans required to achieve and maintain breakeven at yearend, and the main areas of pressure were noted in the report.

At the most recent finance meeting with the Scottish Government, they had indicated that they were content with the current position and forecast for 2025/26, with agreement of budgets and the savings target. A small amount of planned savings had still to be identified through discussion with budget holders, with the aim of having these substantially addressed by the end of the first quarter.

He added that with a number of known pressures, capital demands for 2025/26 would be prioritised against the available budget allocation. This included specific additional estate demands in the form of necessary repairs and upgrade works.

Mr McConnell noted that national insurance employers' contributions appeared as a statutory payroll cost that would be funded on a recurring basis, and Mr McNaught agreed with this point.

Mr McConnell thanked Mr McNaught for the reporting, and the continuing positive position demonstrated.

The Committee:

1. Noted the Finance Report to 31 May 2025

11 FRAUD UPDATE AND FRAUD ACTION PLAN

a) Fraud Update
b) Fraud Action Plan

The Committee received the Fraud Update and Fraud Action Plan presented by Mr McNaught who outlined that the update provided progress of counter fraud matters. He added that virtual sessions continued to be circulated, and alerts issued were reviewed and circulated appropriately and all reported approaches were noted. He explained that no matters in the last quarter required review and that the Fraud Action Plan was up to date. Mr McConnell thanked Mr McNaught for the updates and opened for comments or questions.

Mr Currie noted that a case had which had been reported which had highlighted the length of time it had taken to pursue the case. He also noted concerns about instances of reports being made to Counter Fraud Services (CFS) relating to matters of attendance management, rather than fraud and the impact this could have. Mr Jenkins agreed and acknowledged the effort that was required by CFS to get cases to prosecution.

Mr McConnell thanked members for their contribution to the discussion.

The Committee:

1. Noted the Fraud Update.
2. Noted the Fraud Action Plan.

12 CYBER CRIME UPDATE

The Committee received the Cyber Crime Update presented by Mr McNaught who highlighted the ongoing cyber risk position and how this was addressed by the hospital. He noted that there were no major national or local specific security risks in the last quarter, He said that there continued to be a strong awareness of current risks, and the team was successful in detecting and quarantining any threats presented. He further noted the need to remain vigilant and the importance of continuing to work with national teams by maintaining regular liaison and that cyber security training continued to be undertaken in line with mandatory requirements.

Mr McConnell thanked Mr McNaught for the report.

The Committee:

1. Noted the Cyber Crime Update.

13 NETWORK AND INFORMATION SYSTEMS (NIS) UPDATE

The Committee received the NIS Update presented by Mr McNaught who was delighted to report the level attained by the NIS review. He advised the paper highlighted some of the key messages, in particular the Board's engagement. The state Hospital had been recognised as having strength across the organisation with a high level of performance, as a strongly performing Board with a clear commitment to the NIS audit programme. He added that it was important to note that the targeted 60/60/0 KPI compliance had been achieved as outlined in the report, and the overall rating had improved from 76% to 78%. The team were continuing to address the remaining areas for development to build towards the next review expected in 2026. Leads from eHealth and all teams involved across the hospital had been thanked for their hard work and input to the successful submission.

Mr McConnell thanked Mr McNaught for the report.

The Committee:

1. Noted the NIS Update.

14 ANNUAL REPORTS FROM COMMITTEES

The committee received the annual reports form each of the Committees:

a) Clinical Governance Committee Annual Report 2024/25

b) Staff Governance Committee Annual Report 2024/25

c) Remuneration Committee Annual Report 20254/25

d) Audit and Risk Committee Annual Report 2024/25

Mr McConnell noted that each of the annual reports followed the same structure and format and set out the functions of each of the Committees and demonstrated their performance over the year and that they had fulfilled their remit and terms of reference and opened for comments or questions.

Mr Currie noted that each of the reports clearly reflected the work undertaken by the individual Committees over the year, the challenges they faced and their effectiveness and provided assurance that each committee was fulfilling its remit.

In relation to the Audit and Risk Committee Annual report, the Committee reviewed and approved the content as representing its own work throughout the year and approved it for submission to the Board. Further, the committee endorsed the remaining reports for onward submission to the Board.

The Committee:

1. Endorsed the Clinical Governance Committee Annual Report 2024/25 for onward submission to the Board.
2. Endorsed the Staff Governance Committee Annual Report 2024/25 25 for onward submission to the Board.
3. Endorsed the Remuneration Committee Annual Report 2024/25 25 for onward submission to the Board.
4. Approved the Audit and Risk Committee Annual Report 2024/25 25 for onward submission to the Board.

15 STATUTORY ANNUAL ACCOUNTS

a) Statutory Annual Accounts
b) Annual Report and Accounts for the year ended 31 March 2025

The Committee received the Statutory Annual Accounts from Mr McNaught who highlighted that the report was to assist members to navigate through the annual accounts, much of which was statutory disclosures. The main format of the Annual Report and Accounts had only minor changes from the previous year, and the report and accounts are reviewed by KPMG, from whom a draft unqualified audit opinion had been provided.

Mr McNaught summarised the content in detail which included the Performance Report, as well as the Accountability Report, highlighting the key points of reporting. He provided an overview of the Governance Statement, including Board activity in the past year. He went on to detail internal audit activity and outcomes.

He went on to highlight the renumeration for the year for senior staff and related disclosures, as well as the disclosure of Trade Union facility time. Mr McNaught then summarised the content of the Parliamentary Report. Further, the principle financial statements aligned to accounting policies.

Finally, Mr McNaught noted his thanks to the Finance Team and NSS staff and the KPMG team for all their work done on the year-end accounts. This was particularly worthy of comment in a year with a senior member of the finance team had been unavailable throughout the process.

Subject to minor amendment in terms of typographical error, the Committee were content to endorse the content of reporting. Mr McConnell thanked Mr McNaught for the report and thanked both the finance team and KPMG for the work undertaken over the last year.

The Committee:

1. Acknowledged that the above minor point would be reflected in the accounts for signing and agreed to recommend the Statutory Annual Accounts for 2024/25 to the Board for final approval.
2. Noted thanks to Robin McNaught and the Finance Team and both the internal and external auditors.

16 ANNUAL LOSSES AND SPECIAL PAYMENTS REPORT

The Committee received the Annual Losses and Special Payments Report from Mr McNaught who noted a reduction overall from the previous year and advised that there were no significant elements that required to be highlighted. He informed members that there was no compensation payments required in the year, prior instances were statutory and agreed through legal counsel. And finally, the annual review of stores stock had a small write-off in line with previous years, with 2024 being offset by the correction of a pricing error from a supplier.

Mr McConnell thanked Mr McNaught for the report. There were no comments or questions from members.

The Committee:

1. Noted the Annual Losses and Special Payments Report.

17 WAIVERS OF SFI TENDERING REQUIREMENTS REPORT

The Committee received the Waivers of SFI Tendering Requirements Report presented by Mr McNaught, who advised that the hospital was required to follow a formal tendering process for items greater than £10k, and three quotations for items of £5k-£10k. He noted that each year there were occasions when this is not possible and exceptions were allowed due to timescale, specialist expertise, completion of an existing project, or a supply continuity benefit.

He added that the instances when one of these exceptions was applied in the year to March 2025, was attached to the paper for the Committee's information, and included the rationale for each instance. The Committee was asked to note that each case was closely reviewed to ensure that the use of a waiver was valid. He further advised that as was generally expected for waivers, the main items in the year related to Security and Estates, IT licensing, maintenance and service support. He added that many agreements run for two or three years hence fluctuations could be noted in waiver levels from year to year. Finally, there were no items this year for which the process was not followed when it should have been.

Mr McConnell thanked Mr McNaught for the report and overview. There were no comments or questions from members.

The Committee:

1. Noted the Waivers of SFI Tendering Requirements Report.

18 PATIENTS' FUNDS ACCOUNTS REPORT

The Committee received the Patients' Funds Accounts Report from Mr McNaught who advised that Patients' funds are balances of money held by the hospital on behalf of patients. He added that due to the nature of these there was an annual independent audit from Wylie & Bisset which provided an unqualified opinion. The accounts for March 2025 presented today are a summary of the collective patients' income and spending as managed through the hospital patient account and is a simple statement of income and expenditure. The accounts show fluctuations in the average funds held, due to the uneven levels of expenditure and income each year.

Mr McNaught asked members to recommend the Patients' Funds Accounts to the Board and that the Director of Finance and e-health and the Chief Executive were given approval to sign the summary income and expenditure statement.

Mr McConnell thanked Mr McNaught for the report and overview and there was agreement around the table to approve the Patients' Funds Account for submission to the Board. Members agreed.

The Committee:

1. Approved the Patients' Funds Accounts Report for onward submission to the Board.

19 ANNUAL REPORT TO THE BOARD AND THE AUDITOR GENERAL FOR SCOTLAND

The Committee received the Annual Report to the Board and the Auditor General Auditor for Scotland presented by Mr Blewett who highlighted the key findings.

He referred to the Audit Plan presented in January and the key audit risks being valuation and buildings, fraudulent expenditure, recognition risk and management override controls. He advised that at this point the work on valuations was complete and that this was the year of indexation exercise and next year would be a full re-valuation year. In terms of account entries put though this year no issues were identified, and KPMG were content that the valuation assumptions and estimates were deemed reasonable. On the fraudulent expenditure the risk was completeness so the risk the potential that expenditure would move into next year to help meet financial targets. There were no findings around understatement of expenditure, no instances of Management override of controls and no indication of bias was found.

In terms of KPMG's responsibilities for wider scope, KPMG had reviewed a wide range of documentation and were happy with the arrangements that in place to achieve all of these, and had noted that for financial sustainability, the challenging savings targets that had been met.

Mr Blewitt noted that in relation to the Board accepting patients from other NHS Boards, this year had seen the write off of bad debt through agreement. The recommendation made was that before any transfer of a patient from another NHS Board took place, charges were agreed in advance.

In terms of previous year recommendations, it was noted that two remained outstanding, however, management had explained these were due to staffing deficits within the finance team. Once capacity was restored it would be expected that the recommendations would be implemented in the next year.

In relation to the unadjusted misstatement in relation to the bad debt provision already discussed, there was no impact on the overall position.
Mr McConnell thanked Mr Blewett for a comprehensive report and asked if there were still some elements to complete in relation to the wider scope final commentary. Mr Blewett advised that this had been completed and was included in the paper to the Board later today.

Mr McConnell further asked if the report would be reissued following it being finalised. Mr Blewett replied that the report remained in draft until the day it was signed using an automated process. Once signed it would go to Audit Scotland, following which the final report would be shared with the Board.

Mr McConnell thanked Mr Blewett for the detailed report, positive opinion and for their work over the last year.

The Committee:

1. Noted the Annual Report to the Board and the Auditor General Auditor for Scotland, and that it would be submitted to the Board at its meeting later today.

20 a) ANNUAL AUDIT AND RISK COMMITTEE ASSURANCE STATEMENT TO THE BOARD
b) APPENDIX 1

The Committee received the Annual Audit and Risk Committee Assurance Statement to the Board presented by Mr McNaught. He noted that the Appendix to Item 20 was for the Audit and Risk Committee to present to the Board, at its meeting later today, which gave specific assurance that the Performance Report, Accountability Report and the accounts themselves were to be signed with the Audit and Risk Committee and external auditors' approval, within their remit, and on the basis of assurance from the annual reports received from the governance committees.

The paper noted that the Board were required to formally adopt the accounts, with Audit approval, confirming that the external auditors KPMG had issued an unqualified audit opinion which was considered at this meeting.

Section 3.1 confirmed that the Governance Statement was approved, with the supporting confirmations from all the governance Committees and that it should be noted that reference to 2023/24 should be 2024/25, and that - that had been reflected within the Board papers.

Section 3.2 confirmed the Board members' responsibilities, and their acknowledgement of discharging those responsibilities; and section 3.3 confirmed that the Audit and Risk Committee has fulfilled its remit sufficiently to assure the Board that the accounts could be signed.

Mr McConnell thanked Mr McNaught for the report. Members noted that the assurance statement would inform the Board in its collective decision for:

- Approval and signing of the performance report.
- Approval and signing of the accountability report.
- The approval and the adoption of the Annual Accounts which have been separately presented to this Committee and the Board for consideration.

Members approved the Annual Audit Assurance Statement for 2024/25 for submission to the Board.

The Committee:

1. Approved the annual Audit and Risk Committee Assurance Statement for 2023/24 for submission to the Board.

21 AUDIT SCOTLAND NATIONAL REPORTS

The Committee received Audit Scotland National Reports presented by Mr McNaught who noted the detail provided in the report on NHS Scotland Governance, published in May 2025 and that the

report highlighted that Scotland's health service must change if it is going to stay affordable and sustainable and that getting governance right is an important aspect of that. It also noted some of the main elements from the report with five actions for Scottish Government and three for Scottish Government and Boards together, time framed for 2025/26. He added that there were no other relevant Audit Scotland reports issued recently for reference by the State Hospital.

Mr Moore noted that this report provided an opportunity to reflect further on NHS Reform, and how this impacted on the State Hospital and that further review of this report should be included in the next Board Development Session in August.

Action – Ms Smith

The Committee:

1. Noted the Audit Scotland National Reports.
2. Agreed that there should be further review of this within a Board Development Session.

22 NATIONAL SINGLE INSTANCE (NSI) & NSS SERVICE AUDITS

The Committee received the NSI and NSS Service Audits presented by Mr McNaught who informed members that the paper summarised the points from NSS Scotland audits on systems relied on, and annual assurance of review of these. He noted there were no specific impact for IT services and no significant control issues raised. He also noted there was also an audit on the NSI finance system, delivered through NHS Ayrshire and Arran as host board, and no control weaknesses of relevance were noted for the hospital. Unqualified opinions were noted for both reviews and a copy of the reports were available if requested.

Mr McConnell thanked Mr McNaught for the update.

The Committee:

1. Noted the NSI and NSS Service Audits.

23 SECURITY, RESILIENCE, H&S OVERSIGHT GROUP UPDATE

The Committee received the Security, Resilience, H&S Oversight Group Update from Mr Hardy who noted that there were no issues from the group that required to be highlighted to the Audit and Risk Committee.

The Committee:

1. Noted the Security, Resilience, H&S Oversight Group Update.

24 FINANCE, eHEALTH AND AUDIT GROUP UPDATE

The Committee received the Finance, eHealth and Audit Group Update from Mr McNaught who noted that the group continued to conduct business in line with terms of reference and there were no matters highlighted that required escalation to the Committee.

The Committee:

1. Noted the Finance, eHealth and Audit Group Update.

26 RELEVANT ISSUES ARISING TO BE SHARED WITH GOVERNANCE COMMITTEES

Mr McConnell noted the internal audit on the Clinical Care Policy should be shared with the Clinical Governance Committee, as well as noting reporting to the Board in relation to Annual Accounts and Patients Funds later today.

Action – Secretariat

27 ANY OTHER BUSINESS

There was no other business raised by members.

28 DATE AND TIME OF NEXT MEETING

The next meeting will take place on **Thursday 2 October 2025 at 9.30am** via MS Teams.

The meeting ended at 11:35am.

THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	23 October 2025
Agenda Reference:	Item No: 20b
Report Author:	Head of Corporate Governance
Title of Report:	Audit and Risk Committee – Highlight Report
Purpose of Report:	For Noting

This report provides the Board with an update on the key points arising from the Audit and Risk Committee meeting that took place on 2 October 2025.

1	Internal Audit	The Committee received a finalised audit in respect of Estates and Facilities Management, which had received a rating of partial assurance. The Committee noted the learning points and actions required, that this would form part of the overall internal audit opinion for 2025/26. It was agreed that all management actions should be completed by 31 March 2026, to give assurance in this respect. The Committee received an advisory report in relation to project management, which was welcomed as a helpful addition in this area. The Committee also reviewed the timings of upcoming audit work, over the coming year, as well as the tracker which represented progress against outstanding audit actions. Further work was agreed, leading from the recent roster management audit, with reporting to be routed to the Staff Governance Committee in respect of additional audits on shift management.
2	Corporate Risk Register	The Committee received a report on the position on the Corporate Risk Register including high risks. There was consideration on how risks are reviewed and changes tracked, in terms of any change in the perception of the risk through this process. This will continue to be monitored as part of the risk management process.
3	Finance Update	The Committee received an update on the financial position, which was positive with an underspend to date, and continued expectation of a breakeven position for 2025/26.
4	Anchors Strategy	The Committee received reporting outlining progress against actions on the current Anchors Strategy, as well as a refreshed strategy for the 2026/28 period. This aligns with the Medium-Term Plan and the Workforce Plan and outlines the continued commitment to community wealth building through progressive

		procurement, workforce development and sustainable land use. The refreshed strategy was received positively and endorsed by the Committee, on behalf of the Board.
5	Annual Reports: Procurement Legal Claims	The Committee took assurance from each of the annual reports, with no risks to escalate in this regard and the Committee noted the continued success outlined within the procurement portfolio.
6	Update Reports: Counter Fraud Cyber Crime	The Committee received and noted the quarterly summary of fraud allegations and notifications received from Counter Fraud Services (CFS) and the review process in place. Further, a summary of the activity at local and national level relating to cyber security. There were no specific risks to highlight in relation to these matters.
7	Policy Updates	Reporting provided assurance on the arrangements in place to ensure that policies are being reviewed through an appropriate review process.
8	Climate and Sustainability Report	The Committee received a six-month update on progress in this area, and there were no concerns raised. It was agreed that given the positive position in this respect, reporting can move to being on an annual basis.
9	External Audit 2025/26	External Auditors were in attendance and confirmed that the Audit Plan for this year would be brought to the next meeting of the Committee in January 2026.
10	Review of Committee Effectiveness	Committee members had undertaken a review of its effectiveness, aligned to the guidance and audit checklist provided by the Audit Committee Handbook. Discussion focused on the benefits and the challenges presented as a smaller sized Board, especially around continuity and awareness across governance committees. The Committee took assurance from this being an opportunity to consider its ways of working, seeking any possible improvement going forward. It was noted that this would form part of annual reporting to the Board for 2025/26.
11	Internal Updates	The Committee received updates from the Finance eHealth and Audit Group, and the Security, Resilience, Health and Safety Group.

RECOMMENDATION

The Board is asked to note this update, and that the full meeting minutes will be presented, once approved by the Committee.

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP / Corporate Objectives	As part of corporate governance arrangements, to ensure committee business is reported timeously to the Board.
Corporate Objectives	**3. Better Value** j) Strengthen corporate governance to ensure transparency and clear direction, both within and external to the organisation in line with the Blueprint for Good Governance.
Workforce Implications	None through reporting – information update
Financial Implications	None through reporting – information update
Route to Board Which groups were involved in contributing to the paper and recommendations.	Board requested, pending approval of formal minutes
Risk Assessment (Outline any significant risks and associated mitigation)	Committee update only as part of governance process – no specific risks to be considered unless raised by committee chair/members for Board attention.
Assessment of Impact on Stakeholder Experience	No assessment required as part of reporting
Equality Impact Assessment	Not required
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	N/A
Data Protection Impact Assessment (DPIA) See IG 16.	Tick One ✓ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed. ☐ There are privacy implications, full DPIA included