



The Scottish Parliament
Pàrlamaid na h-Alba

Gary Jenkins

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Via email only

Health and Sport Committee

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Dear Mr Jenkins

I refer to your appearance before the Committee on 3 December and thank you and your Chairman along with other colleagues for your attendance and the information you provided. I indicated at the close of the session it was likely the Committee would write with further questions and to seek additional information, this now follows. References in this letter are to the Official Report of the meeting which is available [here](#).

Sick and Other Absences

The Committee note the considerable improvement made in the absence levels and wonder why the target for those areas providing Forensic Mental Health Services should be higher than for other NHS Boards?

Sturrock Report

During discussion on this aspect you indicated (col 8) you surveyed staff on 40 themes from the report on areas for improvement. Thereafter you indicated the

workstream considering this would look at introduction of “key metrics and measures” to ensure staff do not feel harassed and intimidated. Could you indicate the role you envisage these will take to eradicate such behaviour?

Consultation with staff

You indicated (col 13) more than half of the staff were consulted on changes to the staffing models through workshops or visits to wards. Could you indicate what methods were used to provide the remaining staff with an opportunity to contribute.

Availability of beds

There was extensive discussion around the availability of beds at the different security categories (from col 17). It appears there is a shortage of both low and medium secure beds. The former being akin in seems to us to delayed discharge issues in a hospital setting. It was also suggested that should that blockage be resolved there would still be a shortage of medium secure beds as a consequence of patients being moved down. It was indicated a delivery review was ongoing, can you indicate when you expect that review to report its recommendations?

Who is responsible for delivery of the recommendations?

Number of available beds, staff costs and benchmarking

You indicated (col 22) there are 108 patients in the state hospital and your clinical model was based on a maximum of 120 patients. Overall capacity is for 144 patients.

Later (col 33) when discussing potential savings Robin McNaughton indicated just under 85% costs were staff costs, adding that it was only the remaining 15% of costs from which future economies could be found. The Committee were also told about changes to the banding mix of staff with more band 1-4 now employed and less bands 5-9 (col 12) along with a new policy to employ modern apprentices.

To what extent do such changes and other changes accruing through the new clinical models offer up opportunities for financial economies?

Can you also indicate what impact you anticipate the new model will have on workforce planning?

We were pleased to learn you are benchmarking the hospital against similar establishments elsewhere in the UK (col 12), can you indicate what was learned from that exercise and how you compare?

Obesity

Tackling obesity is your number 1 clinical priority with only 13.7% of your patients' having a healthy BMI. The percentage weight gain of your patients is "of remarkable concern" and Professor Thomson also indicated "we cause the problem" and that "most of the damage occurs in our environment" (cols 29 & 31). Discussion ensued around causes including limited exercise and activity as well as excessive eating.

It was acknowledged a radical approach (col 6) was required to controlling this and that the numbers had deteriorated despite the implementation of a healthy choices meal plan in 2016. A 15 point plan covering other aspects was also commenced that year.

Concerns were indicated about infringing patients rights and the Committee are aware of the views of the Court of Session in relation to your actions 8 years ago. The Committee would welcome details of the approach you are now intending to take which meet the proportionality requirements of Article 8 ECHR and particularly details of when these are to be implemented.

Professor Thomson also indicated a 60 day reduction in the time it takes from admission to receipt of sports induction. Can you indicate what the current period is?

I would be grateful for a reply by Friday 24 January 2020.

Yours sincerely

Lewis Macdonald

Lewis Macdonald
Convener, Health and Sport Committee