THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT

1 April 2020 – 31 March 2021

1. Introduction

The State Hospital, like all NHS organisations, has a statutory responsibility to establish clinical governance arrangements to ensure continuous improvement in the quality of care and treatment provided to patients. The national requirements for clinical quality have been the subject of substantial guidance, from the *Clinical Governance and Risk Management Standards* published by NHS Quality Improvement Scotland (NHS QIS) in 2005, to *Better Health, Better Care*, published by NHS Scotland in 2007, the Scottish Government's publication of the *Healthcare Improvement Strategy for NHS Scotland* in 2010 and subsequently through the NHS Healthcare Improvement Scotland *Making Care Better – Better Quality Health and Social Care for Everyone in Scotland 2017-2022.* The 5 main strategic priorities are:

- Enable people to make informed decisions about their own care and treatment.
- Help health and social care organisations to redesign and continuously improve services.
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve.
- Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve.
- Make best use of all resources.

The underlying principle of effective clinical governance is that systems and processes provide the framework for patients to receive the best possible care. This report provides an overview of the work of the Clinical Governance Committee during 2020/21 and examples of good practice and matters of concern.

2. Committee Chair, Committee Members and Attendees

Committee Chair
Nicholas Johnston, Non-Executive Director (up to 31 December 2020)
Cathy Fallon, Non-Executive Director (from 15 January 2021)

Committee Members
Brian Moore, Non-Executive Director
Stuart Currie, Non-Executive Director (from 4 February 2021)
David McConnell, Non-Executive Director (up to 31 December 2020)

Attendees
Terry Currie, NHS Board Chair (up to 31 December 2020)
David McConnell, Non-Executive Director Interim NHS Board Chair (from 1 January 2021)
Gary Jenkins, Chief Executive
Prof. Lindsay Thomson, Medical Director
John Marshall, Head of Psychological Services
Mark Richards, Director of Nursing, AHPs and Operations
Robin McNaught, Finance and Performance Director
Dr Khuram Khan, Chair of Medical Advisory Committee
Monica Merson, Head of Business Support and Corporate Planning
Sheila Smith, Clinical Effectiveness Team Leader
Margaret Smith, Board Secretary

The committee can decide to invite the Board Chair to sit as a member of the committee, for a meeting, should this be required for quorate decision-making.

3. Meetings during 2020/21

During 2020/21 the Clinical Governance Committee met on 4 occasions, in line with its terms of reference. Meetings were held on:

- 14 May 2020
- 13 August 2020
- 12 November 2020
- 11 February 2021

4. Reports Considered by the Committee During the Year

During 2020 the headings used within the reports were changed to make the reports more quality focussed. The new headings are:

- Core Purpose of Service/Committee
- Current Resource Commitment
- Summary of Core Activity for the last 12 months
- Comparison with Last Year's Planned QA/QI Activity
- Performance against Key Performance Indicators
- Quality Assurance Activity
- Quality Improvement Activity
- Stakeholder Experience
- Planned Quality Assurance/Quality Improvement for the next year
- Next review date

References – *this should be any references being made to national documents within the report*

Appendices - *for Committees an appendix must be added at the back highlighting the following:*

- Governance arrangements for Committee
- Committee membership
- Role of the committee
- Aims and objectives
- Meeting frequency and dates met
- Strategy and workplan
- Management arrangements

4.1 12 Monthly Internal Governance Reports

Fitness to Practice
The Committee received a report in relation to Fitness to Practise at its May 2020 meeting. The reporting period covered was 1 April 2019 - 31 March 2020. The report was submitted to the Committee for information in respect of the process for monitoring professional registration status at The State Hospital thus providing assurance that all relevant staff hold current professional registration as appropriate. It was noted that during 2019/20, two employee NMC registrations lapsed, although both staff members are now re-registered. The Committee noted the report and agreed that it should also be flagged to the Staff Governance Committee.

Infection Control
Due to the pressures of Covid-19 on the Infection Control member of staff the 12 monthly report was submitted to the August 2020 meeting rather than the scheduled May 2020 meeting. The Committee noted the progress in the Infection Control Annual Report 2019/20 (covering 1 April 2019 - 31 March 2020) and endorsed the Programme of Work for 2020/21. The report outlined the wide range of Infection Control activity undertaken within the Hospital and summarised the work conducted by Infection Control Services. Although there was a key achievement noted for the increase in uptake of the flu vaccination for both staff and patients, there were also areas of concern noted: the number of Hand Hygiene audits submitted across

the site; the increased number of DATIX submitted for the non-compliance with the Safe Management of Linen policy; and the lack of compliance with mandatory training.

Although not identified throughout the review period 2019/2020, the report identified that through the Covid-19 Pandemic it was realised that having a single Infection Control Nurse poses a lack of resilience in this is area. It was agreed that recruitment and education to the Infection Control Department should be a future service development.

Research Committee/Research Governance and Funding

In May 2020 the Committee received and approved the 2019/20 Research Committee Annual Report. The reporting period covered was 1 April 2019 - 31 March 2020. The report highlighted the governance arrangements in place along with a range of areas of good work within the State Hospital and Forensic Network. The Committee were informed that discussions had taken place to look at studies on staff wellbeing given the significant impact the Covid-19 pandemic has had, trying to evaluate impact and assessment for planning and future planning should anything similar arise. It was agreed that this would be factored in to the strategy which is due for renewal this year.

Duty of Candour

The second annual report for Duty of Candour was tabled at the August 2020 meeting. The report covered information on the policy, training that had been implemented across the site as well as the governance and monitoring arrangements. Between 1 April 2019 and 31 March 2020 the Risk Management Department forwarded 43 incidents to the Duty of Candour Group, one of which met the duty of candour criteria and was reviewed as a duty of candour incident. This resulted in an apology issued to the patient; learning from this incident has been noted and is being taken forward by Nursing Practice Development. The Duty of Candour group continued to meet monthly and reviewed any incidents on a weekly basis.

Patient Safety

In August 2020 the Committee received and approved the Patient Safety Report covering the period 1 July 2019 - 30 June 2020. The 4 principles remained: Communication; Leadership and Culture; Least Restrictive Practice and Physical Health. Key pieces of work included: the introduction of patient support plans into wards; a new as required medication monitoring form introduced into RiO; leadership walkrounds took place with involvement from members of the committee (up until January 2020); a focus on medication safety; monitoring of incidents of restraint and the clinical pause was successfully embedded across the hospital. The national reporting was paused in March 2020 due to the Covid-19 pandemic. No date for this resuming had been received by the August 2020 meeting.

Forensic Network Medium and High Secure Care Review Visit – Action Plan

At the August 2020 and February 2021 meetings the updated actions from the Forensic Network Peer Review Visit were tabled for information. By February 2021 there were 4 actions outstanding from the original 37. Work has commenced to close off the last remaining actions. Only one high graded action was outstanding and this was due to the hospital being unable to transfer patients between hubs due to current national pandemic restrictions until August 2020.

Medicines Committee

Due to the pressures of Covid-19 on the Pharmacy Department the 12 monthly report was submitted to the August 2020 meeting rather than the scheduled May 2020 meeting. The Committee received and noted information on the key pieces of work undertaken throughout the period 1 July 2019 - 30 June 2020 by the Medicines Committee. The Medicines Committee oversees all aspects of medicine throughout the hospital including their effective and economic use, policies and clinical audit. Key areas of work this year have included a significant clinical audit work programme; maintaining supply processes to the wards during Covid-19 challenges and preparing stocks for possible respiratory and end of life care;

ensuring all patients have a regular review of their mental health and physical health medicines; continuous review of national medicine supply alerts and shortages; monitoring of expenditure; collaboration with NHS Lothian for future electronic prescribing and proactive work around medication incidents with better follow up and learning due to the Medication Incident Review Group and Nursing Practice Development raising awareness around outcomes of incidents.

Corporate Risk Register
At the August 2020 meeting, members received and noted the Corporate Risk Register. The Committee asked that future reports only contain the risks where the Clinical Governance Committee could add value, rather than receiving the whole register.

CPA/MAPPA
At the November 2020 meeting the Committee noted the report covering the period 1 October 2019 - 30 September 2020 and supported the future areas of work. For the second consecutive year, 100% of transfers were managed through the CPA process during the reporting period. The report identified a number of key areas in relation to Multi-Disciplinary CPA attendance, Patient and Carer Involvement and Strategic Engagement and Representation. With regards to MAPPA, Social Work continued to meet their obligations. During the review period no patients had been identified as potentially meeting the risk of serious harm category, however all patients remain under consideration in this regard and consultation takes place with the relevant MAPPA Co-ordinators as appropriate. Future areas of work included a specific MAPPA policy and DPIA for The State Hospital to be developed and adopted.

Child and Adult Protection
The Committee received and noted the report in November 2020 that covered the period 1 October 2019 - 30 September 2020. The report highlighted key areas of work that included key achievements in the areas of keeping children safe and adult support and protection. A training update was given that highlighted improvements for the completion of online modules and attendance at the Keeping Children Safe Training and Adult Support and Protection Training. Both of these were half day courses. Future areas of work included review of both the Keeping Children Safe Policy and Adult Protection Policy as well as further migration of Child and Adult Protection related templates etc. from Word based documents onto RiO.

Physical Health Steering Group
In November 2020 the Committee received and noted the 12 month rolling report from the Physical Health Steering Group covering the period 1 October 2019 - 30 September 2020. The report noted the developments and progress made in the 5 key strands for which the Physical Health Steering Group had responsibility. These related to Primary Care (including long term conditions); Physical Activity; Nutrition and Weight Management; Food, Fluid and Nutrition and National Guidelines and Standards. For each of these areas, details were provided of the work undertaken and the performance against local performance management targets. Key pieces of work for the next 12 months will be to: continue to develop, support and monitor the supporting healthy choices agenda; look at Physical Health data pre and post Covid and ways that we can use this data to establish a “new normal”; continue to monitor patient’s physical activity and review what effect the “re-opening and new normal” will have on patient’s physical activity levels and supporting key dietary messages, to promote good nutritional care and healthy eating within the restrictions of a current pandemic. A priority was also noted to be the recruitment of a Practice Nurse due to the current vacancy and upcoming retirements.

Rehabilitation Therapies Service
In November 2020 the Committee approved the report covering the period 1 October 2019 - 30 September 2020 and endorsed the future areas of work and service developments contained within it. The report provided a summary of the key areas of work that included improvements in percentage of reviews attend by Occupational Therapists and Dietitians; an increase in

reports available by Occupational Therapists; improvement on the function occupational therapy brings using the AMPS standardised assessment. Future areas of work for the service included: to implement a Recovery Through Activity manualised group intervention; increase employability opportunities – review employability pathway to maximise opportunities throughout the hospital; **i**ncrease number of staff throughout the hospital trained in talking mats to aid communication; explore further interpretation of collected data, review need for assessment database and reduce any repetition in data; increase capacity in delivering service improvement and leadership development; explore opportunities for digital interventions; join national work streams on rehabilitation and recovery framework; review Art Therapy and Speech and Language Therapy provision. The Committee commended the flexibility of AHP staff during the pandemic to support patients to access activities.

Clinical Governance Group
At the February 2021 meeting the Committee received and noted the 12 monthly report from the Clinical Governance Group covering the period 1 January - 31 December 2020. The report provided a summary of the work of the Clinical Governance Group over the past 12 months. As well as overseeing the reports that go to the Clinical Governance Committee other key pieces of work included: MCCB/Copyright issues; challenges with the completion of PANSS; Skye Activity Centre quarterly reports; trauma informed care; approval of the Clinical Effectiveness Annual Report and the Person Centred Improvement Service 12 monthly report; reports on exceptional circumstances and report on the hospitals response to Covid-19. The areas of future work included: supporting the implementation of the Clinical Model including preparation of guidance on the 4 ward types, patient flow, model fidelity and development of measures to monitor the model; oversee the implementation of the QI Physical Activity Project to ensure activity within the patients' objectives are reflected in the activities delivered to the patient and ongoing focus on quality improvement, realistic medicines and TSH3030 initiative.

Mental Health Practice Steering Group
A report was submitted to the February 2021 meeting covering the period 1 January - 31 December 2020. The key pieces of work from the group included: exploring the grounds access process within the hospital with a view to streamlining this; monitored the advance statements being made by patients; ensured evidence based practice is implemented through gap analysis and policy work and monitored the Psychological Therapies data. Future areas of work will include review and propose changes to the Care Programme Approach process; develop and test ways to increase the utility of clinical outcome measures for frontline staff; support the Realistic Medicine action plan and support the development and implementation of the new Clinical Care Model.

Psychological Therapies
At the February 2021 meeting the Committee noted the Psychological Services report covering the period 1 January - 31 December 2020. The report acknowledged the impact that the pandemic has had on the Service with regards to providing group work to patients. The report was centred on the 6 quality dimensions from The Healthcare Quality Strategy for NHS Scotland. Key service developments during 2020 included: the completion of Risk Awareness training; the implementation of a New Assessment Checklist and supporting the HR and Wellbeing Group in reducing the staff sickness absence across the hospital. Due to the pandemic there were some areas of work that are still in progress. These included: the consideration of low intensity training on psychological trauma for nursing staff; the delivery of Healthy Living Group in each hub; improvements to clinical formulations and the pilot of the new Matrix Consensus Cognitive Test Battery (MCCB).

4.2 Standing Items Considered by the Committee during the Year

Covid-19
In March 2020 restrictions were placed on the hospital in relation to the national outbreak of Covid-19. In response to this a paper was presented at all 4 meetings. The paper gave updates on the number of patient tests that had been required due to symptoms or close

contact with another patient testing positive; the number of patients that had tested positive; the incident command structure; the implementation of an Interim Clinical Support Policy (that had many updates as national restrictions changed); the monitoring that was ongoing through the Operational Model Monitoring Group to ensure that the patient models being used were not having a detrimental effect of the patients mental wellbeing or their access to fresh air or physical activity; national guidance that had been received; updates from the Scientific and Technical Advisory Group (STAG); patient flow; PPE; updates on the staff and patient vaccine programme; along with updates on the communication methods being used for staff and patients to ensure they were being kept up to date with the ever changing landscape of restrictions.

Category 1 Reviews
No Category 1 reviews were presented to the Clinical Governance Committee during the reporting period.

Learning from Complaints
The quarterly Learning from Complaints report was considered and noted at the Clinical Governance Committee at every meeting. Actions arising from all complaints are included within the report to share the learning which enables the organisation to develop services which take cognisance of complaint outcomes. The report is based on the two stage model that enables complaints to be handled either locally, by front line staff, allowing for *Early Resolution* (Stage 1) within 5 working days, or for issues that cannot be resolved quickly or are more complex, by *Investigation* (Stage 2) within 20 working days. All responses that have been received through the Complaints Experience Feedback Forms from patients/carers are also included within the reports. At the February 2021 meeting, the Committee was also asked to note that as part of the interim management structure established on 9 December 2020, the delivery of the complaints service is now through the Corporate Team with the Board Secretary taking responsibility in this area. The Committee were advised that work is in progress between the Corporate Team and the Person Centred Improvement Team to see how they can bring the Learning from Complaints and Learning from Feedback reports together to provide one report that covers the whole range of patient feedback and complaints

Learning from Feedback
The quarterly Learning from Feedback report was considered and noted at every Clinical Governance Committee meeting. These reports highlight the feedback received, encompassing concerns, comments and suggestions, (including evaluation forms) and any compliments/positive feedback received. The report notes the outcome from all feedback and any lessons that have been learned by the hospital. The Committee were also given assurance that, during the current pandemic situation, the Patient Centred Improvement Team are still very focussed on reaching out to wards and ensuring patient and carer voices are heard irrespective of the situation we are in. Examples of this included: various mechanisms were used for engagement, such as the use of the graffiti wall; positive feedback received around regular access to fresh air through walks 7 days per week; changes to meal delivery with meals being plated and delivered to patient rooms, and themed meals being positively received.

Patient Movement Statistical Information
The Committee received and noted 2 reports during the year at its May 2020 and November 2020 meetings. The May 2020 report covered the reporting period 1 October 2019 - 31 March 2020 and the November 2020 report covered 1 April 2020 - 30 September 2020. These reports provided an overview of bed occupancy, area and source of admission, delay between referral and admission, admissions of young people (under 18), ‘exceptional circumstances’ admissions, appeals against excessive security, discharges and transfers and number of patients on the transfer list.

Incident Reporting and Patient Restrictions Report
The quarterly Incident Reporting and Patient Restrictions report was considered at every Clinical Governance Committee meeting. The report showed the type and amount of incidents received through the incident reporting system DATIX, as well as all the restrictions applied to patients during the periods under review. The report provided more information of the various incidents that had occurred in relation to PAA activations; the use of handcuffs; patient seclusions; withheld mail; urinalysis results; security incidents; communication/information incidents and incidents relating to equipment, facilities and property.

Ward Closures/Safe Staffing Report
In August 2019, due to an increase in the number of ward closures the hospital was experiencing, it was agreed that a paper would come to all Clinical Governance Committee meetings to monitor this. Papers were presented at all the meetings during 2020/21. The reports included any challenges with staffing through the Covid-19 pandemic; including the number of times a ward had to close due to staff shortages (this would mean patients being cared for in their rooms for the duration of the shift) and the challenges the hospital has recruiting an acceptable gender mix due to the small numbers of males going into mental health nursing.

5. Discussion Items During the Year

Due to the move to the meetings taking place on MS Teams and the additional Covid-19 item being added to the agenda there were no discussion items during 2020/21.

6. Special Topics/Items for Approval

Clinical Governance Annual Stock Take
At its May 2020 meeting, the Committee received and noted: the Clinical Governance Reporting Structures for 2020-21; the Programme of Work for 2020-21 subsequent to any changes that may arise at future meetings; the Clinical Governance Committee Terms of Reference; and the Clinical Governance Annual Report 2019-20. The Annual Report summarised the work of the Committee during the financial year 1 April 2019 - 31 March 2020.

7. Areas of Good Practice Identified by the Committee

- The Committee asked for it to be noted that they were very impressed with the efforts of all staff to help patients and carers cope with the changes during Covid-19.
- Staff flexibility as evidenced from the Rehabilitation Therapy Services 12 monthly report was also noted as a good practice point.
- The CPA/MAPPA 12 monthly report highlighted that 100% of transfers were managed through the CPA process for the 2nd consecutive year.
- The Person Centre Improvement Team were commended for reaching out to wards and ensuring patient and carer voices were heard irrespective of the pandemic situation we were in during 2020.

8. Matters of Concern to the Committee

Matters of concern	Update
Hand hygiene compliance remains a challenge in some areas. A series of face to face meetings between Karen Burnett, Senior Charge Nurses and Lead Nurses has been included in the 2021 programme of work to move responsibility and activity locally around the infection control agenda.	The hospital is currently recruiting an Infection Control Quality Improvement Facilitator who will focus on this area with a view to improvements during 2021.

9. Conclusion

From the review of the performance of the Clinical Governance Committee, it can be confirmed that the Committee has met in line with the Terms of Reference and has fulfilled its remit. Based on assurances received and information presented to the Committee, adequate and effective Clinical Governance arrangements were in place throughout the year.

I offer my thanks for the continuing support and encouragement of Committee members and also to those members of staff who have worked on the Committee's behalf during 2020/21**.**

Cathy Fallon

CLINICAL GOVERNANCE COMMITTEE CHAIR
On behalf of the State Hospitals Board for Scotland Clinical Governance Committee

CLINICAL GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1 PURPOSE

The Clinical Governance Committee is a standing committee of the Board and shall be accountable to the Board. Its purpose is to provide the Board with the assurance that clinical governance mechanisms are in place and effective within the State Hospital.

2 COMPOSITION

2.1 Membership

The Clinical Governance Committee is appointed by the Board and shall be composed of at least three Non-Executive Board members, one of whom shall act as Chair.

The Chair of the Board, and the Chief Executive, shall both be in attendance.

The Clinical Governance Committee will have the authority to co-opt up to two members from outwith the Board in order to carry out its remit.

Should the meeting not be quorate, the Chairperson may be asked to step in as a member, if agreed by the Committee

Members:

- B Moore
- C Fallon (Chair)
- S Currie

In Attendance

- David McConnell, Interim Chair
- Gary Jenkins, Chief Executive
- Prof. Lindsay Thomson, Medical Director
- John Marshall, Head of Psychological Services
- Monica Merson, Head of Corporate Planning and Business Support
- Mark Richards, Director of Nursing, AHPs and Operations
- Robin McNaught, Finance and eHealth Director
- Dr Khuram Khan, Chair, Medical Advisory Committee
- Sheila Smith, Clinical Effectiveness Team Leader
- Margaret Smith, Board Secretary

2.2 Appointment of Chair

The Chair of the Committee shall be appointed at meeting of the Board in accordance with Standing Orders.

2.3 Attendance

Members shall normally attend meetings and receive all relevant papers. All Board Members, the Chair of the Medical Advisory Committee and the Chair of the Research

Committee, will have the right to attend meetings and have access to all papers, except where the committee resolves otherwise.

If attendance at the meeting is only required on a periodic basis, this should be agreed with the Committee Chair in advance. Apologies should be tendered to the Chair of the Committee via the minute secretary at least 2 working days prior to the meeting, unless an exceptional event prevents this level of notice.

Where a member who is due to present a paper is not able to attend they should ensure that another person is suitably briefed in order to deal with this item. The arrangement made should be discussed and approved by the Committee Chair.

To fulfil its remit, the group may obtain whatever professional advice it requires and invite, if necessary, external experts and relevant members of hospital staff to attend meetings. If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee.

Others may attend the Committee on the approval of the Committee Chair.

3 MEETINGS

3.1 Frequency

The Clinical Governance Committee will meet quarterly to fulfil its remit and shall report to the Board following each meeting.

The Chair of the Committee may convene additional meetings as necessary.

The Accountable Officer of the Board may ask the Chair of the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

3.2 Agenda and Papers

The agenda and supporting papers will be sent out at least five working days in advance to allow time for consideration of issues.

The format of agendas and papers will be in line with corporate document standards. The lead Executive for co-ordinating agendas and papers is the Medical Director.

All papers will clearly state the agenda reference, the author and the purpose of the paper, together with the action to be taken. Cover papers should be prepared in the format set out in Corporate Document Standards, to draw out the main issues for the Committee. Annual Reports of reporting committees should follow the format set out in Corporate Document Standards.

Documents will be watermarked as Confidential or Draft as required. Documents which are watermarked as Confidential should not be shared outwith the Committee membership. Guidance on confidentiality and openness can be sought from the Records Services Manager.

The secretary for this Committee will maintain a master file of documents, in line with Policy for Management, Retention and Disposal of Administrative Records.

3.3 Quorum

In the event of the Committee making decisions, two members need to be in attendance to be quorate. The Board Chair may be invited to sit at as a member of the committee at a meeting to form a quorum.

3.4 Minutes

Formal minutes will be kept of the proceedings and submitted for approval at the next committee meeting. A Personal Assistant will take the minutes.

The approved minutes of each committee meeting will be submitted to the next meeting of the Board.

4 REMIT

4.1 Objectives

The main objectives of the Clinical Governance Committee are to provide the Board with the assurance that clinical governance mechanisms are in place and effective within The State Hospital; and that the principles of clinical governance are applied to the health improvement activities of the Board.

Existence and effective operation of this committee will be demonstrated in continuous improvement and compliance with clinical standards, in delivery of improved services for patients, and ultimately in improved outcomes for patients as evidenced through the clinical key performance indicators reported in the Local Delivery Plan.

4.2 Systems and Accountability

- To ensure that appropriate clinical governance mechanisms are in place throughout the hospital in line with national standards
- To ensure that clinical risks are managed in accordance with the corporate risk management strategy, policies and procedures.
- To ensure that staff governance issues which impact on service delivery and quality of service are appropriately managed through clinical governance mechanisms.
- To ensure that systems are in place to meet information governance standards.
- To ensure that systems are in place to meet research governance standards.

4.3 Safe and Effective Care

To provide assurance to the Board in respect of clinical risk management arrangements, that:

- Structures are in place to minimise potential problems such as effective risk assessment and management, incident reporting, critical incident reviews, and complaint procedures
- Lessons are being learned from adverse events and near misses
- To ensure systems are in place to measure and monitor duty of candour and any lessons to be learned
- Complaints are handled in accordance with national guidance and lessons will be learned from their investigation and resolution (including reports of the Scottish Public Services Ombudsman and the Mental Welfare Commission)
- Arrangements are in place to support child and adult protection obligations.

4.4 Health, Wellbeing and Care Experience

- To ensure that the environment supports delivery of high quality care with a culture and appropriate mechanism to allow staff and others to raise concerns on the service of care provided, including the performance of clinical colleagues, in the

knowledge they will be addressed without detriment to themselves or prejudice to the principles of confidentiality.

- To ensure systems are in place to monitor and measure the mental health and physical health requirements of our patient population, including medicine management, psychological therapies and rehabilitation services.
- To ensure that arrangements are in place to embed Person Centred Improvement activities, including equality and diversity issues pertinent to clinical governance.
- To ensure that care is provided by appropriately trained and skilled professionals with the competencies required to deliver the required care.
- To ensure that clinical policies and procedures are developed, implemented and reviewed.
- To ensure that poor performance of clinical care will be identified and remedial action taken.

4.5 Control Assurance

- To ensure that quality of clinical care drives decision making and that clinicians are involved in planning, organising and managing services.
- To ensure that the planning and delivery of services has taken full account of the perspective of patients and the general public.
- To ensure that systems are in place to measure and monitor performance to foster a culture of quality and continuous improvement.
- To ensure that research and development programmes are initiated, monitored and reviewed.
- To ensure a comprehensive information governance framework is in place which ensures the Codes of Practice on Openness and on Confidentiality of Personal Health Information are fully applied.

The Committee will manage its business through a workplan, agreed by the Chair of the Committee. This will ensure that the full remit is covered on a rolling basis.

5 AUTHORITY

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

6 PERFORMANCE OF THE COMMITTEE

The Committee shall annually review and report on:

- Its own performance, effectiveness, and the level of input of members to the Committee relative to added value achieved.
- Proposed changes, if any, to the terms of reference.

7 REPORTING FORMAT AND FREQUENCY

The Chair of the Committee will report to the Board following each meeting of the Clinical Governance Committee.

The Chair of the Committee shall submit an Annual Report on the work of the Committee to the Board.

8 COMMUNICATION AND LINKS

The Chair of the Committee will ensure that relevant issues are shared with the Staff Governance Committee.

The Chair of the Committee will be available to the Board as required to answer questions about its work.

The Chair of the Committee will ensure arrangements are in place to provide information to the Scottish Government as required to meet their reporting requirements.

Subject to annual review.
Next revision: May 2022.