THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT

1 April 2021 – 31 March 2022

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
Cathy Fallon, Non-Executive Director

Committee Members
Brian Moore (until 5th July 2021)
Stuart Currie
David McConnell (from 6th July 2021)

Attendees
David McConnell (until 5th July as interim Chair of The State Hospitals Board for Scotland)
Brian Moore, Chair of The State Hospitals Board for Scotland (from 6th July)
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 & eHealth Director
Dr Khuram Khan, Chair, Medical Advisory Committee
Sheila Smith, Head of Clinical Quality
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 2021/22

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

- 6 May 2021
- 12 August 2021
- 11 November 2021
- 10 February 2022

4. Reports Considered by the Committee During the Year

4.1 12 Monthly Internal Governance Reports

Fitness to Practice
The Committee received a report in relation to Fitness to Practise at its May 2021 meeting. The reporting period covered was 1 April 2020 - 31 March 2021. 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. During 2020/21, there were no lapses in NMC registration. This is an improvement as the previous year saw 2 lapses.

Infection Control
The infection Control Committee report was received at noted at the May meeting, covering the period 1 April 2020 to 31st March 2021. The primary focus for this review period was to reduce the risk of Covid19 within the hospital through various stages of the pandemic and manage Covid19 outbreaks effectively to ensure there was no wider spread of infection across the site. In addition to this the roll out of the Covid19 vaccinations and lateral flow device testing dominated the last quarter. Government guidance/instruction with short timescales influenced the routine infection control activities, these were outlined in the full report.

The Committee commended the report and acknowledged the significant pressure placed on State Hospital staff and patients during the last 12 months. The dedication and commitment of staff has enabled the hospital to provide a safe working and living environment for all, with only a small number of Covid19 positive cases.

Research Committee/Research Governance and Funding
In May 2020 the Committee received and approved the 2020/21 Research Committee Annual Report. The reporting period covered was 1 April 2020 - 31 March 2021. The report highlighted the governance arrangements in place along with a range of areas of good work within the State Hospital and Forensic Network. One main area of work for the next 12 months will be the review of the Research Portfolio. The research portfolio review will also support the development of an updated State Hospital Research Strategy 2021-2024. The full review will commence in April, and will focus on the ongoing development of a high-quality research programme in forensic mental health, that addresses the evidence and information needs of the organisation.

Duty of Candour
The third annual report for Duty of Candour was received and noted at the November 2021 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 2020 and 31 March 2021 the Risk Management Department forwarded 63 incidents for consideration by the Duty of Candour Group, up from 43 in the previous year. It was agreed by the group that none of these incidents fulfilled the criteria for Duty of Candour.

Patient Safety
In August 2021 the Committee received and approved the Patient Safety Report covering the period 1 July 2020 - 30 June 2021. The 4 principles remained: Communication; Leadership and Culture; Least Restrictive Practice and Physical Health. Key pieces of work included: the

movement of PMVA policies from the PMVA Review Group to the Patient Safety Group; discussion and population of the 'Safe Essentials of Care' driver diagrams received from the National Patient Safety Team with a view to populating an improvement plan for 2021/22 with any gaps or further improvements the Group would like to explore going forward; ongoing monitoring of PMVA policies with action plan being taken forward where appropriate.

Forensic Network Medium and High Secure Care Review Visit – Action Plan
At the August 2021 meeting the updated actions from the Forensic Network Peer Review Visit were tabled for information. By August 2021, of the 37 actions assigned, 2 remained outstanding; one is the clinical model and the other is communication and digital inclusion, work on which is well under way. It was agreed that the last 2 actions could be monitored through the Clinical Governance Group and no longer required to be presented at Clinical Governance Committee. The Committee thanked staff for their hard work in closing off all actions.

Medicines Committee
The Medicines Committee annual report was submitted to the Clinical Governance Committee in May, covering the period 1st July 2020 and 31st March 2021. The Committee approved the report and formally agreed removal of the EU Falsified Medicines Directive implementation from the Corporate Risk Register following UK exit from the EU 1st January 2021. Key activities included contribution to the Covid-19 vaccination programme; update of the Safe Use of Medicines Policy; delivery of the clinical audit programme; maintaining medicine supply processes to the wards during Covid-19 and moving forward with the electronic prescribing project.

Patient Learning Annual Report
At the May 2021 meeting, the Patient Learning annual report was presented, covering the period 1st January to 31st December 2020. The Committee noted the progress that had been made and acknowledged the planned future developments that are detailed within the report. A number of areas were noted including: the continuation of the curriculum framework providing access to a broad range of nationally recognised qualifications and accredited national units including a newly approved Award in Volunteering Skills; learning opportunities, although limited during the year, ranged from entry level through to further and higher education and include clear progression pathways; data to show that 71 patients engaged in formal learning programmes with 29 formal qualifications being attained within 2020.

Clinical Risk Register
At the August 2021 meeting, members received and noted the Clinical Risk Register. There were 3 high graded clinical risks: the risk that Coronavirus (Covid-19) could affect The State Hospitals primary aim to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff; failure to prevent/mitigate obesity and failure to assess and manage the risk of aggression and violence effectively.

CPA/MAPPA
At the November 2021 meeting the Committee noted the report covering the period 1 October 2020 - 30 September 2021 and supported the future areas of work. For the third 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. 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; MAPPA training materials to be reviewed and uploaded onto Learnpro and further analysis in respect of carer involvement.

Child and Adult Protection
The Committee received and noted the report in November 2021 that covered the period 1 October 2020 - 30 September 2021. 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 the Keeping Children Safe Training and Adult Support and Protection Training have been adapted and recommenced via Teams or in person where appropriate. Future areas of work includes review of the Keeping Children Safe Policy; continuing to promote video visits and a means of supporting child contact; learning from 'near misses' and preparing and submitting a Corporate Parenting report to Scottish Government.

Physical Health Steering Group
In November 2021 the Committee received and noted the 12 month rolling report from the Physical Health Steering Group covering the period 1 October 2020 - 30 September 2021. 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 includes to 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; continue to monitor the timescales when patients sports induction are completed under a "new normal" and support key dietary messages, to promote good nutritional care and healthy eating within the restrictions of the current pandemic.

Rehabilitation Therapies Service
In November 2021 the Committee noted the report covering the period 1 October 2020 - 30 September 2021 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: an update on the QI patient activity project; Skye Centre skills mix review; occupational formulations; RiO activity timetables and digital interventions. Future areas of work for the service includes: the introduction of planned activities onto the RiO timetable; develop approach to KPIs and outcomes; introduction of process for routine reporting of AMPS assessment data and embed the employability pathway as part of the Clinical Model. It was agreed that over the next 12 months, work will be undertaken to review the content and focus of the report to best describe rehabilitation from a person centred perspective. This will wherever possible draw upon agreed KPI and outcome data.

Clinical Governance Group
At the February 2022 meeting the Committee received and noted the 12 monthly report from the Clinical Governance Group covering the period 1 January - 31 December 2021. 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: monitoring the realistic medicine action plan; receiving updates on the Improving Observation Practice Policy; receiving a demonstration of the tableau dashboards; receiving updates from the Operational Model Monitoring Group; commenting on the digital inclusion updates; agreement on actions required to implement the guidance received on the Management of Medical devices; noting the Person Centre Improvement Service 12 monthly report and oversight of the exceptional circumstances finance report. The areas of future work includes: supporting the implementation of the clinical model, including preparation of guidance for the 4 ward types, patient flow, model fidelity and development of measures to

monitor the model; oversee the implementation of the QI Activity Project to ensure activity within the patient's objectives are reflected in the activities delivered to the patient and ensure this is an ongoing focus on Quality Improvement, Realistic Medicine and TSH 3030 initiative.

Psychological Therapies
At the February 2022 meeting the Committee noted the Psychological Services report covering the period 1 January - 31 December 2021. 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: individual and group supervision received and provided by psychology staff; 90.5% of staff have a completed and signed off PDP; the group work and consultation activity delivered within the 18 week target , although there was an acknowledgment that group therapies had been impacted by the pandemic. Future developments include: tracking data and impact on group and one to one therapy of providing support to the wards: recruitment to consultant nurse post and consultant health psychologist; training using NES accredited model of health lifestyle and fitness motivation changes (MAP) to Skye Centre staff and development of Neurodevelopmental (NDD) pathway for patients given high likelihood of co-occurring Autism Spectrum; Foetal Alcohol, language disorder and other NDD's. The committee commended the author on the vignettes included within the report.

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 during 2020/21. 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 onthe 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.

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.

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. The Committee were happy to see an increase in the number of compliments being received in relation to Family Centre visits.

Work was progressed between the Corporate Services Team and the Person Centred Improvement Team to review how best to report on the learning opportunities presented by Complaints and Learning from Feedback reporting. This included the possibility of bringing these together to provide one report that covers the whole range of patient feedback and complaints. However, the conclusion of this review was that the current practice of separate reports brings more value in allowing the full breadth of detail needed, giving the required assurance to the Clinical Governance Committee.

Patient Movement Statistical Information
The Committee received and noted 2 reports during the year at its May 2021 and November 2021 meetings. The May 2021 report covered the reporting period 1 October 2020 - 31 March 2021 and the November 2021 report covered 1 April 2021 - 30 September 2021. 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. The Committee continue to welcome the trend graphs that are included within the report that allows them to see incidents over time.

Staffing and Care Report
The staffing and care report was presented at all the meetings during 2021/22. The reports included any challenges with staffing; 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 2021/22.

6. Special Topics/Items for Approval

Clinical Governance Annual Stock Take
At its May 2021 meeting, the Committee received and noted: the Clinical Governance Reporting Structures for 2021-22; the Programme of Work for 2021-22 subsequent to any changes that may arise at future meetings; the Clinical Governance Committee Terms of Reference; and the Clinical Governance Annual Report 2020-21. The Annual Report summarised the work of the Committee during the financial year 1 April 2020 - 31 March 2021.

Clinical Model
At its August meeting the Committee noted an update re the Clinical Model. The update included steps taken to restart this piece of work. These included: reviewing the progress made in 2019/20 in planning for implementation of the Clinical Model and considering what aspects continue to be fit for purpose and where changes are required; identifying any

adjustments required to the model in light of the last 12 months experience and the Barron Review; reviewing current patient population to align with new clinical model and considering the financial aspects of the model and reviewing if this continues to be achievable in financial plan 2021/22

Category 1 Review Reports
Three category 1 review reports were presented to the Clinical Governance Committee for noting at their August meeting. The reports outlined the background to the incident and the recommendations that had come out of the investigation. The Committee asked for these to be included in the Board development day with a view to discussing how we review the findings and ensure the recommendations are being progressed.

7. Areas of Good Practice Identified by the Committee

- Staff flexibility and accommodating as evidenced from AHP report
- 100% LDP target for CPA
- TV example and hire purchase scheme routed through PPG
- Responsiveness of staff during Christmas for patients and carers
- OMMG Annual Report
- Infection Control Committee Annual Report / Hand Hygiene Compliance
- MAPPA Level 2 Meeting which was convened in response to a situation where there was felt to be a risk of a patient returning to the community. This meeting was well attended by staff from The State Hospital and community partners and was raised as an example of good practice at the Lanarkshire MAPPA Operational Group.
- The analysis and vignettes included in the Psychological Therapies report to keep sight of improvements keep the service outcome focussed.

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.	This data is now presented at Hospital Management Team to ensure oversight and that actions are taken forward.
'Clinical Waste' incidents related to staff not adhering to Linen Segregation, Bagging and Tagging National Infection Prevention & Control Manual. Incidents have decreased from 12 to 8 in this quarter. 2 incidents occurred in Mull, 3 in Iona and 3 in Arran.	The infection control lead continues to educate ward staff and the Infection Control Committee continues to monitor if the change ideas have resulted in improvement.
Ongoing staffing pressures, which are being looked at on a daily basis.	We have seen a decrease in the number of ward staff shortages since the last Committee meeting. This is discussed daily at the huddle for planning purposes and weekly at OMMG for assurance purposes

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.

The State Hospital

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 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. These members will act in an ex-officio capacity.

Members:

- Stuart Currie
- David McConnell
- C Fallon (Chair of the Clinical Governance Committee)

In Attendance

- Brian Moore, Chair of The State Hospitals Board for Scotland
- Gary Jenkins, Chief Executive
- Prof. Lindsay Thomson, Medical Director
- John Marshall, Head of Psychological Services
- Monica Merson, Head of Corporate Planning and Business Support
- Karen McCaffrey, Director of Nursing and Operations
- Robin McNaught, Finance & eHealth Director
- Dr Khuram Khan, Chair, Medical Advisory Committee
- Sheila Smith, Head of Clinical Quality
- 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.

3.4 Minutes

Formal minutes will be kept of the proceedings and submitted for approval at the next Board meeting. The Board Secretary is responsible for minute taking arrangements. The draft minutes will be cleared by the Chair of the Committee and the nominated lead Executive (Medical Director) prior to approval by the Committee and notification to the Board.

Following approval, minutes will be placed on the hospital's website.

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.
- 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 standard 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, by presenting the minutes of the Committee.

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

8 COMMUNICATION AND LINKS

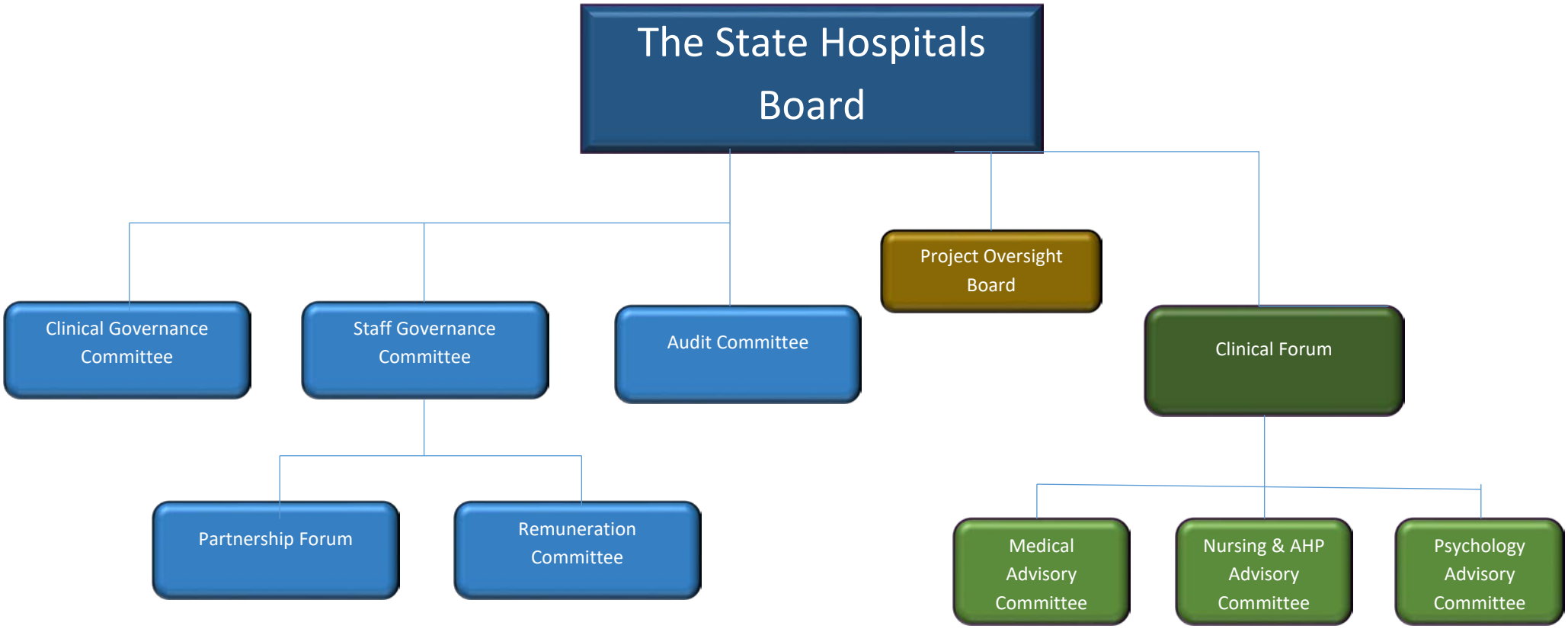
The Chair of the Committee will ensure that relevant issues are shared with the Staff Governance Committee.

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

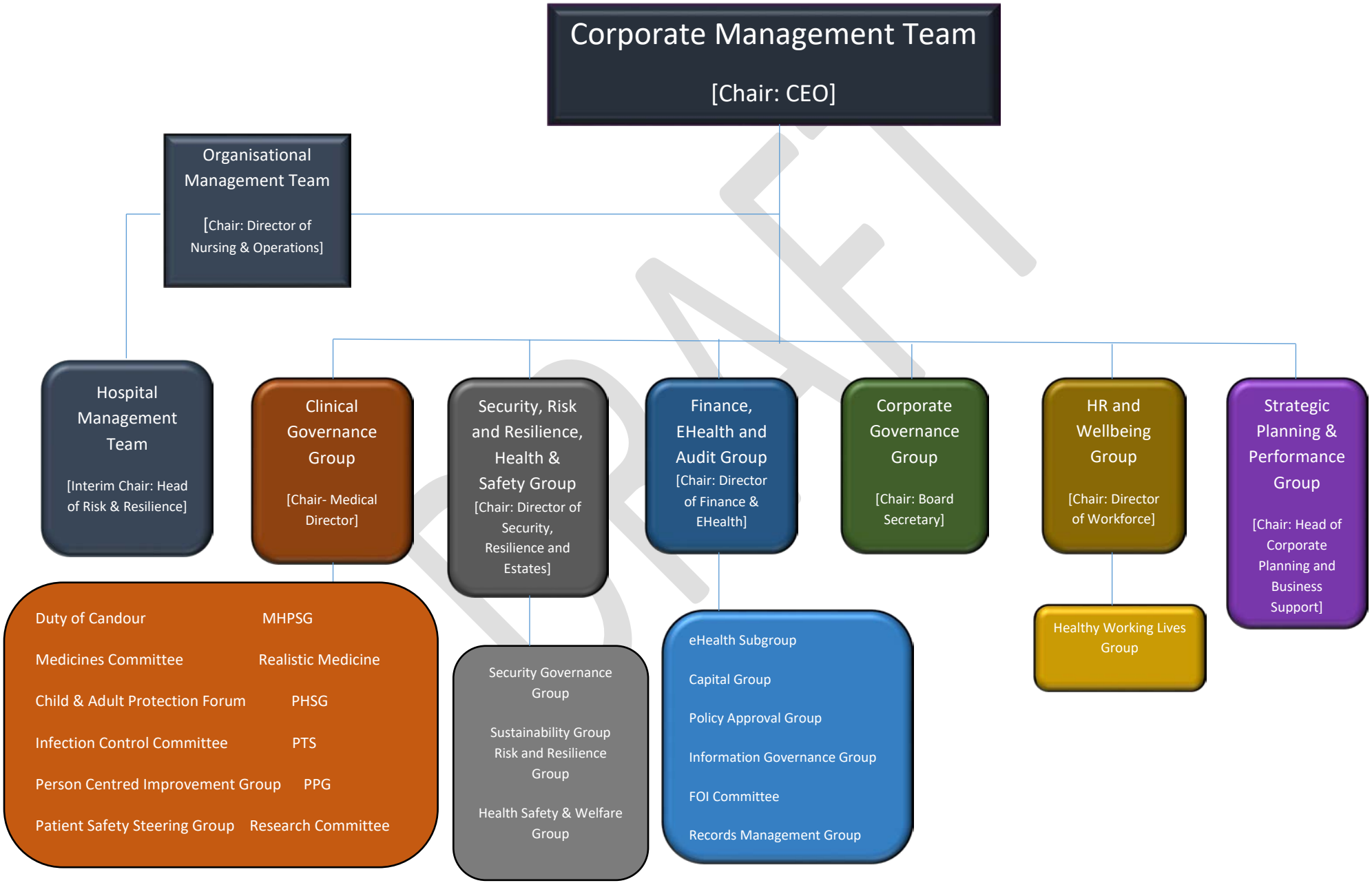
The Chair of the Committee will ensure arrangements are in place to provide information to the Scottish Government as required to meet their reporting requirements.

Subject to annual review.
Next revision: May 2023.

The State Hospitals Board for Scotland – Board and Sub-Committee/Advisory Committee Structure



Draft: The State Hospitals Board for Scotland – Organisational Group Structure



Clinical Governance Committee Programme of Work 2022/23

Area of review	10th February 2022	12th May 2022	11th August 2022	10th November 2022	February 2023	May 2023	August 2023	November 2023
Standing items (20 minutes)	• Minutes of last meeting • Matters arising update • NHS HIS reports as available • CAT 1/Adverse Event report as available • Learning from feedback • Learning from complaints • Clinical Model • Incident reporting and patient restrictions • Agreement of item for discussion at next meeting				• Minutes of last meeting • Matters arising update • NHS HIS reports as available • CAT 1/Adverse Event report as available • Learning from feedback • Learning from complaints • Clinical Model • Incident reporting and patient restrictions • Agreement of item for discussion at next meeting			
12 month Monitoring Reports (70 minutes)	• Psychological Therapies • Clinical Governance Group • Staffing and Care Report	• Medicines Committee/ Pharmacy • Research Committee / Research Governance and Funding • Fitness to Practice • Patient Movement – Statistical Report • Infection Control • Staffing and Care Report • Patient Learning Report	• Rehabilitation Therapies Services • Risk Register • Patient Safety Programme • Duty of Candour • Staffing and Care Report • Mental Health Practice Steering Group	• Physical Health Steering Group • Patient Movement – Statistical Report • Adult & Child Protection • CPA/MAPPA • Staffing and Care Report	• Psychological Therapies • Clinical Governance Group • Staffing and Care Report	• Medicines Committee/ Pharmacy • Research Committee / Research Governance and Funding • Fitness to Practice • Patient Movement – Statistical Report • Infection Control • Staffing and Care Report • Patient Learning Report	• Rehabilitation Therapies Services • Risk Register • Patient Safety Programme • Duty of Candour • Staffing and Care Report • Mental Health Practice Steering Group	• Physical Health Steering Group • Patient Movement – Statistical Report • Adult & Child Protection • CPA/MAPPA • Staffing and Care Report
Interim Reports (as required) (15 minutes)	Covid 19	Covid 19	Covid 19	Covid 19	Covid 19	Covid 19	Covid 19	Covid 19
Special topics / items for approval (15 minutes)		Clinical Governance Stock take: • Annual Report • Terms of Reference • Reporting Structures				Clinical Governance Stock take: • Annual Report • Terms of Reference • Reporting Structures		
Longer discussion items (30 minutes)	TBA	TBA	Activity	TBA	TBA	TBA	TBA	TBA

March 2022