THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT

1 April 2022 – 31 March 2023

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:

1) Enable people to make informed decisions about their own care and treatment.
2) Help health and social care organisations to redesign and continuously improve services.
3) Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve.
4) Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve.
5) 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 2022/23 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
Stuart Currie
David McConnell

Attendees
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 (until May 2022)
Elizabeth Flynn, Head of Psychological Services (from February 2023)
Monica Merson, Head of Corporate Planning and Business Support
Karen McCaffrey, Director of Nursing and Operations
Robin McNaught, Director of Finance & eHealth
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 2022/23

During 2022/23 the Clinical Governance Committee met on four occasions, in line with its terms of reference. Meetings were held on:

- 12 May 2022

- 11 August 2022
- 10 November 2022
- 9 February 2023

Attendance of members at the meetings can be found in appendix 1

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 2022 meeting. The reporting period covered was 1 April 2021 - 31 March 2022. 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 2021/22, there was one lapse in NMC registration. This is an increase on the previous year, where there were no lapsed registrations. There was also one GMC Registration that lapsed resulting in the process being followed.

Infection Control
The infection Control Committee report was received and noted at the May meeting, covering the period 1 April 2021 - 31 March 2022. The report highlighted the work undertaken by the newly recruited Quality Improvement Facilitator to improve compliance with hand hygiene practices. This piece of work looked at audit tools and how to make them more relevant to the ward environment. Results were very positive and sitting above 90%. Seasonal flu vaccination uptake for staff had reduced but it was believed to be as a result of people taking covid and flu vaccinations together in the wider community and there is no requirement for staff to inform the hospital if this is the case. DATIX was noted as an area of concern, specifically around laundry. Work was being done with Risk Management and the Laundry and Housekeeping Manager to look at a different format of managing laundry, linking with Lead Nurses and Senior Charge Nurses to make them more accountable at ward level. This will hopefully see an improvement in this area. Safe management of linen has also been added to the induction for student nurses. Online tools have also been used to create innovative ways for infection control training.

Research Committee/Research Governance and Funding
In May 2022 the Committee received and approved the 2021/22 Research Committee Annual Report. The reporting period covered was 1 April 2021 - 31 March 2022. The main areas of focus within the report were the range of research activity, its dissemination undertaken by The State Hospital staff over the period of 2021/22, and the implementation of research findings into practice. The report also provided details of the annual Forensic Network Research conference. As requested by the Clinical Governance Committee, the report also specifically addressed additional ways to monitor performance and highlight the work conducted to define the priority areas for research with Scottish Forensic services. The Committee noted that this was a very thorough report and it was good to see the number of research projects undertaken; the Committee looks forward to seeing the patient perspective within next year's report.

Medicines Committee
The Medicines Committee annual report was submitted to the Clinical Governance Committee in May 2022, covering the period 1 April 2021 - 31 March 2022. The Committee approved the report and commended the service for being able to work within budget. The key activities over the 12 months included: maintaining supply processes to the wards during Covid-19 challenges; continuing with vaccination programme for staff and patients in line with national guidance; ensuring all patients have a regular review of their mental health and physical health medicines. Pharmacy provide reports for all CPA meetings (100%); policy and prescribing guidance updates; a significant range of clinical audit projects including Consent to Treatment

Adherence, Use of Psychotropic PRN (as required) Medicines and Lithium monitoring and the proactive work around medication incidents.

The Committee formally thanked the Lead Pharmacist, on the occasion of her retirement, for more than 20 years' service to the hospital.

Patient Learning Annual Report
At the May 2022 meeting, the Patient Learning annual report was presented, covering the period 1 January 2021 - 31 December 2021. The Committee noted the progress that had been made and acknowledged the planned future developments that are detailed within the report. The report notes that during 2021 learning opportunities for patients had continued to be impacted by the COVID pandemic. However, positive progress had been made in a number of areas of patient learning within The State Hospital: the curriculum framework continued to provide access to a broad range of nationally recognised qualifications and accredited national units; learning opportunities, although limited during year, ranged from entry level through to further and higher education and included clear progression pathways. A total of 64 patients engaged in formal learning programmes; 33 formal qualifications were attained within 2021 and during 2021 a key focus was to re-establish group-based and subject specific learning across the core skills programmes.

Duty of Candour
The fourth annual report for Duty of Candour was received and noted at the August 2022 meeting. The report covered information on the policy, training that had been implemented across the site as well as the governance and monitoring arrangements. For the period 1 April 2021 - 31 March 2022 the Risk Management Department forwarded 103 incidents for consideration by the Duty of Candour Group, up from 63 in the previous year. One of the incidents fulfilled the criteria for Duty of Candour, i.e. an unintended or unexpected act or incident that resulted in death or harm, as defined within the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and did not relate directly to the natural course of a person's illness or underlying condition. At the time of the report being presented at Clinical Governance Committee, the incident was still under investigation. Once the report is published it will be shared with the relevant persons and any required changes implemented.

Patient Safety
In August 2022 the Committee received and noted the Patient Safety Report covering the period 1 July 2021 - 30 June 2022. The four principles remained: Communication; Leadership and Culture; Least Restrictive Practice and Physical Health. Key pieces of work included: the prioritisation of the change ideas from the Essentials of Safe Care driver diagrams; the introduction of the Learning into Practice sessions for staff; the re-introduction of the Quality and Safety visits to various wards and departments within the hospital and the continuation of clinical pause within the hospital that allows clinical team members to come together to reflect on whatever the situation is and then formulate a plan on how to manage it.

Mental Health Practice Steering Group
At the August 2022 meeting, members received and noted the report from the Mental Health Practice Steering Group. The report covered the period 1 January 2021 – 30 April 2022. Key areas noted within the report included: the standards and guidelines that had been reviewed by the Group; monitoring data for the psychological service; completion of risk assessments; the monitoring of grounds access in our patient population; work being undertaken with regards to clinical outcomes; the pre-admission specific needs QI project; review of the CPA process and stakeholder feedback through the 'What Matters to You and Patient Partnership Group. The Committee also approved the activities and areas of work the Mental Health Practice Steering Group intended to focus on over the following year and acknowledged the assurance of the Action Plan system in place to monitor progress.

CPA/MAPPA
At the November 2022 meeting the Committee noted the report covering the period 1 October 2021 - 30 September 2022 and supported the future areas of work. For the fourth 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 MAPPA 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. Areas of good practice included patient involvement in the process with 77% attending meetings and Advocacy attending 81%. Inter-agency working was also highlighted with receiving services being well represented in transfer/discharge CPAs.

Child and Adult Protection
The Committee received and noted the report in November 2022 that covered the period 1 October 2021 - 30 September 2022. The report highlighted key areas of work that included key achievements in the areas of keeping children safe and adult support and protection. Other key areas included: updating the Keeping Children Safe Policy in line with newly published guidance; the submission of The State Hospital Corporate Parenting Plan 2021-23 and the ongoing updating and development of training materials to ensure they provide up to date information and practice guidance. The Social Work Team also offered to provide additional training slots and development sessions to staff who may find it difficult to attend the regularly scheduled inputs.

Physical Health Steering Group
In November 2022 the Committee received and noted the 12 month rolling report from the Physical Health Steering Group covering the period 1 October 2021 - 30 September 2022. The report noted the developments and progress made in the five 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. Quality improvement activity included the further development of patients undertaking the Level 4 Sports Leadership course allowing them to become Sport Volunteers; the change from a 90 minute target to a 150 minute target to bring us in line with World Health Organisation guidance and the appointment of a new General Practitioner who is able to provide venesection and minor surgery on our patient group, thus reducing the need for external clinical outings.

Rehabilitation Therapies Service
In November 2022 the Committee noted the report covering the period 1 October 2021 - 30 September 2022 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: updates on the various staff groups that are included in the AHP service; leadership development within the service; staff and team development; the Nu 2 U Charity Project that has allowed a patient run shop to be opened with clothes that patients can purchase for a nominal cost; plans for training staff in occupational formulations and the introduction of the RiO planned timetables that allows staff to see the planned activity for their patients.

Person Centred Improvement Service
The Committee warmly received and noted the Person Centre Improvement Report at its November meeting. The report covered the period 1 November 2021 - 31 October 2022. Key areas of work included: facilitation of the 'What Matters to You' initiative; development of a new volunteer driver scheme; supporting the development of the 'Nu 2 U' charity shop; successfully bidding for capital funds for renovating the Family Centre garden; supporting patients to engage in the Quality and Safety visits; supporting PPG in a number of activities including developing a process to ensure that patient experience influences the Clinical Model implementation plans; the permanent implementation of Family Centre visiting; the completion

of 'Talking Mats' training by staff and the transfer of online volunteer mandatory training modules to hard copy in response to volunteer feedback.

Clinical Governance Group
At the February 2023 meeting the Committee received and noted the 12 monthly report from the Clinical Governance Group covering the period 1 January 2022 - 31 December 2022. 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 Clinical Care Policy; receiving updates on the hospital leadership team tableau dashboards; receiving updates from the Activity Oversight Group; commenting on the digital inclusion updates; receiving updates on the Clinical Model as it progresses; monitoring the actions from the Triangle of Care assessment. The areas of future work include: supporting the implementation of the clinical model, including preparation of guidance for the four ward types, patient flow, model fidelity and development of measures to monitor the model; oversight of the implementation of the QI Activity Project to ensure activity within the patient's objectives are reflected in the activities delivered to the patient; exploring the effects of staffing shortages on clinical care; monitoring the implementation of the Clinical Care Policy, including changes in practice and ensuring we remain focussed on quality improvement through a number of initiatives including Realistic Medicine and TSH3030.

Psychological Therapies
At the February 2023 meeting the Committee noted the Psychological Services report covering the period 1 January 2022 - 31 December 2022. The report highlighted individual, group work and consultation activity which was lower than pre pandemic levels. Key performance indicators, such as patients engaged in psychological treatment and patients commencing psychological therapies in less than 18 weeks from the referral date were reported on and found to be generally within normal variation. Staff vacancies have affected attendance at CPA meetings. Several new staff members have joined the department which will contribute to organisational priorities such as the physical health agenda and facilitation of reflective practice. Future developments included: a programme of work with clear objectives and outcomes that will involve the Health Psychologist; the completion of a neurodevelopmental pathway with an aligned training plan; Trauma- informed care training provided to State Hospital staff; implementation of Moving Forward Making Changes in collaboration with the National Steering Group and implementation of a yearly planner of projected group therapy delivery including planned start and end dates to aid treatment planning.

4.2 Standing Items Considered by the Clinical Governance 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 four meetings during 2022/23. The paper provided 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; information on any outbreaks; the development of clinical care support documentation in partnership with NHS Lanarkshire; new treatments for Covid-19; the standing down of the general medical ward within The State Hospital in October 22; the re-introduction of visiting arrangements and enhanced surveillance reporting through STAG and then CMT. It was agreed at the February 2023 meeting that there was no requirement for this to continue as a standing agenda item and going forward this information will come through the Infection Control Annual Report.

Learning from Complaints
The quarterly Learning from Complaints report was considered and noted by the 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. The main themes for complaints during the year were staff shortages (as these resulted in patients bring confined within their bedroom for longer periods of time), staff attitude/behaviour/conduct, written/oral communication and clinical treatment (this covers a wide range of subjects including involvement in care plans and time taken to go through the grounds access process).

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 noted the outcome from all feedback and any lessons that have been learned by the hospital. The Committee members were happy to see an increase in the number of compliments being received in relation to Family Centre visits.

Patient Movement Statistical Information
The Committee received and noted two reports during the year at its May 2022 and November 2022 meetings. The May 2022 report covered the reporting period 1 October 2021 - 31 March 2022 and the November 2022 report covered 1 April 2022 - 30 September 2022. 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 number 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 2022/23. 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.

Corporate Risk Register – Clinical Update
The clinical update paper was added as a standing agenda item during 2023. This was a directive from the Board. The most recent paper at the February 2023 meeting showed that all clinical risk assessments were within their review date; HRD112 ‘Compliance with PMVA Refresher Training’ has moved from medium to low risk. This is due to the increased compliance level for staff training (92%); updates were provided on the four high/very high clinical risks: ND71 Failure to assess and manage the risk of aggression and violence effectively – Level 3 PPE training has been completed along with Bronze Commander training; MD30 Failure to prevent/mitigate obesity – the Supporting Healthy Choices Strategy is being implemented and there are plans to start a Health Education Group in 2023 that will support patients to make healthier choices and adopt healthier lifestyles; ND70 Failure to utilise our resources to optimise excellent patient care and experience – staffing is being monitored daily

and continues to be a priority for the hospital, recruitment is ongoing with modified/closures being utilised where required and CE15 Impact of UK and The State Hospital Covid-19 inquiries on the hospital - this is a new risk that was added following CMT in December 2022. This risk has been graded high initially and will be reviewed monthly.

5. Discussion Items During the Year

Patient Activity

The discussion item was re-introduced at the August 2023 meeting with a presentation being given on patient activity.

The presentation provided an overview of the definition of activity and the importance of this, what collected data tell us and what actions were taken to promote activity. The presentation also provided an overview of the new Activity Oversight Group being set up to replace the Operational Model Monitoring Group and how this would connect with the clinical model. The Committee received this detailed presentation very warmly and found it helpful in supporting understanding and providing assurance.

Clinical Model

The November 2022 and February 2023 meetings saw a presentation that provided an overview of the preparation that has gone into the successful implementation of the new Clinical Model. The presentations gave key updates on:

- the successful completion of the patient mapping exercise, with letters being hand delivered to all patients notifying them which Service they will be in at implementation.
- the benefits and intentions aimed to be achieved through the new model, such as increased patient activity, feeling of progression for patients, effective use and deployment of available resources, and an enhanced treatment environment with a more tailored approach.
- clinical guidance updates which included key treatment and recovery objectives, definition and purpose, structure, admission and transfer criteria, staffing, procedural and security guidance, activity aims, care planning and risk assessment and outcome measures / KPIs.
- work being progressed by each of the four service groups established.
- staff engagement to ensure patients, staff and carers are as well advised as possible through the delivery of a robust communication plan.
- patient engagement which was a regular topic of discussion featured at the Patient Partnership Groups.
- other key current work strands involved including the bed contingency discussions and options appraisal, hub versus service leadership discussions, collaborative work with the Activity Oversight Group and workforce guidance in development.
- intended timescales on products, processes and governance were noted.

Members thanked those involved in this area of extensive work and for the very interesting and reassuring presentation.

6. Special Topics/Items for Approval

Clinical Governance Annual Stock Take

At its May 2022 meeting, the Committee received and noted: the Clinical Governance Reporting Structures 2022-23; the Programme of Work for 2022-23 subsequent to any changes that may arise at future meetings; the Clinical Governance Committee Terms of Reference; and the Clinical Governance Annual Report 2021-22. The Annual Report summarised the work of the Committee during the financial year 1 April 2021 - 31 March 2022.

Committee Self-Assessment

This report was presented at the meeting in February 2023. As part of the Corporate Governance Improvement Action Plan, the Board requested that a self-assessment survey should be devised and conducted on behalf of the Clinical Governance Committee. Feedback included:

- Setting the Direction - responses were positive overall for the leadership role taken by the Committee.
- Holding to Account - this was one of the most positive areas for the self-assessment with most responses indicating that it was felt that the Committee steers well in terms of seeking appropriate levels of assurance. It reflected an ability to both scrutinise and challenge performance throughout; and that there is focus on the way in which the organisation discharges its duties in the delivery of clinical care.
- Assessing Risk - this was the area of the survey which drew the most negative response, with very mixed feedback. The ability of the Committee to assess risk appropriately in the context of mitigations put in place highlighted a range of views with some believing this was carried out well; and others feeling it was only adequate or inconsistent. There was a similar mix of views around consideration of future risks as well as of organisational risk tolerance.
- Engaging Stakeholders - the responses in this respect were reasonably positive as a whole, especially around setting Committee business. At the same time, responses were slightly more mixed in the way that the Committee reports on its own performance to the Board, as well as the links to relevant stakeholders.
- Influencing Culture - this drew very positive feedback with it being felt that the Committee performs very well in this respect and adds value to leadership on values and behaviours throughout the organisation.

Category 1 Review Reports

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

7. Areas of Good Practice Identified by the Committee

- Person Centred Improvement Team continue to engage with the independent Patients Advocacy Service and Complaints and Legal Claims Officer in order to triangulate information shared by patients.
- Commendation for high level detailed Learning from Complaints report and also reflecting on the openness of the organisation in the way it handled complaints meaning that a rise in complaints received was not necessarily negative.
- The existing SOP for the Management of Suspected/Confirmed Cases was revised. This new SOP moves towards a least restrictive practice and is mirroring the practice in other establishments. The State Hospital will manage individual cases and therefore there should not be routine closures of wards through Covid outbreaks. The Senior Nurse for Infection Control will continue to review each positive case and make amendments to the SOP if required.
- The finding by housekeeping staff of secreted medication as detailed in the Incidents and Patient Restrictions Report.
- The Transfer/Discharge Care Programme Approach 100% compliance target achieved as detailed in the Annual Report.
- The significant work undertaken by the relatively new General Practitioner, and his positive impact and systematic approach in improving patient general medical care services.
- The successful memorial service held for a patient from a person centred approach as was referred to in the Learning from Feedback Annual Report.

8. Matters of Concern to the Committee

Matters of concern	Update
No matters of concern were noted	

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.

Attendance at meetings (members)

	12th May 2022	11th August 2022	10th November 2022	9th February 2023
Cathy Fallon	X	X	X	X
Stuart Currie		X	X	
David McConnell	X	X	X	X
Brian Moore	X	X	X	X
Gary Jenkins	X	X	X	X
Prof Lindsay Thomson	X	X	X	X
John Marshall	X			
Elizabeth Flynn				
Monica Merson		X		X
Karen McCaffrey	X	X	X	X
Robin McNaught	X		X	X
Dr Khuram Khan	X		X	
Sheila Smith	X	X	X	X
Margaret Smith	X	X	X	X

X denotes attendance

The State Hospital

NHS SCOTLAND

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 Chairperson of the Board, and the Chief Executive, shall both be ex-officio members.

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
- Shalinay Raghavan
- 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, AHPs and Operations needs to be new person in post
- 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 2024.

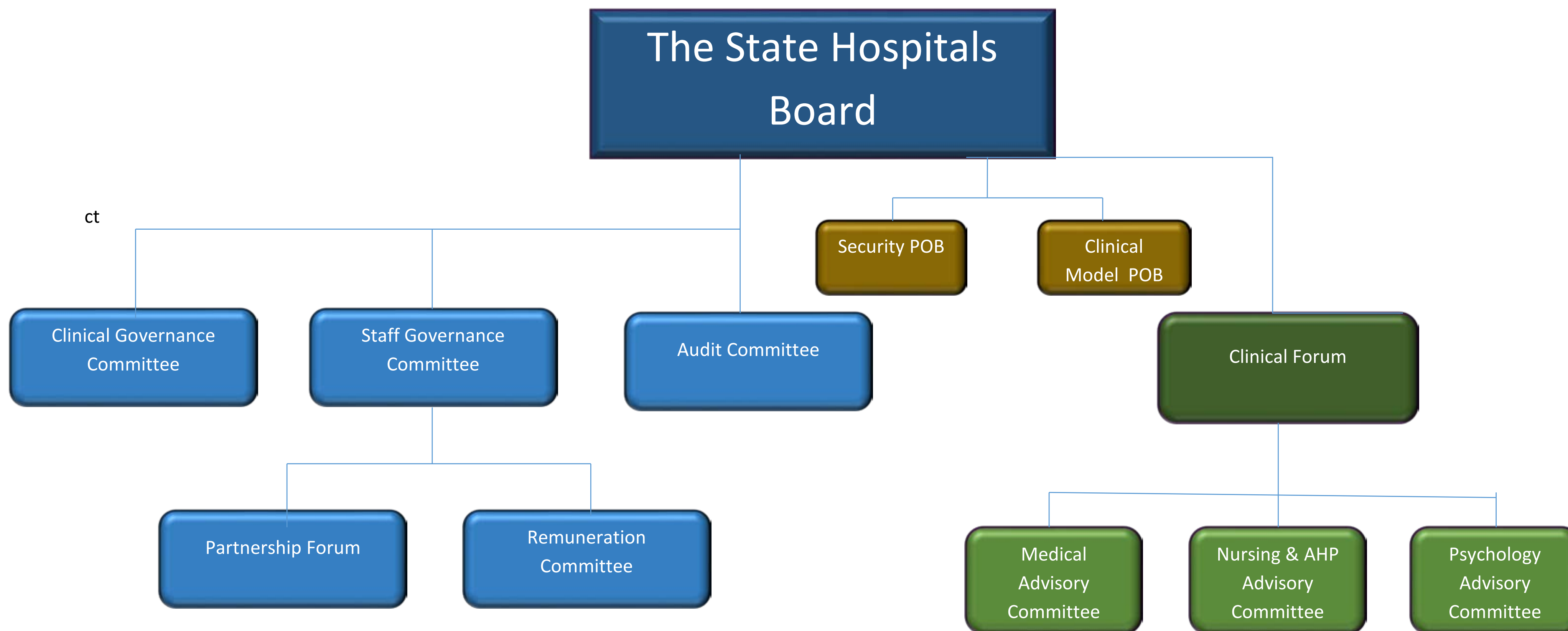
Clinical Governance Committee Programme of Work 2022/23

Area of review	10th February 2022	12th May 2022	11th August 2022	10th November 2022	9th February 2023	11th May 2023	10th August 2023	9th 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 • Corporate Risk Register – Clinical Update • 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 • Corporate Risk Register – Clinical Update • 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	• Risk Register • Patient Safety Programme • Duty of Candour • Staffing and Care Report • Mental Health Practice Steering Group	• Rehabilitation Therapies Services • Physical Health Steering Group • Patient Movement – Statistical Report • Person Centred Improvement Service • Adult & Child Protection • CPA/MAPPA • Workforce Governance	• Psychological Therapies • Clinical Governance Group • Workforce Governance	• Medicines Committee/ Pharmacy • Research Committee / Research Governance and Funding • Fitness to Practice • Patient Movement – Statistical Report • Infection Control • Workforce Governance • Patient Learning Report	• Rehabilitation Therapies Services • Clinical Risk Register • Patient Safety Programme • Duty of Candour • Workforce Governance • Mental Health Practice Steering Group	• Physical Health Steering Group • Patient Movement – Statistical Report • Person Centred Improvement Service • Adult & Child Protection • CPA/MAPPA • Workforce Governance
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	Patient Activity	Clinical Model	Clinical Model	Clinical Care Policy	TBA	TBA

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

NHS SCOTLAND



NHS SCOTLAND

The State Hospitals Board for Scotland – Organisational Group Structure