



THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE GROUP

Agenda Reference:

Date of Meeting: January 2023

Presented by: Medical Director

Title of Report: Clinical Governance Group Report January 2022 – December 2022

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Approval Group	Clinical Governance Committee
Accountable Executive Director	Medical Director

1 Core Purpose of Group

The Clinical Governance Group (CGG) has the following quality assurance/improvement remit:

- To identify and discuss clinical governance issues of concern; and to ensure the appropriate management of these
- To ensure the Clinical Governance Committee is provided with information and advice to enable it to monitor and review the quality of clinical care
- To review and prepare matters relating to the work of the Clinical Governance Committee
- To provide a forum for discussion of new ideas
- To liaise with the Research Committee to identify mental health research priorities and to implement research findings
- To inform the development of the corporate training plan by identifying training priorities to ensure that clinical practitioners are skilled and competent in the delivery of mental health interventions.
- To increase the proportion of care that is evidence based or best practice and provide guidance on mental health interventions in the areas of risk assessment
- To promote work on service design, redesign and development priorities
- To promote the principles of the Clinical Model
- To monitor National Standards and Guidelines and any issues identified through external peer reviews
- To monitor work of reporting groups as set out in the organisational chart (Appendix 1)
- To facilitate consideration of stakeholder feedback relating to service improvement

Terms of Reference for the Clinical Governance Group

Following a full review of the terms of reference in 2021 changes were made. It was agreed in August 2022 that these were still fit for purpose. Minimal changes have been made to the organisational chart to bring it in line with current structures. The governance arrangements for the group can be found in Appendix 1.

2 Summary of Core Activity for the last 12 months

2.1 Standing Items

National Standards and Guidelines

The CGG continues to oversee the decisions relating to Standards and Guidelines to ensure all relevant guidance is being considered.

Mental Welfare Commission

The Mental Welfare Commission 2020/21 Annual Report was tabled for information at the February 2022 meeting and their 2021/22 report at the November 2022 meeting.

Other Mental Welfare Commission reports presented to the CGG during 2022 included:

- Right to Treat? Delivering physical healthcare to people who lack capacity and refuse or resist treatment
- Report on announced visit to The State Hospital (TSH) on 24 November 2021. Two recommendations were provided within the report:
 - 1) Managers must continue to address the serious staffing difficulties in the hospital to minimise the impact on patient care. The Commission requires to be advised regularly of progress and situations of serious concern
 - 2) Managers should review whether additional restrictions and practices that were introduced at the height of the Covid-19 pandemic are still required and applied appropriately in all wards

- Social Circumstances Report – Good Practice Guide
- Deaths in Detention
- Homicide Report
- Characteristics of compulsory treatment orders in Scotland: An analysis to inform future law reform

All the reports were considered for relevance and transferred to the most appropriate group within the hospital to take forward where appropriate.

2.2 Monitoring Reports for Clinical Governance Committee

The following 12-monthly reports were tabled. The CGG gives feedback to the authors (and suggests any amendments/additional data requirements) prior to the reports being tabled at Clinical Governance Committee for approval.

A summary of these reports can be found within the Clinical Governance Committee Annual Report:

- Research Committee
- Psychological Therapy Service
- Mental Health Practice Steering Group
- Patient Learning Annual Report
- Child and Adult Protection
- Infection Control
- Fitness to Practice
- Patient Safety
- CPA/MAPPA
- Medicines Committee
- Rehabilitation Therapies
- Physical Health Steering Group
- Duty of Candour
- Person Centred Improvement Service

Also tabled were 6-monthly update reports to ensure that services were on track to deliver their key pieces of work and any actions outstanding in their action plans.

Standing items for the Clinical Governance Committee were also considered, with suggestions for enhancing the report sent to authors prior to the item being tabled at Clinical Governance Committee.

Standing items in 2022 included:

- Learning from Feedback
- Learning from Complaints
- Incident Reporting and Patient Restrictions
- Safe Staffing
- Covid 19 Updates
- Clinical Model
- Corporate Risk Register – Clinical Update

2.3 Realistic Medicine IOP

Updates were received from Realistic Medicine in March and September. The September 2022 update was in the form of a flash report:

REALISTIC MEDICINE INTERIM UPDATE 2022/23: THE STATE HOSPITAL'S BOARD FOR SCOTLAND

What we have done well		What we would like to share		Report Date:	30 September 2022
<ul style="list-style-type: none"> We have continued to promote the online SDM module. 60 staff have now completed it. We have reviewed and relaunched our Learning into Practice system. We have continued to build our QI infrastructure by supporting staff through national programs such as ScLIP, ScIL and the Fellowship and offering local QI mentoring. We have progressed / completed many of the projects on our RM work plan. 		<ul style="list-style-type: none"> We're happy to share that TSH has embraced RM and is working hard to implement the principles into our clinical interactions, systems and processes. We continue to share our work in a range of fora. As we progress we hope to be able to share some of our work via the RM Team. 		Owner:	The State Hospital
				RAG Status:	
What we learned		What our next steps are		Key Risks against our action plan	
<ul style="list-style-type: none"> Complex problems require complex solutions. You can never do enough communication/engagement work when trying to implement change. Capacity issues still remain a challenge however our staff are very committed and motivated to contribute to RM. Smaller tests of change have proven to produce successful results – "Think Big, Test Small, Act Fast". 		<ul style="list-style-type: none"> The Clinical Model redesign work has recommenced. We will aim to build RM principles into the new model. Several key pieces of RM related work will progress in tandem with the Clinical Model redesign. Continue to engage and promote RM via our communication plan. Try to progress RM work with the wider forensic network. 		<ul style="list-style-type: none"> COVID-19 pandemic: potential for rapid change to TSH situation which may affect services and work streams. Staff capacity and engagement at operational level. 	
What we learned		What our next steps are		Areas for further support	
<ul style="list-style-type: none"> Complex problems require complex solutions. You can never do enough communication/engagement work when trying to implement change. Capacity issues still remain a challenge however our staff are very committed and motivated to contribute to RM. Smaller tests of change have proven to produce successful results – "Think Big, Test Small, Act Fast". 		<ul style="list-style-type: none"> The Clinical Model redesign work has recommenced. We will aim to build RM principles into the new model. Several key pieces of RM related work will progress in tandem with the Clinical Model redesign. Continue to engage and promote RM via our communication plan. Try to progress RM work with the wider forensic network. 		<ul style="list-style-type: none"> It's great to link in via RM networking events and PM meetings but sometimes it can feel we're a bit remote from the RM Team and the territorial Boards. Maybe we should link in with the other Special Boards? Feedback on our Action Plan would be helpful. 	
Alignment with national tools & support					
<ul style="list-style-type: none"> Our Learning and Development department has converted the <u>Turas</u> module for Shared Decision Making onto our Learnpro platform. Regular communications for promoting staff to complete are a feature of our communication plan for 22/23. There are not currently any Atlas of Variation maps relevant to our area of work. We are not using the BRAN questions in TSH yet. We need to think about how they fit with our work and the existing mechanisms in place to support decisions around treatment. 					

2.4 Improving Observation Practice Policy

The group were given regular updates re this piece of work. The third draft of the policy was shared with the group in June 2022 with comments being fed back by the Group. It has now been agreed that the policy will be renamed The Clinical Care Policy with a view to getting it through full consultation and carrying out desk top exercises by the end of the year. This will allow the policy to be implemented in Spring 2023 alongside the reviewed Seclusion Policy.

2.5 Tableau Hospital Leadership Dashboard

A demonstration of the hospital leadership dashboard was given at the November 2022 meeting. The following indicators went live on tableau in December 2022:

- Additional staff for patient on Level 3 obs
- Complaints
- DASA scores
- Incidents (assaults, attempted assaults, behaviour and self harm)
- No Physical Activity or Timetable
- Number of blank timetable activity forms
- Number of patients declining physical activity
- Number of patients getting timetable activities
- Number of patients not accessing physical activity
- Number of planned activities that did not go ahead
- Number of planned activities that went ahead
- Number of Pts with no physical activity all week
- Number of Pts with no timetable activity all week
- Number of seclusions
- Number of timetable activities provided in total
- Percentage of activities that went ahead
- Timetable activities that did not go ahead
- Total patients having PRN administered

- Number of patients not accessing timetable activities
- Number of patients on level 3 obs
- Number of patients with no timetable activity noted
- Total PRNs administered
- Total telephone calls
- Total timetable activities

It was agreed that a training session would be given over Microsoft Teams in January 2023 to give further detail on the dashboards. This session will be recorded and made available to all staff with tableau access.

These dashboards will be interrogated by the Clinical Quality Department (CQD) with any trends, runs or shifts being highlighted to the appropriate Group/staff group within the hospital. These dashboards will be of most use to Senior Leadership, Hub Leadership and Service Leadership Teams.

2.6 Operational Model Monitoring Group (OMMG)/Activity Oversight Group (AOG)

Regular updates from OMMG were tabled at the CGG up until August 2022. At this point, OMMG which was established in response to COVID-19 clinical model changes was replaced with the AOG.

AOG presented a paper at the September 2022 meeting outlining their five main work streams:

- 1) Key performance indicators
- 2) Patient time in bedroom
- 3) Planned/delivered activities
- 4) Patients not accessing activities
- 5) Indoor/Outdoor activity provision

Reports going to AOG take the form of flash reports that allow services to highlight best practice and any areas of concern with plans for improvement.

2.7 Digital Inclusion Update

Updates were provided to the March 2022 and September 2022 meetings. The most recent paper included the following updates:

- Virtual Platforms for the Provision of Patient Groups: The group identified the national Near Me platform as the most appropriate option for the delivery of virtual clinical groups within TSH due to the controls and security measures that are already in place. The functionality of the platform is improved and enhanced to enable its use for group treatment interventions that are now available. The information is available for all relevant stakeholders. The following link provides access to more detail on this system - [NHS Near Me - YouTube](#)
- Interactive Education Resources for Patients: This project has Project Management support allocated. A Project meeting schedule was agreed and meetings have commenced. Due to sickness absence within the eHealth team, there have been delays in progressing certain technical aspects of the project. The eHealth team are exploring possible solutions to minimise the impact on the project.
- Patient Internet Browsing Experience: Estates and the eHealth team worked together to ensure that secure tablet devices are now located, and in use, within all ward locations. Each ward has a copy of the Standing Operating Procedure and Patient Information Leaflet. There will be an evaluation of the use of these devices with assistance from the Person Centred Improvement Team.

- **Self Service Kiosk Options:** The group explored the option of self-service kiosks. These use touch screen devices, specifically designed to meet the needs of a high secure environment, enabling these to be located in general areas as well as the potential to have them located in patient rooms. They use biometric identification at log on and can provide access to educational resources, meal ordering, financial information that allows shopping and have the option to enable in room video visiting. An eHealth Business Project Proposal outlining the requirements for a self- service kiosk system has been submitted for consideration to the eHealth Sub Group for discussion and approval.
- **Digital Inclusion Group:** The Head of eHealth allocated dedicated Project Support time to complete an option appraisal related to the project needs of the Digital Inclusion agenda within TSH. The outcome of this work was presented to the Digital Inclusion Group September 2022. The group was scheduled to meet on a fortnightly basis to discuss and agree the priorities with the aim of presenting the outcomes and a proposed Route Map for Digital Inclusion to the Corporate Management Team in December 2022

2.8 Development of a Neurodevelopmental Pathway for The State Hospital

Updates on this piece of work were provided at the June 2022 and November 2022 meetings. The November 2022 update included conclusions that have been reached by the short-life-working group. These included:

- The structure and timing of the pathway with regards screening and diagnostic assessment
- Key performance indicators
- The importance of selecting suitable, or alternative, measures for those who remain acutely unwell or who have an intellectual disability has been highlighted and is being integrated into the Group's conclusions
- A draft battery of assessments has been collated
- Information on the recorded prevalence of neurodevelopmental diagnoses has been sought, and kindly provided by, medical records
- Information on the number and nature of neurodevelopmental assessments has been requested from Clinical Teams.

The Group plan to submit their final report in January 2023.

2.9 New to Forensics – Essentials of Psychological Care (N2F EoPC)

An update was submitted to the August 2022 meeting. It noted that there had been a pause, since 2020, in the educational programme. A work plan for re-engaging with services and promoting N2F EoPC has been completed and commenced in May 2022. The three recommendations approved by the CGG to take this piece of work forward were:

- 1) To continue delivering planned training to service
- 2) To continue planning the delivery of training with services who have engaged so far
- 3) To continue on a rolling basis, the engagement of services that have not responded to invitations to participate in the educational programme

2.10 Triangle of Care

The cycle 5 assessment report was presented at the August 2022 meeting of the CGG.

The assessment tool adopts the 'Traffic Light' rating system to rate the occurrence of each indicator:

- 'Red' = less than 50%.
- 'Amber' = 50 - 80%.

- 'Green' = more than 80%

Following completion of the baseline self-assessment in March 2019 and subsequent cycles, the fifth and most recent cycle of the assessment provided an overview of progress to date and highlighted the work streams emerging, allocated responsibility and time frame for completion.

Progress had been made in terms of completing actions emerging from the previous assessments. As a result, there is a further decrease in indicators in the red category, resulting in 90% of indicators achieving green status.

Standard	Red	Amber	Green	Total No. of Indicators
No. 1	0 (0)	0 (0)	8 (8)	8
No. 2	0 (1)	1 (1)	2 (1)	3
No. 3	1 (2)	1 (1)	6 (5)	8
No. 4	0 (0)	1 (1)	4 (4)	5
No. 5	0 (1)	0 (0)	12 (11)	12
No. 6	0 (0)	0 (0)	3 (3)	3
Total	1 (4)	3 (3)	35 (32)	39

(Figures in brackets relate to outcome of cycle 4 assessment)

Work is ongoing to support completion of the four outstanding actions (two of which coalesce):

- All relevant staff have received carer awareness training, co-designed by Third Sector carer organisations.
- Agreement is reached with the patient about the level of information which can be shared with the carer/named person.
- Practice guidelines regarding information sharing with carers/named persons are in use.
- All relevant members of staff are aware of their responsibility to involve and support carers/named persons.

It is anticipated that this work will be concluded by the Spring of 2023.

2.11 Exceptional Circumstance Finance Report

The financial report for 2021/22 was tabled at the April 2022 and October 2022 meetings. The most recent report included the following:

For the 2020/21 financial year, Ayrshire & Arran, Grampian, Lanarkshire and Lothian have paid TSH, while balances remain outstanding from Forth Valley (£600k) and Glasgow (£496k).

These outstanding balances were acknowledged through NHSScotland's finance system when audited in their year-end inter-Board balance confirmations as at 31 March 2021.

For 2021/22 invoices issued were as follows and are now due:

Ayrshire & Arran Q1-4	£ 187k – £25k paid to date
Forth Valley Q1-4	£ 295k
Glasgow Q1	£ 113k
Lanark Q2	£ 34k – paid
Grampian / NSS Q4	£ 74k – payment pending

Payments have been forthcoming from Ayrshire & Arran and Lanarkshire. Balances outstanding from Forth Valley and Glasgow were being addressed through the NHSScotland debtor recovery channels and CLO recovery. The Director of Finance and eHealth met with the West of Scotland Finance Directors' Group to consider resolution to the outstanding balances and helpful discussions are ongoing, including providing the other boards with further clarity on the basis of setting the level of recharge cost.

2.12 Clinical Model

The Group received regular updates on the implementation of the Clinical Model. The most recent flash report provided an overview of the tasks planned to deliver the successful implementation of the Clinical Model in Spring 2023:

Clinical Model Flash Report – October 2022		
<i>Successful implementation is a shared responsibility.</i>		
<p>Aim of Report:</p> <p>The Clinical Model describes how clinical care is structured and delivered. As we move into the implementation stage for the new Clinical Model, we will provide a monthly report on work that has been delivered recently and describe the plan for the coming months. The aim is to have patient moves completed by the end of March 2023.</p>	<p>Overview of the New Clinical Model:</p> <p>The Clinical Model had been developed to provide an enhanced treatment environment with a focus on recovery. There are four sub specialties within the model – Admission and Assessment, Treatment and Recovery, Transition and Intellectual Disability.</p>	<p>Key Project Milestones:</p> <p>To deliver the Clinical Model, the following Key Planning Elements require to be developed:</p> <ul style="list-style-type: none"> ▪ Clinical Guidance. ▪ Workforce Guidance. ▪ Guidance for the physical movement of patients. ▪ Patient Mapping. ▪ Activity Pathway.
<p>Clinical Model Activity in October 2022:</p> <ul style="list-style-type: none"> ▪ Safety data was reviewed as concerns raised on level of clinical acuity and activity likely within the admission and assessment service. A paper was developed to provide analysis of data, assurance and further background information. This was discussed at the CMI – SLWG in October. This paper is available on the intranet page for CM ▪ Volunteers from professions were received to join the guidance groups for the four specialty areas. <ul style="list-style-type: none"> ▪ Intranet pages updated. 	<p>Planned Work in November 2022:</p> <ul style="list-style-type: none"> ▪ Clinical Guidance Groups will be set up and first draft of guidance to be developed ▪ Scoping of the contents and timeframe for the security and environmental scan. <ul style="list-style-type: none"> ▪ Update issues log. ▪ Presentations at the Interregional Group and Clinical Governance Committee. 	<p>Communication and Engagement:</p> <p>PPG have Clinical Model as a standing item and have started to consider what they need in preparation for the model. All Heads of Service are encouraged to include the new model as a standing agenda item in their team meetings. TSH Clinical Model intranet page can be accessed here.</p>
<p>Planned Meetings – November 2022</p> <p><u>Clinical Model Implementation SLWG:</u> 22 November 22</p> <p><u>Clinical Model Project Oversight Board:</u> 21 November 22</p>		
<p>Next Steps:</p> <ul style="list-style-type: none"> ▪ Clinical Guidance groups will be created and a planned first draft will be brought back to the SLWG in November. ▪ The Implementation Guidance Group will be formed and have representation from relevant departments to plan the physical move of patients. <ul style="list-style-type: none"> ▪ Communication with key groups across TSH and stakeholders will take place to support ongoing awareness. 		
<p>Contact Details:</p> <p>▪ If you have any queries or concerns, please contact the Clinical Model Project Team on: TSH.ClinicalModelProjectTeam@nhs.scot</p>		

3 Comparison with Last Year's Planned Quality Assurance (QA) and Quality Improvement (QI) Activity

Planned QA/QI Activity	Update
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	The guidance documents are currently in the development stage with completion expected by February 2023
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	This is being taken forward through both the Mental Health Practice Steering Group to ensure objectives within the patient's case review are recovery focussed, and the Activity

Planned QA/QI Activity	Update
	Oversight Group to ensure we can measure this through the KPI work stream
Ongoing focus on QI, Realistic Medicine and TSH 3030 initiative	Quality improvement projects are included within the QA/QI report that goes to the Board. Some examples during 2022 included the pre-admission assessment forms and the clinical waste project from Infection Control. Three members of TSH staff successfully completed the Scottish Improvement Leadership course during 2022. They will use their skills to support future QI in house training and project teams.

4 Performance against Key Performance Indicators

Currently there are no key performance indicators (KPIs) that sit directly with the CGG. The KPIs sit within the Service Reports that are presented to the meeting and any required improvements will be discussed as part of the Service Report.

5 Quality Assurance Activity

Clinical Quality Department Annual Report

The report was presented at the June 2022 meeting and set out the work of CQD between 1 April 2021 and 31 March 2022. Some of the main work areas included:

- 19 clinical audits were completed. These audits aim to provide feedback and assurance to a range of stakeholders these clinical policies were being adhered to. All clinical audit reports contain recommendations to ensure continuous quality improvement and action plans are discussed at the commissioning group.
- There have been 203 pieces of guidance issued during the reporting year. These have undergone relevancy checks by the Standards and Guidelines Co-ordinator. 50 were found to be relevant to our patient population with 7 of these requiring completion of an evaluation matrix.
- All admission, annual and intermediate and discharge case reviews are monitored via a Variance Analysis Tool (VAT) with reports being supplied monthly to senior management. In addition, detailed reports on individual patients are sent to department heads and senior charge nurses to allow them to have the data to support continuous quality improvement.
- 44 policies were finally approved by PAG. This figure included 38 reviewed policies and 6 new policies.
- 20 additional projects were supported, working with approximately 45 staff to support them to implement QI approaches and understand more fully the data that they collect.
- CQD members attend a number of meetings within the hospital to offer support with assurance and improvement projects (approx. 22 groups)
- CQD supported many hospital wide projects including the Clinical Model by being a member of all 4 service specific groups allowing them to contribute to the guidance document and a member of the IOP Group to ensure that both the Seclusion Policy and the Clinical Care Policy have adequate governance within them.

CPA Audit Report

A spot audit into the CPA audit action plan was presented at the November 2022 meeting, with 10 of 15 actions showing improvements. Areas with no improvement were:

- Completion of levels of security and future plans
- Diagnosis – name and code (some authors only use the name and no code)
- A completion date to be noted for recovery objectives
- Completion levels for the education/awareness section of the healthy weight management plan
- SHO/RMO template in RiO needs to reflect the report

It was noted that the majority of the improvement areas were currently mid-project through the Mental Health Practice Steering Group and should be implemented early 2023. A further spot audit will be carried out in June 2023 to allow these projects to be completed.

Variance Analysis Tools

The reports and action plans from the Admission, Discharge and Treatment and Rehabilitation Variance Analysis Tools were presented to various meetings during 2022. Areas of Good Practice and Areas of Concern were included in all the reports with these being highlighted to the Service Leads for action. Data provided included:

Overall, professional attendance at the patient’s Case Review has decreased slightly. The biggest decrease was seen in Dietetics, with a decrease of 16.5%, which was due to staff vacancies.

	2018/19	2019/20	2020/21	2021/22	Increase/Decrease
RMO	90.9%	89.4%	80.7%	87.2%	6.5%
KW/AW	63.6%	77.2%	67.5%	58.5%	-9.0%
OT	64.2%	85.6%	76.5%	77.4%	0.9%
Pharmacy	59.4%	60.7%	65.1%	81.5%	16.4%
Psychology	84.5%	70.9%	66.9%	68.7%	1.8%
Security	41.2%	52.0%	45.8%	41.0%	-4.8%
Social Work	80.8%	72.9%	85.6%	84.6%	-1.0%
Dietetics	23.6%	60.2%	74.8%	58.3%	-16.5%
Hospital Wide	63.5%	71.5%	70.5%	69.7%	-0.8%

Both Pharmacy and Social Work achieved their LDP attendance target for the second consecutive year. Both these services are provided through service level agreements.

	LDP Target	2020/21	2021/22	% LDP target achieved/not achieved
Pharmacy	60%	65.1%	81.5%	21.5%
Social Work	80%	85.6%	84.6%	4.6%

A full review of the Variance Analysis process was approved at the November meeting. A short-life-working group will be set up, early 2023, with the following terms of reference:

- To identify the role of Integrated Care Pathways in the new Clinical Model and in conjunction with patient centred care
- To identify the role of Variance Analysis Tools in the new Clinical Model
- To work with the Clinical Model Guidance Groups to identify what the new pathways will look like
- To map over service specific KPIs and process measures
- To identify sustainable technology platform for collecting and analysing KPIs and process measures

- To investigate what the loss of the reasons collected in the current VAT would mean to the organisation

Nutrition and Physical Health Care Plans

A paper was presented at the September 2022 meeting to update CGG on the proposed changes to the Health and Wellbeing Plans to Nutrition and Physical Health Care Plans. The recommendations approved by the Group included:

- Continue working with Nursing Practice Development to maintain the current TSH Nutritional Screening Tool (NST) which will now be supported by the Nutrition and Physical Health Care Checklist and a Nursing Care plan designated to physical Health
- To implement the nursing checklist of factors relating to physical health care. These will be completed monthly by nursing staff
- The NPHCP will be formally reviewed, as a minimum, at admission, intermediate and annual case reviews
- NPHCP will be linked via Rio and available for weekly CTMs to support discussion regarding patient’s physical health care, with an alert that they should be discussed monthly

6 Quality Improvement Activity

Pilot Implementation of MATRICS™ Consensus Cognitive Battery (or MCCB™) Cognitive Assessment Tools

A paper was presented to the August 2022 meeting highlighting that implementation had been patchy and used only on rare occasions for patients where there are major cognitive concerns. The occasional implementation was due to differing views about the implementation value of the MCCB. Assistant Psychologists can be trained to deliver assessments interpreted by clinicians. The recommendation approved by CGG with this was:

- The development of a Neurodevelopmental pathway working group to consider assessment pathways and management of disorders such as Attention Deficit Hyperactivity Disorder (ADHD) and Foetal Alcohol Spectrum Disorder (FASD). The working group will consider assessment tools and cognitive tests for the neurodevelopmental pathway. It is recommended that the MCCB assessment tool utility and implementation challenges should form part of this multidisciplinary working group to create broader momentum in support of cognitive testing approaches in the Schizophrenia Spectrum

7 Planned Quality Assurance/Quality Improvement for the next year

The following pieces of work will be included in the work of the CGG:

Core Activities for next 12 months
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
Ongoing focus on QI, Realistic Medicine and TSH 3030 initiative
To monitor the activity work streams through the Activity Oversight Group
To explore the effects if staffing shortages on clinical care
To monitor the implementation of the Clinical Care Policy including changes in practice

8 Next review date

The next annual report will be presented at the January 2024 meeting of the CGG.

GOVERNANCE ARRANGEMENTS

1 Committee membership

Membership is reviewed annually and reported as part of normal monitoring mechanisms.

- Chief Executive
- Clinical Operations Manager
- Head of Psychology
- Head of Allied Health Professionals
- Head of Pharmacy
- Head of Social Work
- Head of Corporate Planning & Business Support
- Medical Director (Chair)
- Director of Nursing and Allied Health Professionals
- Security Director
- Person Centred Improvement Lead
- Associate Medical Director
- Head of Clinical Quality
- Hub and Skye Centre Clinical Leads
- Professional Nursing Advisor
- Research and Development Manager as required
- Learning and Development representative as required
- Board Secretary

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.

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

2 Meetings and Frequency

There were 11 meetings held during 2022.

The meetings are held monthly, on a Wednesday. No meeting was held in December.

The Chair may convene additional meetings as necessary.

3 Aims and objectives

At the request of the NHS Board or Corporate Management Team, the Clinical Governance Group may also be called upon to perform one or more of the following functions:

- To investigate and take forward particular issues on what clinical input is required on behalf of the NHS Board and/or SMT, taking into account the evidence base, best practice, clinical governance, etc., and make proposals for their resolution
- To advise the NHS Board and/or SMT on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

It was agreed that the Clinical Governance Group would manage its business through a work plan, agreed by the Chair of the Committee. This will ensure that the full remit is covered on a rolling basis.

4 Authority

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

5 Communication and Links

As outlined in the organisational chart below, this group sits between the Senior Management Team work and the Clinical Governance Committee.

ORGANISATIONAL CHART – CLINICAL GOVERNANCE GROUP

