



THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE GROUP

Agenda Reference:

Date of Meeting: January 2024

Presented by: Medical Director

Title of Report: Clinical Governance Group Report January 2023 – December 2023

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Approval Group	Clinical Governance Committee
Accountable Executive Director	Medical Director

1 Core Purpose of Group

The Clinical Governance Group 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 (see Appendix 1).
- To facilitate consideration of stakeholder feedback relating to service improvement.

Terms of Reference for the Clinical Governance Group

The terms of reference for the Group were considered at its meeting in August. 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 Clinical Governance Group continues to oversee the decisions relating to Standards and Guidelines to ensure all relevant guidance is being considered.

Healthcare Improvement Scotland (HIS) and the Scottish Government published a joint Operating Framework that was presented to the March 2023 meeting.

The Healthcare Improvement Scotland Strategy 2023-2028 was presented at the May 2023 meeting with their 4 main priority areas being discussed.

The HIS annual delivery plan was presented at the November 2023 meeting.

Mental Welfare Commission/Scottish Government

The Mental Welfare Commission Strategic Plan of 1 April 2023 to 31 March 2026 was presented at the May 2023 meeting for information.

Other Mental Welfare Commission reports presented to the Clinical Governance Group during 2023 included:

- Report on announced visits to Arran, Iona, Lewis and Mull hubs with 2 recommendations - an action plan to address both was implemented.
 - 1) Recommendation 1: Managers should ensure patients and carers have the opportunity to attend or participate in multi-disciplinary team meetings and contribute to discussions and decisions in relation to their ongoing care and treatment. All participation should be recorded in the clinical notes.
 - 2) Recommendation 2: Managers should continue with their efforts and initiatives to address the significant staffing difficulties in the hospital to minimise the impact on patient care. The Commission requires to be kept updated on progress and any situations of serious concern
- Introduction of an updated diagnostic classification system for mental health and intellectual disability services in Scotland: ICD-11.
- Mental Health & Wellbeing Strategy - an action plan is being developed by Scottish Government and will be published in due course.

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 Clinical Governance Group gives feedback to the authors (and suggests any amendments/additional data requirements) prior to the reports being tabled at the 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.
- Transfer CPA/MAPPA.
- Medicines Committee.
- Rehabilitation Therapies.
- Physical Health Steering Group.
- Duty of Candour.

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 2023 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

Updates were provided in May 2023 and September 2023. The most recent update in September 2023 included the following key objectives for the rest of the financial year:

- To continue to progress the individual projects within the Realistic Medicine Action Plan.
- Reduce use of Day Time Confinement (DTC).
- Continue to support and progress the bedding in of the new Clinical Model.
- Understand and address unwarranted variation and use of data to drive decision making.
- Embed Quality Improvement approaches.
- Progress work on BRAN (benefits, risks, alternatives, what if I do nothing) questions.
- Increase completion rates of Shared Decision Making (SDM) module.

2.4 Clinical Care Policy

The group were given regular updates re this piece of work. The final version of this policy was approved by the Policy Approval Group (PAG) in December 2023, with an implementation plan being progressed until February 2024 due to the significant changes in practice that this policy will introduce. The Seclusion Policy was also approved at the December 2023 PAG meeting to allow both policies to be implemented at the same time.

2.5 Activity Oversight Group (AOG)

Regular updates from AOG were tabled at the Clinical Governance Group meetings during 2023. Their first annual report was presented to Clinical Governance Group in November 2023.

Key achievements from the group included:

- An agreed definition and classification of activity.
- An agreed single unit of measurement.
- Improving consistent delivery of activity within the Skye Centre.
- A reduction in manual and duplicate processes.
- An inclusion of activity as part of site safety meetings.

Future areas of work included:

- Develop measure definitions for KPIs and test these.
- Engagement with Service Leadership Teams to build the will for the KPI and agreed standards for each service.
- Each service to look at timetable data and identify where they would like to see improvements.
- Think about interest checklist and work in partnership with security to provide activities that patients are interested in.

Clinical Governance Group noted the report and supported the future areas of work.

2.6 Digital Inclusion Update

Updates were provided to the May and November 2023 meetings.

The most recent paper included the following updates:

- Led by the eHealth Project Managers, an extensive exercise was undertaken in early 2023 engaging with a broad range of stakeholders both patient and staff, and with other high secure services in the UK providing a detailed “Options Appraisal” for Digital Inclusion.
- Further to the issue of this document, and following consultation with the Corporate Management Team, the next planned stage was undertaken on 12 October 2023. This was a well-attended workshop engaging with hospital management and staff from all directorates. This workshop considered in more detail the main preferences for digital devices and their location, and prioritisation of specific digital inclusion tools.
- From this 3-hour dedicated session, the results are now being collated in order to prepare an agreed blueprint for implementation providing a roadmap with timescales and potential costings.
- This will then be presented to the Corporate Management Team and Board for approval, from which it is anticipated a business case will require to be prepared in order that Scottish Government funding can be considered.

2.7 Development of a Neurodevelopmental Pathway for the State Hospital

An update on this piece of work was provided at the May 2023 meeting.

The update advised that the neurodevelopmental pathway short life working group had met on a number of occasions and recommended that the Hospital considers the implementation of a neurodevelopmental pathway for new admissions, adopting a multi-disciplinary approach. The needs of existing patients will be met through the completion of screening measures before the admission case conference; and further assessments conducted when one or more neurodevelopmental conditions are indicated.

The short life working group was given a number of actions from the Clinical Governance Group and requested to bring a further update to a future meeting once they have formally obtained a copy of the F-NDQ (a comprehensive neurodevelopmental history taking tool) and how this will be trialled/piloted on admissions. Training will have to be considered with a training plan agreed.

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

An update was submitted to the May 2023 meeting. The four recommendations approved by the Clinical Governance Group to take this piece of work forward were:

- 1) PTS nurse therapists to continue offering a mentoring role within the State Hospital.
- 2) With the support of their Line Manager and personal development plans, interested staff to access Low Intensity Psychological Intervention (LIPI) training in order to meet EoPC mentor specifications.
- 3) Continue to pursue the reinstatement of Link Nurse’s within the State Hospital.
- 4) To continue on a rolling basis, the engagement of Services regarding EoPC and encourage staff to participate in the educational programme/mentoring opportunities.

2.9 Clinical Model

The Group received regular updates up until its implementation in June 2023. As the hospital moved into the new model it was agreed that there should be a Clinical Model Oversight Group (CMOG) due to the revised management structure that was required to support the new service structure. The

Associate Medical Director and Associate Nurse Director co-chair CMOG. An update was provided to the Clinical Governance Group in October 2023 that included issues currently being taken forward by the CMOG:

- Patient flow through each of the services.
- The requirement for a centralised referral process for movement of patients between clinical services, and the most appropriate forum for the discussion of those patient referrals. This is currently undertaken at the Patient Pathway meeting each Monday morning however there is recognition that the pathway meeting, in its current format, is not adequately represented by all departments. Both co-chairs of CMOG discussed and agreed a centralised referral process and the monitoring requirements for this. The Clinical Quality Department will progress this to ensure a referral system is available via RiO to ensure implementation of the clinical model can be monitored.
- Ongoing concerns about the impact of Daytime Confinement (DTC) across each of the services and potential disparity of ward closures across each of the services.
- The ongoing work to create a more accurate reporting system within RiO for the monitoring of daytime confinement. The Head of Risk and Resilience has been invited to the next CMOG to provide a demonstration of the recording platform and capabilities, and discuss how each of the services can use this data for improvement going forward.
- Ongoing concerns about the increase in clinical demand/requirement for patients to leave the site for physical health investigations and treatment and the impact this is having on patients (i.e. DTC).

The Clinical Governance Group noted the update.

2.10 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Disaster Recovery Procedure

HEPMA has been used within the hospital since April 2022. The Clinical Governance Group had previously requested implementation of a disaster recovery procedure. The procedure was presented at the March 2023 meeting, with some updates being approved at the May 2023 meeting:

- Responsibilities clarified to include who is responsible for documenting HEPMA incidents on DATIX (eHealth).
- Updated information from NHS Lothian Digital Department on who to contact in and out of hours and an appendix was added to the procedure to make the administration override procedure clear for nursing staff, as per NHS Lothian's procedure.

2.11 Excellence in Care

An update re the hospital's ongoing engagement with Excellence in Care (EiC) was presented at the May 2023 meeting. The update included:

The State Hospital continues to engage with partners at Health Improvement Scotland to support implementation of the EiC programme. Remobilisation is a national priority post COVID-19 pandemic. The State Hospital submits data on all measures applicable to this setting (Inpatient falls rate; pressure ulcer rates; predictable absence allowance; supplementary staffing use; and establishment variance). Work is ongoing on to submit data on additional measures and discussions with the EiC team regarding the development of more meaningful assurance measures for mental health.

The hospital hosted a successful visit with EiC representatives on the 12 May 2023, and used this opportunity to demonstrate the hospital's local dashboard systems and engage in further dialogue

regarding meaningful measures for mental health services, particularly in light of data submission to the Scottish Patient safety Programme remaining on-hold.

2.12 35 Point Testing System for Oral Fluid Tests

A paper was presented at the May 2023 meeting following organisational loss of confidence in the current drug screening process provided by the OFT Verum panel. This was, in part, due to a situation in late 2022 when some positive results were found to be a direct result of an issue with the Verum labs processing and machinery.

A scoping exercise included State Hospital staff visiting a laboratory in Glasgow exploring the option to move to a new system of urinalysis testing from a 4 panel immunoassay process to a 35 panel mass spectrometry urinalysis test. The urinalysis testing would reduce the risk of contamination and false positives; the detection window is larger and there is an option of second testing going to a different lab that Glasgow have identified, which has a 100+ panel. Glasgow offer a fast track process, returning results within a day rather than a week or longer.

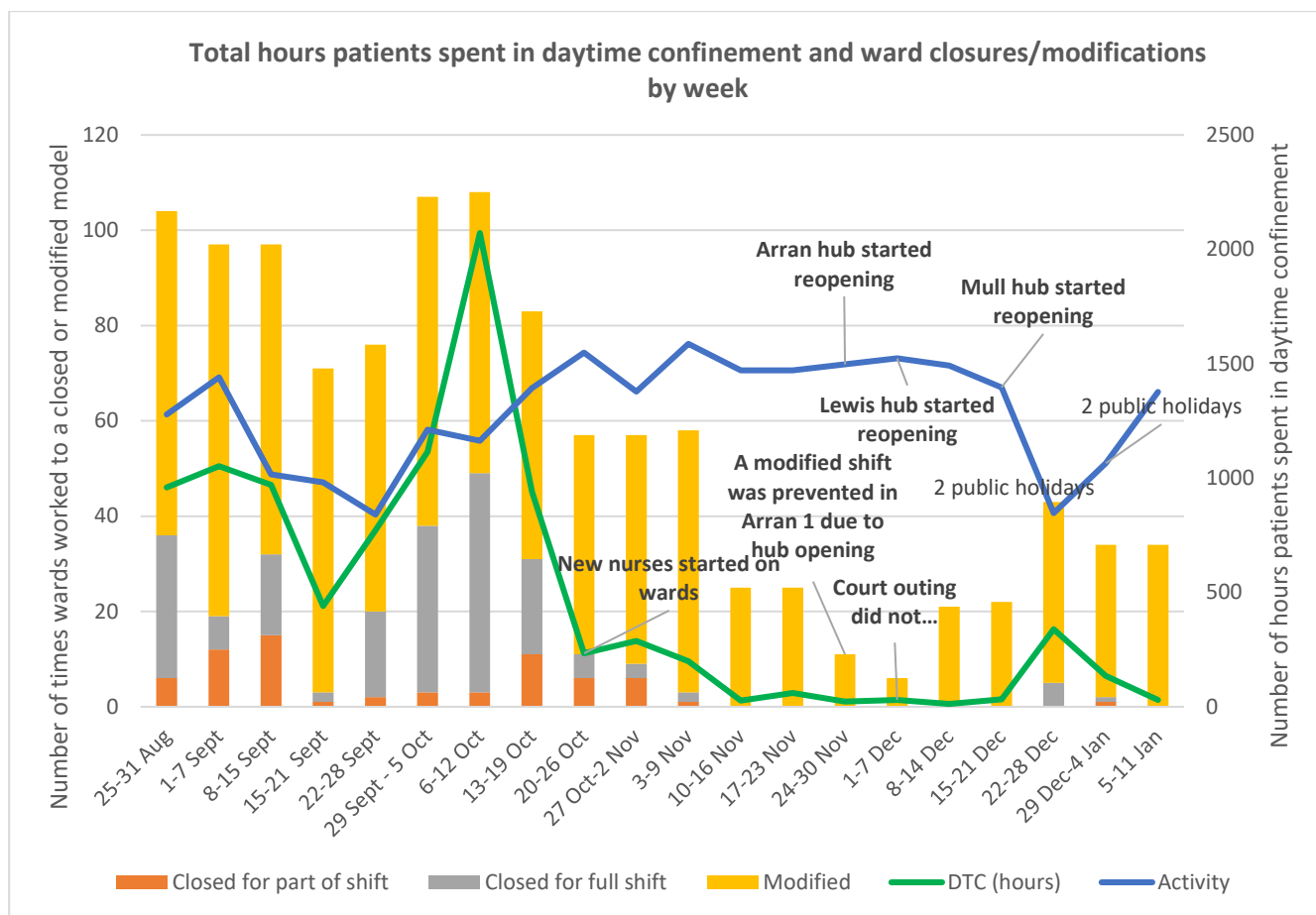
The Clinical Governance Group agreed with this direction of travel and requested a future report that will include costings and timescales.

2.13 Daytime Confinement

A paper exploring the issues resulting in daytime confinement was presented to the May 2023 meeting. The paper advised that at the time of the report there were no statistics on the use of daytime confinement for patients. The main issues leading to daytime confinement included:

- Vacancies within nursing.
- Sickness levels.
- Levels of clinical activity.
- Overtime cover.
- Allocation of leave.
- Staffing for outings.
- Training requirements.

A short life working group was set up with various sub-groups to look at the main issues and create systems that allow us to monitor the use of daytime confinement. The change ideas implemented through the sub-groups resulted in less daytime confinement and this data continues to be monitored and reported weekly, with a view to it being a never event by the end of January 2024.



2.14 Healthy Living Group Update

A paper was received and noted at the August 2023 meeting. The paper advised that the Healthy Living Group was established 12 years ago, with the latest cohort running from 21 September 2022 to 22 February 2023 with a total of five patients completing the programme.

Participants	Weight (kgs) September 2022 (pre-group)	Weight (kgs) February 2023 (post group)	Weight (kgs) May 2023 (3 months post group)
Participant 1	118	117.3	116.5
Participant 2	100	97.2	94.3
Participant 3	127.4	126.9	120
Participant 4	104.7	102.8	130.7
Participant 5	107.3	112	118.9

The Clinical Governance Group gave various suggestions that may increase the participation in this group including better advertising of the group; incentives and recognition of achievements; and celebrating success.

2.15 Care of patients with Physical Health Needs within the State Hospital

A short life working group was formed in February 2023 to develop guidance on nursing care within the hospital of patient's physical health needs.

Recommendations from the short life working group were presented to the August 2023 meeting for approval. These were:

- 1) Review Death of a Patient/Palliative and End of Life Care (Including Sudden Death) Policy and Procedure (CP49) to strengthen practice around life limiting conditions and implementation of this policy upon diagnosis.
- 2) Review the documentation available on the intranet and RiO and update if necessary.
- 3) Issue communication regarding the change in practice from automatic placement on level 3 observations for physical health needs but rather tailor to individual patient need.
- 4) Commission a review of the unscheduled/emergency outings from 2022-2023.

The recommendations were approved with an update to be presented to the Clinical Governance Group in March 2024.

2.16 Advance Statement Overrides

A new process was approved at the August 2023 meeting to ensure that any advance statement overrides are reported to the Mental Welfare Commission. The hospital has no recorded overrides within the last 12 months.

2.17 Intellectual Disability (ID) Service response to the Whorlton Hall Report

The ID service response to the Whorlton Hall Report was presented at the August 2023 meeting. The next steps for this piece of work will be for the recommendations from the ID service to be worked into an action plan, identifying who will take forward the actions. This will be brought back to the Clinical Governance Group in 2024 to ensure learning from what has happened elsewhere.

2.18 Applied consultancy model to support psychologically informed physical health care

A progress report was presented at the September 2023 meeting with some suggestions being made by the Clinical Governance Group including:

- Having the Practice Nurse as the gatekeeper.
- The development of better links between the consultancy model and clinical teams.
- A referral criteria so that referrals could be made to the Practice Nurse and Health Psychologist and decided whether appropriate or not.
- Tightening links between health centre and clinical teams

A further update will be presented in 2024.

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 four ward types,	The model was implemented in June 2023 with CMOG being convened. This group will send result updates to Clinical Governance Group.

Planned QA/QI Activity	Update
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.	This is ongoing.
Ongoing focus on QI, Realistic Medicine and TSH 3030 initiative.	Regular updates with plans for TSH 3030 to go ahead in 2024.
To monitor the activity work streams through the Activity Oversight Group.	Regular updates are provided from the Activity Oversight Group with a revised driver diagram being agreed through the Service Leadership Teams.
To explore the effects of staffing shortages on clinical care.	This is currently being picked up through the Daytime Confinement Group but will revert back to this group when DTC is a 'never' event
To monitor the implementation of the Clinical Care Policy including changes in practice.	The Clinical Care Policy was approved at the Policy Approval Group in December 2023 with a projected implementation date of February 2023.

4 Performance against Key Performance Indicators

Currently there are no key performance indicators (KPIs) that sit directly with the Clinical Governance Group. 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 2023 meeting and set out the work of the Clinical Quality Department between 1 April 2022 and 31 March 2023. Some of the main work areas included:

- 27 Clinical audits were completed. These aim to provide feedback and assurance to a range of stakeholders that clinical policies are 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 202 pieces of guidance issued during the reporting year that have undergone relevancy checks by the Standards and Guidelines Co-ordinator. From these, 64 were found to be relevant to our patient population, 8 of which required completion of an evaluation matrix.
- All admission, annual and intermediate and discharge case reviews are monitored via a VAT (admission, treatment & rehabilitation and discharge) 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.
- 18 policies were finally approved by PAG and 41 review date extensions for 36 policies were approved.
- 30 additional projects were supported, working with staff across many disciplines to support them to implement QI approaches and understand more fully the data that they collect.

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 2023. 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 decreases were seen in Occupational Therapy, with a decrease of 36% and Pharmacy, with a decrease of 23.4% which were both due to staff vacancies.

	2019/20	2020/21	2021/22	2022/23	Increase/Decrease
RMO	89.4%	80.7%	87.2%	83.8%	-3.4%
KW/AW	77.2%	67.5%	58.5%	57.6%	-0.9%
OT	85.6%	76.5%	77.4%	41.4%	-36.0%
Pharmacy	60.7%	65.1%	81.5%	58.1%	-23.4%
Psychology	70.9%	66.9%	68.7%	59.2%	-9.5%
Security	52.0%	45.8%	41.0%	43.0%	2.0%
Social Work	72.9%	85.6%	84.6%	80.7%	-3.9%
Dietetics	60.2%	74.8%	58.3%	63.5%	5.2%
Hospital Wide	71.5%	70.5%	69.7%	60.8%	-8.9%

Social Work achieved their LDP attendance target for the third consecutive year, but Pharmacy narrowly missed their target by 1.9% (this was due to a high number of vacancies within the service that have now been filled). Both these services are provided through service level agreements.

	LDP Target	2021/22	2022/23	% LDP target achieved/not achieved
Pharmacy	60%	81.5%	58.1%	-1.9%
Social Work	80%	84.6%	80.7%	0.7%

A full review of the Variance Analysis process has commenced with a view to all interventions being available via RiO to reduce the duplication clinical team members have with the paper VAT. Tests of change have started with staff using sub-headings that will then pull the data into a VAT report. This piece of work is being seen as a priority due to the unstable nature of the current VAT database.

Regular updates will be provided to the Clinical Governance Group during 2024.

Nutrition and Physical Health Care Plans

A paper was presented at the September 2023 meeting to update the Clinical Governance Group on the proposed changes to the Health and Wellbeing Plans evolving into Nutrition and Physical Health Care Plans. The recommendations approved by the Group included:

- The checklist is discussed with the MHPSG for consideration as part of the admission screening of patients.
- The Nutrition and Physical Healthcare Checklist (NPHC) will be formally reviewed as a minimum at admission, intermediate and annual reviews.
- The nutritional care plan process will continue to be embedded into clinical practice, led by nursing and monitored by the Variance Analysis Tool (as the existing process is).
- NPHC 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.

- The Guidance document for the completion of NPHC will be developed and implemented

A further update will be provided in 2024.

6 Quality Improvement Activity

Physical Activity Forms through Activity Oversight Group

It was noted within a clinical quality flash report that there was a lot of duplication for staff on the wards when entering physical activity. If a patient left the ward to go out for a walk, the staff had to enter the amount of time the patient walked on a physical activity form within RiO and then go into the timetable section within RiO to add the walk as a drop-in and again enter the amount of time they had been walking.

The Clinical Quality Department worked closely with the Information and Business Intelligence Team to make some required adjustments to the timetable categories that would allow ward staff to only complete the timetable when a patient had any form of physical activity. This was a significant piece of work for both teams, as the KPI target for physical activity was coming from the physical activity forms. All activities within the timetable had to be categorised into activities that resulted in physical activity (e.g. football, gym, walking) and those that did not (e.g. psychological therapies, arts and crafts), and then new reports written to ensure the data was robust. The project included a communication plan to all wards and departments to ensure they knew the new way of working that was being implemented.

This has now been successfully implemented, and the Clinical Quality Department continue to monitor this data to look at any trends, variations across service etc and report this through the Service Leadership Teams and by exception to the Physical Health Steering Group and Activity Oversight Group.

7 Planned Quality Assurance/Quality Improvement for the next year

The following pieces of work will be included in the work of the Clinical Governance Group:

Core Activities for next 12 months
Measuring the success of the Clinical 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 Service Leadership led driver diagram through the Activity Oversight Group.
To monitor the use of daytime confinement.
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 Clinical Governance Group.

GOVERNANCE ARRANGEMENTS

1 Group membership

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

- 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.
- 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 Group on the approval of the Group Chair.

2 Meetings and Frequency

There were 11 meetings held during 2023.

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 charts below, this group forms part of organisational governance, as led by CMT.

The State Hospitals Board for Scotland – Organisational Group Structure

