THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT

1 April 2024 – 31 March 2025

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 2023/24 and examples of good practice and matters of concern. CGC reports follow a standard format to ensure consistency and ease of reference between reports. The headings are:

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

2. COMMITTEE CHAIR, COMMITTEE MEMBERS AND ATTENDEES

Committee Chair
Cathy Fallon, Non-Executive Director

Committee Members
Stuart Currie
David McConnell
Shalinay Raghavan

Attendees
Brian Moore, Chair of The State Hospitals Board for Scotland
Gary Jenkins, Chief Executive
Prof. Lindsay Thomson, Medical Director (Lead Director for Clinical Governance)
Elizabeth Flynn, Head of Psychological Services
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 (until August 2024)
Dr Gordon Skilling, Chair, Medical Advisory Committee (from November 2024)
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 2024/25

During 2024/25 the Clinical Governance Committee met on four occasions, in line with its terms of reference. Meetings were held on:

- 23 May 2024.
- 8 August 2024.
- 14 November 2024.
- 13 February 2025.

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

4.1.1 May

Infection Control
This report covered the period 1 April 2023 - 31 March 2024. .
Updates on the 9 Standards within the HIS Infection Control Standards (2022) were included within the report along with the work plan for the next 12 months.

Medicines Committee
This report covered the period 1 April 2022 - 31 March 2023.
The Committee received and approved the key activities and commended the service for being able to work within budget.

Patient Learning Annual Report
This report covered the period 1 January 2023 - 31 December 2023.
The Committee noted the progress that had been made and acknowledged the planned future developments that were detailed within the report. The report noted that a key focus for 2023 had been to maintain delivery of established patient learning programmes within the Skye Centre and that positive progress had been made in a number of areas of patient learning within the State Hospital.

4.1.2 August

Research Committee/Research Governance and Funding
This report covered the period 1 April 2023 - 31 March 2024. The main areas of focus were the range of research activity and its dissemination undertaken by the State Hospital staff, and the mechanisms and roles in place to support research across the organisation. In total, there were 14 study proposal reviews with 24 study progress reports and 4 final reports

Duty of Candour
This report covered the period 1 April 2023 - 31 March 2024. The report covered information on the policy, training that had been implemented across the site as well as the governance and monitoring arrangements. Of the 54 incidents considered by the Duty of Candour Group two of the incidents fulfilled the criteria for Duty of Candour.

Patient Safety
This report covered the period 1 July 2023 - 30 June 2024. The four principles remained: Communication; Leadership and Culture; Least Restrictive Practice and Physical Health. All these work streams had been considered within the report with key priorities for 2024/25 being discussed and agreed at the meeting.

Rehabilitation Therapies Service
This report covered the period 1 July 2023 – 30 June 2024 and provided a summary of the key areas of work and the committee endorsed the future areas of work and service developments contained within it.

Mental Health Practice Steering Group
This report covered the period 1st April 2023 – 31 March 2024. The Committee approved the activities carried out and the areas of work the Mental Health Practice Steering Group intend to focus on over the next 12 months.

4.1.3 November

Pre-Transfer CPA/MAPPA
This report covered the period 1 October 2023 - 30 September 2024. The report identified a number of key areas and areas of good practice.

Child and Adult Protection
This report covered the period 1 October 2023 - 30 September 2024. The report highlighted key areas of work and the Committee commended the planned activity for the next 12 months.

Physical Health Steering Group
This report covered the period 1 October 2023 - 30 September 2024. The report noted the developments and progress made in the five key strands for which the Physical Health Steering Group had responsibility. 2025 will see the PHSG working towards the target of patients gaining no more that 5% of their admission weight within the first 12 months and continuing to progress the Supporting Health Choices Improvement Programme.

Supporting Healthy Choices
The report contained information on how the team have focused on establishing strong foundations for work moving ahead, with the establishment of clear governance and reporting structures, and establishing a comprehensive data management plan to evaluate change and intervention effectiveness. Alongside this, improvement activity has been initiated and implemented.

Person Centred Improvement Service
This report covered the period 1 October 2023 – 30 September 2024 and key areas of work were presented.

4.1.4 February

Clinical Governance Group
This report covered the period 1 January 2024 - 31 December 2024. The report provided a summary of the work of the Clinical Governance Group over the past 12 months and outlined the areas of future work.

Psychological Therapies
This report covered the period 1 January 2024 - 31 December 2024 and highlighted a number of positive areas as well as outlining key pieces of work for 2025-2026.

Activity Oversight Group
This report covered the period 1st January – 31st December 2024 and highlighted some key achievements and areas of future work over the next 12 months.

4.2 Standing Items Considered by the Clinical Governance Committee during the Year

4.2.1 May

Patient Movement Statistical Information
This report covered the reporting period up until 31 March 2024. It was agreed that this report would be replaced by a quarterly bed capacity report, starting from the August meeting.

4.2.2 August

Bed Capacity
The Committee received and noted the first bed capacity report at its August meeting, and quarterly thereafter. The reports highlighted continued problems with capacity across the Forensic Network; bed occupancy within the State Hospital (across the 4 main Services) and details on surge bed contingency planning that has been implemented through the Clinical Model Oversight Group.

REPORTS AT ALL MEETINGS

Learning from Complaints
The quarterly Learning from Complaints & Feedback report was considered and noted and 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.

Incident Reporting and Patient Restrictions Report
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. This was the first full year of the Committee only getting the clinical data that was relevant to them.

Nurse Resource Report
These reports included updates on staffing; clinical resourcing; use of daytime confinement; resource incidents as well as updates on our compliance with the Health Care Staffing Act (HCSA).

Corporate Risk Register – Clinical Update
The most recent paper at the February 2025 meeting showed that all clinical risk assessments were within their review date; Two high/very high risks remain within the hospital, MD30 – Failure to prevent/mitigate obesity and ND70 – Failure to utilise our resources to optimise excellent patient care and experience. This risk will be updated to read "Failure to Meet Agreed Patient Care Standards due to Staff Resourcing. There are a number of areas being worked on to reduce these risks.

4.3 Other Items discussed During the Year

Quality Strategy
The Committee received and approved the Quality Strategy at their meeting in August 2024. The Strategy covers the period 2024/2029The Committee were content with the wide range of consultation and approved the Strategy to be presented at the Board meeting for final approval. They agreed that evaluation of the Strategy will sit with Clinical Governance Group.

Carers Strategy
The Carers Strategy was presented to the November meeting of the Committee. The Carers Strategy identified 4 priority areas for development. A detailed delivery plan with at least three improvement activities under each of the priority areas will be developed. The Committee approved the Strategy with the proviso that the Family Centre visiting experience is added prior to it going to the Board for final approval.

5. PRESENTATION ITEMS DURING THE YEAR

New Clinical Care Policy
The May 2024 meeting saw a presentation that provided an overview of the preparation that had gone into the successful implementation of the new Clinical Care Policy. The Clinical Care Policy replaces the PMVA Observation Policy and is in response to the 'From Observation to Intervention' (a proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health) published by Healthcare Improvement Scotland in 2019. The presentation gave key updates on:

- The background into the policy and what it involved.
- Why the policy was being introduced.
- The effective date of the policy (1 May 2024).

The committee were content with the comprehensive information surrounding the policy. They commended the team for bringing this piece of work forward and the proactive involvement of the MWC.

Clinical Model Evaluation and Internal Audit Report
This presentation gave details on the internal audit report that had been carried out on the implementation of the Clinical Model, as well as progress made since formal handover from the project implementation team in July 2023. It was noted that the report provided reasonable assurance to the organisation.

The presentation gave the Committee the history of the development around the new clinical model, the aims of tailored security based on risk and clinical presentation, and a sense of progression for patients through supporting physical health, therapeutic activities and treatment goals as well as information on the implementation of the model, and the careful management of this.

The presentation concluded by offering assurance that the model was delivering on the key aspects that it had set out to so.

The Committee were content with the assurances that were given and asked for the slides to be sent round the Committee.

Trauma Informed Care
The Head of Psychology led the Committee through a presentation on 'A Trauma Informed TSH' at the Meeting in November 2024. The Committee were given the background to the context of the National Trauma Transformation Programme, and the related Roadmap.

The current agenda within this workstream was summarised including the appointment of a Trauma Champion, and the delivery of training and the use of reflective practice. Lastly, the presentation set out future planning including a trauma Roadmap Self-Assessment and further analysis of patient needs.

The Committee found the presentation to be helpful and informative and asked that this approach be considered further in a Board Development session in six months' time.

People with Lived Experience
At the February 2025 meeting, the Forensic Network Manager presented a paper that she had written and submitted to the Forensic Network Advisory Board and the Scottish Government around 'people with lived experiences' (PLE).

The Committee found the presentation to be very helpful and thought provoking and requested that this item be brought back to the Committee once it has been progressed further with the wider team and PCIT.

6. SPECIAL TOPICS/ITEMS FOR APPROVAL

Clinical Governance Annual Stock Take
At its May 2024 meeting, the Committee received and noted:

- The Clinical Governance Reporting Structures 2023/24.
- Programme of Work for 2024/25 subsequent to any changes that may arise at future meetings.
- Clinical Governance Committee Terms of Reference.
- Clinical Governance Annual Report 2023-2024.

7. AREAS OF GOOD PRACTICE IDENTIFIED BY THE COMMITTEE

- Daily medicines report for the non-administration of medication and the e-learning module on the Safe Use of Medicines.
- A member of staff had maintained contact with a patient who had moved on to enable them to continue with their degree.
- Good practice in relation to the linking complaints training to NHS Values and Behaviours within Corporate Induction.
- Activity boxes for hard-to-reach patients within ward areas.
- The introduction of the hard-to-reach cafes.
- Complaints Officer attending the Patient Partnership Group on a regular basis.
- The positive steps in relation to infection control embedding itself across the organisation.

8. MATTERS OF CONCERN TO THE COMMITTEE

There was one area of concern noted at the February 2025 meeting that was around the structure, format and process for risk assessment and the impact on transfers due to information sharing issues.

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.

Appendix 1

Attendance at meetings (members)

	23 May 2024	8 August 2024	*14 November 2024	8 February 2023
Cathy Fallon	X	X		X
Stuart Currie	X	X		X
David McConnell	X	X	X	X
Shalinay Raghavan				X

X denotes attendance
** Pam Radage attended to allow the meeting to be quorate*
*** Dr Skilling replaced Dr Khan as Chair of the Medical Advisory Committee*

Appendix 2

THE STATE HOSPITALS BOARD FOR 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.

Members:
- Stuart Currie
- David McConnell
- Shalinay Raghavan
- Cathy 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
- Dr Liz Flynn, Head of Psychological Services
- Monica Merson, Head of Planning, Performance and Quality
- Karen McCaffrey, Director of Nursing and Operations
- Robin McNaught, Director of Finance & eHealth
- Dr Gordon Skilling, Chair, Medical Advisory Committee
- Sheila Smith, Head of Clinical Quality
- Margaret Smith, Head of Corporate Governance/Board Secretary

2.2 Appointment of Chair

The Chair of the Committee shall be appointed at a 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 two 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 three full working days in advance to allow time for consideration of issues.

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, and will be subject to document control.

The secretariat 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 submitted to the Board and then published 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 Annual 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.

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 2026