THE STATE HOSPITALS BOARD FOR SCOTLAND

Date of Meeting:	18 June 2026
Agenda Reference No:	Item No: 12
Sponsoring Director:	Chair of Clinical Governance Committee
Author(s):	Chair of Clinical Governance Committee Head of Clinical Quality
Title of Report:	Clinical Governance Committee Annual Report 2025/26
Purpose of Report:	For Decision

1 SITUATION

The attached Clinical Governance Committee Annual report outlines the wide range of activity overseen by the Committee during 2025/26. The stock take also includes the Committee's Terms of Reference.

2 BACKGROUND

Each year the committee undertakes a review of clinical governance arrangements, consisting of:

- A review of the committee's terms of reference.
- An annual report summarising the work of the groups and departments that report to the Clinical Governance Committee.

3 ASSESSMENT

Terms of Reference
The Committee's Terms of Reference are subject to annual review.

Clinical Governance Committee Annual Report
The report summarises the work of the Clinical Governance Committee and highlights particular areas of good practice along with matters of concern that have been discussed throughout the year.

4 RECOMMENDATION

The Board is asked to approve the Clinical Governance Committee Annual Report 2025/26

MONITORING FORM

How does the proposal support current Policy / Strategy / ADP /	To give assurance to the Board that clinical governance processes are fit for purpose. It also supports the Quality Strategy within the hospital.
Corporate Objectives Please note which objective is linked to this paper	Better Care: a; d; e; f; j; k; l; n; s Better Health: a; b; c; f Better Value: f; h; k
Workforce Implications	The various reports throughout the year would include any issues
Financial Implications	Clinical Governance Group for noting Clinical Governance Committee for noting Risk and Audit Committee for decision
Route to Meeting Which groups were involved in contributing to the paper and recommendations.	The various reports throughout the year would include any issues
Risk Assessment (Outline any significant risks and associated mitigation)	The various reports throughout the year would include any issues
Assessment of Impact on Stakeholder Experience	All the reports are assessed as appropriate
Equality Impact Assessment	All the reports are assessed as appropriate
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	All the reports are assessed as appropriate
Data Protection Impact Assessment (DPIA) See IG 16. 1. There are no privacy implications. 2. There are privacy implications, but full DPIA not needed 3. There are privacy implications, full DPIA included Please state which option above applies (i.e. 1, 2 or 3).	1. There are no privacy implications.

THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT

1 April 2025 – 31 March 2026

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 2025-2026 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)
Dr 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

Allan Hardy, Acting Director of Security, Risk & Resilience

Dr Gordon Skilling, 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 2025-2026

During 2025/26 the Clinical Governance Committee met on four occasions, in line with its terms of reference. Meetings were held on:

- 8 May 2025
- 14 August 2025
- 13 November 2025
- 19 February 2026

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

May
Medicines Committee
This report covered the period 1 April 2024 - 31 March 2025.
The Committee received and approved the key activities and commended the service for being able to work within budget.

August
Research Committee/Research Governance and Funding
This report covered the period 1 April 2024 - 31 March 2025. The main areas of focus was 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 15 study proposal reviews with 19 study progress reports and 9 final reports

Patient Learning Annual Report
This report covered the period 1 January 2024 - 31 December 2024.
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 2024 had been to maintain current learning provision and achieve greater stability in service delivery within the patient learning centre.

Duty of Candour
This report covered the period 1 April 2024 - 31 March 2025. 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 170 incidents considered by the Duty of Candour Group four of the incidents fulfilled the criteria for Duty of Candour..

Patient Safety
This report covered the period 1 July 2024 - 30 June 2025. 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 2025/26 being discussed and agreed at the meeting.

Rehabilitation Therapies Service
This report covered the period 1 July 2024 – 30 June 2025 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 2024 – 31 March 2025. 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.

November
Pre-Transfer CPA/MAPPA
This report covered the period 1 October 2024 - 30 September 2025. The report identified a number of key areas and areas of good practice.

Child and Adult Protection
This report covered the period 1 October 2024 - 30 September 2025. 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 September 2024 – 31 August 2025. The report noted the developments and progress made in the five key strands for which the Physical Health Steering Group had responsibility. 2026 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 evidenced the strong foundations that had been established in previous years through clear governance and reporting structures. Alongside this, details of improvement activity that had been initiated and implemented were commended by the Committee.

Person Centred Improvement Service
This report covered the period 1 October 2024 – 30 September 2025 and key areas of work were presented. Future areas of work were also endorsed by the Committee.

February
Clinical Governance Group
This report covered the period 1 January 2025 - 31 December 2025. 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 2025 - 31 December 2025 and highlighted a number of positive areas as well as outlining key pieces of work for 2026/27.

Activity Oversight Group
This report covered the period 1st January – 31st December 2025 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

August
Learning from Adverse Events (SAERS) Action Tracker
These reports were submitted from August 2025 and provided the Committee with a summary of outstanding recommendations from various sources across the hospital including adverse event reviews (CAT 1 and CAT 2), conduct investigations and medication incident reviews and timescales for completion of actions.

Reports at All Meetings

Bed Capacity
The reports highlighted continued problems with capacity across the Forensic Network; bed occupancy within the State Hospital (across the 4 main Services – 5 from November meeting) and details on surge bed contingency planning that has been implemented through the Clinical Model Oversight Group.

Daytime Confinement
Data and updates on daytime confinement within the hospital were presented at every meeting to give assurance that robust systems and processes are in place to keep daytime confinement to a minimum.

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 reports 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 second full year of the Committee only getting the clinical data that was relevant to them.

Infection Control
Updates on the 9 Standards within the HIS Infection Control Standards (2022) were given at each meeting during the reporting period with actions being agreed.

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 2026 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 care and experience. There are a number of areas being worked on to reduce these risks.

4.3 Other Items discussed During the Year

Clinical Model Implementation Evaluation
This report presented interim findings from the 3-year evaluation of the clinical model, noting positive patient outcomes, challenges in staff experience due to systemic pressures, and recommendations for further development.

Committee members proposed that the evaluation is brought to a future development session for in-depth discussion.

5. Presentation Items During the Year

Unscheduled Care
The May 2025 meeting saw a presentation that provided an overview of the work being carried out in relation to unscheduled care. The workstreams included:

- Unscheduled outings
- Outboarding processes
- Physical healthcare
- Daytime confinement and
- Recommendations from unscheduled care report

Clinical Care in TSH Interim Women's Service
The Clinical Lead led a presentation discussion at the August 2025 meeting about the Women's Service within the hospital. The presentation covered various aspects of setting up this service including the many challenges faced and the significant progress that had been made in an extremely short period of time.

Intellectual Disabilities Service
The Clinical Lead led the Committee through a comprehensive overview of the Intellectual Disabilities (ID) Service at the Meeting in November 2025.

Triangle of Care
At the February 2026 meeting, the Person Centre Improvement Team Lead gave a presentation on the Triangle of Care, its alignment with the Carers Strategy and our progress with the 6 key standards.

6. Special Topics/Items for Approval

Clinical Governance Annual Stock Take
At its May 2025 meeting, the Committee received and noted:

- Programme of Work for 2025/26 subsequent to any changes that may arise at future meetings;
- Clinical Governance Committee Terms of Reference;
- Clinical Governance Annual Report 2024/25.

7. Areas of Good Practice Identified by the Committee

- Unscheduled care report
- Review of Guidelines through the Medicines Committee
- The work being undertaken by the Supporting Healthy Choices Group
- Involvement of patients in the development of the Participant Information Sheet Template outlined within the Research Committee annual report
- Physical health annual screening
- High rates of ground access
- The transfer CPA completion rate of 100%
- Streamlining of the patient timetable
- Reduction in clinical waste incidents

8. Matters of Concern to the Committee

There were no areas of concern noted throughout the reporting year.

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)

	8 May 2025	14 August 2025	13 November 2025	19 February 2026
Brian Moore	X	X	X	
Cathy Fallon		X	X	X
Stuart Currie		X	X	X
David McConnell	X	X	X	X
Shalinay Raghavan	X			