



<b>Meeting</b>	<b>CLINICAL GOVERNANCE COMMITTEE (CGC)</b>
<b>Date</b>	<b>Tuesday 1st August 2023 – 1.30pm – 3.30pm</b>
<b>Location</b>	<b>Via Microsoft Teams</b>

<b>Purpose and Ambition</b>
To provide assurance to the Quality Patient Experience & Safety Committee that all National Clinical requirements and responsibilities with regard to Clinical treatment and Care, including responding to the CQC and NHSE/I

<b>Attendance</b>	<b>Name and Title</b>
<b>Present</b>	XXXX Deputy Director of Nursing & Quality (Interim) - <b>Chair</b>
	XXXX Clinical Director Secure Services & Offender Health
	XXXX Interim Head of Complaints, Lead for Learning from Deaths & Duty of Candour
	XXXX Deputy Head of Clinical Effectiveness
	XXXX Consultant Psychiatrist / Clinical Director ICCR – Solar/EIS
	XXXX Associate Director Nursing & Governance (Interim)
	XXXX Head of Nursing & Allied Health Professionals (HoN&AHP) – ICCR
	XXXX Clinical Director of Acute Care
	XXXX Head of Mental Health Legislation
	XXXX Clinical Director Older People Mental Health
	XXXX Consultant Forensic Psychiatrist /Chief Mental Health Legislation Officer
	XXXX Associate Director – ICCR
	XXXX Head of Nursing & Allied Health Professionals – SCOH
	XXXX Consultant Psychiatrist / Clinical Director – ICCR CMHT
	XXXX Director of Pharmacy & Medicines Management
	XXXX Deputy Chief Operating Officer & Associate Director of Operations - SCOH
	XXXX Head of Quality Improvement & Clinical Effectiveness,
	XXXX Head of Health and Safety and Regulatory Compliance
	XXXX David Tita, Associate Director of Corporate Governance/Interim Company Secretary
	XXXX Head of Safeguarding
	XXXX Clinical Director Urgent Care
	XXXX Associate Director for Allied Health Professionals & Recovery
	XXXX Head of Records and Clinical Coding
	XXXX Note Taker

## Minutes

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action (Owner)</b>
	<b>Staff Story</b> No story at the meeting	
<b>1</b>	<b>Apologies</b> XXXX, Chief Nursing Officer/Director of Quality & Safety XXXX (Chair), Chief Nursing Officer/Exec Director of Quality & Safety (Interim) – Chair, XXXX (Deputy Chair), Medical Director XXXX, Associate Clinical Director Specialties - Interim XXXX (Deputy Chair, Associate Director of Governance XXXXClinical Services Manager Allied Health Professionals XXXXConsultant Psychologist & Clinical Director Dementia & Frailty/ Specialties	

	XXXX, Head of Nursing & Allied Health Professionals (HoN&AHP) – A&UC XXXX,, Head of Research and Development XXXX, Associate Director Operations – ICCR XXXX, Chief Psychologist XXXX, Lead Nurse Safer Staffing XXXX, Consultant Psychiatrist – Forensic /Deputy Medical Director (Quality & Safety) XXXX, HoN&AHP's Dementia and Frailty Services XXXX, Director of Operations	
2	<b>Declaration of Interest</b>  XXXX Section Redacted as it does not relate to PFD XXXX	Admin
3	<b>Minutes of Last Meeting</b>  <i>XXXX Section Redacted as it does not relate to PFD XXXX</i>	
4	<b>Action Log</b>  XXXX Section Redacted as it does not relate to PFD XXXX	
5	<b>Matters arising from Last Meeting</b> <u>XXXX Section Redacted as it does not relate to PFD XXXX</u>	
6	<b>Deep Drives – Patient Safety / Safeguarding</b>  XXXX Section Redacted as it does not relate to PFD XXXX	
7	<b>Patient Safety Report</b> XXXX Section Redacted as it does not relate to PFD XXXX.  Inquests 7 noted in Q1 two in June, of which six were concluded as suicide, one narrative conclusion no issue of care highlighted. 2 Inquests in July have resulted Prevention of Future Deaths (PFD) being issued to trust. <ul style="list-style-type: none"> <li>❖ PFD 1:- Highlighted area of concern- lack of beds and AMHP's provision communication between teams and organisations, management and delays in prescribing of carbamazepine.</li> <li>❖ PFD 2:-Highlighted area of concern – Clozapine monitoring and management and understanding interpretation of blood results, perceived failure to learn from past PFD, and pharmacy resources.</li> </ul> <p>Noted have started on process of responding to the PFD's, met yesterday to look a response (PFD 1) a meeting is scheduled this afternoon to look at the response to PFD 2. The PFD's have gained lots of interest from CQC and ICB requiring a lot of information and assurance, thanks to divisional / pharmacy and another number of other colleagues for the help and support given.</p> <ul style="list-style-type: none"> <li>❖ XXXX Section Redacted as it does not relate to PFD XXXX</li> <li>❖ Piece of work led by XXXX has started pulling together all of the action plan requirements from a number of areas which include SI's/PFD's/Complaints etc. in order to cohort under themes to be mapped against current organizational workstreams, QI projects etc. paper also noted anticipated timelines for the work.</li> </ul> <p>XXXX Section Redacted as it does not relate to PFD XXXX</p> <p><b><u>Escalation to QPES from Patient Safety Report: -</u></b></p> <ul style="list-style-type: none"> <li>▪ The 2 PFD's summarised in the report.</li> <li>▪ XXXX Section Redacted as it does not relate to PFD XXXX</li> </ul>	

8	<b>Infection Prevention &amp; Control - Exceptions</b> XXXX Section Redacted as it does not relate to PFD XXXX	
9	<b>Regulatory, External &amp; Commissioned Reports Update</b> XXXX Section Redacted as it does not relate to PFD XXXX	
10	<b>Risk Register Review</b> XXXX Section Redacted as it does not relate to PFD XXXX	
11	<b>CQC Action Plan Update</b> XXXX Section Redacted as it does not relate to PFD XXXX  As noted in the patient safety report (section 7) the CQC have made a large number of information requests regarding PFD's / Homicide/ Serious Assaults the trust continues to support the CQC with these requests. In relation to PFD's work is done with the relevant division to provide a response/ appropriate actions and learning is then taken through the local CGC route.  XXXX Section Redacted as it does not relate to PFD XXXX	
12	<b>Physical Health Committee</b> XXXX Section Redacted as it does not relate to PFD XXXX	
13	<b>Sub-Committee Escalation Reports from Local Clinical Governance Committees</b> <u>XXXX Section Redacted as it does not relate to PFD XXXX</u>  <b><u>Escalation to QPES:- From AOT</u></b> XXXX Section Redacted as it does not relate to PFD XXXX  <b><u>Escalation to QPES from CMHT</u></b> XXXX Section Redacted as it does not relate to PFD XXXX  <b><u>Escalation to QPES from Specialties.</u></b> Nothing to be escalated XXXX Section Redacted as it does not relate to PFD XXXX	
14	<b>Mental Health Legislation Update</b> XXXX Section Redacted as it does not relate to PFD XXXX  <b><u>Escalation to QPES from MHA Team</u></b>  XXXX Section Redacted as it does not relate to PFD XXXX	
15	<b>Policies from PDMG for Approval</b> XXXX Section Redacted as it does not relate to PFD XXXX	
16	<b>Guidelines from PTC for Approval</b> XXXX Section Redacted as it does not relate to PFD XXXX  <b><u>Escalation to QPES</u></b>  XXXX Section Redacted as it does not relate to PFD XXXX	

17	<b>Matters of Escalation to the Board and/or Board Committees and/or BAF Register</b>  XXXX Section Redacted as it does not relate to PFD XXXX	
18	<b>Any Other Business</b>  XXXX Section Redacted as it does not relate to PFD XXXX	

**19. Next Meeting**

<b>Date</b>	<b>Tuesday 5<sup>th</sup> September 2023 – 1.30pm – 3.30pm</b>
<b>Location</b>	Via Microsoft Teams