

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 September 2021

Agenda Item: 19

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| Report Title: | Committee Activity | |
| Author(s): | David Walsh, Director of Corporate Governance | |
| Accountable Director: | Mike Potts, Trust Chair, Chair of Mental Health Legislation Committee Heather Smith, Non-Executive Director, Chair of People Committee Richard Mills, Non-Executive Director, Chair of Finance and Performance Committee Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee | |
| Other Meetings presented to or previously agreed at: | Committee/Group: | N/A |
| | Date: | N/A |
| Key Points: | The committee activity reports are attached to this report as appendices in line with the new approach where committees agree items they wish to categorise for alert, to advise or to assure. | |

Summary of key points in report

This methodology adopted involves committees considering 'significant issues' under three key categories:

Alert – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on;

Advise – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments;

Assure – specific areas of assurance received warranting mention to Board.

The reports for August and September are attached to this report.

As minutes are not presented to Board until they have been approved by the reporting committee, the minutes available are from the July and August meetings. These have been made available to Board members in a subfolder within the Google Drive system used for circulating electronic committee papers.

| Recommendation for the Board/Committee to consider: | | | | | | | | | |
|---|-----|----------|----|-----------|---|-------------|---|----|--|
| Consider for Action | X | Approval | | Assurance | X | Information | X | | |
| To formally note the minutes of the July and August meetings, and to receive the 'Alert, Assure, Advice' committee activity reports for August and September within the appendices. | | | | | | | | | |
| Please identify which strategic priorities will be impacted by this report: | | | | | | | | | |
| Covid-19 Getting through safely | | | | | | Yes | X | No | |
| CQC Getting Back to Good | | | | | | Yes | X | No | |
| Transformation – Changing things that will make a difference | | | | | | Yes | X | No | |
| Partnerships – working together to make a bigger impact | | | | | | Yes | X | No | |
| Is this report relevant to compliance with any key standards ? | | | | | State specific standard | | | | |
| Care Quality Commission | Yes | X | No | | "Good Governance" | | | | |
| IG Governance Toolkit | Yes | | No | X | | | | | |
| Have these areas been considered ? YES/NO | | | | | If Yes, what are the implications or the impact? If no, please explain why | | | | |
| Patient Safety and Experience | Yes | | No | X | Not directly in relation to this report – specific detail within the appendices | | | | |
| Financial (revenue & capital) | Yes | | No | X | | | | | |
| OD/Workforce | Yes | | No | X | | | | | |
| Equality, Diversity & Inclusion | Yes | | No | X | | | | | |
| Legal | Yes | | No | X | | | | | |

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Finance and Performance Committee

Date: 15 August 2021

Chair: Richard Mills

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|---|--|---|---|------------|
| Integrated Performance & Quality Report for the Period ending June 2021 | Received May IPQR report prior to submission to Board | Noted high levels of demand for access points Lack of available beds | Board to be alerted Recovery plan discussed – see below | August 21 |
| Operational recovery Plan updates | Received updates on OOA, SPA Waiting times, Recovery Waiting Times | OOA bed contacts assured Not assured over trajectories for waiting times. Community Review to take more fundamental review including emerging 'Home First' programme | Review work to continue with further analysis, discussion, and co-production to take place Updated recovery plans to be received | October 21 |
| CIP Quarter 1 update and future plans | Received update on CIP programmes | Noted new process commenced but noted gap remaining and need for further work and cultural engagement | Receive further updates | October 21 |

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|---------------------------------|---|---|---|--------------|
| Transformation Portfolio Report | Noted progress with Transformation Programmes | Noted | Receive further update and assurance at next FPC | August 21 |
| BAF / CRR | BAF and CRR to be reviewed to reflect risks identified in meeting | Noted slippage on Transformation Projects | Update at next meeting on any revised risks including | September 21 |

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| | | | <ul style="list-style-type: none"> • Waiting times • Capital plans • CIP plans | |
| Five year Capital plan refresh | Received first draft five year capital plan | Noted implications of spending plans, and requirements for additional capital Noted cost increase in ACM 2 scheme of £9m | Review BAF risks Receive updates | October 21 |
| ASSURE (Detail here any areas of assurance that the Committee has received) | | | | |
| Issue | Committee Update | Assurance Received | Action | Timescale |
| Capital Programme Quarter 1 position | Received update on Capital expenditure for the financial year 2021/22 | Noted position and risks | Further report to be received | October 21 |
| Finance Report for the Period ending May 2021 | Received routine report of monthly Finance position | Routine reporting of financial performance. Noted concerns over CIPs and potential for tighter year end position depending on H2 plans | Receive monthly report | September 21 |
| Performance reviews | Received feedback on reviews and proposed role and remit | Noted feedback and agreed role and remit | None | None |

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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Finance and Performance Committee

Date: 9 September 2021

Chair: Richard Mills

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--------------------------------------|--|--|--|----------------|
| Transformation Portfolio Report | Noted progress with Transformation Programmes | Noted risk relating to the ligature anchor point project timeline for the phase 3 work Noted risk relating to funding of the community forensic team. Proposal to set up a Community Facilities Programme to improve the community estate. | To set up a Community Facilities Programme Receive further update and assurance at next FPC | October 21 |
| Relocation of Trust HQ – Revised OBC | Received revised OBC together with additional clarifications over options | Information over preferred options and cost and timescale implications | Agreed to produce FBC covering Option 1 and 2 and leasehold for alternative ‘option 3’ for Board approval. Agreed to proceed with lease agreement with SYHA | October 2021 |
| Sale of Fulwood House | Received update | Detail received on progress of discussions with preferred bidder. Clarification of remaining risks, phases and timescales and on recommendation to submit to Board for sale to proceed | To proceed with sale as discussed and recommend to Board of Directors to endorse this to enable the sale process to proceed. | September 2021 |
| New EPR exception report | Received update on the recommended management of a procurement risk regarding the implementation support for the new EPR | Preferred procurement option agreed | Continue procurement process | September 2021 |

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|---|---|--|---|---------------------------------------|
| Integrated Performance & Quality Report for the Period ending July 2021 | Received July IPQR report prior to submission to Board | Noted continuing high levels of demand for access points | | September 21 |
| BAF / CRR | BAF and CRR to be reviewed to reflect risks identified in meeting | Noted no significant change Greater assurance over BAF risk 0021 EPR following FPC EPR procurement decision | Continue review | October 21 |
| Estate KPIs 2021/22 | Suggested estate KPIs and need for SLA | Suggested KPIs and benchmarking information proposed | Agree KPI's to include in IPQR with FPC oversight, and those to remain in a separate 'dashboard' for low level review. | October 21 |
| Digital Strategy Refresh | Received initial draft of a new Digital strategy | Outlined next stages of development and indicative timescales | To submit comments to Chief digital and Information officer To ensure User and carer input and liaise with associate NED | October / November 21 |
| Business Planning Group - Business Update and Exception Report | Received update | Noted BPG discussions and approvals | Consider further prioritisation and linkage to operational Plan process | October 21 |
| Delivering a Net Zero NHS – Trust Sustainability Plan and Climate Emergency Declaration | Noted timescales for producing Sustainability Plan for Committee and Board approval | Action taken to progress plan production | Board update Production of strategy | September 21 Board December 21 FPC |

ASSURE (Detail here any areas of assurance that the Committee has received)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--|---|---|------------------------|------------|
| Finance Report for the Period ending July 2021 | Received routine report of monthly Finance position | Routine reporting of financial performance. Noted ongoing challenge over CIPs, and likelihood that financial position will become tighter | Receive monthly report | October 21 |

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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: **Mental Health Legislation Committee**

Date: **8 September 2021**

Chair: **Mike Potts**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--|--|---|--|---|
| Review of Mental Health Act – Consultation submission | No submission from the Trust, attributed to changes in personnel. | Associate Mental Health Act Managers (AMHAMs) response submitted on behalf of Local Authority | For information – no further action required. | |
| Mental Health Legislation Operational Group (MHLOG) | Q1 Report Number of non compliance issues reported as follows: <ul style="list-style-type: none"> Administration of medicines Place of Safety compliance with best practice standards Data quality issues KPIs for MHLC to be developed CQC – high use of agency staff | The committee did not receive assurance that there was a robust action plan in place to address these issues. | Detailed action plan to be developed and priority actions agreed. | December 2021 |
| Least Restrictive Practice Operational Group | Trust is not yet compliant with capturing all data relating to restrictive practice to meet Mental Health Act Data Set (MHSDS) and Use of Force Act requirements. | This is a risk for the Trust and requires focussed attention. | LRPOG arranging meeting for October 2021 to develop reporting aligned to MHSDS v5 Risk added to Corporate Risk Register | Report back to December meeting |
| Liberty Protection Safeguards (LPS) | Report received on the introduction of the Liberty Protection Safeguards (LPS) | In April 2022 unlike the DOLS which are currently administered by the LA LPS will become the | It is of concern that if guidance is not received soon then the Trust may not be able to meet its | Further update will be provide at the December meeting. |

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| | which will replace the Deprivation of Liberty Safeguards (DOLS) from April 2022 | responsibility of the NHS. This will require significant work for SHSC and to date the statutory regulations and the Code of Practice have not been issued. | obligations under the new legislation by April 2022. SHSCs Head of Mental Health Legislation is in regular contact with DHCS expressing concern but has been told to await the guidance. | |
| Court of Protection | SHSC has recently applied to the Court of Protection to deprive a service user in the community of their liberty. | This is a complex case involving a range of agencies. SHSC legal advisors have been instructed but have advised that the Trust and other agencies involved could be open to criticism about the handling of this case. | Await the outcome of the case and ensure that SHSC together with other agencies reflect on the learning. | Further report December 2021. |

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--|---|--|--|-------------------------------|
| Corporate Risk Register Risk 4672 | Risk that service users whose liberty is restricted by the Mental Health Act are not being able to access a fair legal hearing caused by the lack of comprehensive WiFi in some of the Trusts locations (ie poor wifi connectivity resulting in reputation damage and litigation against the Trust. | Initial risk scored 20 High. Following mitigation score assessed as 12 Moderate. | Scoping exercise with community teams to be undertaken to establish which office locations are being used for tribunals – results fed to IT for any remedial action. | Next review 15 September 2021 |
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ASSURE (Detail here any areas of assurance that the Committee has received)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|---|--|---|---|-------------------------------|
| Mental Health Legislation Operational Group (MHLOG) | Terms of Reference, Workplan and Q1 Report received. | Terms of Reference agreed. | Reports from MHLOG to be received on a quarterly basis. | Next report due December 2021 |
| Least Restrictive Practice Operational Group (LRPOG) | Terms of Reference, Workplan and Q1 Report received. | Terms of Reference agreed. Strategy and model development | Reports from LRPOG to be received on a quarterly basis. | Next report due December 2021 |

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| Least Restrictive Practice Strategy, Safe and Positive Care 2021 - 2024 | Report received on the development of the Least Restrictive Practice Strategy, | Strategy signed off by Quality Assurance Committee. | Strategy to be launched at a Least Restrictive Practice Conference and Workshop in November 2021 | November 2021 |
| Horizon Scanning | Comprehensive report received from Head of Mental Health Legislation to enable the Committee to keep abreast of developments and issues both locally, regionally and nationally. | The committee welcomed this report and were assured that it will become a standard item on every MHLC meeting. | Relevant issue identified in the report will be highlighted through normal internal channels of communication. | December 2021 |

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: People Committee

Date: 7 September 2021

Chair: Heather Smith

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--|---|-----------------------------------|--|----------------|
| BAF risk rating for retention and recruitment. | The Committee agreed that the BAF risk rating should be increased; turnover rate is on a continued upward trajectory. Although this turnover rate is more or less comparable with other Trusts, this does not mean that it is not of serious concern which colleagues have been tasked with addressing, particularly in terms of Nursing. | Consideration alongside BAF | BAF risk updated, next reporting to Board in November | November 2021 |
| Capability and disciplinary casework | There is a rise in casework trends for Capability and Disciplinary and Average Case Length has increased. | Data provided within report | Committee has requested more information in order to understand better the reasons for this. | November 2021 |
| WRES and WDES reports | The WRES and WDES reports indicate a lack of significant improvement on race and disability indicators and there are concerns around new indicators such as the race disparity ratio. | Annual reports received | To be considered by Board. | September 2021 |
| Workforce reporting data | There is a concern in terms of workforce reporting that lack of accurate data is hampering efforts to enable the Committee to enact assurance, due to ongoing issues with the | Lack of assurance detailed, left. | Continued monitoring and actions required | November 2021 |

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| | Employee Staff Record (ESR). Colleagues are urgently seeking to address this but in the meantime our data is not as accurate as it could be. | | | |
| Training budget | Committee requested more assurance regarding a solution to the reduced training budget, particularly with respect to 'training outside of mandatory training' and how we mitigate against the impact of this to ensure staff are supported to be the best they can be. | Lack of assurance detailed, left. | Continued monitoring and actions required | November 2021 |

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--|---|--|--|---|
| Anti-racism statement | Received and discussed | Health discussion following update | Progressing to Board | September 21 |
| Annual Self-Assessment | Committee completed and agreed its Annual Self-Assessment Report and recommended it for submission to Audit and Risk Committee. | Contributions from various committee members, consolidated report considered detailing areas of differences of opinion for discussion. | To progress to Audit and Risk Committee in October and Board in November | October 21 for ARC November 21 for Board |
| Support Worker Progression Pathway | Committee were pleased to note that there has been significant progress with the Support Worker Progression Pathway and that the Business Case has been approved and signed-off. | Report received as left | N/A | N/A |
| Peer Support Worker vocational pathway | The Peer Support Worker vocational pathway development has now been initiated which should result in higher visibility and impact from a coherent peer support worker element of our workforce. | Report received as left | N/A | N/A |

ASSURE (Detail here any areas of assurance that the Committee has received)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|----------------------------|---|---|---|----------------|
| Staff Health and Wellbeing | Partial assurance received in terms of Staff Health and Wellbeing. Committee were pleased to note the positive activity in terms of ICS and national developments. | Report received | Future reports to Committee will look at measuring the impact of these initiatives on the quality of the working lives of our staff in order for Committee to enact full assurance. | Rolling |
| Recruitment and retention | Committee were pleased to receive a comprehensive paper on a wide-range of issues impacting on the recruitment and retention of nurses -Committee were assured that this has been fully scoped and will now lead to initiatives to address each of these areas. | Report received, further discussion linked to BAF0014 | Continue to monitor through BAF (see item above) | Rolling |
| WRES/WDES | Committee were assured that our Trust has fulfilled its obligation to submit its WRES and WDES data to the national platform | Report received | Progression to Board | September 2021 |

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Quality Assurance Committee

Date: 11 August 2021

Chair: Sandie Keene

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--|---|--|--|--|
| Care Quality Commission Matters - Firshill & Acute Wards | Report of CQC action plans in respect of Firshill Rise and Acute Wards received. | Partial Assurance | Further assurance required during the programme to ensure actions are embedded and having impact. | Monthly reporting to Quality Committee via the Back to Good Board. |
| Quality Objectives | Quarter 1 report on implementation of Quality Objectives received. | Limited Assurance | Greater oversight by Clinical Directorates for progression. Data capture required. Further work to establish oversight within governance frameworks. | Quarterly assurance reports to Quality Committee. Monthly oversight in identified groups for each objective. |
| Integrated Performance and Quality Report | New risks identified: -Delayed discharge -Accurate and up to date data collection in respect of key staffing indicators | Low Assurance in respect of ability to make significant and rapid difference in longstanding risk areas. | Improvement plans for the most significant risks in place. Urgent work to address staffing data noted and to be monitored via People Committee. | Monthly review of IPQR at Quality Committee. |
| Community Services Quarter 1 | Road Map and action plan for service model received. | Partial Assurance with some concerns about the speed of delivery but assurance about using the learning from past reorganisation and the future plan for a coproduced new model based on delivery of outcomes. | Future development based on 3 phases. Establishment of coproduction oversight group. | Group established by October. Model of future service by December/Jan. |
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ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--------------------------|---|---|---|---|
| Back to Good | Received monthly update | Partial Assurance | Further work on the Governance of the programme incorporating the current CQC requirements. Urgent work to establish staffing data. | Update next moth |
| Physical Health Strategy | Received verbal update regarding a number of very positive developments in the production of the Strategy and the establishment of the Physical Health and Infection Control Group. | Verbal Assurance that News2 now implemented on the wards, Physical Health management group established, Draft End of Life Strategy produced, Diabetes Charts used on wards. | Further work on bring together Governance for existing groups in the Trust with responsibilities for Physical Health. | Quarterly reporting to Quality Committee. |
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ASSURE (Detail here any areas of assurance that the Committee has received)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|--|--|----------------------------|--|---|
| Place Lite Assessments | Comprehensive report of National programme audit. Good practice identified. Plans for improvement where needed outlined. | Assured | Refer to Lived Experience Group to engage with service uses. | September meeting. |
| Tier 2 Report - Clinical Quality and Safety Group (Q1) | New Governance structure and reporting process | Assured | N/A | Quarterly reporting to Committee. |
| Deep Dive - G1 | Progress on improvements at G1 received. Significantly reduced restrictive practice achieved and further action plans on target.with good team engagement. | Assured | Completion of Action Plan. | Report October (?)... |
| Clinical Risk Training | Clinical Risk Training reviewed and action plans to address changes needed are identified and on track.for delivery. | Assured of review outcomes | N/A | Future reports to Committee via Clinical Risk and Safety Group. |
| Equality and Quality | Q1 report received. Development | Assured | N/A | Quarterly reporting to |

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| Impact Assessments | areas identified. | | | Committee |
| Lessons Learned Q1 | Clear improvements in data collection, increase in reporting, improved learning and ongoing plans for development | Assured | N/A | Quarterly reporting to Committee |
| Safeguarding Q1 | Q1 and rapid development plan received and on track. | Assured | N/A | Quarterly reporting to Committee |
| Policy Governance | Policy for Falls and ECT approved. Extension noted for Observation of Patients at risk. | Assured | N/A | Monthly reporting |
| Emerging Quality Risks | Identified under IPQR above: Delayed Transfer of Care and Staffing data gaps impacting on quality. | Assured | Action plan as above | Monthly reporting to Committee. |

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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee: Quality Assurance Committee

Date: 9 September 2021

Chair: Sandie Keene

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|---|---|---------------------|--|--|
| IPQR ongoing risks improvement trajectory mitigation position | Further assurance sought in respect of intransigent risks – eg trajectories for improvement and new mitigations put in place | Limited Assurance | Information to be addressed in future IPQR summary reports | From October 2021 |
| LOS recovery plans | Information received about Delayed Transfers of Care and bed usage/risks. | Limited Assurance | Further work to develop a link to Length of Stay reporting as a determinant of quality reporting for a complete picture of performance | Future IPQR ????timescale |
| Back to good risks estates and staffing | A new risk was identified concerning the quality of service impacts as a result of poor community estate. | Partial Assurance . | Working group developed to address key issues identified at St George's | Further report to FPC and Quality ??? timescale |
| Health and safety levels of assurance and embedding policies residual concerns performance and risk | Increasing transparency in reporting but concerns regarding systematic assurance monitoring of H&S responsibilities across the Trust in some areas. | Limited assurance | Systematic action plan in operation but will take some time to embed before seeing full assurance | Quarterly reporting the Quality Assurance Committee. |
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ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|---------------|---------------------------------|----------------------------------|----------------------------------|--------------|
| CQC Matters – | Verbal update received that CQC | Verbal reassurance at this stage | Quality Committee to undertake a | October 2021 |

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| Firshill Rise learning and action plan process prior to CQC submission. | action plans on track and submitted as required. Discussion about further learning and improvements to process. | | learning review in respect of Firshill Rise. Future CQC action plans to be shared with Chair of Quality Committee before submission | Immediate effect. |
| Report on KPI's for which the Committee is responsible. | List of KPI's which the Committee is responsible for was agreed with the understanding of the different focus for FPC and QAC attention. Additional KPI's on EDI (quality objective) and physical health monitoring routine submission requested. | Assured | For inclusion in IPQR | From October ??? is this possible |
| Back to Good report | The Committee was notified of the work to revise governance arrangements for year 2 of the programme. The most recent action plan is due for submission on September 16 th .. Request for future reports to identify risk levels more clearly | Partial Assurance | Monthly reporting to Quality Committee. | October 2021 |
| Emerging quality risks | The Committee was advised about concerns in the SI investigation processes. Management of the Complaints function is moving to the Quality Directorate. | Limited Assurance For information | A rapid development plan is in preparation | October 2021 |
| Board Visits Q1 report | The need for review and revision of the process was noted. Problems in process and outcome reported. Key issues identified in visits to date identified which triangulate with information from other sources. | Limited Assurance | Recommended report to be received at Board and be the subject of a development discussion to ensure maximum value achieved from future visits. | Nov/Dec 2021 |

The need for revis
ASSURE (Detail here any areas of assurance that the Committee has received)

| Issue | Committee Update | Assurance Received | Action | Timescale |
|-----------------------------|--|--|---|---|
| Medicine's safety report Q1 | Report received identifying levels and number of medicine safety | Limited in respect of analysis and prioritisation. However, Task | Group established with Terms of reference | Report to Quality Committee next quarter. |

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| | incidents. Increasing reports seen in positive light regarding open culture of reporting.. | and finish group establishment adopting a comprehensive approach to improvement. | | |
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