

**Front sheet: Public Board of Directors**  
**Item number: 9**  
**Date: 26 March 2025**

<b>Private/ public paper:</b>	Public
<b>Report Title:</b>	Board Committee activity reports
<b>Author(s)</b>	Corporate assurance team
<b>Accountable Director:</b>	Executive leads and the Chairs of the Assurance Committees
<b>Presented by:</b>	<p>Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee</p> <p>Heather Smith, Non-Executive Director, Chair of Quality Assurance Committee and Interim Chair of People Committee</p> <p>Owen McLellan, Non-Executive Director, Chair of Finance and Performance Committee</p> <p>Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee</p>
<b>Vision and values:</b>	The role of each Committee is to support the Trust Board by ensuring the strategic priorities are met. This includes the consideration of people who use and work in service ( <b>ensuring our services are inclusive and a great place to work</b> ), any environmental or legal impacts and value for money ( <b>effective use of resources</b> ).
<b>Purpose and key actions:</b>	This report highlights key matters, issues, and risks discussed at committees since the last report to the Board in January 2025 to alert, advise and assure the Board.
<b>Executive summary:</b>	<p>Each committee has considered issues under three key categories in their alert, advise, assure (AAA) reports.</p> <p><b>Alert:</b> items from the from the meeting that require highlighting positive or negative and how it is being actioned.</p> <p><b>Advise:</b> summary of the agenda items raised, and any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments.</p> <p><b>Assure:</b> specific areas of assurance received warranting mention to Board or for noting key reports received at an assurance committee.</p> <p>The AAA reports for the Board subcommittees are attached at the <b>appendices</b>.</p> <p>Appendix 1 and 2 - <b>Quality and Assurance Committee</b> AAA report from February and March 2025</p> <p>Appendix 3 - <b>People Committee</b> AAA report from March 2025</p> <p>Appendices 4 and 5 - <b>Finance and Performance Committee</b> AAA report from February and March 2025</p>

	<p>Appendix 6: <b>Mental Health Legislation Committee</b> March 2025</p> <p>Minutes from board assurance committees will be shared with the board via iBABs and non-confidential minutes are available to the public upon request</p>
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Ensuring our services are inclusive	Yes	X	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
	<ul style="list-style-type: none"> <li>Well-Led Development plan that effective governance systems are in place to assess, monitor and improve the quality and safety of services.</li> <li>Supporting principles within the Code of Governance for NHS provider Trusts (April 2023) issued by NHS England to help NHS providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public, through effective flow of information between the committees and the Board.</li> </ul>
<b>BAF and corporate risk/s:</b>	The committees have oversight of all BAF and corporate risks. Different committees offer assurance on a range of these including the management of associated risks.
<b>Any background papers/ items previously considered:</b>	<p>Reports highlighted in the alert, advise assure reports have been received at all the assurance committees:</p> <ul style="list-style-type: none"> <li>Quality Assurance Committee</li> <li>People Committee</li> <li>Finance and Performance Committee</li> <li>Mental Health legislation Committee</li> </ul>
<b>Recommendation:</b>	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> <li><b>formally note the minutes</b> of the committee meetings being presented to the Board</li> <li><b>receive the alert, advise, assure (AAA) committee activity reports</b> within the appendices <b>for assurance and discussion.</b></li> </ul>



**Alert Advise Assure**  
**Quality Assurance Committee 12 Feb 2025**

**Alert:**

**IPQR –**

- Continues increases in OOA beds and patient flow owing to higher-than-average admission and longer discharge rates.
- Community Mental Health waiting times remain high seeing a 200% increase in referrals. A review of the pathways in conjunction with primary care and GPs is taking place however there is evidence the establishment of pathways remains a concern. This is having a negative impact on staff morale but not having any detrimental effect on the 4 week waiting time standard once people enter this 'gateway'.
- Waiting times in specialist services continue to improve however eating disorders, gender services and the memory service remain a concern.

**Memory and OACMHT Waiting times Recovery Plans**

- Memory Service waiting times- There is little evidence of traction or pace of change reflecting this area as a significant concern. Noting the Trust as an outlier in terms of performance, indicative that there are other solutions which could be tried. Difficulties remain with the recruitment and retention of nurses.
- Older Adults Community Mental Health Team waiting times – There is lack of significant improvement.

**Positive alerts**

- 72 hour follow up performance has increased to 92.6%.
- There are improvements in the call abandonment rate on the 111-crisis line. Whilst not yet reaching targets there is movement and evident traction.
- Autism Spectrum Disorder (ASD) waiting list is at its lowest in 2 years: whilst remaining a concern, it shows positive progress.

**Advise:**

**OOA Beds – Lived Experience Update**

- A paper was received responding to the requests from members on how experience of service users is captured, highlighting the contact process with out of area patients/families and feedback mechanisms. There is further work required and insufficient information to date. The committee requested this to be highlighted in the HomeFirst report in March 25, detailing resources and focus.

**Quality Equality Impact Assessments**

- The panel has recently been expanded to be more representative, which should be reflected in future reports. The committee remain assured on the robust processes in place with productive feedback.

**Health and Safety Report Q3**

- EMT received a report in January detailing financial costs and the options for rectification of the issues with fire doors.
- The committee are aware of the mitigations in place but sought more assurance about their execution and efficacy.

**ADHD Recovery Plan**

- The service is transitioning into a nurse-led model with movement anticipated by the end of March 2025 however challenges around recruitment remain

- A trial is underway with a private organisation CARE ADHD undertaking assessments on the Trusts behalf and positive feedback has been received so far.

**Quality Objectives**

- There has been slower than anticipated progress on quality objective 4 (feedback) which has been raised as an issue. However following recruitment of a Safer2Share lead there has been positive impact on the statistics.

**Proposal to open 3rd HBPoS**

- The committee received the proposal for information, with confirmation the suite is now open as a 12 month pilot with resources reviewed as required.

**Assure:****Research, Innovation, Effectiveness, and Improvement Group (RIEIG) Report and Annual Plan – including Quality Improvement Update**

- The Quality improvement (QI) waiting well programme is coming to an end with the final meeting aimed to extract learning from the dissemination of the first QI collaborative programme. There is evidence of impact and change.
- There needs to be further evidence that we are becoming an evidence-based Trust, in line with the strategic aim.
- The Committee commended the group on the progress being made and noted intent to implement more robust processes around dissemination of NICE guidelines.

**Tier II Review of Effectiveness**

- Annual reviews of effectiveness were received from all tier II groups detailing any key themes and will be used for the committee annual report.

**Risks reviewed:**

4756 – the committee approved the escalation to the corporate risk register.

4757 – the committee approved the escalation to the corporate risk register.

4001 – the committee approved the reviewed score and risk description.

**Feedback to Trust Board:**

**Approved by Chair and date: Heather Smith 28 February 2025**



## Alert Advise Assure Quality Assurance Committee 12 March 2025

### Alert:

#### IPQR

- Continued increase in demand in Community Mental Health Services is negatively impacting staff morale and productivity within the service. There is now management oversight in place.
- Inappropriate use of OOA beds remains on the increase with use in January exceeding any previous figures.
- Although there has been a reduction in number of breaches in Health Based Place of Safety (HBPoS) there are some significant lengths of stay, impacting quality and experience of patient care.
- Waiting lists in specialist services remain a cause for concern, although reductions have been seen in a number of service lines, which is encouraging.

### Positive Alert:

#### Gender Identity Service Recovery Update.

- Whilst there remain long waiting lists (a national issue) there is evidence of improvement at SHSC. We are now meeting our assessment trajectory in line with our commissioned target, which is a significant improvement on performance in 2024.

The committee commended the way this has been achieved through workforce reform, quality improvement projects and organisational development involvement, evidencing how change and impact can be made using a collaborative approach.

This is a case study of good practice.

(To note: progress with recording of protected characteristics will be reported after the April meeting, when a longer report is due)

### Advise:

#### Mortality Report Q3

- The committee received the report with an extensive discussion and, whilst acknowledging that the Trust is compliant with National standards for reviewing deaths, there **is limited assurance** on the impact and use of extracted learning.
- There is concern over deaths without ethnicity recorded and the impact this could have on ethnic minorities.
- For future reporting the committee asked for a consideration of health inequalities as part of the analysis and learning.
- The committee also asked that we are given more assurance about our management of risk. A report will come to the committee as a result.
- A **cross-committee** referral was made to **Finance and Performance Committee** to identify how committees have oversight of the benefits of RIO in terms of improved quality of information to improve our practice (ie the benefits of RIO for patient care).

#### Patient Learning & Safety Report Q3

- The committee received the report with an updated format aligning with the patient safety priorities.
- 100% of all incidents were reviewed by the Daily Incident Safety Huddle (DISH) within 24 hours of submission. However, there was **limited assurance** on the impact and use of extracted learning.
- The committee noted the overlap of the report with the mortality report and

requested more collaboration in order to streamline and identify better practice.

- It was noted the inclusion of more detail about our approach to managing self-harm, as requested at previous committee.

#### **Physical Health Group Report Q2/Q3**

- The committee were assured that there are systems in place to monitor physical health but were not provided with sufficient information to be able to judge if this is adequate or not. Clarification of impact measures and identification of measures of successful progress would be helpful.
- There remain issues with capacity with vacancies in the team impacting dissemination of training and other elements of the work plan.
- Issues of collaborative working with acute and primary care colleagues were discussed.

#### **Independent Thematic Desktop Review / homicide Report**

- The committee received the report and were updated on the action plan, where progress is being made.
- Committee asked for a key to be added to identify the meaning of the RAG rating on the action plan prior to submission to the Board.
- Work on actions arising from the homicides in Nottingham is being collated with this work. A joint report and action plan will come to the committee in May prior to the Board, in line with NHS England requests.

#### **Policy Governance Group (PGG)**

- The committee received the up-to-date report and ratified the decisions of the group.

#### **Safer Staffing Review**

- The committee received the report post People Committee for information.

#### **Board Assurance Framework**

- The committee noted and approved the proposed changes to the BAF for onward submission to the Board. The committee requested a summary of changes to be highlighted in the front sheet and developed prior to submission to the Board.
- It was noted BAF 0029 to be used as a guide to measures of success for the Home First programme.

#### **Home First Programme**

- The committee received the update and whilst being assured that plans are being put into place there needs to be evidential impact going forward. Current work is ongoing with respect to developing measures of success, including patient experience and outcome measures. The committee welcomed this approach.
- Flow issues are to be addressed in the short, medium and long term to achieve a sustainable approach and to reduce the use of out of area bed usage which is a poor model of care
- Two lived experience members have now joined the Home First programme board.

#### **Hotspot Update Report**

- The committee welcomed the updates received on the Hotspot areas of risk with detailed data available for each area.
- Articulation of exit criteria from the 'hotspot' category would be a welcome addition in future reporting.

#### **Assure:**

##### **Quality Equality Impact Assessments**

- The committee received the report detailing the QEIA relating to 16-25 transition service.
- The committee are assured of the process and are assured there will be continual review to ensure it remains robust. It was noted that the programme board had been expanded to be more inclusive.

##### **Infection Prevention and Control Group Report Q1/2/3**

- The annual audit programme is progressing and on track for completion by the end

of Q4

- There are significant improvements in the systems and processes for outbreak management which has resulted in fewer outbreaks over the last year.
- The committee are assured the group is on top of the action plan with significant evidence of progress.
- The committee are satisfied and assured of the well managed processes in place.

**Risks reviewed:** All risks reviewed by risk owners and approved by the committee.

**Corporate Risk Register**

- New risk 5429 relating to section 42 enquiries being unallocated within statutory timeframes has been added to the corporate risk register.
- Risk 5432 proposed for escalation to the corporate risk register scoring 15

**Feedback to Trust Board:**

**Approved by Chair and date:**



## Alert Advise Assure

### People Committee 11<sup>th</sup> March 2025

#### **Alert:**

##### Sickness

- Short term sickness is increasing due to seasonal Flu/Cold/Covid. The flu campaign has been extended to March 2025.
- Overall sickness levels remain higher than target and are an outlier in the region.
- Long Term sickness continues to drop due to increased efforts by HR teams to support staff and managers. It is now at 4%, down from 5%.

##### Mandatory Training

- Mandatory training in most areas continues to be maintained above the 80% compliance rate but there remain a number of subject areas that are persistently below 80%. To note that Moving and Handling is at 61% due to not having a lead in post.

##### Employee Case Relations

- The committee remain concerned that there is a high number of ethnically diverse staff in formal employee relations cases. It was noted that this data is also reported to Joint Consultative Forum (JCF) who work closely with the HR Advisory team to identify interventions and bias. Two checkpoints, which provide independent scrutiny, have been implemented. However, it is felt that the main work needs to take place before cases become formal. Further investigation is to take place including trend analysis.  
Assurance has been received from national teams relating to the number of ethnically diverse staff in case work, and that approx. 20% of the workforce across the Trust is now from an ethnically diverse background, so proportionality is evident. However, committee remains concerned and questioning about this issue.

To note: supervision percentages remain a cause for concern, but a new system of recording has been implemented for the month being reported, so a further analysis will be undertaken once this new reporting system has bedded in.

#### **Advise:**

##### Bank and agency usage

- Operational systems are being further strengthened to manage temporary staff usage. There has been a significant decrease in spend on agency staff over the past year.

##### Acute and PICU Supervision recovery plan

- The new version of the recovery plan was shared. Work is taking place with Support Workers and the Organisational Development team to look at staff needs and what can be done to support supervision. Training is being put in place to ensure managers understand the recording system for supervision. Whilst no impact can yet be seen from the new recovery plan, the committee



commended the fresh approach, as previous iterations had not impacted.

- It was noted that the quality of supervision is also being addressed to ensure it is of the right standard.

#### People Strategy 2023-2026 annual review

- The report was received and the committee asked if consideration could be given to implementing some underlying performance indicators under the key performance indicators and to include further benchmarking to see how the Trust measures regionally.
- The Trust has been approached by the Research unit at the University of Sheffield to look at piloting work on retention which will help with impact measures. It was also noted that “pathways to work” outlined in the government white paper ‘Get Britain Working’ will also be a key element of the 2025/6 people plan and refreshed People strategy for 2026-2029.

#### NHS Annual Staff Survey Results 2024

- The 2024 Staff Survey result report was received however the data is embargoed at this time. The committee praised the improvement in the response rate and the plans to further improve activity and engagement.

#### Safe Staffing Report

- The report was received, and an amended version will be presented to the Board of Directors. This amended version alongside the 12-hour shift report will come to People Committee as a matters arising paper in May, with an update report to come to People Committee in July to review the final proposal for the establishment.

#### **Assure:**

- There were no matters of assurance to report to Board of Directors

#### **Risks reviewed:**

BAF risks 0013, 0014, and 0020 were reviewed by the committee and the recommendations from Executive Management Team were approved.

#### **Feedback to Trust Board:**

There was no additional feedback to the Board other than indicated in the alert and advise section of this report.

**Approved by Chair and date: Heather Smith, March 2025**



## Alert Advise Assure

### Finance and Performance Committee 13.02.2025

#### **Alert:**

##### Financial Performance Report – Month 9

- Medic pay is the largest driver behind pay overspend. It was noted that Executive Management Group have approved a paper relating to Acute medical staffing which sees a reduction of £160k, which will be factored into budget setting. All other areas of medic workforce are being assessed.

##### Draft 2025/26 Finance Plan

- The trajectory for out of area is being reviewed as presently the average is 40 beds however the new finance plan aims for an average of 20 beds. The committee were concerned if this target is achievable.
- The Trust is on the higher end of what is being requested for Productivity and 4-5% is the limit of what is feasible to achieve. The targets have been sent out to all areas asking for 4% reduction in overspends and asking them to identify if there are any other areas of overspend that can be identified. Initial totals come to £18m with the finance plan requiring £8m in savings to be achieved. It was noted that the 4% target is going to be applied flexibly across the services as they understand a blanket approach to budget setting will not work for all services.
- The committee asked that the available benchmarking is utilised more within the finance plan and subsequent reporting. It was noted that there are areas where it is presently used but it was agreed wider use of benchmarking should be undertaken.

#### **Advise:**

- Operational Plan 2025-26 - Draft Plan Including five-year capital plan update was received ahead of submission to the Board of Directors in February 2025.
- National International Financial Reporting Standards (IFRS) 8 Operating Segment Declaration was received proposing that the reporting standards remain the same which the committee approved.
- Tier 2 annual reports and meeting effectiveness were received and it was noted that there were suggestions to amend governance reporting between tier 1, 2, and 3. Executive Management Team have requested a review of Business Planning Group and the governance routes now that Operational Management Group and Estates Strategy Implementation Group have been established. A report will be brought to FPC when those conversations have been finalised, therefore the changes relating to governance in the terms of reference can't be

approved at this time.

**Assure:**

- There were no items to raise to the Board of Directors at this time.

**Risks reviewed:**

There were no changes to the Board Assurance Framework risks or Corporate Risk Register.

**Feedback to Trust Board:**

There were no additional points to note to the Board, nor were there any cross-committee referrals to the other Board assurance committees.

**Approved by Chair and date:**

Owen McLellan 18/03/2025



## Alert Advise Assure

### Finance and Performance Committee 13.03.2025

#### **Alert:**

##### Draft 2025/2026 Finance plan

- Discussions are taking place regarding South Yorkshire central deficits therefore there is a risk that this year's residual deficit may need to be split between the Trusts. The basis for this has not yet been agreed.

#### **Advise:**

##### Transformation Portfolio Report

- Rio training is at 65% completion and there are no concerns that go live will not be met. It was also noted that the senior management team have met and there is a focus on the staff who have partial completion as this would improve the figure by 26%. It was also noted that on call has been strengthened for when Rio goes live.
- Fulwood sale is due for completion on 29 April 2025. A meeting has taken place with the estates consultant and lawyer to assess the progress. If Espresso do not complete the sale on 29 April, the Trust will be able to trigger a 10-day period for payment or terminate the contract, however everything appears on track. There are a few governance checks to complete which will be taken through Board of Directors.

##### Finance position for month 10

- At Month 10, the year-to-date deficit position of £6.3m is £0.6m worse than planned (M9 £0.8m worse).
- Out of Area overspent by £1.6m due to numbers continuing at a high level, the majority of this overspend was expected. This has been offset by underspends in other areas, including underspending on the neighbourhood Mental Health hub (£0.8m).

##### Finance position for month 11

- The year-to-date position at month 11 is £5.5m which indicates surplus in month due to finalising full year contract issue, additional funding and capital funding rather than in month performance. It is expected to deliver £6m surplus against original plan therefore £0.5m ahead of plan.
- The month 11 forecast in out of area was £8.15m overspend with approx. £1-200k of risk given the current out of area position.
- The current out of area position at the time of committee was 35 with a target of 30 by month end, which means there hasn't been delivery against plan. The committee were assured that significant work is taking place through medical, nursing, and operational staff to reduce these numbers, including additional flow management which will help manage admissions.

##### Board Assurance Framework

- 2 risks have been reduced and these were approved by the committee.

#### **Assure:**

##### Estates & Facilities Oversight Group Report

- The first assurance report for this group was received and showed good progress. It was requested that future reports show the review of the Estate's portfolio along with the outcomes, dashboards and KPIs.
- It was requested that the absence levels for Estates and Facilities are reviewed and assurance is provided in future reporting.

FPC 2025-26 Objectives

- The committee received the annual report and approved the 2025-26 objectives noting that attendance has been good across the year and work is ongoing to improve report writing as well as making the Integrated Performance & Quality Report more effective.

**Risks reviewed:**

The following risks were approved for reduction:

- BAF0026 There is a risk that we fail to take evidence led approach to change and improvement. Risk has decreased to  $3 \times 4 = 12$
- BAF0032 There is a risk that our estate does not enable the delivery of our strategic priorities. Risk has decreased to  $3 \times 3 = 9$

There were no changes to the following risks: BAF 0021A, BAF0021B, BAF0022, BAF0027, and BAF0030.

There were no changes to the FPC related risks on the Corporate Risk Register.

**Feedback to Trust Board:**

There were no additional points to note to the Board, nor were there any cross-committee referrals to the other Board assurance committees.

**Approved by Chair and date:**

Owen McLellan 18/03/2025



**Alert Advise Assure**  
**Mental Health Legislation Committee (MHLC)**  
5 March 2025

**Alert:**

Mental Health Legislation Operational Group Q3 (MHLOG)

- The Trust received several legal directions issued by the Tribunal Service for not having submitted Tribunal reports when it had been ordered to do so, which is a matter for concern and action.
- Concerns were raised that the tribunal issue has been ongoing and has previously been alerted to the Board. It was suggested that the Committee Chair and Executive Medical Director meet in between the committee dates to provide assurance of the current legal direction status.
- Discussions are also taking place outside of MHLC about a paper be presented to Executive Management Team which would monitor and provide assure outside of MHLC.
- A deep dive is being undertaken to look at all the tribunal reviews received over the last 12 months to assess any trends or hot spots. A summary of this deep dive will be included in the Q4 MHLOG report to MHLC.

Least Restrictive Practice Oversight Group Q3 (LRPOG)

- There has been an increase in the use of seclusion although this remains below March 2024 levels. This rise is mostly in relation to practice at Forest Lodge Assessment ward which historically reported low use of seclusion.
- Not only has there been an increase in use but additional concerns have been raised in relation to non-adherence with seclusion process guidance. This has been escalated to the Directorate Leadership Team and Director of Nursing, Quality and Professions and will be incorporated into an overall practice development / improvement plan.
- This plan includes assuring that all staff are familiar with and competent to implement any use of seclusion in line with the Trust Policy and Code of Practice.

**Advise:**

Mental Health Legislation Operational Group Q3 (MHLOG)

- During Q3, the Care Quality Commission (CQC) visited the Trust on two occasions to carry out Mental Health Act Monitoring Visits. The visits were to Endcliffe ward and Grenoside Grange.
- Concerns of particular significance include patients not being involved in their care/planning, carers not feeling involved, some staff attitude issues, and Independent Mental Health Advocates (IMHAs) feeling their work is on occasion not enabled by the Trust. Responses and action plans have been submitted.
- The committee were very concerned about some of the points that were raised from the recent CQC visit and that some of these issues had been raised in 2019

and 2023. Robust audits are to be put in place so issues can be highlighted and tackled before they become significant issues and that a digital platform Tenable has been acquired which will support audit keeping.

- The recently commissioned governance review will help to ensure that care groups are reporting and recording things like S132/s132a compliance reliably.

#### Least Restrictive Practice Oversight Group Q3 (LRPOG)

- The group are looking at supportive digital services which can help connect service users maintain contact with families and carers whilst on the ward.
- There is ongoing work to ensure that behaviours of our neurodiverse patients are understood and accommodated
- There is ongoing redevelopment with involvement of the Respect team to support this, This is a little hindered due to lack of administration support.

#### Associate Mental Health Act Managers (AMHAMs) Activity Q3 Report

- There is still little diversity in the make-up of the AMHAMs

#### **Assure:**

#### Mental Health Legislation Operational Group Q3 (MHLOG)

- The committee were very happy with the progress made to ensure patients are informed of their rights and noted that the improvements have been a result of several reasons. Work is ongoing to ensure continued improvement.

#### Human Rights Framework Progress Report Q3

- There has been great success in promoting human rights across the organisation with continued promotion and a link with least restrictive practice.

#### Associate Mental Health Act Managers (AMHAMs) Activity Q3 Report

- The committee heard that AMHAMs were not provided with laptops and their use of home equipment has unearthed governance issues. This has been escalated to the Caldicott Guardian. Mitigations have been put in place and a digital solution is being developed to safely share patient information. Information Governance training is also being developed for AMHAMs as a result of this finding
- The committee were asked about the potential that lack of an SHSC laptop could prevent some people applying from being an AMHAMs as they may need to supply their own equipment. It was confirmed that laptops can be used at Trust sites and travel allowances cover the cost of this, mitigating against any disadvantage for AMHAMs who do not have a computer.
- The job advert for AHMAMs has been updated on Jarvis and details updated.
- Reimbursement of the AMHAMs is to be referred to People Committee for ratification
- AMHAMs are issued with day parking permits when they visit the Trust Headquarters.

of Reference review

- The MHLC annual report was reviewed by the committee and there was one amendment suggested to include a note that non-executive directors have been coming to the committee to cover the vacant NED post and that the meetings have been quorate with robust NED attendance.
- The committee noted that work is still underway regarding reporting into the committee and that the good governance institute review will provide further insight on how best these reports can be provided.
- It was noted that there needs to be a statement relating to unconscious bias to support all committees on understanding this. Several offers were made to the Associate Director of Communications & Corporate Governance to help with this statement.

**Risks reviewed:** All risks reviewed by risk owners and approved by the committee.

- Risk 5026 relating to Deprivation of Liberty Safeguards (DOLS) framework has no change to the score.
- Risk 5124 relating to compliance with s132/132A Mental Health Act has no change to the score.

**Feedback to Trust Board:**

There were two cross-committee referrals from MHLC:

- To People Committee to ask them to ensure that staff are getting access to RESPECT training.
- To Audit and Risk Committee to assess what action should be taken when risks are “stuck” for a significant amount of time without measurable progress.

**Approved by Chair and date:** Olayinka Monisola Fadahunsi-Oluwole 12/03/2025