Medical Needs Policy

The Polaris Community is committed to effectively support individual young people who have medical needs and to enable them to achieve regular attendance.

Procedure Owner:	Polaris Education
Approved by:	Managing Director
Date approved:	August 2026
Next review date:	August 2027
Version No:	02
Associated documents:	This policy should be read alongside all other relevant policies, procedures and guidance documents, including: Allergy Safety Policy Health and Safety Policy First Aid Policy Equality, Inclusion and Diversity Policy

All group companies are detailed in the current legal structure.
This procedure forms part of the Group Quality Management system ISO 9001.

Contents

Purpose and scope

The purpose of this procedure is to set out the Polaris Community approach and procedures to provide standards for safe and appropriate administration of medication to children.

The vast majority of children within our schools do not require medication to be administered within the school day, however some children require medication either on a short term or long-term basis. Antibiotics and painkillers are commonly used, and asthma medication is now given to ever increasing numbers of children. A more recent problem is the child with acute food allergies (e.g., shellfish) who requires emergency adrenaline (Epipen).

Some children may have medical conditions that, if not properly managed, may limit their access to education. However, most children with medical needs are able to attend school regularly and, with appropriate support, participate fully in educational activities and reach their full potential.

Polaris Community is fully committed to ensuring that every child can achieve their full potential, regardless of disability or medical need, and will take all reasonable steps to provide safe, effective, and inclusive support. Polaris Community fully protects and indemnifies all staff against claims of alleged negligence, provided they are acting within their job role, following their training, and adhering to established organisational procedures and guidelines.

This policy applies to:

- All pupils, including those with diagnosed or undiagnosed medical conditions, and all staff including teaching, support, supply, peripatetic and volunteers, across all school activities such as trips, visits, clubs, transport and residentials.
- All permanent, fixed term and casual staff members, who manage provisions, teach and support learning within the Polaris Education.
- All school activities, including lessons, trips, visits, clubs, transport, and residential experiences.

Legal & Guidance Framework

This procedure has been written using the DfE *Guidance Supporting Pupils at School with Medical Conditions* DfE, April 2014; updated December 2015).
The Education (Independent School Standards) Regulations 2014.
This policy should be read in conjunction with the Safeguarding and Child Protection Policy. SEND Policy, Behaviour Policy, and Attendance Policy.

Definitions

Medical condition: A physical or mental health condition requiring medical management or support.

Individual Healthcare Plan (IHP): A written plan that sets out a pupil's medical needs, required support and emergency procedures.

Controlled drugs: Medicines subject to legal controls under the Misuse of Drugs legislation.

Adrenaline Auto-Injector (AAI): Emergency medication used to treat anaphylaxis.

Self-management: Where a pupil is assessed as competent to carry and administer their own medication safely.

Roles & Responsibilities

Individual named staff are listed on the schools website.

The Headteacher

- The Headteacher has overall responsibility for ensuring that this policy is implemented effectively and that appropriate systems are in place to support pupils with medical needs.
- The Headteacher must appoint a Senior Leader for Medical Needs. This leader is responsible for oversight of IHPs, staff training, emergency planning, medication management, incident investigation, and liaison with health professionals.
- Ensure that Staff receive suitable annual medical-conditions training, allergy safety training, emergency response training (anaphylaxis, asthma, seizures, diabetic emergencies), and condition-specific training where required. Training for supply, catering, transport, and wraparound staff must also be provided and recorded in the school training matrix to ensure safe practice across all areas of school life.

Senior Leader / Designated Medical Needs Lead

A Senior Leader for Medical Needs is responsible for the oversight of Individual Healthcare Plans (IHPs), staff training, emergency planning, medication management, incident investigation, and liaison with health professionals.

Teaching and support staff

Staff are responsible for:

- Following this policy and associated procedures
- Undertaking training relevant to their role
- Administering medication only when trained and confident to do so
- Responding appropriately to medical emergencies
- Staff should only administer medication when they feel competent and when training has been provided

The parents/carer

- Ensure that correct information regarding child's medical needs is shared with the school and that this information is kept up to date.
- Where children require medication to be administered at school, ensure that the school is provided with sufficient medication as well as being provided with information regarding time medication should be administered dosage etc.
- Sign and return any forms required by the school to provide consent to administer any medication or medical treatment.

Pupils

Pupils are encouraged, where appropriate, to:

- Take increasing responsibility for their medical needs
- Inform staff if they feel unwell or require support

The Governing Body is responsible for:

- Ensuring suitable policies are in place
- Monitoring implementation and compliance
- Receiving reports on incidents, near misses and training
- A Named Governor for Medical Needs and Allergy Safety must oversee policy compliance

Identification and inclusion of children with medical conditions

The school identifies children with medical needs via admissions, transition, parent communication, and liaison with health professionals. The Education, Health Care Plan (EHCP) may also detail the medical needs of the children. No pupil within the Polaris community will be discriminated against based on their health or medical need. Children with medical conditions must be fully included in learning, enrichment activities, trips and residentials, with reasonable adjustments where required.

Mental health support, treatment, and crisis response: Polaris Community recognises that mental health is as important as physical health and that mental health conditions may significantly impact a pupil's wellbeing, attendance, behaviour, and access to learning. The school is committed to promoting positive mental health, identifying emerging concerns early, and ensuring that pupils experiencing mental health difficulties receive appropriate support, treatment, and protection.

Support for pupils with mental health needs may include:

- Pastoral or key-adult support
- Access to safe spaces and time-out arrangements
- Reasonable adjustments to timetables, workload, or expectations
- Emotional regulation strategies and agreed support plans
- Signposting to internal or external services

Where mental health needs are ongoing, complex, or clinically diagnosed, an **Individual Healthcare Plan (IHP)** or other agreed support plan may be developed in partnership with parents/carers and health professionals. The school will work in partnership with:

- Parents and carers
- NHS services, including CAMHS where appropriate
- External therapists or clinicians
- Education and inclusion services

Information will be shared on a need-to-know basis and in accordance with data protection and safeguarding requirements.

Mental Health Crisis and Immediate Risk

A mental health crisis may include, but is not limited to:

- Expressions of suicidal ideation
- Severe emotional distress or breakdown
- Risk of harm to self or others
- Acute trauma responses

Where a pupil is considered to be at immediate risk:

- Safeguarding procedures must be followed without delay
- Parents/carers must be informed as soon as it is safe to do so
- Emergency services or crisis mental health services may be contacted
- The pupil must not be left unsupervised

All mental health crises are treated as safeguarding concerns and recorded and reviewed in line with safeguarding and incident-reporting procedures.

Young people with Long-Term or Complex Medical Needs
Where a young person has a long-term or complex medical need, the school will draw up a health care plan in consultation with parents and relevant health professionals. Where a young person has long-term or complex medical needs, Polaris Community will develop an **Individual Healthcare Plan (IHP)** in consultation with the parent/carer and relevant health professionals. The plan will set out the young person's medical condition, required support, medication details, emergency procedures, and any necessary adjustments to ensure their full participation in education.

Healthcare plans will be reviewed regularly—and sooner if the young person's needs change—to ensure that the support provided remains accurate, safe, and effective.

A Medical Needs Register is maintained and reviewed termly and after any new diagnosis or change in need.

Promoting Wellbeing
Medical conditions may impact emotional regulation, attendance, and wellbeing. Support may include pastoral input, mental health interventions, peer education to reduce stigma, flexible learning arrangements, and access to safe spaces. Each child should have a designated key adult for support where appropriate, and access to safe spaces should be available to assist with emotional regulation linked to medical needs.

Reasonable Adjustments
Where a medical condition constitutes a disability, reasonable adjustments must be implemented, such as rest breaks, hydration access, modified timetables, environmental adjustments, risk assessed participation and alternative exam arrangements.

Individual Healthcare Plans

When an IHP is Required

An IHP will be developed where a pupil has a long-term, complex or potentially life-threatening medical condition.

Developing an IHP

IHPs are developed in partnership with parents/carers and relevant health professionals and coordinated by the Designated Medical Needs Lead.

Content of an IHP

An IHP must include:

- Pupil details and emergency contacts
- Summary of the medical condition and its impact
- Medication and administration requirements
- Emergency procedures
- Level of independence and support required
- Educational continuity arrangements
- Review date
- Where a pupil's mental health needs require ongoing or structured support, these may be documented within an Individual Healthcare Plan or equivalent support plan.

Mental health-related plans may include:

- Known triggers and early warning signs
- Agreed de-escalation and regulation strategies
- Medication arrangements (where prescribed)
- Crisis response actions and key contacts
- Attendance or reintegration arrangements
- Review timescales
- Plans will be reviewed regularly and adjusted in response to changes in need, medical advice, or significant incidents.

Review and Monitoring IHPs

IHPs are reviewed at least annually, and sooner if needs change or following any incident.

Educational Continuity and Reintegration

Where medical needs affect attendance, appropriate arrangements may include catch-up learning, remote learning, reduced timetables, and reintegration plans.
Support may include:

- Liaison with parents/carers and medical professionals
- Work provided for home or hospital learning where appropriate

- Flexible expectations regarding deadlines and assessment
- Use of remote or blended learning arrangements, where suitable
- Ongoing pastoral contact to maintain connection and belonging

The level and type of support will be based on the pupil's medical needs, wellbeing, capacity to engage, and medical advice.

Reintegration Following Absence

Where a pupil is returning following medical absence or hospitalisation, the school will:

- Develop a reintegration plan, where appropriate
- Consider phased or reduced timetables
- Implement reasonable adjustments
- Review risk assessments and support plans
- Ensure staff are informed of relevant needs on a need-to-know basis

Reintegration plans will prioritise the pupil's wellbeing, safety, and long-term inclusion, and will be reviewed regularly.

Medication Management

General principle

Polaris Community fully protects and indemnifies all staff against claims of alleged negligence, provided they are acting within their job role, following their training, and adhering to established organisational procedures and guidelines.

Prescribed Medicines

Medicines should only be brought into the provision when it is essential to do so; that is when a failure to administer the medication during the academic day would be detrimental to a young person's health.

The Polaris community will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber, or pharmacist prescriber.

All medication must be provided in its original container as dispensed by a pharmacist and must clearly display the prescriber's instructions, dosage, and administration instructions. All medicines provided by parents/carers will be securely stored in a locked cabinet within the office area to ensure safe and controlled access.

Controlled Drugs

The Polaris Community recognises that some prescribed medicines are classified as controlled drugs under the Misuse of Drugs legislation.

Where controlled drugs are required during the school day:

- Controlled drugs must be stored securely in a locked cabinet with strictly limited access.
- A dedicated **controlled drugs register** must be maintained.
- Each administration must be recorded, including quantity received, dose given, and remaining balance.

Administration and Witnessing

- All administration of controlled drugs must be **witnessed by a second trained member of staff**.
- Both staff members must **sign the controlled drugs register** immediately after administration.
- Records must include:
  - Pupil name
  - Medication name, dose, and time
  - Remaining balance
  - Signatures of both staff members
- Controlled drugs must be subject to **regular stock reconciliation (minimum weekly)**.
- Any discrepancies must be **reported immediately** and investigated in line with Section – Medication Errors and Incidents.

Non-prescribed Medicines

Staff must not administer non-prescribed medicines (e.g. paracetamol or ibuprofen) to a young person without prior written consent from the parent/carer. Written consent must clearly specify the medicine, dosage, and circumstances in which it may be administered.
Only the recommended, age-appropriate dose may be given in strict accordance with the manufacturer's instructions, and staff must not exceed the stated maximum daily dosage.
Before administering any non-prescribed medication, staff must check for any known allergies, contraindications, or any doses taken earlier that day.

Aspirin must not be given to any young person under 16 unless prescribed by a doctor.
All non-prescribed medicines administered must be recorded, including the name of the medicine, the dose given the time of administration, and the name of the staff member administering it.

Consent and Administration Checks

No young person should be administered medication without written consent from their parent or carer.

Any member of staff administering medication must complete the appropriate checks prior to administration. These include confirming:

• Young person's name
• Prescribed dose
• Expiry date of the medication
• Right person
• Right medicine
• Right dose
• Right time
• Right route of administration

These checks are essential to ensuring safe, accurate, and compliant medication administration.

Following administration, staff must:
• Observe the young person for an appropriate period to monitor for any immediate adverse or unexpected reactions.
• Record the administration immediately in the medication record including all required details in line with organisational procedures.

PRN (As Required) Medication

PRN medication must only be administered where clear protocols are in place to ensure safe and consistent decision-making.

- PRN medication must:
  - Be prescribed or authorised with written parental consent
  - Be supported by a **PRN protocol or Individual Healthcare Plan**
- Protocols must define:
  - Indications for administration
  - Minimum time intervals
  - Maximum allowable dose within 24 hours

Staff must:

- Record the **reason for administration**, dose, and time
- Record outcome/effectiveness where appropriate
- Monitor frequency of use

Repeated or escalating use of PRN medication must trigger **review by the Designated Medical Needs Lead** and, where appropriate, consultation with parents/carers or health professionals.

Medication Errors or Concerns

In the event of a medication error (including missed dose, incorrect dose, wrong medicine, or wrong time), staff must:
• Seek immediate medical advice where required (e.g., NHS 111, GP, or emergency services).
• Inform the parent/carer without delay.
• Report the incident in line with the Polaris incident reporting procedure.

If a double or missed dose is suspected, staff must treat this as a medication error and seek urgent medical advice before taking further action. Medicines will normally be kept under the control of the school office unless alternative arrangements have been agreed with the parent/carer. A record of all medicines administered by staff must be maintained in the designated office and the record must be completed on every occasion that medicine is administered to a young person.

When a young person refuses medication, the parent/carer must be informed as soon as possible, and the refusal must be recorded.

All medication errors must be:

- Recorded
- Reported in line with incident reporting procedures
- Investigated to identify root cause

Missing Medication

Any missing, lost, or unaccounted-for medication must be treated as a **serious concern**.

- Must be reported immediately to the Designated Medical Needs Lead
- A search must be conducted without delay
- Parents/carers must be informed as soon as possible unless there is a clear, documented reason not to do so has been agreed by a member of the Senior Leadership Team.
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Where controlled drugs are involved:

- Immediate escalation to senior leadership is required
- Additional external reporting may be necessary (e.g. police, local authority) in line with organisational procedures.
- All incidents must be formally recorded and investigated.

Recording Refusal

When a pupil refuses medication:

- The refusal must be recorded
- Parents/carers must be informed as soon as possible

Raising Concerns

Concerns about medical needs, safety or practice may be raised by pupils, parents/carers, staff, visitors, or health professionals. Concerns must be directed to the Designated Medical Needs Lead and investigated within agreed timescales.

Administration of Medicines on Trips and Visits

The Polaris Community will make all reasonable adjustments to ensure that young people can fully participate in all aspects of the curriculum including trips and off-site activities Where a young person requires medication during a trip or visit it is the responsibility of the trip or visit organiser to assess and plan for the safe and practical administration of that medication.

This assessment should include:

- Ensuring that trained and authorised staff are available to administer the medication.
- Confirming that all medication is transported safely and stored securely while off-site.
- Reviewing the young person's medical needs, consent forms, and any individual healthcare plan.
- Considering the environment, timing, and type of activity to ensure safe administration.
- Making contingency plans for emergencies or unexpected medical issues.

No trip or visit should proceed without appropriate arrangements in place to meet the medical needs of all participating young people.

Children with medical conditions must be fully included in trips, visits, clubs, and residential activities. Risk assessments must ensure medical needs are planned for and reasonable adjustments implemented.

Self-Management of Medication by pupils

Young people are supported and encouraged to take responsibility for managing their own medicines wherever this is safe and appropriate. Some young people may be permitted to carry their own medicines - for example, adrenaline auto-injectors (e.g., EpiPens) or asthma reliever inhalers and administer it independently when required.

Parents/carers must provide written consent before a young person is allowed to carry or self-administer medication. Staff should assess, in consultation with parents/carers and relevant health professionals where necessary, whether the young person is sufficiently mature and competent to manage their medication safely.

Polaris Community will ensure appropriate oversight and support while promoting independence and self-management in line with the young person's needs and abilities.

Risk Assessment and Recording

Where a pupil is permitted to self-administer:

- A **formal risk assessment** must be completed prior to approval, considering:
  - Competence, age, and understanding
  - Nature of medication and associated risks
- Written parental consent and agreement to self-administration arrangements must be in place.

The school must maintain a **record of self-administration arrangements**, including:

- Medication carried
- Storage arrangements (if applicable)
- Emergency procedures

Staff must:

- Maintain appropriate **oversight and periodic review of competence**
- Review arrangements immediately if any concerns arise

Storage, Handling, Transfer and Disposing of Medication

Storage and Handling

All medication must be:

- Stored in accordance with manufacturer instructions *
- Held securely with restricted access
- Readily accessible to authorised staff while remaining secure

Transfer and Receipt (Including Admission)

Prior to admission or commencement:

- Medication must be received in original packaging with pharmacy label
- Quantities must be recorded on receipt
- Administration instructions and consent must be verified

When transferring medication (e.g. trips, dual sites):

- Medication must be transported securely
- A **record of transfer and quantities** must be maintained
- Risk assessments must reflect safe handling during transfer (see Section: Trips and Visits)

Disposal

- Medication must not be disposed of in general waste
- Unused or expired medication must be:
    - Returned to parents/carers, or
    - Returned to a pharmacy for safe disposal

For controlled drugs:

- Disposal must be **witnessed by a second member of staff**
- Disposal must be recorded in the controlled drugs register

*Polaris schools do not routinely maintain dedicated medication refrigerators due to the infrequent need for medicines requiring refrigeration. Where a pupil requires refrigerated medication during the school day, suitable arrangements will be risk assessed and agreed individually to ensure storage complies with manufacturer instructions and the medication remains secure.

Medication Changes – Recording and Communication

- Any change to medication must be confirmed in writing by parents/carers and/or healthcare professionals
- Changes must be:
    - Recorded immediately in medication records
    - Reflected in the Individual Healthcare Plan where applicable

The Designated Medical Needs Lead must ensure:

- Relevant staff are informed **without delay**
- Updated records replace previous versions

A clear audit trail of all changes must be maintained.

Allergy Safety

The school must operate whole-school allergy awareness, allergen-management practices, risk-reduction strategies, catering controls, and emergency response processes. Spare adrenaline auto-injectors must be stored in accessible paired locations, checked termly, and replaced as required. All staff must be trained to recognise anaphylaxis and administer emergency medication.

The school must stock spare adrenaline auto-injectors (AAIs) in accordance with DfE guidance.

Spare AAIs must be stored in accessible *paired locations* and checked termly for expiry. Catering and food-handling staff must follow allergen-management procedures and risk-reduction strategies across the school.

Monitoring for Adverse Reactions

Following administration, staff must:

- Observe pupils for any **adverse or unexpected reactions**
- Take appropriate action if concerns arise
- Record any reactions and escalate in line with procedures where necessary
- Serious reactions must be managed in line with emergency procedures and recorded as an incident.

Behaviour Management Medication

Polaris Community is committed to working in partnership with parents/carers and relevant professionals to ensure that any decisions regarding interventions for behaviours perceived as challenging—including the use of prescribed medication—are appropriate, lawful, and in the best interests of the young person.

Where a young person has specific behavioural needs, a **Positive Handling Plan**, including a detailed **risk assessment**, must be developed and agreed by all relevant parties. This may include parents/carers, education staff, and, where appropriate, medical, or clinical professionals.

Medication intended to support behaviour management can only be prescribed by a qualified medical practitioner following a thorough assessment. There must be a clear, evidence-based rationale for the use of medication, and non-pharmacological strategies should always be considered and implemented alongside any medical treatment. Polaris Community will ensure that any behavioural intervention, including medication, is monitored, reviewed regularly, and aligned with safeguarding, wellbeing, and ethical best practice.

Raising concerns, incidents and near misses

Concerns may be raised by pupils, parents, staff, or professionals. Serious incidents and near misses are investigated and reported to governors. A serious incident includes any medical event requiring emergency medication, urgent clinical intervention, or emergency services attendance. A near miss is an event that could have caused harm. All incidents must be recorded, investigated by senior leaders, reviewed to identify learning, and reported to governors termly. Governors must receive termly reports on medical incidents, medication errors and near misses to ensure effective oversight.

In the event of an emergency, staff must follow the company's established emergency procedures as set out in the Health and Safety documentation. All staff are required to be familiar with these procedures and know how to access them promptly to ensure an effective and coordinated response.

Staff must accompany a pupil to hospital where required. Emergency medication must be accessible within 5 minutes, clearly labelled, expiry-checked termly, and stored in *pairs* for adrenaline devices.

Medication Auditing and Stock Control

The school must have robust systems for auditing medication management.

- Formal **medication audits must take place at least termly**, including:
  - Storage compliance
  - Record accuracy
  - Expiry checks
- Controlled drugs must be **reconciled at least weekly**

Audit findings must be:

- Documented and reviewed by the Designated Medical Needs Lead
- Reported to senior leaders and governors where required

Any discrepancies must be investigated promptly.

Monitoring, Review and Learning

The school must ensure continuous improvement in medication safety.

- All medication-related incidents, errors, and near misses must be:
  - Recorded and investigated
  - Analysed for trends and patterns

Outcomes must inform:

- Staff training (see Section 4: Roles and Responsibilities)
- Policy updates
- Risk assessments

Actions must be:

- Clearly documented
- Assigned and monitored to completion

A summary of incidents, learning, and actions must be reported to governors on a **termly basis**

Further Information and Guidance

Further information and guidance
can be found in the Department for Education publication *Supporting Pupils at School with Medical Conditions* (December 2015).

Review Dates

This procedure must be reviewed annually, after any serious incident or near miss, following changes in statutory guidance or after significant organisational changes.

Date:	**Version:**	**Summary of Changes:**
August 2026	02	Reviewed and updated in line with statutory guidance and organisational requirements.

Appendix A - Individual Healthcare Plan

Individual Healthcare Plans (IHPs)
IHPs must set out:
– child details and contacts
– summary of condition and its impact
– who needs to know
– independence level
– support required
– medication administration requirements
– emergency procedures
– arrangements for educational continuity
– review schedule (minimum annually, and after any incident or change in medical advice).
Individual Healthcare Plans must include arrangements for educational continuity, including catch-up learning, remote learning (where appropriate), reduced timetables, and reintegration plans following absence.

Appendix B - Governor Assurance Checklist for Medical Needs

A tool for the **Named Governor for Medical Needs to** monitor compliance, risk, and impact.

1.Governance and Leadership
[] A named governor is appointed for medical needs and allergy safety.
[] A named senior leader is responsible for operational oversight.
[] Policies are reviewed annually and after any serious incident or near miss.
[] Policies are published on the school website.
2. Identification and Inclusion
[] Systems ensure early identification of medical conditions at admission and transition.
[] A current Medical Needs Register is maintained and reviewed termly.
[] Pupils with medical conditions are fully included in trips, visits, and extracurricular activities.
[] Reasonable adjustments are implemented where a condition constitutes a disability.
3. Individual Healthcare Plans (IHPs)
[] All pupils requiring an IHP have one in place.
[] IHPs include all required elements (condition summary, emergency plan, medication, wellbeing, educational continuity).
[] IHPs are reviewed at least annually.
[] IHPs are updated after any incident, diagnosis change, or hospitalisation.
4. Staff Training
[] All staff receive annual medical conditions awareness training.
[] All staff receive annual allergy awareness training.
[] Staff supporting specific pupils receive condition-specific training.
[] Catering, transport, and wraparound staff are included in training.
[] Training records are maintained and monitored.
5. Medication Management
[] Medication is stored safely but accessible within 5 minutes.
[] Emergency medication is stored in pairs (for adrenaline devices).
[] Expiry checks are completed termly and recorded.
[] Clear procedures exist for administering medication, including two-person checks where required.
[] Parents provide medication in original packaging with pharmacy labels.
6. Allergy Safety
[] A separate Allergy Safety Policy is in place and published.
[] The school stocks “spare” adrenaline devices.
[] Spare devices are stored accessibly and checked regularly.
[] Catering staff follow allergen- management procedures.
[] Risk-reduction strategies are in place across the school.
[] All staff can recognise anaphylaxis and administer adrenaline.

7. Emergency Preparedness
[] Clear emergency procedures are in place and understood by staff.
[] Emergency drills include medical-emergency scenarios (e.g., anaphylaxis)
[] Emergency services access routes are known and unobstructed.
[] Staff know who to contact in a medical emergency.
8. Incident and Near Miss Reporting
[] All serious incidents and near misses are recorded.
[] Investigations identify root causes and learning.
[] Governors receive termly reports on incidents and near misses.
[] Actions from incidents are implemented and monitored.
9. Wellbeing and Inclusion
[] Pupils with medical conditions receive appropriate pastoral support.
[] Staff understand the emotional impact of medical conditions.
[] Systems reduce stigma and promote inclusion.
10. Assurance Summary
Strengths:
Areas for development:
Actions required:
Timescales:
Responsible person(s):