

No Assurance	Limited Assurance	Significant Assurance	High Assurance
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Name of Meeting:	People Committee
Date of Meeting:	21 September 2021
Prepared by:	Melanie Hudson - Non-Executive Director/Chair of People Committee

Key Highlights from the meeting		
	Highlight	RAG Rating
1.	<p>People Story</p> <p>This month's people story focused on the staff survey results and culture change in two areas of the Trust - Finance and Children's Services. The Committee heard how different areas of the Trust have successfully had a focus on positive cultural change, and the importance of learning and development to embed new practices and ways of working. The overarching themes related to the importance of real listening, setting clear expectations and sharing good practice. The Committee was given assurance that there are approaches in place to facilitate better sharing across the Trust.</p>	Significant assurance
2	<p>Workforce Disability Equality Scheme (WDES)</p> <p>The Committee considered a paper outlining the Trust's WDES action plan recommendations for the forthcoming year. Much of the discussion focused on the steps that were being taken to share best practice and to encourage colleagues and applicants to the Trust to disclose any existing or new disabilities and to find a way to share the stories of employees so that the voice of colleagues with disabilities can be heard.</p> <p>The Committee agreed to recommend the plan to the Board for approval (attached for Board approval).</p>	Significant Assurance

Assurances gained at the meeting		
	Assurance	RAG Rating
1.	<p>Serious incident action plan</p> <p>JH presented an action plan that had been developed to respond to a serious incident relating to a failure to implement reasonable adjustments for a colleague with a known disability. After a full discussion, the Committee noted the importance of post induction reviews taking place with colleagues with known disabilities and felt assured that processes and systems had been reviewed to enable the Trust to respond, maintain oversight, and provide guidance in a timely manner in the future.</p>	Significant assurance

2.	<p>Guardian of Safe Working report</p> <p>The Committee received an in-depth Guardian of Safe Working report and had a detailed discussion about the strengths and areas of concern in relation to the roles and experience of the junior doctors at the Trust. Areas of operation where the recruitment and retention of medical staff was challenging was discussed and, in particular, the consideration of processes to escalate to the Board and the Quality and Safety Committee in the event that there was any potential impact on an area of delivery and or patient safety.</p>	Significant assurance

Issues or emerging risks		
	Issues or emerging risks	RAG Rating
1.	None.	

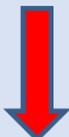
Any other comments
<p>The Committee had a brief discussion about the positive meeting which had recently taken place between members of the People and Quality and Safety Committees, to consider from a different lens the way that assurances could be given that there were no negative impacts on patient safety as a consequence of staffing concerns/levels, how any escalation would take place by either Committee as necessary and how this could be raised as a discussion at Board level at the appropriate strategic session.</p>

Level of assurance	Guidance on consistency
High assurance	This can be given when there is evidence that there is a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and that these have been delivered and there is triangulation from other sources (e.g. patient or staff feedback)
Significant assurance	This can be given when there is evidence that there is a good understanding of the matter or issue to be addressed; there are plans in place and that these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.
Limited assurance	Limited assurance can be given where there is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans will not be delivered within agreed timescale; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.
No assurance	Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.

Date of Meeting:	Tuesday 21 September 2021				
Meeting:	People Committee				
Title of report:	Workforce Disability Equality Standards Action Plan 2021				Item 8
Author:	Johanna Barkwith & Freya Sledding – Staff with Disabilities Inclusion Network Co Chairs Sarah Heys, HR Business Partner Wellbeing at Work Lead				
Previous Forums:	N/A				
Purpose of the Report					
Purpose: 1. To share Airedale NHSFT WDES action plan recommendations for 2021/22					
Key Points to Note					
<p>The Workforce Disability Equality Standard data for 20/2021 shows deterioration in six out of ten indicators over the last year highlighting the need for ongoing development of the approach to be taken through the Staff with Disabilities Inclusion network with support from the People and OD team.</p> <p>A review of the 2020 WDES action plan has been undertaken identifying actions that will continue in 2021, there have also been a number of new actions added as a result of the 2021 data.</p>					
EQIA – Equality Impact Assessment					
This paper highlights the work required in relation to disability equality, through the proactive work of the Staff with Disabilities network and the People and OD team. The benefits to colleagues, patients and the wider community have been considered from Increasing the diversity of our leadership and improving experiences of our staff with disabilities.					
Fit with strategic objective	Population	Patients	People	Partnership	Progressing
	X	X	X	X	X
Recommendation					
<ol style="list-style-type: none"> 1. To discuss and agree the revised WDES 2021/22 action plan recommendations 2. Receive reporting on progress against recommendations on a bi-annual basis 3. Consider the resource required to deliver on the ambition through dedicated time for network members 4. To approve action plan for external publication 					

Workforce Disability Equality Standard Comparison Data 2020- 2021

WDES INDICATOR	AGH WDES DATA 2020	AGH WDES DATA 2021	PROGRESS
1.% of staff in non-clinical/clinical staff Band 1-9 and VSM compared with the % in the overall workforce	2949 staff employed. 68 disabled (2.31%). 2432 not disabled (82%) 449 disability unknown.	3182 staff employed. 89 disabled (2.80%). 2671 not disabled (83.94%) 422 disability unknown (13.26%).	
2. Likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff across all posts	Non-disabled staff 1.38 times more likely to be shortlisted compared to disabled staff	Non-disabled staff 0.36 times more likely to be shortlisted compared to disabled staff	
3. Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process; as measured by entry into a formal capability procedure	Disabled staff 5.96 times more likely to enter a formal disciplinary process compared to non-disabled staff	Disabled staff 10 times more likely to enter a formal capability process compared to non-disabled staff	
4. i) % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months ii) % of staff stating the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	i) Percentage of staff (reporting) experiencing abuse 27.3% (disabled) 21.3% (non-disabled) ii) Percentage of staff/colleague who reported abuse 42.3% (disabled) 44.3% (non-disabled)	i) Percentage of staff (reporting) experiencing abuse 26.7% (disabled) 17.9% (non-disabled) ii) Percentage of staff/colleague who reported abuse 44.1% (disabled) 49.4% (non-disabled)	
5. % of staff believing the organisation provides equal opportunities for career progression or promotion	Percentage of disabled staff believing the organisation provides equal opportunities for career progression or promotion 85.2% (90.2% non-disabled)	Percentage of disabled staff believing the organisation provides equal opportunities for career progression or promotion 86.4% (89.8% non-disabled)	
6. % of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Percentage of disabled staff 27.3% (22.5% non-disabled)	Percentage of disabled staff 32.5% (23.3% non-disabled)	

7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Percentage of disabled staff 45.1% (non-disabled 54.2%)	Percentage of disabled staff 44.1% (non-disabled 52.5%)	
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Percentage of disabled staff 85%	Percentage of disabled staff 74.8%	
9. The staff engagement score for Disabled staff, compared to non-disabled staff.	Disabled staff 7.0 Non-disabled staff 7.3 Overall score 7.2	Disabled staff 6.9 Non-disabled staff 7.3 Overall score 7.3	
10. Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: <ul style="list-style-type: none"> • By Voting membership of the Board • By Executive membership of the Board 	Percentage of disabled staff (Board) 0% Percentage difference between Board voting membership and overall workforce -2.31%	Percentage of disabled staff (Board) 0% Percentage difference between Board voting membership and overall workforce -2.80%	

Workforce Disability Equality Standard action plan 2021/22

WDES Metric	Objective	Action/s	Timescales	Lead/s
1	Disabled staff are able to declare if they have a disability	All staff communication on disability (including hidden disabilities and neuro diverse conditions) to include process and benefits of declaring and support available across the Trust.	December 2021 onwards	POD and network members
		In line with the ESR project plan, support the roll out of self service and promote this as a vehicle for people to declare their disability status on a confidential basis	December 2021	POD Team
1	Increase the number of colleagues declaring their disability status, with the ambition to achieve 100%	Complete a data cleanse exercise, either paper based or through self-service.	December 2021	POD and network members
		To check that the TRAC recruitment system integrates into ESR for those who have declared a disability on application. To also check how information from Employee Health & Wellbeing regarding fitness to work with adjustments is populated in ESR.	January 2022	POD and network members
1	Increase representation of the disabled workforce	Continue to work in partnership with Keighley college to deliver the supported interns programme- deferred for 2020 intake, to consider for 2021/22	December 2021	OLI Team
		Explore other job roles and areas of the Trust for increased representation. To also link in with other education establishments and Trusts in our locality to compare approach.	December 2021	OLI Team/POD and network members
2	Review recruitment data to understand areas for development in current processes	Review of the effectiveness of the Trust's Guaranteed Interview Scheme as part of the Disability Confident Employer standard. Data exploration relating to:	July 2022	Resourcing Team/network members

WDES Metric	Objective	Action/s	Timescales	Lead/s
		<ul style="list-style-type: none"> • candidates with a disability through the shortlisting process and also the initial application – if possible compared to population data • reasonable adjustments through recruitment stages • recruitment of Board and senior leaders <p>Consideration of using skill set rather than qualification during the recruitment process.</p> <p>Review the manager skills training relating to disability and the recruitment process</p> <p>Link in with other Trusts in our locality to consider their approach to recruitment.</p>		
3	Improve the likelihood of disabled staff compared to non-disabled staff entering the formal capability process	Review of the Trust's Performance Capability Policy and Procedure.	September 2022	OLI Team / POD and network members
	Seek assurance around the fairness of capability processes, always asking the question around hidden disabilities and neurodiverse conditions	Review of capability cases to explore potential hidden disabilities or neuro diverse conditions at early stages	Ongoing	HRBP Team
4	Improve the experience of disabled staff regarding harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Review of the Dignity at Work Policy (being refocused into a Resolution Policy), supported by the Staff with Disability network	November 2021	HRBP Team and network members
		Link in with the Trust's Freedom to Speak Up Guardian to understand concerns raised by colleagues with disabilities	April 2022	HRBP Team

WDES Metric	Objective	Action/s	Timescales	Lead/s
		Establish a communications plan to share people stories and celebrate working at Airedale with a disability or neurodiverse condition	Ongoing	PALs, People Experience Sub Group and Network members
		Align this plan with the launch of Zero Tolerance across the Trust	September 2021	People Experience Sub Group and Network members
5	Equal treatment of disabled staff in respect of career progression or promotion	Further promote the reciprocal mentoring scheme to disabled colleagues	April 2022	Network Members
		Consider career conversations as part of the PDR process, talent management, succession planning and apprenticeship opportunities including higher level apprenticeships	September 2022	OLI and HRBP Teams
6/8	Improve the experience of staff feeling pressured to come to work when not feeling well enough and that reasonable adjustments are made when they are at work	Promotion, awareness raising and implementation of the Reasonable Adjustments Guidance and Toolkit including Adjustment Passports.	September 2021 onwards	OLI, HRBP & EHWP Team and network members
		To include awareness of variability of disabilities as part of the Manager Skills training programme	January 2022 onwards	OLI, HRBP & EHWP Teams and network members
		Rollout of wellbeing conversations across the Trust with accompanying guidance and manager skills training	October 2021 onwards	HRBP, EHWP & OLI Teams
7	Improve the experience of disabled staff to ensure they feel satisfied with the extent of which their organisation values their work	Review PDR completion data to understand whether colleagues with disabilities are having appraisal conversations with line managers	July 2022	OLI Team/ Resourcing Team
		Consider opportunities for recognition and value added to the organisation of those with disabilities and / or neuro diverse conditions.	September 2022	HRBP Team & Network members
9	The voice of the Trust's Disabled workforce is heard and actions are taken to address issues	Expand and promote the Staff with Disabilities network. Review new starter and induction material regarding declaration and support available across the Trust.	April 2022	POD and network members
		Create a comms plan to promote support available,	January 2022 onwards	HRBP Team, comms

WDES Metric	Objective	Action/s	Timescales	Lead/s
		declarations, you said we did, people stories and other celebrations		team & network members
		Consider representation of a colleague with a disability or neuro diverse condition attending Board and delegated meetings, NED and Governors meetings and other high level committees	April 2022	Network members
		Consider recruiting diversity champions/ advocates	September 2022	Network members
	Increasing engagement with colleagues who may not be able to access the staff survey in its current format	Make enquiries into whether the staff survey, SFFT and other engagement mechanisms are available in alternative formats	September 2021 onwards	POD team

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Name of Meeting:	People Committee
Date of Meeting:	26 October 2021
Prepared by:	Melanie Hudson - Non-Executive Director/Chair of People Committee

Key Highlights from the meeting		
	Highlights	RAG Rating
	<p>The nature of this meeting of the People Committee was to focus on wellbeing in its broadest sense, to consider the progress that has been made over the last 12 months and to consider the levels of assurance as Wellbeing Guardian, on behalf of the Board, against the 9 Health and Wellbeing Principles.</p> <p>The Committee was attended by key members of the People and Organisational Development directorate, including colleagues from the Employee Health and Wellbeing team. The Committee was supported by a wide range of new and detailed reports, stimulating in depth discussion and gaining new insights into the challenges facing colleagues and the considerable progress that has been made putting support and advice in place.</p> <p>This report from the Committee seeks to provide the Board with feedback in relation to the assurances that were sought and given, and to celebrate the amazing work that has taken place in unprecedented times to ensure that Airedale remains the best place it can be, and can evidence the care and support that has been put in place to protect the wellbeing of those who work, study and volunteer for it and continue to provide safe and high quality care for all those who come through our doors.</p>	Significant assurance
1	<p>Principle One – <i>The health and wellbeing of our NHS people and those learning and working in the NHS should not be compromised by the work they do for the NHS.</i></p> <p>We considered a deep dive into the causes for sickness absence and key themes and trends to better understand reasons for absence and how the Trust was putting in place support. We had sight of the regular reports presented to the Gold Command meeting and the plans to continually develop divisional absence reports that are regularly discussed with divisional leads to ensure appropriate support and action could be put in place.</p> <p>A discussion took place about responses to high levels of mental health related absence and the need to ensure that colleagues were not working excessive hours and failing to take leave, particularly areas where they were showing signs that support and intervention would be needed.</p> <p>The Committee also had sight of the Model Hospital wellbeing dashboard which enabled some comparison with other Trusts.</p>	Significant assurance

	<p>The Committee felt that although there are still some areas for further development, and we need to ensure that the support in place includes those in training and learning, there were good mechanisms in place for oversight, which were supported by well targeted interventions.</p>	
2	<p>Principle 2 – <i>Where an individual or team is exposed to a particularly distressing clinical event, Board time should be made available to assure the Board and the Wellbeing Guardian that the wellbeing impact on those NHS staff and learners has been checked.</i></p> <p>Two presentations were given to the Committee to outline the approach that has and would continue to be in place to support colleagues. Some recent Post Critical Incident Debrief training will allow the Trust to continue to develop an approach to support colleagues following an incident. The Trust will form part of a system wide approach to debrief alongside local plans to continually develop managers in the principles of support following an incident. . This is an area of ongoing development which will be regularly reviewed.</p>	Significant assurance
3	<p>Principle 3 – <i>Regular assurance will be provided to the Wellbeing Guardian to ensure that wellness inductions are being provided to all new NHS people on appointment and to all learners on placement in the NHS.</i></p> <p>The Wellbeing HR Business Partner prepared a paper detailing the approach being taken to support all colleagues through wellbeing conversations. These would be an important part of the induction process and follow up conversations after a period of time should take place to ensure that all colleagues were being appropriately supported. The Committee was advised that wellbeing conversations had been piloted over the last 12 months and were being reviewed in order that they could be further refined. A key area for development would be management training to ensure that this approach was well embedded across the support mechanisms currently in place across the Trust.</p>	Limited assurance as this is a new area currently being piloted and more work to be done to refine the support for learners specifically as part of induction
4	<p>Principle 4 – <i>The Wellbeing Guardian will receive assurance that all our NHS people and those learning in the NHS have ready access to a self-referral. Proactive and confidential occupational health service that promotes and protects wellbeing.</i></p> <p>The Committee received a detailed report from the Head of Health and Wellbeing lead outlining the Occupational Health offer, revised health and wellbeing offer, the development of mental health support by a dedicated clinical psychologist and detail of the demands on the service. The Committee was taken through the data which included an overview of areas requiring greater support and specific actions in place, as well as the key areas of support, namely Anxiety, Covid recovery, MSK and work-related stress.</p> <p>The Committee was given a detailed insight into the support being provided and the areas where further detailed work was taking place.</p>	Significant assurance
5	<p>Principle 5 – <i>The death by suicide of any member of our NHS people or learners will be independently examined and the findings reported through the Board to the Wellbeing Guardian.</i></p> <p>The Committee were made aware of the local and regional approach to putting in place a zero suicide campaign and in particular the advice, guidance and training that was being developed to support managers and colleagues identify when others may be in crisis and need targeted support and intervention.</p>	Significant assurance that this was being appropriately developed

6	<p>Principle 6 – <i>The NHS will ensure that all of our people and learners have an environment that is both safe and supportive of their mental and psychological wellbeing as well as their physical wellbeing.</i></p> <p>The Committee received three insightful presentations set in the context of the place-based strategy to promote psychological wellbeing at Airedale. The discussion took place about the importance of giving people the time to respond to what has taken place and to be supported to recover and thrive. Some feedback from users of the services provided gave the Committee further insight into the approaches which were being used to normalise and validate the emotional impact that the work in the NHS can have and to the way that we need to continue to develop compassionate leaders and managers.</p>	Significant assurance that the team and strategies in place are having an impact
7	<p>Principle 7 – <i>The NHS will ensure that the cultural and spiritual needs of our people and those in learning are protected and equitable and appropriate wellbeing support for overseas NHS people and learners working in the NHS is in place.</i></p> <p>The Committee received a presentation detailing the chaplaincy offer in place and plans for further development. A detailed conversation took place about the pastoral support which had been developed in support of the Trust's international recruitment campaigns and the way that this had changed and been enhanced by key members of the team. It was clear that this area is one that needs some further dedicated resource to ensure a high level of appropriate support is in place. The feedback given to the Committee was that Airedale had retained more international staff than some other Trusts and that was a great endorsement to the commitment of those involved supporting new colleagues at an extremely challenging time.</p>	Significant assurance
8	<p>Principle 8 – <i>The NHS will ensure the wellbeing and make necessary adjustments for the nine groups protected under the Equality Act 2010.</i></p> <p>The Committee regularly receives progress reports directly from its inclusion networks and was sighted on the progress made over the last 12 months. We have heard people stories about best practice and areas of further development and assured that a robust risk assessment process is in place. The Committee was also given a more detailed insight into the reasonable adjustment toolkit formulated in response to a serious incident.</p>	Significant assurance

Assurances gained at the meeting		
	Assurance	RAG Rating
1	<p>Principle 9 – <i>The Wellbeing Guardian will provide suitable challenge to the Board to be assured that the organisation is working with system leaders and regulators to ensure that wellbeing is being given the same weight as other aspects in organisational performance assessment.</i></p> <p>Following the recent wellbeing audit, I discussed with the internal auditor and with Jo Harrison, that I felt that there was a gap in our reporting against the wellbeing standards to provide the Board with evidence of challenge and assurance in this important area. We decided to challenge ourselves with a single focused People Committee to ascertain the progress that we had made with presentation, feedback and data and to identify areas and gaps for further development. This report-back sets out to provide assurance on the work which has been carried out across the Trust over the last 12-18 months and, although there are still areas of further development, is testament to the hard work and dedication of so many people working together to support our colleagues to ensure that their health and wellbeing is not compromised by the work that they do. Although we cannot say that this is always the case, it is clear that the</p>	Significant assurance

	strategies and interventions we have, and continue to put in place, seek to ensure that all individuals can give of their best knowing that the Trust will ensure to support both their physical and emotional wellbeing.	
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Issues or emerging risks		
	Issues or emerging risks	RAG Rating
1.	There were some areas drawn to the attention of the Committee where additional resource is needed to continue to develop a service and provide levels of support. These areas are being progressed through the Trust's governance framework.	

Any other comments	
None.	

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Name of Meeting:	Quality & Safety Committee
Date of Meeting:	21 st September 2021
Prepared by:	Dr Andy Withers, Chair of Committee/Non-Executive Director

Key Highlights from the meeting		
	Highlight	RAG Rating
1.	QSC received a presentation detailing Divisional Priorities in delivery of the Trust's Quality & Safety Strategy. It also described the governance arrangements through the Patient Safety and Learning Group (PSLG). The committee noted the comprehensive and systematic approach and commended the divisions on the work so far. It was agreed that QSC would undertake quarterly deep dives to review progress against the divisional priorities with the expectation that divisional triumvirates will attend QSC to present. (One from each division each year)	Significant assurance
2.	The Quarterly Learning from Deaths report was discussed. QSC noted the considerable development of the processes in the trust over the last 12 months with the appointment of Medical Examiners and utilisation of a number of sources. The report identified learning which would be taken forward by PSLG. LeDeR data is very slow in becoming available which is a national problem	High assurance
3.	An integrated Claims and Litigation and SI report was discussed. It was felt that aggregation of some of the data would help understanding and welcomed the format which allows correlation across a variety of feedback sources of learning needs. It is anticipated that this will be further developed to include complaints and PALs information going forward.	Significant assurance
4.	Communication was an issue that arose in several agenda items. QSC is aware that there are many initiatives within the Trust and it was felt that a paper describing these would be helpful. It would also enable the committee to be sighted on and understand the Human Factors and investigation training taking place and the leading role the Trust is taking in this.	High assurance

Assurances gained at the meeting		
	Assurance	RAG Rating
1.	A comprehensive paper updating the progress of actions in Response to the Ockenden Report & CNST progress update was discussed. It was noted that there is confidence that outstanding local actions can be completed but the target of 90% attendance at MDT meetings would remain a challenge. Workforce issues have already been noted and discussed at a Joint People & QSC meeting. It was noted that further implementation of "Continuity of Carer" has been suspended with NHSE/I agreement until the staffing issues have been addressed and the focus should remain on delivery of a safe service, whilst other workforce models are explored	Significant assurance
2.	As agreed at the last QSC an update of incidents of moderate harm was presented. It noted that most of these were around previously identified incidents of pressure ulcers (mainly community acquired) partly due to the impact of	Significant assurance

	COVID. As these impacts have lessened the incidence of ulcers is reducing and a resulting fall is reflected in the IBR. Moderate harms in Surgery have increased year on year, but no common theme can be identified. This will continue to be monitored by PSLG	
3.	The IBR was considered and the general high level of performance and assurance welcomed. It has not been possible to breakdown electronic responses to FFT to ensure representation reflective of the population we serve and work is ongoing to address this. Complaints response times continue to improve.	High assurance
4.	QSC received the Human Tissue Authority (HTA) Report and Organ Donation Request Report. It noted that the Trust is compliant with the HTA requirements and that there is a robust process for Organ Donations requests with the specialist nurse present for all discussions with family in these circumstances.	High assurance

Issues or emerging risks		
	Issues or emerging risks	RAG Rating
1.	A stroke service update was received. The latest SSNAP data graded the service at C (ambition for the service = B). The main reason for not achieving a higher rating was access to SLT and timely admission to the stroke unit. The committee felt that clarity is needed that this is being addressed in a consistent way at operational, executive and board level to ensure that these issues can be resolved in a timely manner. It welcomed the reincorporation of the service into the "Act as One" programme.	Limited assurance

Any other comments

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Name of Meeting:	Quality & Safety Committee
Date of Meeting:	26 th October 2021
Prepared by:	Dr Andy Withers, Chair of Committee/Non-Executive Director

Key Highlights from the meeting

	Highlight	RAG Rating
1.	QSC welcomed an update from Patient Safety & Learning Group (PSLG). It noted the items of discussion and those brought to QSC's attention. QSC were assured about the actions being taken and requested that the structure of the paper was amended to reflect the agenda, actions taken and issues for escalation to QSC in future updates.	High assurance
2.	The Quarterly Patient, Public Experience and Engagement Report was received. QSC commended the work going on enabling complaints to be dealt in a timely manner, the Veteran's Awareness training being undertaken and the move to expand the chaplaincy to a pastoral as well as spiritual support offer. It also noted that training for FFT should be complete by the end of November.	High assurance
3.	The HQIP/National Clinical Audit Benchmarking Progress update was discussed. QSC welcomed the 5% improvement in the number of audits being above expectations and similar outcomes in other metrics. There was a valuable discussion around how we marry up the results of what are often quite historical audits with current data in order to be assured. It was noted that historical audits are often the information used by regulators to form an initial view about the Trust. QSC agreed that we needed evidence that the divisions are aware of the historical data and are addressing any areas of concern and this would be the focus of future reports to QSC. It was noted that this didn't just apply to the scope of QSC.	Significant assurance
4.	CHKS analysis of COVID deaths in the Trust during the pandemic was received. Despite only top-level numbers available with no information on specific groups QSC was assured to note that for both periods reported on (Mar-May 20 & Oct 20-Feb 21) the number of deaths were within the expected range.	High assurance

Assurances gained at the meeting

	Assurance	RAG Rating
1.	An update on the Response to the Ockenden Report & CNST progress update was discussed. It was noted that informal feedback had been received on the data submission in the summer and that this was positive. SOPs have been agreed across the LMS but some of the audits still need to be embedded. A detailed formal update will be considered once the formal report has been received along with peer benchmarking in early 2022 The revised guidance for CNST was received and a gap analysis presented. The main challenges with full compliance are around staff training and the clinical workforce model, and work is already ongoing to address these.	Significant assurance
2.	The IPC quarterly update was received which included the Trust's response to the latest COVID guidance. It was noted that Ward 13 will become the COVID ward and steps are underway to address the ventilation there to ensure it is adequate. The National Guidance around COVID related staff absence is being followed and	Significant assurance

	regular audits are being undertaken to ensure that staff who are now deemed fit for work do not develop COVID subsequently. An enhanced report on cleaning over the winter months was requested as this was felt to be a key component of ensuring a healthy environment over winter.	
3.	The IBR was considered and the general high level of performance and assurance welcomed. Complaints response times continue to improve.	High assurance
4.	A verbal update on the Accessible Information Standard Compliance was received as part of the CQC deep dives agreed by QSC. It was agreed that a formal paper would be brought back to QSC in January detailing performance against the KLOEs in the CQC inspection process with an outline of actions being taken to address any gaps. The excellent work in this area in elective care was noted.	Limited assurance
5.	An update on NCEPOD Inspiring Change Action Plan – NIV was discussed. QSC was assured by the report and supported the recommendation that NIV outcomes are recorded annually by clinical indication and that this is aligned to the National Reporting timetable.	Significant Assurance

Issues or emerging risks		
	Issues or emerging risks	RAG Rating

Any other comments
We considered how we address that regulators use historical data as part of their initial assessment and how we demonstrate we have already considered this and addressed the issues that may have arisen. This may not apply to data just considered by QSC.

Level of assurance	Guidance on consistency
High assurance	This can be given when there is evidence that there is a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and that these have been delivered and there is triangulation from other sources (e.g. patient or staff feedback)
Significant assurance	This can be given when there is evidence that there is a good understanding of the matter or issue to be addressed; there are plans in place and that these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.
Limited assurance	Limited assurance can be given where there is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans will not be delivered within agreed timescale; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.
No assurance	Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.

No Assurance	Limited Assurance	Significant Assurance	High Assurance
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Name of Meeting:	Finance Performance and Digital Committee
Date of Meeting:	22 September 2021
Prepared by:	Andrew Dumbleton, Chair of Committee/Non-Executive Director

Key Highlights from the meeting		
	Highlight	RAG rating
1.	Operational performance in August was good. Demand for Trust services continued to be high. Bed occupancy was at around 86% in August. There are a steady number of COVID-19 cases though levels remain relatively low compared to previous peaks. Flow performance showed some improvement. The total 52 week waiting list has continued to reduce with the total waiting list showing only a marginal increase. There is continuing focus on reducing the waiting lists where possible.	Significant assurance
2.	There were still high levels of activity in Accident & Emergency (“A&E”) through August, though this slightly reduced in later August and early September. This continues to place significant pressure on capacity in A&E which mirrored the local and national position. Time to triage was 15 minutes in line with the standard which the Committee gained assurance from.	Significant assurance
3	It was discussed that day 1 reporting would be implemented from next month which would result in more timely financial information being produced.	Significant assurance

Assurances gained at the meeting		
	Assurance	RAG Rating
1.	The underlying position at month three is a surplus of £76k. The Committee was assured on the financial position at the end of month five.	Significant assurance
2.	The Better Payments Practice Code (BPPC) continued to show that there had been a slight decline. It has been established that the Internal Audit had provided a Significant Assurance opinion regarding BPPC and had informed the Finance team that the Trust was not consistent with other Trusts in terms of its invoice date target. Consequently, the target date would be reviewed and it was envisaged this would result in performance improving. The Committee was assured by this.	Significant assurance
3.	The Waste Reduction Programme (WRP) to support savings and improve efficiency had delivered savings delivered at month 5 of £2.19m, £35k better than plan. A deep dive had resulted in £2.6 million of schemes, previously reported as recurrent, being challenged and moved to non-recurrent. Further work was being undertaken with divisions to provide more focus on recurrent savings.	Significant assurance

Issues or emerging risks		
	Issues or emerging risks	RAG

		Rating
1.	Second half of the year financial planning guidance was awaited. Currently the Trust is forecasting a balanced position against plan at the year end.	Significant assurance

Any other comments
None.

Level of assurance	Guidance on consistency
High assurance	This can be given when there is evidence that there is a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and that these have been delivered and there is triangulation from other sources (e.g. patient or staff feedback)
Significant assurance	This can be given when there is evidence that there is a good understanding of the matter or issue to be addressed; there are plans in place and that these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.
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No Assurance	Limited Assurance	Significant Assurance	High Assurance
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Name of Meeting:	Finance Performance and Digital Committee
Date of Meeting:	27 October 2021
Prepared by:	Andrew Dumbleton Chair of Committee/Non-Executive Director

Key Highlights from the meeting		
	Highlight	RAG rating
1.	Operational performance in September was reasonable. Demand for Trust services continued to be high. Bed occupancy was at around 77% in September. There has continued to be an increase in the number of COVID-19 cases though levels currently remain low compared to previous peaks but it is anticipated that they may increase in the coming months. Flow performance was challenged though was been managed on a regular basis. The total 52 week waiting list has continued to reduce with the total waiting list being relatively stable showing only a marginal increase.	Significant assurance
2.	There continued to be high levels of activity in Accident & Emergency (A&E) through September. This continues to place significant pressure on capacity in A&E which mirrors the local and national position. There was a further decrease in the 4 hour waiting standard performance. Time to triage was 16 minutes just behind the standard 15 minutes which the Committee gained assurance from.	Significant assurance
3	The second half of the year (H2) plan was presented following the issue of guidance in late September. This showed how the plan was to be implemented and the Committee gained assurance from this. A discussion was held on the potential challenges for elective recovery in 2022/23 as there continued to be pressure to reduce waiting lists. This was being actively monitored.	Significant assurance
4.	The Winter Plan was presented. There are a number of challenges with the winter plan including the uncertainty around the number of COVID-19 patients that there may be in the hospital. Plans have been made for various scenarios and additional bed capacity was being provided. The Committee was assured by the planning that had been undertaken.	Significant assurance
5	<p>A report was presented on Targeted Investment Funding. On 21 September 2021 NHSE/I confirmed availability of Targeted Investment Fund (TIF). This was allocated across the NHS and Airedale received £3.2m. £1.1m was allocated to digital schemes. A number of schemes have been identified which were outlined in the paper. All digital schemes require a short form business case. The digital business cases for clinical handheld devices and a clinical device which allows access across multiple applications/ desktop which will enable clinicians at a tap to access core systems to improve clinical workflow and throughput are being prepared for submission on 29th October 2021.</p> <p>Due to the speed of submission the bid could not go through formal governance processes to approve the revenue consequences of £685k in 2022/23. The Committee heard that all Trusts in the ICS had submitted fair shares bids and the ICS was aware of the increased costs in relation to this, however it would be expected</p>	Significant assurance

	that Trusts are able to manage this within their own financial plan, therefore retrospective approval was sought, on the basis that this value would be built into 2022/23 financial plans. The Committee approved the bid.	
6	A business development update for quarter one and two was provided for a number of initiatives being undertaken. This was discussed and noted.	Significant assurance

Assurances gained at the meeting

	Assurance	RAG Rating
1.	The underlying position at month six is a surplus of £79k. We were assured on the financial position at the end of month six.	Significant assurance
2.	The Better Payments Practice Code showed that there had been a significant improvement. It was acknowledged that a more accurate new method of measurement was being used. This showed that the Trust now nearly met the target which the Committee was assured by. This will continue to be reviewed on a regular basis.	Significant assurance
3.	The Waste Reduction Programme (WRP) to support savings and improve efficiency had delivered savings delivered at month 3 of £2.81m, £310k better than plan. Further work as being undertaken on delivering more recurring savings.	Significant assurance
4.	The Committee received the six monthly digital update. A review of the major digital projects delivered over the last six months was provided. There were also a number of pilot projects being undertaken of which details were also provided. A discussion was held on future digital investment and projects that were being developed and potentially being developed at the Trust. The Committee was assured by the work being undertaken.	Significant assurance
5	The Committee received a quarterly progress report on the PLICS audit recommendations. Progress had been made on a number of actions which was positive. The aim is to complete the work by the end of December. A further update will be provided in January.	Significant Assurance

Issues or emerging risks

	Issues or emerging risks	RAG Rating
1.	As we move into Winter there are a number risks around demand and capacity particularly with the uncertainty as to the numbers of COVID-19 beds that may be needed. We were assured that the risk had been identified and that there was a strategy in place to manage this though it was acknowledged that it would require regular monitoring of the situation.	Significant assurance

Any other comments

The Board should note the approval of £685k relating to the Targeted Investment Funds bid, of which the detail is provided above.

Level of assurance	Guidance on consistency
High assurance	This can be given when there is evidence that there is a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and that these have been delivered and there is triangulation from other sources (e.g. patient or staff feedback)
Significant assurance	This can be given when there is evidence that there is a good understanding of the matter or issue to be addressed; there are plans in place and that these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.
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No assurance	Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.

	No Assurance	Limited Assurance	Significant Assurance	High Assurance
Name of Meeting:	Audit and Risk Committee			
Date of Meeting:	13 October 2021			
Prepared by:	Ian Knight, Chair of Committee/Non-Executive Director			

Key Highlights from the meeting		
	Highlight	RAG rating
1.	Internal Audit (IA) provided their progress report on their work programme for the year to date. Finalised reports were received on Better Payments Practice Code, which was rated as Significant Assurance, and Staff Health and Wellbeing, which was also rated as Significant Assurance. Some delay had been encountered in preparation of their report on Temporary Workforce due to delays in assembling the HR data, but in general IA reported that there was good interaction with the Trust Finance team and the programme was mostly on track.	Significant assurance
2.	A report was tabled outlining progress made in implementing Internal Audit Recommendations and it was reported that those reports which had not been closed off were expected to be fully implemented by Year End.	Significant assurance
3.	The Waiver of Standing Orders Report and the Losses and Compensation Report were presented to the Committee and approved.	Significant assurance
4.	Grant Thornton reported on Value For Money arrangements at the Trust, which would normally have been prepared alongside the opinion on the Financial Statements but the deadline for which had been delayed as a consequence of Covid. The report was positive and identified no risks or significant weaknesses. This completed the 2021 formal audit process. The External Audit Annual Report was tabled and the unqualified "clean" opinion was noted.	Significant assurance
Assurances gained at the meeting		

	Assurance	RAG Rating
1.	A report was made on the Board Assurance Framework, detailing the basis for the present scores which were discussed and approved by the Committee.	Significant assurance

2.	The Committee received a progress report from the Internal Audit Counter Fraud Unit which was noted. This included details of an attempted mandate fraud at AGH Solutions, which was correctly identified and handled by AGH preventing a potential loss of £23,000. The Committee were pleased to note that correct procedures were in place and followed to prevent this fraud.	Significant assurance
3.	Details were given on write off of pharmacy stock and the Committee was told that Pharmacy do a very good job in controlling the level of write offs, both in absolute terms and in comparison with other NHS Trusts.	Significant assurance

Issues or emerging risks

	Issues or emerging risks	RAG Rating
1.	A report was made on the Board Assurance Framework, identifying a new BAF risk relating to RAAC panels and the lack of clarity as to their behaviour when wet or in case of fire. Work was ongoing to assess this risk and how to mitigate it.	Significant assurance

Any other comments

None.

Level of assurance	Guidance on consistency
High assurance	This can be given when there is evidence that there is a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and that these have been delivered and there is triangulation from other sources (eg patient or staff feedback).
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No Assurance	Limited Assurance	Significant Assurance	High Assurance
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Name of Meeting:	Charitable Funds Committee
Date of Meeting:	13 October 2021
Prepared by:	Rhys Davies, Chair of Committee/Non-Executive Director

Key Highlights from the meeting		
	Highlight	RAG Rating
1.	<p>The Committee reviewed 5 requests, approving 2 and referring 3 back for further consideration:</p> <ul style="list-style-type: none"> • Approved: <ul style="list-style-type: none"> ○ Pacer Train request was effectively 2 requests, one retrospective and the other for future expense ○ Pacer Train concrete base, retrospective request - £31,162 ○ Pacer Train for fit-out of interior - £10,400 ○ Christmas dinners for colleagues - £10,600 plus small amount tba for 'special treat'. • Referred for further consideration: <ul style="list-style-type: none"> ○ Helipad appeal – update at January meeting if funding to be sought from Charity Committee once costs more clearly understood ○ Request for funding for Pastoral Officer for International Recruitment ○ Request for funding for College Engagement and Reward Lead. <p>Discussion was held re the funding of retrospective requests – this is to be discouraged in future; any exceptional items should be discussed offline for guidance before any financial commitments made.</p> <p>Discussion was also held about the Charity Committee funding jobs within the Trust and the executive team were actioned to consider the governance process around these posts and whether they should be funded as part of normal Trust business.</p>	High assurance
2.	<p>The Committee heard the Charity Manager's report for Q2. Overall an extremely positive report with good advances across all reported areas. Comment was made by the Director of Corporate Affairs about the significant progress made by the Charity in developing the Trust's role as an anchor institution and community collaborator.</p> <p>It was noted that some of the Charity's work has been used by the NHS Charities Together and that there are great PR opportunities for the Trust from promoting this work more fully.</p>	High assurance

Assurances gained at the meeting		
	Assurance	RAG Rating
1.	The Finance report noted that the general fund had £143k balance; that finance information is more timely having moved to day 1 reporting; and that the transfer of the investment account to Rathbones would complete at the end of the month.	High assurance

The Committee received assurance that the draft unaudited accounts are to be received formally alongside the Annual Report at the January meeting.

Issues or emerging risks

	Issues or emerging risks	RAG Rating
	None.	High assurance

Any other comments

Significant improvements and progress have been made in raising the reach and impact of the work of the Charity and that 'great strides' had been made over the last couple of years.

The fund managers and investment managers are to be invited to the next committee meeting in January.

Level of assurance	Guidance on consistency
High assurance	This can be given when there is evidence that there is a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and that these have been delivered and there is triangulation from other sources (e.g. patient or staff feedback)
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No Assurance	Limited Assurance	Significant Assurance	High Assurance
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Name of Meeting:	Sustainability Committee
Date of Meeting:	29 September 2021
Prepared by:	Andrew Gold

Key Highlights from the meeting		
	Highlight	RAG Rating
1.	Sustainability Committee recommend updated Terms of Reference (TOR) to Board for approval	High Assurance
2.	Recognition of breadth of activity required for the development of the Green Plan (formerly Sustainability Development Management Plan); strategy; resourcing and MI requirements for Trust to identify sustainability ambitions and subsequently to measure progress against those goals	Significant Assurance
3.	Shared insight on role of West Yorkshire & Harrogate Health & Care Partnership sustainability forums along with Trust's Agile Working Group all of which contributes to the Trust's overall environmental sustainability ambitions	High Assurance

Assurances gained at the meeting		
	Assurance	RAG Rating
1.	Confirmed approach for development of a Board approved Green Plan including key Governance stages as follows: <ul style="list-style-type: none"> • Outline key requirements/approach at Board strategy on 6 October • Draft Plan to be reviewed at next Sustainability Committee meeting due in w/c 13 December with a view to recommending a Green Plan to Board for their approval • EcoawAire (colleague focus group) to meet to input into the above process • Near final draft Green Plan submitted to Board strategy meeting on 5 January for Board approval • Submit Board approved Green Plan to ICS by 14 January 2022 deadline 	Significant Assurance
2.	Scrutiny of the Trust's sustainability report and challenges to certain metrics therein	High Assurance
3.	Delivery of the Trust's commitment to the Climate Change asks of the WY& H Health & Care Partnership, notably: <ul style="list-style-type: none"> • Have both a Committee, and then Board, Development Session on climate change by the end of 2021 • Have a Board approved Green Plan by the turn of 2021 	Significant Assurance

Issues or emerging risks		
	Issues or emerging risks	RAG Rating
1.	Resourcing and funding to enable Trust's sustainability ambition to be confirmed as part of Trust/AGH Solutions Director to Director meetings, especially given	Limited Assurance

	development of Green Plan and associated key performance indicators to be completed in tight timescales as well as the sustainability commitments in the 2021/22 NHS standard contract	
2.	Evaluation of business cases / spending to incorporate climate related risks recognising longer term financial /non-financial measures including reputational risk	Significant Assurance
3	Reassessment of existing business continuity related risks and testing scenarios in light of climate change related events eg impact on services if members of colleague body unable to get to place of work due to flooding say	Significant Assurance
4	Requirement for wider delivery plans across our services to achieve the overall goals	Limited Assurance

Any other comments	
Level of assurances above reflect recognition of current status of evolution of the Committee with a commitment to develop and evolve the Trust's Green Plan and environmental sustainability approach allied to its anchor institution status as well as the importance of sustainability to the colleague body	

Level of assurance	Guidance on consistency
High assurance	This can be given when there is evidence that there is a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and that these have been delivered and there is triangulation from other sources (e.g. patient or staff feedback)
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