

Enw'r Pwyllgor / Name of Committee	People, Organisational Development & Culture Committee (PODCC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon
Cyfnod Adrodd/ Reporting Period:	Meeting held on 13 th October 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Revised Terms of Reference - The Committee received the revised PODCC Terms of Reference, strengthened in terms of culture and engagement, and agreed the revisions for onward submission to Public Board for ratification. • Staff Story – The Committee received a heart-warming video concerning the recently appointed Apprenticeship Academy cohort, noting that the 2021 cohort had now commenced across both corporate and acute sites. The Director of Workforce & Organisational Development (OD) emphasised what this means to not only the apprentices, but also to their families and the community, and reiterated the importance of expanding the academy further. The Committee welcomed the broadening of the apprenticeship academy across clinical and non-clinical departments. • Performance Appraisal Development Review (PADR) Performance Report – The Committee received the “Performance Appraisal Development Review (PADR): How do we Manage and Raise Performance in HDdUHB”, providing Members with a deeper understanding of the performance management agenda within HDdUHB. The Committee supported the outlined direction of travel to enable the growth of an employee led performance management culture within HDdUHB, anticipating that this would have a positive impact upon the compliance rate moving forward. • Planning Objectives Update – The Committee received the Workforce & Organisational Development Planning Objectives (PO) update report, providing an update on the progress made in the development and delivery of the twelve POs aligned to PODCC, demonstrating where progress has been made. The Committee noted that PO 2D: Develop a Clinical Education Plan, is currently behind schedule due to a delay in the establishment of the overarching Education Governance Group, however all other actions associated with PO 2D which is due for delivery in subsequent quarters of 2021/22 are on schedule. Assurance was received by the Committee from the current position. • Domiciliary Care Provision (Workforce Issues) – The Committee was presented with the Domiciliary Care Workforce Actions report, noting the current pressures across the health and social care system within the HDdUHB area, and noting the collective action being undertaken by statutory and other partners to address these in the short and medium term. The Committee received assurance that weekly Health & Social Care Tactical Group meetings have been re-established, and a regional action plan agreed to improve patient flow across the system, with delivery against the plan monitored on a weekly basis. The Committee noted that the regional action plan includes a range of remedial measures including the implementation of a new home based bridging service whereby additional staff would be appointed to significantly extend HDdUHB’s existing bridging service in order to provide bridging services to all patients awaiting domiciliary care. Assurance was received with regard to the short-term measures undertaken to date 	

and the requirement to address matters in the longer-term was reiterated, with a further update position requested at a future meeting.

- **Discovery Report** – The Committee was presented with the “Discovery Report: Understanding the Staff Experience in HDdUHB during the 2020-21 COVID-19 Pandemic”, noting that this had been commissioned to consider the changes and innovations that had been made in response to phase one of the pandemic to enable organisations to respond to both patient and public needs. Gratitude was expressed to staff who had participated in the staff surveys and to the valuable comments received following discussion at the September 2021 Public Board meeting. It was agreed that an action plan would be presented to the Committee in December 2021.
- **Welsh Language Provision** – The Committee was presented with the Diweddariad ar yr Iaith Gymraeg/Welsh Language Provision report, providing an update on the progress of implementing compliance against the Welsh Language Standards and development of the HDdUHB strategy to set an ambition for how the Welsh language and culture is embraced within the organisation. The report provided an update on three areas of work that currently offer assurance to the Committee relating to the ambition for the Welsh language and compliance with Welsh Language Standards to ensure HDdUHB is meeting the expectations of its communities. It was noted that work has commenced with regard to the strategic approach and ambition in terms of the Welsh language and would be incorporated within the next iteration of the HDdUHB Annual Plan as a PO which can be measured. The Committee was pleased to note that HDdUHB is the first organisation to undertake a flexible “improve your Welsh” course, which has received positive feedback.
- **Bilingual Skills Policy Compliance** – The Committee was presented with the Implementation of the Bilingual Skills Policy report, providing an update on progress in implementing the Bilingual Skills Policy which had been approved in September 2021. It was noted that HDdUHB is setting its own target to ensure 50% of the workforce have a skill level which is at foundation level or above within the next 10 years, and Members were pleased to note that as at August 2021, 36% of the HDdUHB workforce were compliant with this target. The Committee was assured by the report provided with regard to the progress of implementing the Bilingual Skills Policy and looked forward to a Welsh language position update in April 2022.
- **Black, Asian and Minority Ethnic (BAME) Advisory Group** – The Committee was presented with the BAME Advisory Group update report for August – September 2021, noting that the official launch of the BAME Staff Network had taken place on 9th September 2021, attended by 42 staff members representing a diverse range of clinical and non-clinical roles. The Committee acknowledged the HDdUHB corporate responsibility to work with, value and support BAME colleagues alongside other staff.
- **Research & Innovation Sub Committee Report** - The Committee received the Research & Innovation Sub-Committee update report following the meeting held on 13th September 2021. It was noted that verbal feedback, pending the written report, following the recent Peer Review had been positive in terms of Board level engagement and the understanding of research and innovation within HDdUHB. However, it is anticipated that some key risks will be included within the report, including the offering of life changing treatment and therapies to patients, and a requirement for additional investigators across HDdUHB to supervise and sponsor studies. The Committee looked forward to the future reporting of the developing dashboard, and requested that the next report includes an update position relating to Risk 1160 (risk of a decreasing research portfolio, both in amount as well as diversity).

- **Workforce Dashboard & Integrated Performance Assurance Report** – The Committee was presented with two reports: Workforce Metrics and Key Performance Indicators and the Integrated Performance Assurance Report - Update of Strategic Objectives 1, 2 and 3 for Hywel Dda University Board as at 31st August 2021, noting that future reporting would consist of one combined report. The Committee noted the substantial work to be undertaken associated with workforce metrics and key performance indicators in terms of the Workforce & OD Department’s aspirations to present to the Committee moving forward. The Committee further noted that a review of all ascribed strategic objectives to identify primary and secondary measures which have a clear line of sight to the strategic objective is also being undertaken.
- **Corporate and Employment Policies** – The Committee approved the Primary Care Welsh Language Policy, Equality Impact Assessment Policy & Procedure, and the All Wales Procedure for NHS Staff to Raise Concerns.
- **Corporate Risks Allocated to PODCC** – The Committee was presented with the Corporate Risks Allocated to PODCC report, noting the one new risk currently aligned to PODCC – *Risk 1219 Insufficient workforce to deliver services required for “Recovery” and the continued response to COVID-19*. It was noted that the Workforce Team is developing a strategic recruitment strategy for delivery within year, and the Committee was assured by the identified controls in place.
- **Speciality and Associate Specialist Contract Reform Implementation Update** – The Committee received the “Speciality & Associate Specialist (SAS) Contract Reform Implementation Update” report, noting that the choice exercise, where eligible SAS doctors are required to express an interest in whether or not they wish to transfer to the new contract, is progressing. Expressions of interest across HDdUHB is 58%, which is on par with other Health Boards. Further work is being undertaken to ascertain the best way forward and to understand the impact upon the service. It was agreed that the Committee would receive updates in the future relating to any implications associated with the implementation.
- **Outcome of Advisory Appointments Committee** - The Committee received the Advisory Appointment Committee (AAC) report, providing an update on the outcome of the AACs held between 5th August and 20th September 2021 and approved the appointments of Dr Felicity Elizabeth Clark, Consultant in Anaesthetics with an interest in Critical Care, and Dr Gareth Iwan James, Consultant in Anaesthetics with an interest in Peri-Operative Care and Trauma, on behalf of the Board.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- People, Organisational Development & Culture Committee revised Terms of Reference (attached).

Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:

- None

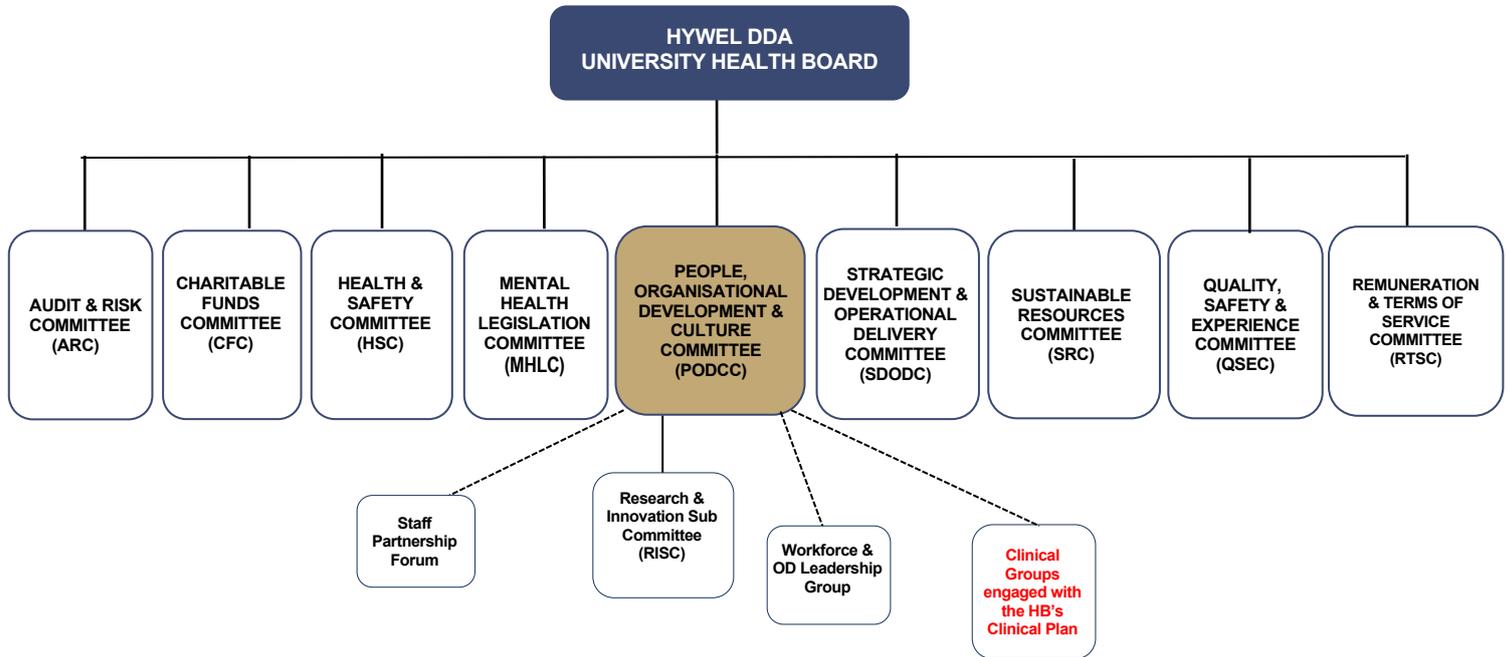
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee’s work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

13th December 2021



PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda University Health Board	29.07.2021	Approved
V0.2	People, Organisational Development & Culture Committee	13.10.2021	Approved
V0.2	Hywel Dda University Health Board	25.11.2021	For Approval

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

1. Constitution

- 1.1 The People, Organisational Development & Culture Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st August 2021.

2. Purpose

The purpose of the People, Organisational Development & Culture Committee is:

- 2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (HDdUHB) is recognised as a leader in this field.
- 2.2 To provide assurance to the Board on the implementation of the UHB's Workforce and OD Strategy, and the all Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
- 2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
- 2.4 To receive an assurance on delivery against all relevant Planning Objectives falling under Strategic Objectives 1 (*Putting people at the heart of everything we do*), 2 (*Working together to be the best we can be*) and 3 (*Striving to deliver and develop excellent services*) (see Appendix 1), in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.
- 2.5 To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board.
- 2.6 To seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.7 To recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.8 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3. Key Responsibilities

The People, Organisational Development & Culture Committee shall:

- 3.1 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities.
- 3.2 Consider the implications for workforce planning arising from the development of HDdUHB's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.
- 3.3 Ensure robust mechanisms are in place to foster a strong and high performance organisational culture of effective leadership, innovation and continuous improvement, in accordance with HDdUHB's values and behaviour framework, future-proofed to ensure their continuity and success.
- 3.4 Ensure changes are anchored in the corporate culture and values through systems and processes to embed positive behaviour and cultural change throughout the organisation.
- 3.5 Ensure mechanisms exist to enable strong, effective leadership at all levels, including robust and empowering clinical and compassionate leadership on the front line.
- 3.6 Ensure monitoring, review and evaluation takes place of the impact of interventions which are implemented to provide assurance that the gap between the existing and desired culture is closed and the rate of progress is acceptable, recognising that culture changes slowly over time.
- 3.7 Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan, supporting and endorsing these as appropriate (PO 1A, 1B, 1C, 1F, 1G, 1I, 2A, 2B, 2D, 2G, 2H).
- 3.8 Consider the second 'Discovery' phase of the pandemic learning that is conducted to understand more about staff experience in order that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff (PO 1H).
- 3.9 Receive the 3 year strategic plan developed in partnership with universities, life science companies, and public service partners, for implementing to increase research, development, and innovation activity, and number of research investigators, sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (PO 3G).
- 3.10 Receive the R&D Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the UHB increases its R&D/R&I capacity, research output and research income.

- 3.11 Seek assurances on the requirements arising from HDdUHB’s regulators, WG and professional bodies.
- 3.12 Ensure robust mechanisms are in place to deliver effective staff engagement, **including with the Local Negotiating Committee (LNC)**, in accordance with HDdUHB’s values and behaviour framework.
- 3.13 **Seek assurances that there are engagement activities in place to encourage and facilitate staff participation and involvement with staff wellbeing and support interventions.**
- 3.14 Seek assurances that there is the appropriate culture and arrangements to allow HDdUHB to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).
- 3.15 Approve Appointments made by the Advisory Appointments Committee.
- 3.16 Refer people, culture and organisational development matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.
- 3.17 Approve workforce and organisational development policies and plans within the scope of the Committee.
- 3.18 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the People, Organisational Development & Culture Committee and oversee delivery.
- 3.19 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Director of Workforce & Organisational Development (Lead Executive)
Medical Director/ Deputy CEO (for PO 3G)
Director of Public Health (for PO 2A)
Director of Nursing, Quality & Patient Experience (for PO 1B)
Chair of HDdUHB Staff Partnership Forum

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with a third of the In Attendance members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the People, Organisational Development & Culture Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the People, Organisational Development & Culture Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Workforce & OD), at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from

Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
 - 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:
 - 10.3.1 Research & Innovation Sub-Committee

The management group feeding into this Committee is the:

 - 10.3.2 Workforce & OD Leadership Group

There are also other links to this Committee through the:

 - 10.3.3 Staff Partnership Forum
 - 10.3.4 **Clinical Groups engaged with the Health Board's Clinical Plan**
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Planning Objectives Aligned to People, Organisational Development & Culture Committee

P.O. Ref	Recovery Plan Section	Planning Objective	Executive Lead
1A	1	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years	Lisa Gostling
1B	2	<p>Building on the success of the command centre, develop a longer-term sustainable model to cover the following:</p> <p>One single telephone and email point of contact – the “Hywel Dda Health Hub”</p> <p>This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers</p> <p>All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact</p> <p>Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP)</p> <p>Further develop the incident response and management cell set up to support our COVID-19 response</p> <p>Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions</p> <p>Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years</p>	Mandy Rayani
1C	1	Design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation’s values should be at the heart of this programme	Lisa Gostling
1F	1	<p>Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ol style="list-style-type: none"> 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services. <p>The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption</p>	Lisa Gostling

1G	1	Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.	Lisa Gostling
1H	1	By July 2021 conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff.	Lisa Gostling
1I	1	Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds	Lisa Gostling
2A	2	Develop a Health Board specific plan that responds to the Regional Carers Strategy, and complete implementation by March 2024	Ros Jervis
2D	1	By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this	Lisa Gostling
2G	1	By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme	Lisa Gostling
2H	1	By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.	Lisa Gostling
3G	4	Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i). The plan will be developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further	Phil Kloer

	<p>progress in established areas including respiratory, oncology, and diabetes studies, the portfolio will target and expand into areas of organisational clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation will also target a threefold increase in technology trials</p>	
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Future Planning Objectives Aligned to People, Organisational Development & Culture Committee

P.O. Ref	Planning Objective	Executive Lead
2B	<p>In relation to equality, diversity and inclusion, develop and implement a rolling programme of training to raise the awareness of all Health Board staff and, as part of the process:</p> <ol style="list-style-type: none"> 1. ask participants to agree specific actions they can take as either individuals or teams in their areas to create/enhance genuinely inclusive and accessible services for our population and support for our staff 2. establish a process to monitor and feedback to Board on progress and successes. <p>This programme should be completed by March 2024 and progress reported to Board at least annually as well as providing the basis of evidence for the Stonewall Workplace Equality</p>	Lisa Gostling