

PEOPLE ACADEMY MINUTES

Date:	22 nd February 2023	Time:	1100 - 1300
Venue:	Microsoft Teams meeting	Chair:	Ms Karen Walker, Chair & Non-Executive Director (KW)
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Mr Jon Prashar, Non-Executive Director (JP) - Ms Sughra Nazir, Non-Executive Director (SN) - <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Karen Dawber, Chief Nurse (KD) - Ms Pat Campbell, Director of Human Resources (PC) - Dr Ray Smith, Chief Medical Officer (RS) - Mr Mark Holloway, Director of Estates & Facilities (MH) - Ms Faye Alexander, Head of Education (FA) - Ms Catherine Shutt, Head of Organisational Development (CS) - Mr Faeem Lal, Deputy Director of HR (FL) - Mr James Taylor, Deputy Chief Operating Officer (JT) - Ms Jane Kingsley, Lead Allied Health Professional (JK) - Ms Katie Shepherd, Corporate Governance Manager (KS) - Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Ms Rukeya Miah, Chair of Staff RESIN Network (RM) - Mr Kez Hayat, Head of Equality, Diversity and Inclusion (KH) - Ms Amanda Grice, Manager Workplace Health & Well-Being Centre (AG) - Ms Amy Ilsley, Clinical Lead for Medical Workforce (IL) 		
Observing	<ul style="list-style-type: none"> - Ms Michelle Mahoney, HR Business Partner (MM) - Ms Ruth Dunlop, NED Insight Placement (RD) 		
In Attendance:	<ul style="list-style-type: none"> - Mr Sean Willis, Associate Chief Nurse - Quality & Workforce (SW) for agenda item PA.2.23.8 & PA.2.23.9 only - Ms Susan Franklin, Associate Chief Nurse For Quality Improvement for agenda item PA.2.23.10 only (SF) - Mr David Robinson, Director of Education for agenda item PA.2.23.12 only - Ms Ruth Haigh, Equality, Diversity & Inclusion Manager for agenda item PA.2.23.13 (RH) - Mr Jonathan Hodgson, Internal Audit for agenda item PA.2.23.23 only (JH) - Ms Sehra Hassan, Executive Assistant (SH) (minutes) 		

Agenda Ref	Agenda Item	Actions
PA.2.23.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Mr Altaf Sadique, Non-Executive Director (ASa) - Ms Joanne Hilton, Director of Nursing / Deputy Chief Nurse (JH) - Mr David Smith, Director of Pharmacy (DS) - Helen Wilson, Staff Governor (HW) <p>KW formally welcomed DR to the meeting.</p>	
PA.2.23.2	Declarations of Interest	
	There were no interests declared.	
PA.2.23.3	Draft Minutes of the Meeting Held on 25th January 2023	

	The minutes of the meeting held on 25 th January 2023 were approved as an accurate record.	
PA.2.23.4	Matters Arising	
	There were no matters arising to be discussed.	
PA.2.23.5	People Academy Dashboard	
	<p>PC referred to the circulated Dashboard and highlighted the following:</p> <ul style="list-style-type: none"> • Appraisal Rate Medical Staff – has increased to 75% completion, this is an improvement from the previous report which was at 64%. • Non-Medical Appraisal - this has increased across all areas of the Trust • Mandatory Training – a very small decline from 90% to 89%. There has been good progress with the Equality and Diversity training, since this requirement moved from a one off training, to a three yearly update and this is currently at 83% compliance. • Turnover – PC noted that there was an error in the narrative and there has been a slight increase from 12.38% to 12.44%. Turnover has stabilised over the last few months. • Staff Sickness Absence – There has been a reduction in year to date, this is below 7% for this first time at 6.87%. There has been a decrease in sickness absence across all areas of the Trust. No staff members have reported as isolating, Covid related sickness has reduced in January. In month sickness absence compared to December figures have reduced by 1%, with January absence at 6.33%. HCA and Registered nurses have seen a 1% reduction in month sickness absence from December to January. • Flu Vaccination Programme – will conclude at the end of February, the uptake is currently at 52.7%. <p>SN noted that staff turnover was high in E&F and whether this was relating to a particular job role and what was being done to address this issue. MH mentioned that during Covid and post Covid, the Trust has been struggling appointing to Band 2 positions, in particular Cleaning Services and Portering, where Agency and substantive staff have left. There has been a big recruitment drive and a range of promotional work to encourage applicants. MH also mentioned that there has been a large intake in the last couple of weeks for Facilities staff.</p> <p>KD mentioned that with regards to Ethnicity in Nursing this has improved over the year, KD suggested whether a piece of work should be carried out to look at the pipeline of ethnicity in Nursing at different bands, as this now shows better representation at higher bands and to provide supplementary evidence which can demonstrate progress. PC said EDI metrics are reported every six months in the dashboard, but there is scope to look at what and how we report.</p> <p>KH also mentioned that the data is captured in the WRES action plan and the E&D team are currently working with Maternity Services to</p>	

	<p>explore targeted data analysis in relation to ethnic minority staff development, KH agreed to share an update at a future meeting.</p> <p>Following further debate it was agreed to schedule in a development session on equality and diversity when the metrics are next updated.</p> <p>Action: LP to arrange an exceptional People Academy session on EDI and Gender Pay Gap.</p> <p>The Academy noted the update.</p>	<p>Associate Director of Corporate Governance/Board Secretary (PA23008)</p>
PA.2.23.6	High Level Operational Risks	
	<p>PC presented the High Level Operational Risks and drew members attention to the following:</p> <ul style="list-style-type: none"> At a previous ETM an escalated risk was considered which related to Nursing and HCA vacancies on the specialist medicine wards, that was discussed at ETM but it was noted that this was already covered by Risk 3732 in terms of the overarching safe staffing risk. So the risk was not accepted as a separate risk on the high level risk register. <p>Risks that have changed in score:</p> <ul style="list-style-type: none"> 3411 – Oncology Service delivery and risk number 3816 – Obstetrics and Gynaecology Medical staffing, both these areas have seen an improved staffing position, which led to the score decreasing. 3810 – Haematology Consultant Team and Haemophilia Service Delivery, has increased in score as the expected improvement in staffing has been delayed. There were no risks which had been closed since the last meeting and there were no risks beyond their review date. 3808 – Industrial Action – it was noted that this is ongoing and the target date has been updated to 31.03.2023. 3732 - The Nurse staffing risk is still retained at a risk rating of 20. <p>The academy was assured that all the relevant key risks were identified and reported to the Academy and managed appropriately.</p>	
PA.2.23.7	Board Assurance Framework – Strategic Risks Relevant to the Academy	
	<p>LP gave an overview of the circulated papers and noted:</p> <p>There are three risks relating to Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion.</p> <p>The first risk relates to the ability to recruit to our vacancies. There was previously a separate risk which was aligned to Quality and Patient Safety Academy, which also related to staffing and this, has now merged into one risk 3.1, this aligns to Quality and Patient Safety as well as People, this currently scores at 16.</p> <p>The second risk which relates to the ability to maintain a healthy workforce, which is scored at 12.</p> <p>The third risk is based around EDI and having a workforce that is representative of the population we serve, which is scored at 9.</p>	

	<p>The Academy noted the update and was assured that all relevant risks were appropriately recognised and recorded, and that all appropriate actions were being taken within appropriate timescales where risks were not appropriately controlled.</p>	
PA.2.23.8	<p>Nursing Recruitment and Retention Plan</p>	
	<p>SW provided an update on the recruitment and retention plans for nursing and midwifery staff. The Nurse leaver's rate has slightly improved to 6.8% and Midwifery turnover rate is the lowest regionally and nationally at 10% and our vacancy rate for Nursing is at 17%, this is similar for Health care support workers vacancies, which places us in the upper quartile for Northern and Yorkshire region.</p> <p>There are currently 270 Nurse vacancies across the Trust, of which 104 are Health care support workers vacancies and these figures remain static. On average 20 Nurses leave the Trust and we appoint 15 -18 Nurses per month. Two successful recruitment days have taken place, the first was in October for clinical support workers/health care assistants, where 28 staff have commenced employment and 13 new starters are due to start in February and 20 new starters are outstanding pre –employment checks. The second recruitment day took place in January, which was open for registered staff and, 91 people were offered posts, 5 registrants, 6 due to qualify in June, 73 due to qualify in September, 6 midwives and 1 Operating Department Practitioner.</p> <p>The next recruitment day is planned for May 2023.</p> <p>There is still outstanding work to be done to increase recruitment, support has been made available for international recruitment. The aim is to recruit another 100 staff by November 2023.</p> <p>SW highlighted the key priorities for the next three months and the Recruitment, Retention and Recognition council, Human Resources, Chief Nurse team, Education team, Bank team, University and CSU's are working collaboratively on a number of initiatives to address these challenges and breakdown barriers between departments.</p> <p>SW mentioned that he would like to set up a pathway to finish, where contact is made with staff that are waiting to commence in post and would like support for this. KD suggested that she and SN can offer support from an external perspective as they have been looking at best practice externally.</p> <p>SN suggested whether more can be done around the Pre-Employment checks to avoid delay with staff commencing in post, SW stated that there are mandatory checks that are in place i.e. referencing, DBS checks which is external and beyond the Trusts control, but the team are working closely with the HR team.</p> <p>KW mentioned if data can be provided to indicate how many applicants attended the recruitment events, appointments made, unsuccessful candidates etc.</p> <p>Action: FL to present data on applicants who attended the last</p>	

	recruitment event, appointments made unsuccessful candidates etc. The Academy noted the update.	Deputy Director of HR (PA23009)
PA.2.23.9	Nurse Staffing Data Publication Report	
	<p>SW referred to the circulated paper and informed members that the fill rate has slightly improved in January compared to December's figures. There was an increase in pressure ulcers and KD has asked for a thorough review of this to identify better practice.</p> <p>A review of the Red Flags reported via Safe Care is being carried out, the Chief Nurse team is currently working with CSU's to establish how Safecare and Red Flag data is used to highlight concerns, inform establishment reviews and what actions are needed to close the flags and feedback to staff.</p> <p>The Academy noted the update.</p>	
PA.2.23.10	Freedom To Speak Up Quarterly Report	
	<p>SF joined the meeting to present the Quarter 3 (Q3) 2022/23 update for the Board of Directors on Freedom to Speak up. In previous quarters the FTSU team has employed a number of new Freedom to speak up ambassadors, unfortunately two of the ambassadors have left the Trust this quarter, which leaves 13 ambassadors and SF informed members that this does not raise a concern at this moment in time. There are also plans to train two student midwives as FTSU Ambassadors in March/April.</p> <p>A board development session is planned to take place in June 2023 which will be led by the Executive lead for FTSU, and the FTSU Guardian, which will be based on the new national policy for FTSU and the revised guidance around our assessment of FTSU, which has to be completed before January 2024.</p> <p>SF has recently completed some training to become a National FTSU mentor, SF is currently mentoring two new guardians and supporting them in their new roles.</p> <p>The Diversity Training is provided for all Guardians from the national office, SF will undertake the training in March and the training is based on Guardians developing a deeper understanding around the issues on Equality, diversity, inclusion, race, and racial discrimination, ensuring we support everybody in our organisation.</p> <p>The FTSU data which is shared within the organisation is also shared nationally. Two student Midwives have been appointed as Ambassadors and the new FTSU App is also operating and a QR code can be downloaded onto phones.</p> <p>With regards to concerns, 14 concerns were raised in Q3, making the total concerns raised so far (up to Q3) this year to 53. There were 3 concerns raised anonymously.</p> <p>The report indicates that 6.5% of the foundation trust doctors had experienced some form of bullying and indirect harassment. SF mentioned that herself, FA and LeeAnne Elliott present at the junior</p>	

	<p>doctors induction, as well as the new consultant induction to raise the profile on FTSU.</p> <p>JP asked the following questions:</p> <p>Whether anything is being done when anonymous concerns are received, to identify why concerns are raised anonymously to create a culture where staff can attribute issues to themselves. SF responded by saying that anonymous concerns can be difficult as the FTSU team cannot be fed back to the staff member or the department, but the National Guardian office does advocate that there is a route available to staff to speak up anonymously. Some staff have said that they feel safer reporting concerns anonymously as they feel that they won't suffer any detriment for doing so.</p> <p>With regards to the training SF is attending, is the training broader on E&D and not just on race. SF shared the learning outcomes with the members and the training does cover a wide range of diversity issues.</p> <p>The Academy noted the update.</p>	
PA.2.23.11	Guardian of Safe Working Hours Quarterly Report	
	<p>RS referred to the circulated paper and informed members that the report is for Quarter 3, covering the period of 1 Oct – 31 December 2022. 79 exception reports were made, which has slightly increased from the previous quarter, where 73 reports were made. 73 of these were related to hours/working patterns, were the highest reporters were F1 doctors in general surgery. In addition 11 reports were flagged as an immediate safety concern.</p> <p>All the safety incident concerns are individually reviewed, to assess whether there is an actual safety concern and whether all the reports made are based on pressure at work and perceived busyness, which could impact on safety, rather than an actual safety incident.</p> <p>The Academy noted the update.</p>	
PA.2.23.12	Review of National Education & Training Survey (NETS) Feedback	
	<p>This was the first time the survey was presented at this academy and this is a national survey which has been ongoing since 2019. The survey is open to all undergraduate/post graduate trainees. FD and DR provided a brief overview of the presentation, which detailed the background of the NETS survey and the work and initiatives already underway and planned, over the coming year.</p> <p>RS thanked DR and FA for the overview and commented that some areas of the survey were negative, but that these are areas where we need to focus our attention on. RS mentioned that we need to celebrate our success as the Trust is in the top quartile of all domains and we are the best performing Trust across WYATT. At this moment in time the Foundation year Doctors are proving challenging, but this is across most Trusts. RS drew attention to areas which are doing well such as Obs and Gynae and what the department has done to overcome their challenges.</p> <p>RS made reference to the GMC results which were shared with the</p>	

	<p>Academy previously, which highlighted Bradford as the busiest hospital in the North of England and we were the 6/7 busiest hospital in the entire country and the results reflect this, most of the negativity of the feedback was based on workload/busyness/support etc. The challenge with the junior doctor's contract is that, there is a requirement that a certain percentage of their time has to be spent in core hours and when considering nights, weekends but that does not match with the needs of the health care provision within the Trust.</p> <p>The Trust is currently running a trial with Clinical support workers at nights, which takes basic duties away from junior doctors and the trial is well received by both junior doctors and the ward staff. The Trust is also exploring the use of a co-ordinators which will be based in the Command Centre to co-ordinate and prioritise tasks during the night.</p> <p>The Junior Doctor environment is currently being reviewed, ensuring facilities that are required are available in the Junior Doctors Mess.</p> <p>KH asked if the Equality Monitoring information is captured in the national survey? FA confirmed that they do not receive equality monitoring data but would explore if possible in the future.</p> <p>Action: FA to explore whether the National Education & Training Survey (NETS) can provide data on equality monitoring.</p> <p>The Academy noted the update.</p>	<p>Head of Education (PA23010)</p>
PA.2.23.13	Gender Pay Gap	
	<p>PC informed members that there is a legal requirement for all employers to publish their gender pay data and report within one year of the 'snapshot' date. The 'snapshot' date is 31 March 2022 and we have published five reports of our data. The gender pay gap is very complex and is not equal pay, the definition of this is included in section 2.1 of the report. Since the Trust has began reporting, there have been improvements of 5% in our gender pay gap. However, and last year our mean gender pay gap this has increased slightly from 23.6% in March 2021 to 26.1% in up to March 2022.</p> <p>RH joined the meeting and presented the following:</p> <ul style="list-style-type: none"> • The Gender pay gap is calculated on a 'snapshot' of data taken as at up until March 2022 and data is submitted by 30th March 2023. • As of at March 2022, 6670 staff in post of which 76.87% of those were women and 23.13% were men. • 1% increase of men in areas of significant under representation i.e. qualified nursing and Midwifery, admin & clerical and other professions. • Continued male under representation in AHPs (men which make up 20% of the AHP workforce). • Women continue to be under represented at senior level in the organisation by 11.64% • A small reduction in the proportion of women in the upper quartile since last year (1.56% reduction). • Women are over represented in the upper middle pay quartile, slightly over represented in the lower middle pay quartile and proportionally represented in the lower pay 	

	<p>quartile.</p> <ul style="list-style-type: none"> • Ordinary Pay Gap – women are from a greater proportion of the organisation, but women are paid less than men. • The mean average pay gap has increased this year by 2.43% this year to 26.06%. • The median average is average pay gap increased very slightly in 2022 by 0.78% (from 6.87% in March 2021 to 7.65% in March 2022). We are not an outlier compared to other Trusts. • Percentage of Men and Women receiving a Bonus Payment: Men earn on average 31% more in bonuses than women. Bonuses are clinical excellence awards and are only paid to medical & dental consultants. Whilst there has been a slight increase (c. 2%) this year the mean average bonus pay gap is 6.5% smaller than in 2020. <p>Next steps:</p> <ul style="list-style-type: none"> • Establishment of our Gender Equality Reference group in 2021. • Review and refresh the action plan with focus on i.e. Women in leadership (e.g. talent management, leadership development), further developing a culture of flexible working (with a focus on front-line staff) and the under-representation of men in traditionally female roles. <p>KW suggested combining this session within the EDI development session exceptional Academy session.</p> <p>Action: LP to arrange an exceptional Academy session for EDI and Gender Pay Gap.</p> <p>The Academy noted the update.</p>	<p>Associate Director of Corporate Governance/Board Secretary (as action PA23008)</p>
PA.2.23.14	Workforce Planning Submission	
	<p>FL made reference to the circulated papers which provides the 1st draft workforce narrative submission for Bradford District and Craven Place and the numerical template submitted by BTHFT which includes the predicted numbers for the next 5 years. This is currently in draft format and has not been triangulated with Finance and activity data. The Final submission will be presented in March 2023.</p> <p>The academy noted the update.</p>	
PA.2.23.15	Industrial Action Update	
	<p>PC confirmed that as of 21st February, the RCN strike that was due on 1st, 2nd and 3rd February has been stood down as the Government has entered into negotiations with the RCN. At this time it's the RCN only and the agenda for change is a national agreement affecting a number of trade unions and this brings complexity to any potential pay deal that may be with the RCN only.</p> <p>The BMA Junior Doctors voted for strike action and the Trust is awaiting notification as to how this affects our Trust. The Hospital Consultants and Specialist Association are a very small union and they have announced a strike day of 15th March. Formal notification has not been received as yet.</p> <p>Chartered Society for Physiotherapist has a mandate for strike action at our Trust, we have not been affected as yet but we have been informally advised that we will be affected if a strike is planned in the</p>	

	<p>future.</p> <p>The British Dietetic Association is currently out to ballot.</p>	
PA.2.23.16	People Academy Work Plan	
	There were no significant changes to the work plan, but LP and PC will discuss this item outside of the meeting.	
PA.2.23.17	Looking after our People	
	FL informed members that the Trust is looking at setting up an absence target, which has not been done for a number of years due to the pandemic. The focus is to improve sickness absence rates as well as the focus on wellbeing of our workforce. A target of 6% has been set for our workforce plan, which we are hoping to achieve at the end of the 12 months, but an internal target has been set at 5.5% for all services across the Trust which is due to be presented at ETM for approval.	
PA.2.23.18	EDI Strategy	
	<p>KH provided a brief overview of the draft EDI strategy in terms of why a strategy is required and what is included within the strategy, he presented the refreshed strategic equalities objectives and provided an overview of the objectives.</p> <ul style="list-style-type: none"> • The first draft of the strategy was presented at the Equality and Diversity Council in January 2023. A range of feedback was received at the meeting and the feedback has been incorporated into the strategy, with a big focus on Health Inequalities. • Why do we need a strategy? There is a legal requirement in terms of our responsibilities as a public sector organisation in relation to meeting our legal duties and contractual obligations. The strategy will set out the Trusts ambitions and plan for action in terms of advancing Equality, Diversity and Inclusion across the organisation including our workforce patients and communities. • Over the previous 12 months there has been a lot of focus nationally on EDI and the Trust has been looking at what that means in terms of local and regional priorities. • The strategy provides some of our wider ambitions in terms of EDI Progress to date. • Continuing to work on the WRES and WDES action plans • Refreshed the roles of the staff equality networks. • Progressing with data on race equality and disability equality. • Establishment of the Equality, Diversity Council which is focusing on ensuring we have alignment and clear of our way forward Mel Pickup, CEO is the exec sponsor and chairs EDC. • Refreshed strategic objectives for the next three years, with a focus on education, empowerment and support. • Ensuring staff are culturally competent • Effective community and staff engagement • Population, health inequalities - there is a plan in place around the key projects. • Inclusive behaviours – the importance of good behaviours and the importance of civility in the workplace, and how we deal with bullying and harassment and how to ensure staff are open and honest about their experiences. 	

	<ul style="list-style-type: none"> • Reflective and diverse workforce – ensuring the organisation is reflective of the communities we serve. <p>Next steps</p> <ul style="list-style-type: none"> • Capturing the key actions for year one. Once the strategy is approved at the Board of Directors on 9th March, it will be very important to engage with the CSUs and management teams so that they are fully aware of the strategy. • Currently completing the equality impact assessment and to formally launch the document in April 2023. • KH will be collecting feedback from a range of stakeholders on the strategy and asked academy members to share any feedback with him. <p>KW thanked KH for the presentation and this academy will be planning on arranging an exceptional Academy session for EDI in the future.</p>	
PA.2.23.19	Internal Audit 2023/24 Planning Submission	
	<p>JH joined the meeting to and presented the internal audit 23/24 planning submission. The proposed plan is produced from a risk based assessment, discussions with colleagues along with the review of the BAF, Corporate Risk Register and wider internal audit knowledge and developments across the Bradford District Craven and West Yorkshire ICB.</p> <p>The submission is designed to deliver a meaningful internal audit at year end, which supports the annual report and accounts.</p> <p>The academy were asked if the proposed risk assessment includes the key areas which are priority for the organisation and whether there is anything missing which needs to be included in the submission.</p> <p>The Academy noted the update and had no additions to make.</p>	
PA.2.23.20	Any Other Business	
	<p>KW asked members for feedback on the quality of the meeting, papers, debates and assurance etc.</p> <p>KD stated that it was a very informative meeting, the quality of the papers were excellent and suggested if more time can be made available for discussion and thanked KW for a very informative meeting.</p> <p>PC shared similar feedback as KD and felt that the agenda was too heavy and whether the work plan needs reviewing and participation is needed from the wider membership.</p> <p>JK also commented on the quality of the papers and presentations and suggested if members can read the papers in advance of the meeting, where possible it makes participation easier.</p> <p>CS echoed all the other comments which were shared by members and where possible, if members can make time to read the papers in advance of the meeting.</p> <p>KW finished off by asking members to share any comments/feedback with her which were not captured at the</p>	

	meeting, via her email address.	
PA.2.23.21	Matters to share with other Academies	
	There were no matters to share with other Academies.	
PA.2.23.22	Matters to Escalate to the Board of Directors	
	There were no matters to share with the Board of Directors.	
PA.2.23.23	Date and Time of Next Meeting	
	29 th March 2023 1100-1300	
PA.2.23.24	Items for Information	
	The Internal Audit Report for Bradford Teaching Hospitals NHS Foundation Trust Non-Clinical Appraisals was included in the pack for information only.	

ACTIONS FROM PEOPLE ACADEMY – 22nd February 2023

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA23004	25.01.2023	PA.1.23.11	High Level Operational Risks: LP to add Cultural Review to the work plan for February.	Associate Director of Corporate Governance/Board Secretary	29.03.2023	Deferred to March to align with publication of staff survey results. Action closed. on agenda at PA.3.23.9
PA23007	22.02.2023	PA.1.23.14	Report/Minutes from Health and Safety Committee: MH agreed to present the risk relating to the 4000 outstanding risk assessments at ETM and subsequently will present the outcome/recommendations in relation to that risk at the next People Academy meeting.	Director of Estates and Facilities	29.03.2023	
PA23009	22.02.2023	PA.2.23.8	Nursing Recruitment and Retention Plan: FL to present data on applicants who attended the last recruitment event, appointments made, unsuccessful candidates etc.	Deputy Director of HR	26.04.2023	
PA23010	22.02.2023	PA.2.23.12	Review of National Education & Training Survey (NETS) Feedback: FA to enquire whether the National Education & Training Survey (NETS) can provide data on equality monitoring.	Head of Education	26.04.2023	
PA23002	25.01.2023	PA.1.23.10	Workforce Report: LP to invite SHo to a future meeting to report on recruitment initiatives in Midwifery.	Associate Director of Corporate Governance/Board Secretary	24.05.2023	LP has contacted SHo, update to be provided in May as SHo will be attending that meeting as the nursing/midwifery rep.
PA23008	22.02.2023	PA.2.23.13	Gender Pay Gap: LP to arrange an exceptional People Academy session on EDI and Gender Pay Gap.	Associate Director of Corporate Governance/Board Secretary	27.09.2023	