

TERMS OF REFERENCE

for the

**University Hospitals Dorset NHS Foundation
Trust**

People & Culture Committee

January 2023

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

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BOARD OF DIRECTORS/COMMITTEE APPROVAL

If the Board/Committee has approved this document, please sign and date it and forward copies for inclusion on the Intranet.

Name of approving body	Board of Directors	Date	
Print Name		Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

PEOPLE & CULTURE COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

- 1.1 The Trust's vision is to positively transform its health and care services as part of the Dorset Integrated Care System. Its mission is to provide excellent healthcare for its patients and wider community and be a great place to work now and for future generations.
- 1.2 The purpose of the People & Culture Committee is to support the Trust in achieving its strategic objective: **"To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best"**.
- 1.3 The People & Culture Committee will do this through:
- Providing input and recommendations to the Trust's Board of Directors (Board) for the development of the People Strategy and the Equality, Diversity & Inclusion Strategy;
 - Assisting the Board in its oversight of achievement of breakthrough objectives and strategic initiatives relating to the People & Culture domains;
 - Obtaining assurance on the implementation of the People Strategy and Equality, Diversity & Inclusion Strategy; and
 - Receiving and reviewing information and data relating to workforce reporting to the Board.
- 1.4 The Committee is a committee of the Board and has no executive powers other than those specifically delegated in these terms of reference.

2. RESPONSIBILITIES

People Strategy and delivery of the People Agenda

- 2.1 To receive confirmation from the Board, on an annual basis, of:

- the relevant breakthrough objectives; and
- the relevant strategic initiatives;

which are to be held to account by the Committee.

- 2.2 To obtain assurance that the relevant breakthrough objectives and strategic initiatives for which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, appropriate challenge and escalating to the Board when required.

Risk Management

- 2.3.1 To regularly review the Board Assurance Framework (including through in-depth review of specific risks) and to ensure that it reflects the assurances for which the Committee has oversight, with risks highlighted being appropriately reflected on the risk registers. This shall include, but not be limited to the Committee acting in

accordance with Board approved risk appetite and risk tolerance levels when reviewing risks.

- 2.3.2 To review the Trust's significant risks report and receive updates on directorate workforce risk issues, action plans or unresolved matters/concerns for escalation.

Oversight and Assurance

A great place to work

- 2.3.4 To review reports from the Guardian of Safe Working and Freedom to Speak Up Guardian as well as Safe Staffing reviews.
- 2.3.5 To consider reports on national and local surveys including the staff survey and GMC survey as they relate to workforce, monitoring the implementation of actions agreed to be taken to address areas of concern identified.
- 2.3.6 To obtain assurance that appropriate feedback mechanisms are in place for those raising incidents and that a culture of openness and transparency in respect of incident reporting is encouraged by supporting the Speaking Up agenda.
- 2.3.7 To oversee and monitor the implementation of the Equality, Diversity and Inclusion strategy.
- 2.3.8 To obtain assurance in relation to the Trust's security management - violence prevention and reduction strategy.

Compassionate inclusive leadership, focused on improvement of quality and efficiency of services for patients

- 2.3.9 To oversee the development by the Trust of an effective staff structure and workforce operating model across the organisation.
- 2.3.10 To monitor delivery of staff engagement plans to ensure there are clear communication channels across the organisation which provide staff with key information during the transformation of services.
- 2.3.11 To monitor organisational integration and cultural development and the implementation of action plans as necessary.

Building skills and capabilities

- 2.3.12 To receive reporting relating to changes in Professional Education and Essential Core Skills training to ensure compliance and continued provision of high quality care.
- 2.3.13 To monitor the provision of training and development and implementation of solutions which deliver a skilled, flexible modernised workforce improving productivity, performance and reducing health inequalities.

- 2.3.14 To obtain assurance that effective performance management systems are in place in support of delivery by the Trust of improving capability and capacity to provide high quality, safe patient care.

Strategic workforce planning

- 2.3.15 To monitor major workforce transformation programmes, including to obtain assurance that no such programme has an unforeseen adverse impact on workforce or on the performance of the Trust.¹
- 2.3.16 To receive and monitor workforce indicators including recruitment, retention/turnover, sickness, appraisals and training.

Mandated/Statutory requirements

- 2.3.17 To oversee and monitor progress against national NHS England workforce standards and reporting including the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).
- 2.3.18 To review the Trust's Equality and Diversity Monitoring Report.
- 2.3.19 To review the Gender Pay Gap Report.
- 2.3.20 To review the annual consultant revalidation report.
- 2.4 ICS
To receive and review relevant reports of or relating to the Dorset integrated care system and provider collaborative.

3. MEMBERSHIP/ATTENDANCE

- 3.1 Membership of the People & Culture Committee comprises of three Non-Executive Directors, the Chief People Officer, the Chief Medical Officer, Chief Nursing Officer and the Chief Operating Officer:
- 3.2 In addition, the following will attend the Committee to provide information and advice with the prior agreement of Committee Chair and/or to present a report to the Committee or a Chief Officer is unable to attend:
- Deputy to Chief People Officer x 2;
 - Associate Director of Communications;
 - Director of Organisational Development;
 - Care Group Directors of Operations;
 - Associate Director for Allied Health Professionals & Healthcare Scientists;
- and others as invited by the Committee Chair.
- 3.3 The Committee will be chaired by a Non-Executive Director of the Trust (other than the Chair of the Audit Committee). A Non-Executive Deputy Chair may be nominated (other than the Chair of the Audit Committee). In the absence of the Chair and/or an appointed Deputy, the remaining members shall elect one of the Non-Executive Directors present to chair the meeting.

¹ Existing ToR provide for "Strategy Planning: the committee will monitor the implications of the Clinical Services Review, Cost Improvement Plans and major service changes".

- 3.4 Subject to paragraphs 3.2 above and 3.6 below, only members of the Committee have the right to attend Committee meetings. If a standing member is unable to attend, they may exceptionally send a deputy to the meeting, but the deputy will not have voting rights at the meeting.
- 3.5 Committee members should aim to attend all scheduled meetings but must attend a minimum of two thirds of meetings. The Company Secretary (or their nominee) will maintain a register of members' attendance.
- 3.6 Any member of the Board may attend any meeting of the Committee with prior agreement of the Committee Chair.
- 3.7 There may be up to two governors attending each meeting as an observer. Observers are not members of the Committee. These governor(s) will have been nominated to attend by the Council of Governors.

4. AUTHORITY

- 4.1 The Committee is authorised by the Board to investigate/review any activity within the Terms of Reference.
- 4.2 The Committee is authorised to approve its governance cycle.
- 4.3 The Committee is authorised by the Board to obtain any external advice it requires to discharge its duties and to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 4.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 4.5 The Committee is authorised to approve policies in accordance with the Document Control Policy.

5. CONDUCT OF BUSINESS

- 5.1 The Constitution, Scheme of Delegation and Standing Orders of the Trust, as far as they are applicable, shall apply to the Committee and any of its meetings.
- 5.2 The Committee will normally meet on a quarterly basis and at such other times as the Chair of the Committee shall require.
- 5.3 Meetings of the Committee shall be quorate if there at least four members present, which will include at least one Non-Executive Director and one Executive Director. For the avoidance of doubt, an Officer in attendance who has been formally appointed by the Board to act up for an Executive Director shall count towards the quorum.
- 5.4 If a meeting of the Committee is inquorate, then the meeting can progress if those present determine. However, no business shall be transacted; items requiring approval may be submitted to the next meeting of the Board as an urgent item.
- 5.5 Meetings of the Committee shall be called by the Company Secretary at the request of the Chair.

- 5.6 The Company Secretary (or their nominee) is responsible for preparing the agenda for agreement by the Chair, with the Chair consulting with the Chief Nursing Officer, as considered appropriate. The Company Secretary (or their nominee) shall collate and circulate papers to Committee members. Unless otherwise agreed, papers should be provided not less than seven working days before the meeting and the agenda and papers should be circulated not less than five working days before the meeting.
- 5.7 The agenda and papers shall be made available upon request to members of the Board.
- 5.8 Under exceptional circumstances, in the case of emergency or urgency, items of business may be conducted outside of formal meetings. This should normally be agreed by the Committee in advance and carried out either by: Chair's action, calling an extraordinary meeting or reaching consensus on a decision by e-mail. Any decisions made in this manner must be formally ratified by the Committee and/or Board at the next meeting.
- 5.9 Committee business may be transacted through virtual media (including, but not limited to video conferencing). At the start of each meeting taking place without all parties physically present, the Chair shall be responsible for determining that the meeting is quorate.
- 5.10 Proceedings and decisions made will be formally recorded by the Company Secretary team in the form of minutes, which will be submitted to the next meeting of the Committee for approval.

6. RELATIONSHIPS AND REPORTING

- 6.1 The Committee shall be accountable to the Board.
- 6.2 The Committee shall make recommendations to the Board in relation to issues that require decision or resolution by the Board.
- 6.3 The Committee Chair shall present a report summarising the proceedings of each Committee meeting at the next meeting of the Board. For the avoidance of doubt, where practicable, this shall be a written report, with a verbal update being provided as necessary.
- 6.4 The Committee shall refer to the Audit Committee, Finance & Performance Committee, Quality Committee and/or Population Health & System Committee any matters requiring review or decision in such forum(s).
- 6.5 For the avoidance of doubt:
- the Finance and Performance Committee will have oversight of coordination and coherence of the entire transformation agenda;
 - the Quality Committee will have oversight of quality and safety issues including private patient care as part of the quality governance process; and
 - the Population Health and System Committee will have oversight of health inequalities, work with system partners in establishing the Dorset ICS and the development of the Dorset provider collaborative.
- 6.6 The Committee shall receive reports from sub-groups of the Trust Management Group and/or Board Committees that specify matters requiring escalation to the Committee.

The Committee shall also receive, from time to time, such reports from such sub-groups as it may require to provide it with assurance relating to matters within the scope of the Committee's responsibilities.

7. MONITORING

- 7.1 Attendance will be monitored at each committee meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.
- 7.2 The Trust's Annual Report will include attendance of members, frequency of meetings and whether meetings were quorate.
- 7.3 On an annual basis, the Committee will provide a self-assessment report to the Board detailing how the Committee has discharged its obligations as set out within its terms of reference, specifically incorporating an assessment of its effectiveness and making recommendations for improvement, where appropriate.

8. REVIEW

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The position of the Chair of the Committee will be reviewed at least every three years.

APPENDIX A

ATTENDANCE AT PEOPLE & CULTURE COMMITTEE MEETINGS

NAME OF COMMITTEE:	People & Culture Committee								
Present (include names of members present at the meeting)	Meeting Dates								
In Attendance									
Was the meeting quorate? Y / N (Please refer to Terms of Reference)									