

## University Hospitals Sussex NHS Foundation Trust

### PEOPLE AND CULTURE COMMITTEE

#### TERMS OF REFERENCE

##### 1.00 PURPOSE

- 1.01 The purpose of the People Committee is to support the Trust in achieving its people strategic objective; “We will value and respect all our staff equitably, involve them in decisions about the services they provide and offer the training and development they need to fulfil their roles.”
- 1.02 The People Committee will do this through;
- Provide input and recommendations to the Board for the development of the People Plan; and
  - Assisting the Board in its oversight of achievement of the True North Targets, breakthrough objectives and strategic initiatives pertaining to the People domain.

##### 2.00 MEMBERSHIP AND ATTENDANCE AT MEETINGS

- 2.01 The membership of the Committee shall be:
- Chair: a nominated non-executive Director
  - Two further nominated non-executive Directors
  - Chief People Officer (Lead Executive for the Committee)
  - Chief Culture & Organisation Development Officer (Alternate Lead Executive for the Committee)
  - Chief Nurse
  - Chief Operating Officer
- 2.02 The Trust Chair shall propose which non-executive Directors will be most suitable for nomination as Chair and members of the Committee. The Trust Board shall approve the appointment of the Committee Chair and members, based on the Chair’s recommendations.
- 2.03 In the absence of the Committee Chair one of the remaining non-executive members present shall elect themselves to chair the meeting.
- 2.04 Committee members should aim to attend all scheduled meetings but must attend a minimum of two thirds of meetings. The Committee secretary will maintain a register of attendance which will be published in the Trust’s annual report.
- 2.05 Core Corporate Directors attendees will be those who are presenting reports to the Committee but are not voting members of the Committee. These will include:
- Director of Human Resources Management

- Director of Workforce Planning and Deployment
  - Director of OD and Leadership
  - Director of Integrated Education
  - Director of Medical Education
  - Deputy Chief Nurse- Workforce and Professional Standards
- 2.06 Any member of the Board of Directors shall have the right to attend any meeting of the Committee by prior agreement with the Chair.
- 2.07 The executive members of the Committee may exceptionally send a deputy to the meeting, but the deputy unless stated will not have voting rights at the meeting. Those who are in attendance may exceptionally send a deputy to the meeting.
- 2.08 Other Trust managers and clinicians may be invited to attend for particular items on the Agenda that relate to areas of risk or operation for which they are responsible.
- 2.09 The Company Secretary or their nominee shall act as Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

### **3.00 ROLES AND RESPONSIBILITIES**

#### **DELEGATED AUTHORITY**

- 3.01 The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution, Standing Orders, Standing Financial Instructions, and Scheme of Delegation. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.
- 3.02 The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its enquiries.
- 3.03 The Committee should challenge and ensure the robustness of information provided.
- 3.04 The Committee is authorised by the Board of Directors to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice should be arranged in consultation with the Company Secretary.

#### **RESPONSIBILITIES**

##### *True North*

- 3.05 Within the Trust's strategic framework, the Trust's True North is defined as putting the patient first and foremost so all improvements ultimately benefit the people the Trust serves. This Committee will therefore operate within that framework, following agreement of the strategy and plans prioritised and agreed by the Board.

- 3.06 In support of the True North strategy development the Committee will work to ensure the Trust develops and maintains appropriate annual plans which aligns to the People domain True North goals, breakthrough objectives, strategic initiatives and corporate projects and make relevant recommendations to the Board for approval.
- 3.07 Through discharge of the objectives below the Committee will support the Trust's progress towards achieving its True North goals and overseeing improvement plans when required.

#### *Breakthrough Objectives*

- 3.08 To receive confirmation from the Board an annual basis the cascade of the relevant Breakthrough Objectives which are to be held to account by the Committee.
- 3.09 To obtain assurance that the Breakthrough Objectives, which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, challenging management and escalating to the Board when required.

#### *Strategic initiatives*

- 3.10 To receive confirmation from the Board an annual basis of the Strategic Initiatives for which delivery is being held to account by the Committee.
- 3.11 To provide assurance that the Strategic Initiatives, which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, challenging management and escalating to the Board when required.

#### *Corporate Projects*

- 3.12 To receive confirmation from the Board an annual basis of the Corporate Projects for which delivery is being held to account by the Committee.
- 3.13 To provide assurance that the Corporate Projects, which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, challenging management and escalating to the Board when required.

#### *People Plan*

The Committee has oversight for the development and delivery of the Trust's people plan covering the main areas of

#### *Leadership*

- 3.14 To ensure the Trust develops and effective staff structure and operating model across the enlarged organisation.
- 3.15 To monitor delivery of staff engagement plans to ensure there are clear communication channels across the enlarged organisation which provide staff with key information during the merger.
- 3.16 To monitor organisational integration and cultural development, using methods such as pulse surveys and Town Halls, and implement action plans as necessary.

### *Culture*

- 3.17 To consider reports from the Guardian of Safe Working and Freedom to Speak up Guardian in the context of the Trust's quality, safety and patient experience processes to ensure that there is a genuinely open culture in which all safety concerns raised are highly valued as integral to learning and improvement.
- 3.18 Consider reports on national and local surveys including the staff survey and GMC survey as they relate to workforce, and to monitor the implementation of action taken to address issues raised.
- 3.19 To gain 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 Speak Up agenda and receiving reports from the Freedom to Speak up Guardian.
- 3.20 Receive assurance that clinicians, managers and staff promote and advance equality and diversity, whilst working closely with patients, the public, local communities, voluntary organisations, staff and staff side organisations.
- 3.21 Receive assurance on the Trust's wellbeing and staff safety initiatives and ensure they support staff retention, development and wellbeing.
- 3.22 Obtain assurance over the Trust's Security and those raising incidents against violence and aggression.

### *Integrated Education*

- 3.23 To ensure that other education and training-related issues, themes and trends are addressed, to promote high standards of care quality through approval of the education and training strategy and monitoring delivery of the strategy.
- 3.24 To receive assurance that training and educational opportunities area available and staff are encouraged to participate in local, national, and international safety programmes.

### *Workforce Transformation*

- 3.25 To monitor all Workforce Transformation programmes, including to obtain assurance that no programme has an unforeseen detrimental impact on workforce or on the performance of the Trust especially in respect of constitutional and key operational metrics; and to make recommendations as necessary to the Board about action required in-year.
- 3.26 To receive and monitor the Trust's suite of workforce indicators, including Recruitment, Retention / Turnover, Sickness, Appraisals, Training, along with reports relating to the efficient use of the Trust's workforce.

### *Mandated Annual Reporting oversight*

- 3.27 To oversee and monitor progress against national NHS England workforce standards and reporting e.g. Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), NHS England guidance on Whistleblowing and the government introduced Apprenticeship Levy.

- 3.28 To consider reports from the Trust's Caldicott Guardian and Data Protection Officer where people risks have been identified.
- 3.29 To review the Trust's Equality and Diversity annual report.
- 3.30 To review and develop action plan from the Gender Pay Gap Report.
- 3.31 To review the Trust's Annual People Report.
- 3.32 To review of the Annual consultant revalidation report.

*ICS and system collaborations*

- 3.33 To receive and review reports from the ICS meetings, Sussex Acute Collaboration Network and Sussex Health and Care Partnership meetings.

*Risk*

- 3.34 To review regularly the Board Assurance Framework (including through in-depth reviews of specific risks) and the High-Level Operational Risks with a significant potential for impact on the Trust's People objectives.

**4.00 REPORTING AND RELATIONSHIPS**

- 4.01 The Committee shall be accountable to the Board of Directors of the Trust.
- 4.02 The Committee shall make recommendations to the Board of Directors concerning any issues that require decision or resolution by the Board.
- 4.03 The Committee shall refer to the Audit Committee, Patient & Quality Committee, Finance & Performance Committee or Research, Innovation & Digital Committee any matters requiring review or decision-making in that forum.
- 4.04 The Committee shall receive reports from the Committees sub-groups setting out any matters requiring escalation to the People Committee.
- 4.05 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. This will form part of the assurances which support the Annual Governance Statement and the Annual report disclosures and will be submitted in the first quarter of the following financial year.
- 4.06 The Committee Chair shall present a report summarising the proceedings of the meeting at the next Trust Board meeting. This should draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

**5.00 CONDUCT OF BUSINESS**

- 5.01 The Committee shall conduct its business in accordance with the Standing Orders of the Trust.
- 5.02 The Committee shall be deemed quorate if there are at least two non-executive Directors and two executive Directors present, one of whom should be the Lead Executive for the Committee, the Chief People Officer or the Alternate Lead

Executive for the Committee that being the Chief Culture and Organisation Development Officer. A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

- 5.03 The Committee shall meet not less than 6<sup>1</sup> times in each financial year and dates will be set by the end of the previous financial year<sup>2</sup>.
- 5.04 The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, and report to the Board on its progress.
- 5.05 In exceptional circumstances where delaying actions or decisions would have a negative impact on the Trust's business, certain items of business requiring an urgent decision, or the taking of the decision itself, may be conducted outside of formal meetings, in line with the requirements set out within the Trust standing orders. This will normally be agreed by the Committee in advance and executed by either: Chair's action, calling an extraordinary meeting or reaching consensus on a decision by e-mail. Any decisions are to be formally ratified the Committee and/or Board at the next meeting.
- 5.06 The Committee business may be transacted through virtual media (using either teleconference or other collaboration and meeting tools). At the start of each meeting which is taking place without all parties being physically present the Chair shall be responsible for determining that the quoracy arrangements has been achieved and that members can effectively contribute.
- 5.07 The Committee Chair, with the support of the Company Secretary, is responsible for taking appropriate actions to manage conflicts of interest (perceived and actual) during a meeting. Members conflicted on any items of business on a committee meeting agenda shall declare their conflict and withdraw from discussions and/or the decision-making as required. Conflicted members are not to be counted for quorum.
- 5.08 The Company Secretary is responsible for preparing the agenda and collating and circulating papers to Committee Members. Papers should be provided not less than five calendar days before the meeting and the agenda and papers should be circulated not less five calendar days before the meeting, to provide sufficient time for due consideration.
- 5.09 Proceedings and decisions made will be formally recorded by the Company Secretary in the form of minutes and distributed to Committee Members within 10 working days of the meeting.

## **6.00 TERMS OF REFERENCE**

- 6.01 The Committee shall review its own performance, constitution and terms of reference at least every two years to ensure it is operating at maximum effectiveness. Any proposed changes to the terms of reference should be agreed by the Trust Board.

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<sup>1</sup> The minimum number of Committee meetings in a financial year was amended to 6 (from 4) further to the cancellation of Strategy Deployment Meetings as of week commencing 22 May 2023.

<sup>2</sup> The wording “, noting that in between the quarterly Committee meetings the members of the Committee will hold strategy deployment meetings focusing on the patient True North” was deleted in June 2023 to reflect the decision to stand down Strategy Deployment Meetings as of week commencing 22 May 2023.

- 6.02 It is the Company Secretary's responsibility to make the necessary updates to the terms of reference.
- 6.03 Approved by Committee March 2024
- 6.04 Next full review: by March 2025 (recognising that these have been reviewed at the end of the first year of operation of this Committee and will be subject to review during the annual review of Committee effectiveness)

## **Appendix - Mandated reports considered by the Committee**

Below is a list of the mandated reports the Committee the Committee would receive over the year

- Gender Pay Gap Report
- Equality Annual Report
- Workforce Race Equality Standard Annual Report
- Disability Equality Standard Annual Report
- National Staff Survey
- GMC Staff Survey
- Freedom to Speak up Annual Report / Whistleblowing report
- Guardian of Safe Working Annual Report
- Security Management – violence and aggression quarterly report