

## People Committee

### 6.1c

**draft**  
**terms of reference**

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| <b>Scope:</b> Trust Wide  | <b>Classification:</b> Terms of Reference |
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| <b>To be read in conjunction with the following documents:</b><br>Governance Manual, Monitor licence<br>Board Assurance Framework<br>Risk Management Policy |   |
| <b>Document for public display?</b> Yes   |   |

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#### 1. Constitution and Remit

This Committee is established as an Assurance Committee of the Board of Directors of Liverpool Heart and Chest Hospital NHS Foundation Trust in order to provide the Board with assurance in respect of workforce governance. It is a Non-Executive Committee. Initially this Committee will be established for a 12 month period, pending review and evaluation in July 2016.

## 2. Authority

The People Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires of any employee (or contractor acting on behalf of the Trust) and all employees (or contractors acting on behalf of the Trust) are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain legal advice or other independent professional advice.

The Committee is authorised to request the attendance of individuals and authorities from inside or outside of the Trust with relevant experience and expertise, where it considers this is necessary or expedient to the carrying out of its functions.

Trust Standing Orders and Standing Financial Instructions apply to the operation of the Committee.

## 3. Main Priority and Objective

The People Committee shall provide the Board of Directors with a means of independent and objective review of people strategy. The Committee's main priority is to review and scrutinise assurance that the Trust's strategic priorities for staff management, resourcing, engagement and development are identified, implemented and monitored.

## 4. Duties and Responsibilities

The Committee will promote best practice in HR and Organisational Learning and Development and help to identify priorities and risks on a continuing basis.

Specifically, the Committee will:

### 4.1 Collective Leadership

- 4.1.1 Receive assurance that the People Strategy is being delivered and monitor its effectiveness in supporting the Trust's Strategic Objectives
- 4.1.2 Receive assurance that staff engagement and satisfaction levels are improving through delivery of initiatives such as the Listening into Action Programme and recognition and reward initiatives
- 4.1.3 Receive assurance that the Equality and Diversity Strategy is being delivered
- 4.1.4 Receive assurance reports on compliance with the Workforce NHS Constitution pledges
- 4.1.5 Receive external assurance reports from CQC and other regulatory / statutory bodies in relation to the workforce agenda and ensure that management responses / action plans are robust
- 4.1.6 Consider urgent or material matters referred to and from other Committees or Board of Directors.

### 4.2 Resourcing

- 4.2.1 Review Key Workforce Performance Indicators including sickness absence, bank/agency usage and expenditure, education and development, appraisal and staff turnover and ensure agreed targets are being met
- 4.2.2 Provide assurance to the Board on compliance with relevant HR legislation and best practice including doctors and nursing revalidation.
- 4.2.3 Review and monitor implementation of the Trust's annual workforce plans
- 4.2.4 Monitor performance against relevant HR policies and procedures.
- 4.2.5 Receive an annual report on all Employee Relations activity, including the Staff Partnership Forum and Local Negotiating Committee work
- 4.2.6 Receive reports and action plans on the requirements of new and emerging guidance from regulators and external agencies that relate to workforce
- 4.2.7 Receive assurance the Trust has a robust Job Planning process in place and that maximum value is being achieved.

### 4.3 Education & Development

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- 4.3.1 Review and sign off the Trust's Annual Learning Needs Analysis
- 4.3.2 Receive summaries of high level contractual agreements and associated risks from external agencies/ bodies including HENW, HEIs and other partnerships.
- 4.3.3 Receive the 'Doctors in Training' annual survey and the GMC annual visit results and monitor delivery of any action plans arising.
- 4.3.4 Receive assurance that all staff are receiving an effective annual appraisal and that robust succession plans and talent management processes are in place.

#### **4.4 Staff Wellbeing**

- 4.4.1 Receive the results and monitor progress against action plans in relation to the National NHS Staff Survey, Staff Friends and Family Test and other workforce satisfaction measures as agreed.
- 4.4.2 Receive an annual assurance from the staff Wellbeing Group.

### **5. Risk**

The Committee will consider and seek assurance in relation to any risks relating to its remit and will identify and escalate any new or emerging risks arising from its work, through the BAF reporting process.

### **6. Equality and Diversity**

Ensure that equality and diversity and due consideration to the Human Rights Act are regarded in all aspects of the committee's work.

### **7. Membership**

Three nominated Non-Executive Directors, one of whom will be the Chair and one the Vice Chair

In attendance at all meetings:

Director of Strategy and Organisational Development

Director of Nursing & Quality

Medical Director

Chief Operating Officer

*All of the above attendees to appoint a nominated Deputy who will attend in his / her absence*

The Committee may invite other officers to attend meetings as required.

All Board Members have a right to attend any meeting of the Committee.

### **8. Quorum and Frequency**

In order for decisions taken by the Committee to be valid, the meeting must be quorate. The Chair or Vice Chair plus one other member of the Committee must be present at the point when any business is transacted.

The Committee will meet four times per year (quarterly).

### **9. Reporting**

The Committee Chair will provide a BAF Key Issues Report to the Board of Directors following each meeting, along with approved minutes and an annual report, which will include a review of the Committee's Terms of Reference.

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The Chair of the Committee will escalate urgent matters and exceptions to the Board and / or Audit Committee in-between meetings as deemed appropriate.

The Committee will oversee the work of and reports from the Operational Board in respect of matters set out within these terms of reference.

#### **10. Conduct of Committee Meetings**

The Chair of the committee will be supported by a lead Executive Director who will ensure that the appropriate processes are followed:

- Minutes and action log are accurate, comprehensive and timely
- The agenda and supporting papers are sent out to committee members 5 working days prior to the meeting, unless authorised by the Chair for exceptional circumstances
- Authors of papers presented must use the required template and adhere to BAF Policy.
- Presenters of papers can expect all committee members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues.
- Committee members and those in regular attendance should actively participate in discussions pertaining to the agenda, ensuring that solutions and action plans have multidisciplinary perspectives and consideration of Trust-wide impact