



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	People, Organisational Development and Culture Committee (PODCC) Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chantal Patel, Chair, PODCC
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to ensure that the Audit and Risk Assurance Committee has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

Cefndir / Background

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

The Committee last reviewed its terms of reference and operating arrangements in February 2024, and these were subsequently approved by the Board, on 28 March 2024.

Asesiad / Assessment

The People, Organisational Development and Culture Committee Terms of Reference and operating arrangements (Appendix 1) have been reviewed, and some minor changes and amendments to terms have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
2	Purpose	To reflect the Committee's responsibilities for seeking assurance on the delivery of the Targeted Intervention criteria related to leadership, capability and culture.
4.3	Membership of the Committee	To update job titles for the following: Communications and Engagement Director Director of Allied Health Professionals and Health Sciences

10.3.2	Reporting	Include the Strategic People Planning and Education Group as one of the Sub-Committees feeding into PODCC.
Appendix 1	Section added	Targeted Intervention areas relating to leadership, capability and culture intervention and focus, and de-escalation criteria added.

Argymhelliad / Recommendation

The Committee are asked to approve the People, Organisational Development and Culture Committee's Terms of Reference for onward ratification by the Board on 26 September 2024.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

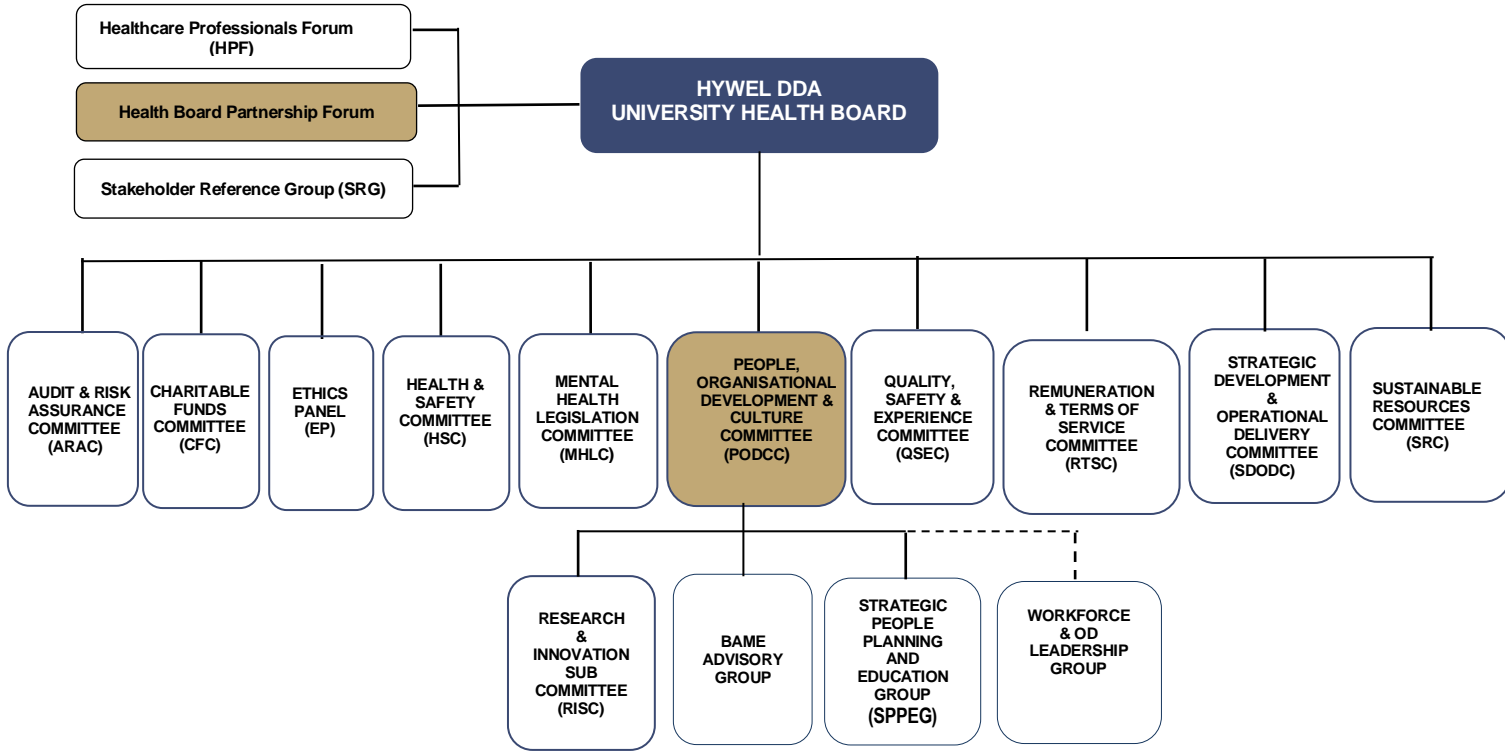
Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Director of Workforce and OD Director of Corporate Governance/Board Secretary
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts.
Ansawdd / Gofal Claf: Quality / Patient Care:	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 the Health Board's activities.
Gweithlu: Workforce:	The People, Organisational Development & Culture Committee shall: (3.2) Consider the implications for workforce planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.
Risg: Risk:	No direct impacts however, the People, Organisational Development & Culture Committee shall: (2.6) 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.
Cyfreithiol: Legal:	No direct impacts
Enw Da: Reputational:	No direct impacts, however, the People, Organisational Development & Culture Committee shall: (10.4.3) Ensure appropriate escalation arrangements are in place to alert the Health Board 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 Health Board.
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts



PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Hywel Dda University Health Board	29.07.2021	Approved
V2	PODCC	20.06.2022	Approved
V2	Hywel Dda University Health Board	28.07.2022	Approved
V3	PODCC	03.04.2023	Approved
V4	Hywel Dda University Health Board	25.05.2023	Approved
V5	PODCC	19.06.2023	Approved
V6	PODCC	05.07.2023	Approved via Chair's Action
V6	Hywel Dda University Health Board	27.07.2023	Approved
V7	PODCC	15.02.2024	Approved
V7	Hywel Dda University Health Board	28.03.2024	Approved
V8	PODCC	20.08.2024	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 1 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 (the Health Board) 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.

Receive assurance on delivery against the areas of targeted intervention, and the required elements for de-escalation, related to leadership, capability and culture (see Appendix 1 for additional detail):

- i. Workforce and structure
 - ii. Leadership and development
- 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*), 3 (*Striving to deliver and develop excellent services*) and 4 (*The best health and wellbeing for our communities*) (see Appendix 24), in accordance with Board approved timescales, as set out in Health Board'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 Provide assurance that there are appropriate arrangements to ensure education and commissioning meets future workforce needs.
- 2.7 To seek assurance on the management of risks on the 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.

- 2.8 To recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.
- 2.9 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 the Health Board's activities.
- 3.2 Consider the implications for workforce planning arising from the development of the Health Board'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 the Health Board's values and behaviour framework, future-proofed to ensure their continuity and success.
- 3.4 Ensure the Health Board is meeting its responsibilities with regard to statutory and mandatory training.
- 3.5 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.
- 3.6 Receive the Research & Innovation (R&I) Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases its Research & Development/R&I capacity, research output and research income.
- 3.7 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.
- 3.8 Seek assurances that there is the appropriate culture and arrangements to allow the Health Board to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).
- 3.9 Approve appointments made by the Advisory Appointments Committee.
- 3.10 Refer people, culture and organisational development matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.
- 3.11 Approve the workforce and organisational development policies and plans delegated to the Committee.

- 3.12 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.
- 3.12 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise the following:

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

- 4.2 Membership must include an Independent Member from the Quality, Safety and Experience Committee.
- 4.3 The following should attend Committee meetings:

In Attendance
Director of Workforce & Organisational Development (Lead Executive)
Medical Director
Director of Public Health
Director of Nursing, Quality & Patient Experience
Director of Communications and Engagement Director
Chair of HDdUHB Staff Partnership Forum
Director of Therapies Allied Health Professionals and Health Sciences

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, together with a third (3) 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 Health Board 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 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 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 Health Board'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 Health Board'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-Committees reporting to this Committee are is:

10.3.1 Research & Innovation Sub-Committee

10.3.2 Strategic People Planning and Education Group

The management group feeding into this Committee is the:

10.3.3 Workforce & OD Leadership Group

There are also other links to this Committee through the:

10.3.4 Staff Partnership Forum

10.3.5 University Partnerships

The advisory group feeding into this Committee is the:

10.3.6 Black Asian Minority Ethnic (BAME) Advisory Group

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.

Appendix 1 – Targeted Intervention areas relating to Leadership, Capability and Culture

The **leadership, capability and culture** whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Workforce and structure

- Review the scope and breadth of responsibilities, review the effectiveness of the structure to deliver high quality safe care and experience for patients and their families/carers.
- Review key medical and nursing gaps and capacity for all clinical groups making recommendations for the future.
- Focus on strategic workforce planning and maximising the skills of its current staff.
- Ensure that all parts of the organisation are clear on accountability and expectations at all levels to ensure successful delivery. Empowering effective decision making and a constant focus on performance improvement.
- Review the clinical leadership arrangements ensuring that job plans are reviewed and updated on an annual basis.
- Support the development of a policy for job planning for consultants, SAS doctors and where appropriate for other senior clinicians.

2. Leadership and development

- Ongoing development of leadership and management skills at all levels/professions to strengthen management maturity.
- Ensure that clinical leadership is visible and effective; there is leadership development support in place and the consultant body as a whole is actively engaged in driving forward service improvement.
- To have completed a review of clinical leadership at all level/capacity and capability/multi-professional working/empowerment of more junior staff identifying change champions and empower local leadership models.
- The health board has and is progressing the actions within its strategic equality plan is reviewed annually by the Board.

De-escalation criteria for strategy and planning

1. A full and substantive Executive Director Team, with a clear organisational structure is in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care. (42)
2. Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making, use of equality impact assessment, safeguarding and participant feedback. (43)
3. Positive staff engagement in NHS Wales surveys. (44)
4. Plans are in place to develop a sustainable workforce resulted in improved staff retention and staff well-being, a reduction in the number of vacancies and the number of interim and agency staff, workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan. (45)

5. *Whether the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services, demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies. (46- Aligned to SDODC)*
6. Clinical change is led and driven forward by clinical leaders at all levels of the organisation. (47)
7. *A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including quality, mortality, staffing levels, patient outcomes, user and staff feedback. (48 – aligned to QSEC)*
8. Effective use of data to help demonstrate improvements in leadership. (49)

Appendix 2 - Planning Objectives aligned to Committee

Planning Objective		Lead	Class
1	Workforce stabilisation	Director of Workforce and OD	Critical enabler

Strategic Objective	Domain	Strategic Goal	Planning Objective	Executive Lead
1	Our People: We have the people we need to achieve our purpose and strategy	1. Grow and Train our Workforce We have the right people we need, with the right skills and knowledge	1a Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates	Director of Workforce and OD
2			1b Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role.	Director of Workforce and OD
4		2. Support and Retain our Workforce.	2a Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships	Director of Workforce and OD
2		Our people feel motivated and supported	2b Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services.	Director of Workforce and OD
4			2c Develop and maintain an overarching workforce, OD and partnerships plan	Director of Workforce and OD
3		Our Future: Building a better health care system for future generations	5: World-class infrastructure We are building the infrastructure needed to provide high quality care	5b Research and Innovation
2	6: Sustainable services Designing and implementing		6c Continuous Engagement -To establish an overarching programme of work for continuous engagement with a set of	Director of Communications and Engagement

		more sustainable services	<p>continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication. 	
3	Our Communities: Our population is healthy, and we have a positive impact on the determinants of health	8: Positive impact beyond health As an organisation we have a positive impact beyond health	8d Welsh Language and Culture – Building on the Welsh language and Culture Discovery process, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will also seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words	Director of Communications and Engagement