



**PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

**TERMS OF REFERENCE**

Version	Issued To	Date	Comments
V0.1	Hywel Dda University Health Board	29.07.2021	Approved

# 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<sup>st</sup> 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 (HDdUHB) 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.
- 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*) and 3 (*Striving to deliver and develop excellent services*) (see Appendix 1), in accordance with Board approved timescales, as set out in HDdUHB'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 To 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.
- 2.7 To recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.8 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 HDdUHB's activities.
- 3.2 Consider the implications for workforce planning arising from the development of HDdUHB'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 HDdUHB's values and behaviour framework, future-proofed to ensure their continuity and success.
- 3.4 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 (PO 1A, 1B, 1C, 1F, 1G, 1I, 2A, 2B, 2D, 2G, 2H).
- 3.5 Consider the second 'Discovery' phase of the pandemic learning that is conducted to understand more about staff experience in order that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff (PO 1H).
- 3.6 Receive the 3 year strategic plan developed in partnership with universities, life science companies, and public service partners, for implementing to increase research, development, and innovation activity, and number of research investigators, sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (PO 3G).
- 3.7 Receive the R&D Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the UHB increases its R&D/R&I capacity, research output and research income.
- 3.8 Seek assurances on the requirements arising from HDdUHB's regulators, WG and professional bodies (PO 3B).
- 3.9 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with HDdUHB's values and behaviour framework.
- 3.10 Seek assurances that there is the appropriate culture and arrangements to allow HDdUHB to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).

- 3.11 Approve Appointments made by the Advisory Appointments Committee.
- 3.12 Refer people, culture and organisational development matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.
- 3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
- 3.14 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.
- 3.15 Agree issues to be escalated to the Board with recommendations for action.

**4. Membership**

4.1 Formal membership of the Committee shall comprise of the following:

<b>Member</b>
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members

4.2 The following should attend Committee meetings:

<b>In Attendance</b>
Director of Workforce & Organisational Development (Lead Executive)
Medical Director/ Deputy CEO (for PO 3G)
Director of Public Health (for PO 2A)
Director of Nursing, Quality & Patient Experience (for PO 1B)
Chair of HDdUHB Staff Partnership Forum

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, and two other Independent Member(s), together with a third 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 UHB 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 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 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 UHB'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 UHB'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-Committee reporting to this Committee is:
  - 10.3.1 Research & Innovation Sub-Committee

The management group feeding into this Committee is the:

  - 10.3.2 Workforce & OD Leadership Group

There are also other links to this Committee through the:

10.3.3 Staff Partnership Forum

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.

## Planning Objectives Aligned to People, Organisational Development & Culture Committee

P.O. Ref	Recovery Plan Section	Planning Objective	Executive Lead
1A	1	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years	Lisa Gostling
1B	2	<p>Building on the success of the command centre, develop a longer-term sustainable model to cover the following:</p> <p>One single telephone and email point of contact – the “Hywel Dda Health Hub”</p> <p>This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers</p> <p>All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact</p> <p>Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP)</p> <p>Further develop the incident response and management cell set up to support our COVID-19 response</p> <p>Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions</p> <p>Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years</p>	Mandy Rayani
1C	1	Design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from November 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation’s values should be at the heart of this programme	Lisa Gostling
1F	1	<p>Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ol style="list-style-type: none"> <li>1. the way the Health Board recruits new staff and provides induction;</li> <li>2. all existing HR policies;</li> <li>3. the way in which employee relation matters are managed and</li> <li>4. equitable access to training and the Health Board's staff wellbeing services.</li> </ol>	Lisa Gostling



		The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption	
1G	1	Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.	Lisa Gostling
1H	1	By July 2021 conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff.	Lisa Gostling
1I	1	Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds	Lisa Gostling
2A	2	Develop a Health Board specific plan that responds to the Regional Carers Strategy, and complete implementation by March 2024	Ros Jervis
2D	1	By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this	Lisa Gostling
2G	1	By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme	Lisa Gostling
2H	1	By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.	Lisa Gostling
3B	5	Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies	Jo Wilson (AW and IA) Lee Davies (CHC) Mandy Rayani (CIW/HIW, Coroner,

			HSE, PSOB) Andrew Carruthers (DU & MWWF&R) Lisa Gostling/Phil Kloer (HEIW) Phil Kloer (peer reviews, RCs, GMC) Jill Paterson (GMC, LMC, other Independent contractors) Alison Shakeshaft (HCPC)
3G	4	Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i). The plan will be developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further progress in established areas including respiratory, oncology, and diabetes studies, the portfolio will target and expand into areas of organisational clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation will also target a threefold increase in technology trials	Phil Kloer

### Future Planning Objectives Aligned to People, Organisational Development & Culture Committee

P.O. Ref	Planning Objective	Executive Lead
2B	In relation to equality, diversity and inclusion, develop and implement a rolling programme of training to raise the awareness of all Health Board staff and, as part of the process: 1. ask participants to agree specific actions they can take as either individuals or teams in their areas to create/enhance genuinely inclusive and accessible services for our population and support for our staff 2. establish a process to monitor and feedback to Board on progress and successes.	Lisa Gostling

	This programme should be completed by March 2024 and progress reported to Board at least annually as well as providing the basis of evidence for the Stonewall Workplace Equality	
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