Airedale NHS Foundation Trust
People Committee
Terms of Reference

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Thriving people,
healthy communities

1. Constitution

The Trust Board hereby resolves to establish a committee of the Board to be known as the People Committee (the committee).

The Committee will adhere to and be cognisant of the Trust values at all times.

2. Membership

The Committee shall comprise at least three Non-Executive Directors one of which must be the Non-Executive Director Freedom to Speak Up (FTSU) Champion and one of which must be the Non- Executive Director Champion for Wellbeing and at least three Executive Director members who will have the roles of Director of People and Organisational Development, Chief Nurse and Chief Medical Officer.

The Trust Chair will appoint a Non-Executive Director to act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair for the meeting.

Deputies may attend the meeting in the absence of a member. However, prior permission must be sought from the Committee Chair before attendance is permitted. Deputies shall not count towards the quorum

For decisions taken by the Committee to be valid, the meeting must be quorate. The quorum necessary for the transaction of business shall be three members, of which are two Non-Executive Directors and one Executive Director.

The membership shall be disclosed in the Trust's Annual Report.

3. Attendance at meetings

The Deputy Director of People and Organisational Development will be expected to attend each meeting. Others may be invited to attend all or part of any meeting depending upon issues under discussion. The following are likely to be required to attend throughout the annual committee cycle:

- Head of People Partnering
- Head of HR Workforce Resource Service
- Organisational Learning and Improvement Lead
- Deputy Medical Director
- Deputy Chief Nurse
- Operational Director
- Divisional Director of Nursing
- Chief AHP
- Freedom to Speak up Guardian
- Guardian of Safe Working
- Medical Education representative
- Inclusion network members
- Responsible Officer
- Director of Midwifery

All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the Committee.

A Governor may attend the Committee in an observer capacity to gain a better understanding of the work of the Trust and to observe Non-Executive Directors in their role of holding the Executive Directors to account for the operational performance of the Trust. The Governor will be required to declare any interest they may have in respect of the items being discussed.

4. Frequency of meetings

The Committee shall meet bi – monthly and the committee will conduct a schedule a series of deep-dives/workshops to be undertaken as part of its work programme and agreed by the Committee on an annual basis. Additional meetings may be called at the request of the Committee Chair.

To assist in the management of business over the year an annual workplan will be maintained, capturing the main items of business at each scheduled meeting.

5. Authority

The committee is constituted as a standing committee of the Trust Board. Its constitution and Terms of Reference are subject to amendment by the Trust Board.

The committee is authorised by the Trust Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee, and all employees are directed to cooperate with any request made by the committee. The committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6. Purpose and Responsibilities

The committee will understand and ensure alignment to the work of other committees of the Board and seek to work with them as appropriate. It will also operate in line with the Trust Corporate Governance Framework including Scheme of Delegation and Standing Financial Instructions.

Responsibilities

Strategy

- Consider and recommend to the Board, the Trust's overarching People Strategy and associated activity/implementation plan.
- Oversee the development of the People Strategy and, seek assurance of delivery through the associated activity/implementation plan for all Trust employed staff including joint ventures i.e. Pathology and Immedicare.
- Conduct reviews and analysis of strategic people and workforce data/issues and to agree the Board level response.

Performance

- Consider and recommend to the Board the key people and workforce performance metrics and targets for the Trust.
- Receive regular reports to gain assurance that the targets are being achieved and to request and receive exception reports where this is not the case.
- Conduct workforce deep-dives focusing on medical, nursing and allied health professional workforce plans.
- Receive reports in relation to internal and external quality and performance targets relating to people and workforce and associated activity/implementation plans e.g. staff survey, gender pay gap and plan, staff survey, FTSU, Guardian of Safe Working and Modern Slavery Statement.

Governance and Risk

- Receive and review the people and workforce risks on the high-level risk register and the Board Assurance Framework.
- Establish an annual work programme which the Committee will review at each meeting.
- Produce a committee effectiveness annual report against delivery of the terms of reference of the Committee.

People Reporting

In accordance with the Committee reporting schedule, receive assurance from the Committee's sub-groups, review reports and any associated recommendations, including actions to gain assurance of compliance and people reporting.

Assurance Reporting

- Receive all reports regarding the Trust's people produced by national organisations e.g. trade unions and the Regulator NHS England and seek assurance on the delivery of any actions as may be required.
- Receive reports on significant areas of concern or adverse findings highlighted by external bodies in relation to the Trust's people, and the actions being taken to address these.
- Establish, develop and maintain systems and processes for the regular evaluation and monitoring of compliance against any relevant internal and external assessments or standards.
- Gain assurance from the Freedom to Speak Up NED Champion and the NED Champion for Wellbeing that they have undertaken their role in line with NHS England guidance 'Enhancing board oversight – A new approach to non-executive director champion roles', including providing updates to the Trust Board on issues requiring board-level action.
- Remain cognisant of the wider partnership arrangements at System and Place level in relation to people matters, and ensure appropriate oversight of matters requiring escalation to the Board of Directors and/or onward reporting to partners.
- Identify and manage risks within the committee's remit on the high-level risk register and the Board Assurance Framework (BAF) by performing detailed reviews of those risks aligned to the committee and provide the Trust Board with the relevant assurance on mitigations,

controls and assurances for those risks.

Where there is a perceived overlap of responsibilities between the Trust's Other Assurance Committees - Securing the Future, Quality and Safety, and Finance, Performance and Digital - the respective Committee Chair shall have the discretion to agree the most appropriate Committee to fulfil any obligation.

7. Behaviours and conduct

Trust values
Members will be expected to conduct business in line with the trust values and objectives.

Members of, and those attending, the committee shall behave in accordance with the trust's constitution, standing orders, standards of business conduct and conflicts of interest policy.

Equality and diversity
Members must demonstrably consider the equality and diversity implications of decisions they make.

8. Accountability and reporting

The committee shall report to the Trust Board on how it discharges its responsibilities.

The Head of Corporate Governance has responsibility for ensuring that meetings are formally recorded by the nominated secretariat and available for the Trust Board. The chair of the committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action and a Committee Chair's Report will be presented to the next Trust Board meeting.

The committee will report to the Board at least annually to describe how the committee has fulfilled its Terms of Reference and the delivery against its workplan, reports will specifically comment on assurance of delivery against key timelines set out in the overall project plan, risks, mitigations and deviation from plans. And.

An annual committee effectiveness evaluation will be undertaken and reported to the committee and the Trust Board.

The People Committee will review these Terms of Reference, at least annually as part of the annual committee effectiveness review and recommend any changes to the Trust Board.

Members unable to attend a committee meeting should inform the Corporate Governance Office as soon as possible in advance of the meeting except in extenuating circumstances.

A register of attendance will be maintained, and the Chair of the committee will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the committee, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement

9. Meetings

Items for the agenda must be sent to the Corporate Governance Office a minimum of ten working days prior to the meeting; urgent items may be raised under any other business.

The agenda will be sent out to the committee members at least five working days prior to the meeting date, together with the updated action schedule and other associated papers.

Meetings, other than those regularly scheduled as above, shall be called by the committee secretary at the request of the Chair.

10. Review

The committee will review its effectiveness at least annually.

Noting the nature of the programme of work, the Committee may also take a phased approach to the review of its Terms of Reference to ensure it is aligned and remains effective in delivering its responsibility and duties, in relation to the requirements of the New Hospital Programme.