

STRATEGIC WORKFORCE COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

- 1.1 The Board of Directors has established a subcommittee of the Board known as the Strategic Workforce Committee. It is a Non-Executive committee and has no executive powers, other than those specifically delegated in these Terms of Reference. These Terms of Reference can only be amended with the approval with of the Board of Directors.

2. PURPOSE

- 2.1 The purpose of the committee is to provide advice , and make recommendations to the Board of Directors on all aspects of workforce and organisational development, and raise concern (if appropriate) on any workforce risks that are significant for escalating.

3. OBJECTIVES

- 3.1 Overseeing the development and implementation of the Trust's Human Resources Strategy, ensuring the Trust has robust recruitment and retention plans in place to support the delivery of high quality patient care and experience aligned to the Trust's strategic objectives.
- 3.2 Overseeing the development and implementation of the Trust's Education, Training, and Leadership Strategy to seek assurance on improved performance, return on investment and capability to deliver the Trust's strategic objectives particularly in relation to:
- Medical Education
 - Clinical Productivity and Competency
 - Professional and career development
 - Skills development
 - Apprenticeships
 - Talent Management
 - Leadership Development and Succession Planning
- 3.3 Ensuring that we as a Trust have in place Leadership development plans, which allow our leaders the time and relevant resources to progress 'change'. Clinical Leaders have time identified in their job plans to fulfil their non clinical lead responsibilities such as; management, educational, research etc.

- 3.4 Receiving reports relating to the creation and delivery of workforce plans aligned to Trust strategies, ensuring that the plans demonstrate the Trust has made provision for adequate staffing levels with the necessary skills and competencies to meet the future needs of patients and service users.
- 3.5 Ensuring the Trust continually reviews its workforce models (medical and non-medical), to reflect new roles and new ways of working to support delivery of the Trust's strategic objectives.
- 3.6 Ensuring that the Trust obtains the very best productivity through its medical and nursing workforce through effective job planning principles which safely obtains the maximum value of direct clinical care being provided to patients for all non training doctors and clinical practitioners.
- 3.7 Receive nursing staff establishment reviews to ensure that ward nursing staff establishments provide an appropriate staff level and skill mix to support the delivery of safe and effective patient care to patients.
- 3.8 To ensure that the Trust has appropriate pay, reward and recognition schemes that are linked to the delivery of the Trust's strategic objectives, outcomes and desired behaviours (linked to the culture change programme).
- 3.9 To oversee the Trust's Culture Change Programme including the outcomes of regular staff engagement surveys, and the effectiveness of the Trust's Communication and Engagement Strategy. Monitor the implementation of action plans to improve staff engagement.
- 3.10 Provide assurance to the Board that there are mechanisms in place for the staff to raise concerns and that these are dealt with in line with local policy and national guidance.
- 3.11 Monitor statutory and mandatory training compliance as defined in the Risk Management Training policy.
- 3.12 Consider the control and mitigation of workforce-related risks and provide assurance to the Board that such risks are being effectively controlled and managed.
- 3.13 That processes are in place to support the mental and physical well-being of staff
- 3.14 Ensuring that the Trust is compliant with relevant legislation relating to equality, diversity and human rights, including the Equality Diversity System 2 (for staff), and the NHS Workforce Race Equality Standard.

4. MEMBERSHIP AND ATTENDANCE

Members

- 4.1 The committee shall be appointed by the Board of Directors and shall comprise:
 - Non –Executive Director (Chair)
 - Non – Executive Director (Deputy Chair)
 - Non – Executive Director
 - Director of Human Resources
 - Chief Nurse, Director of Quality
 - Medical Director

- 4.2 The Director of Human Resources will act as lead executive director for the Committee.

Chair

- 4.3 The Chair of the committee will be the Trust chairman or non-executive director as determined by the Nominations Committee of the Board.

Attendees

To attend every meeting:

- Deputy Director of Human Resources
- Head of Diversity and Equality
- Chief Operating Officer or their nominee (nominated Divisional Director)

To attend for specific reports as required:

- Director of Finance and Performance
- Head of Learning and Organisational Development
- Head of Corporate Human Resources
- Medical Education Director
- Associate Chief Nurse
- Lead Nurse - Occupational Health
- Director of Communications and Engagement
- Chair of Staffside

Quorum

- 4.4 Business will only be conducted if the meeting is quorate. The Committee will be quorate with at least two Non-Executive Directors and One Executive Director present. If the Trust Chair is in attendance, this will count towards the quorum.
- 4.5 If the meeting is not quorate the meeting can progress if those present determine. However, no business shall be transacted and items requiring approval may be submitted to the next Board of Directors meeting as an urgent item.

Attendance

- 4.6 The Chair and Lead Executive, or their nominated deputy, of the Committee will be expected to attend 100% of the meetings. Other Committee members will be required to attend a minimum of 80% of all meetings and be allowed to send a Deputy to one meeting per annum.

Attendance by Officers

- 4.7 The Committee will be open to the Chair, Chief Executive and Trust Secretary to attend.
- 4.8 Other staff may be co-opted to attend meetings as considered appropriate by the Committee on an ad hoc basis.

Voting

- 4.9 When a vote is requested, the question shall be determined by a majority of the votes of the members present. In the event of an equality of votes, the person presiding shall have a second or casting vote.

5. FREQUENCY

- 5.1 Meetings of the Committee shall generally be held bi-monthly. The Chair may call additional meetings to ensure business is undertaken in a timely way.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 6.2 Reference should be made as appropriate, to the Standing Orders and Standing Financial Instructions of the Trust.
- 6.3 The committee may set up permanent groups or time limited working groups to deal with specific issues. Precise terms of reference for these shall be determined by the committee. However, Board Committees are not entitled to further delegate their powers to other bodies, unless expressly authorised by the Trust Board (Standing Order 5.5 refers).
- 6.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary or advantageous to its work.

7. SERVICING ARRANGEMENTS

- 7.1 A member of the Board Secretariat shall attend meetings and take minutes.
- 7.2 Agendas and papers shall be distributed in accordance with deadlines agreed with the Committee Chair.
- 7.3 Members will be encouraged to comment via correspondence between meetings as appropriate.
- 7.4 The Committee will maintain a rolling annual work plan that will inform its agendas and seek to ensure that all duties are covered over the annual cycle. The planning of the meetings is the responsibility of the Chair.

8. ACCOUNTABILITY AND REPORTING

- 8.1 The Committee is accountable to the Board of Directors.
- 8.2 Chair reports will be provided to the Board of Directors to include: committee activity by exception; decisions made under its own delegated authority; any recommendations for decision; and any issues of significant concern.
- 8.3 Approved minutes will be circulated to the Board of Directors. Requests for copies of the minutes by a member of public or member of staff outside of the Committee membership will be considered in line with the Freedom of Information Act 2000.

9 RELATIONSHIPS WITH OTHER COMMITTEES

9.1 The committee will receive minutes for scrutiny from the following meetings:

- Diversity and Inclusion Steering Group
- Medical Education
- Staff Committee
- Local Negotiating Committee
- Integrated Education Board

10. MONITORING EFFECTIVENESS AND REVIEW

10.1 The Committee will provide an annual report outlining the activities it has undertaken throughout the year.

10.2 A survey will be undertaken by the members on an annual basis to ensure that the terms of reference are being met and where they are not either; consideration and agreement to change the terms of reference is made or an action plan is put in place to ensure the terms of reference are met.

10.3 The terms of reference will be reviewed and approved by the Board of Directors on an annual basis.

April 2018