

Resources and Delivery Committee

Terms of Reference and Operating Arrangements

Draft: Version 2

1. INTRODUCTION

- 1.1 The University Health Board (UHB) Standing Orders provide that *“The Board may and, where directed by the Assembly Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In line with Standing Orders (and the UHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Resources and Delivery Committee**. The detailed Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of UHB responsibilities for Clinical Performance and Workforce. This encompasses the delivery and performance management of services, including those delivered in partnership with other agencies. It will also include key statistical indicators and performance management information associated with the UHB workforce.

2. PURPOSE

- 2.1 The purpose of the Resources and Delivery Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place-through the design and operation of the UHB’s assurance framework. It will also support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.

In particular the Committee will monitor and receive assurances in respect of the following:

- the delivery of Welsh Government Delivery Framework and other priority targets
- Workforce key indicators, organisational development and performance

The Committee will seek assurance on:

- arrangements that are appropriately designed and operating effectively to ensure the provision of high quality, safe health services and that the health and well-being of the population are being improved.
- management action where the mitigation of risk and /or performance is not in line with target, and to ensure that action plans are implemented.

3. DELEGATED POWERS OF AUTHORITY

- 3.1 The Committee will, in respect of its **provision of advice** to the Board act as strategic partner to oversee delivery of programmes of work, including performance management of operational teams:

A PERFORMANCE

- To give early consideration to key service and operational issues which may impact on the delivery of Health Board plans in relation to workforce and IM&T
- To oversee the ongoing development of the Integrated Performance Report?
- To seek assurance that the measures incorporated in the Board report meet the requirements of external stakeholders
- To seek assurance that the underpinning systems and processes for data collection and management are robust and provide relevant, timely and accurate information to support operational management of the organisation
- To review in detail any major performance variations, in order to obtain assurance on behalf of the Board as to the effectiveness of corrective actions and associated governance arrangements
- To receive regular reports on the Clinical Board Performance Reviews
- To oversee and monitor the Health Board Performance review?
- To monitor performance where Welsh Government or other external bodies have raised concerns
- To Monitor performance where specific targets have been set by Welsh Government or where there are specific issues

B WORKFORCE AND ORGANISATIONAL DEVELOPMENT

- To provide a positive working environment for staff and to promote supportive, open cultures that help staff to their job to the best of their ability
- to provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential;
- To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to delivery better and safer services for patients and their families
- To encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating concerns raised and acting consistently with the Public Interest Disclosure;
- To promote staff involvement in research as a means of both improving patient care and staff satisfaction
- To promote the delivery and quality education by and for all staff

To review assurance on all workforce matters on behalf of the Health Board including:

- Organisational development and strategy relating to organisational development and workforce (including recruitment);
- Local pay and contractual arrangements in support of NHS service modernisation;
- Key workforce performance indicators, including: sickness absence, bank/agency usage and expenditure, training, appraisal, staff turnover and achievement of key performance indicators;
- Workforce planning and recruitment processes are in place with a workforce to deliver UHB strategy and annual plan;
- That there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision;
- To provide assurance to the Health Board that HR initiatives in support of strategic workforce development are making appropriate progress against agreed measures;
- That the Health Board is monitoring staff engagement and experience, reviewing the staff attitude survey and delivering its plans to achieve a highly motivated and engaged workforce to enhance the quality of patient care;
- That the Health Board is compliant with relevant HR legislation and best practice, for example medical revalidation regulations, staffing levels;
- That there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- The organisation at all levels (clinical board/directorate/clinical team) has a citizen centred approach, putting patients, patient safety and safeguarding above all considerations
- The organisation at all levels (clinical board/directorate/clinical team) has the right workforce systems and processes in place to deliver, from a patients perspective – efficient, effective, timely and safe services;
- The workforce is appropriately selected, trained, supported and responsive to the needs of the service, ensuring that professional standards and registration / revalidation requirements are maintained;
- There is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
- There is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
- Partnership working with staff representatives is visible, meaningful and an integral part of leader's and managers' roles within the UHB;
- Risks are actively identified and robustly managed at all levels of the organisation;
- Decisions are based upon valid, accurate, complete and timely data and information;
- There is continuous improvement in the standard of workforce planning across the whole organisation;
- Organisational development intervention supports delivery of the strategic direction of change required;
- Organisational health and workforce health feature prominently in the Committee focus.

- 3.5 The Committee will regularly review the high risks associated with its functions and to receive actions and mitigation to reduce these risks

Authority

- 3.6 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

- 3.7 The Committee is authorised by the Board to obtain legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

- 3.8 The Chair of the Committee shall have access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.9 The Board has approved the following sub-Committees:

- Information Governance sub-Committee
- Information Management and Technology sub-Committee

- 3.10 The Committee has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

4. MEMBERSHIP

Members

- 4.1 A minimum of four (4) members, comprising:

Chair

Independent Member of the Board

Members

A minimum of 2 other Independent Members of the

Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

Attendees

4.2 The following officers are required to be in attendance:

- Chief Operating Officer (Lead Executive)
- Director of Workforce and OD (Lead Executive)
- Director of Public Health
- Executive Nurse Director
- Director of Therapies and Health Sciences
- Medical Director
- Director of Corporate Governance
- Trade Union Representative from Local Partnership Forum

Other Executive Directors or deputies should attend from time to time as determined by the Committee Chair.

4.3. By invitation:

The Committee Chair may extend invitations to attend Committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

Secretariat

4.3 Secretary: as determined by the Director of Corporate Governance

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of 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.

Support to Committee Members

4.6 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

- 5.2 Meetings shall be held quarterly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of the Board Business.

Withdrawal of Individuals in Attendance

- 5.3 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. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.
- 6.2 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:
- joint planning and co-ordination of Board and Committee business; and
 - sharing of information
- in doing so, contributing 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.

- 6.3 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example, public health, equality, diversity and human rights through the conduct of its business.

7. REPORTING ARRANGEMENTS AND ASSURANCE

- 7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- 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.

- 7.2 The Board may also require the Committee Chair to report upon the committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

- 7.3 The Director of Corporate Governance, 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.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

- 9.1 These Terms of Reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.