

# Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

## People Committee – Terms of Reference (ToR)

### Table of Contents

<b>1. Establishment .....</b>	<b>2</b>
1.1 Terms of Reference:.....	3
1.2 Purpose.....	3
<b>2. Roles and responsibilities .....</b>	<b>3</b>
2.1 Duties.....	3
2.2 Authority.....	4
2.2.1 Source of authority for committee. E.g. Delegation in the Scheme of Reservation & Delegation	5
2.3 Accountability and reporting.....	5
<b>3. Committee meetings .....</b>	<b>6</b>
3.1 Composition and quoracy .....	6
3.2 Frequency and formats .....	8
3.3 Procedures .....	8
<b>4. Secretariat and administration.....</b>	<b>9</b>
Appendix I: Revision History.....	10

## 1. Establishment

NHS leaders and organisations are expected to work together to deliver ten outcome-based functions with the partners in the ICS.

	Outcome	What this looks like
1	Supporting the health and wellbeing of all staff:	People working and learning in the ICS feel safe and supported in their physical and mental health and wellbeing and are therefore better able to provide high-quality, compassionate care to patients
2	Growing the workforce for the future and enabling adequate workforce supply:	The system is retaining, recruiting and, where required, growing its workforce to meet future need. The 'one workforce' across the ICB is representative of the local communities served
3	Supporting inclusion and belonging for all, and creating a great experience for staff:	People working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve
4	Valuing and supporting leadership at all levels and lifelong learning;	Leaders at every level live the behaviours and values set out in the People Promise and make strides so that this is the experience of work for all of their 'one workforce'
5	Leading workforce transformation and new ways of working:	Service redesign is enabled through new ways of working, which make the most of staff skills, use of technology and wider innovation, to both meet population health needs and drive efficiency and value for money
6	Education, training and developing people, and managing talent:	Education and training plans and opportunities are aligned and fit for the needs of staff, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys
7	Driving and supporting broader social and economic development:	Leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health
8	Transforming people services and supporting the people profession:	High-quality people services are delivered by a highly skilled people profession to meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.
9	Leading coordinated workforce planning using analysis and intelligence:	Integrated and dynamic workforce, activity and finance planning meets current and future population, service, and workforce needs, across programme, pathway and place.

10	Supporting system design and development	The system uses organisational and cultural system design and development principles to support the establishment and development of the integrated care board (ICB), and the integrated care partnership (ICP). The organisational development approach creates a system-wide culture that is: driven by purpose; enables people, places, and the system to fulfil their potential; is connected to the people served by the system and those delivering services; harnesses the best of behavioural, relational, and structural approaches; and nurtures collaboration.
----	--	---

### 1.1 Terms of Reference:

- **Definition:** The Terms of Reference for the Committee are defined by the ICB.
- **Amendment:** The terms of reference will be reviewed annually, amended in accordance with the provisions in the Constitution and the Scheme of Reservation and Delegation (SoRD), and approved by the Board.
- **Publication:** The terms of reference are published in the Governance Handbook, which is accessible on the ICB website.

The committee is a non-executive committee of the ICB Board, all committee members, including those who are not members of the ICB Board, are bound by the standing orders and other policies of the ICB.

### 1.2 Purpose

The Committee is responsible for assuring the strategic development of the health and care workforce across the ICS, considering issues and risks relating to the implementation of the ten functions as set out in the introduction above and as described in the ICS People Plan.

## 2. Roles and responsibilities

This section describes the Committee’s duties, authority, accountability and reporting.

On behalf of the ICB, the Committee will review workforce-related strategic risk, whilst giving assurance to the Board around the management of such risks and review key strategic workforce performance and development issues.

In carrying out its responsibilities and in its decision making, the committee must have regard to the wider effect of decisions, in relation to the health and wellbeing of people in England and the need to address inequalities, the quality of services provided by different bodies, and the efficiency and sustainability in relation to the use of resources.

The responsibilities of the People Committee will be authorised by the ICB Board.

### 2.1 Duties

The Committee’s duty is to assure the board on:

- Outcome based functions
- System Oversight Framework
- Workforce
- Risk management

### 2.1.1 Outcome based functions

Oversee the delivery of the ten outcomes-based functions with their partners in the ICS.

### 2.1.2 System Oversight Framework

Review assurance regarding the arrangements for discharging, and implications of, the ICB's responsibilities in respect of the following themes under the NHS System Oversight Framework:

- a) People
- b) Leadership and Capability

### 2.1.3 Workforce

- a) Receive assurance on workforce recruitment, development, and retention plans across the integrated care system.
- b) Receive assurance on the risks in the implementation of the People Strategy and determine the approach to providing effective oversight of the mitigation of those risks.
- c) Consider future national developments which could impact on the ICB's strategic workforce objectives.
- d) Receive assurance on ICB workforce matters, such as compliance with requirements related to Equality, Diversity and Inclusion, Health and Safety, Workforce policies, and all other workforce matters.

### 2.1.4 Risk Management

- a) To review relevant risks on the ICB's Corporate Risk Register to receive assurance that risks are being managed appropriately.
- b) In conducting the duties set out above, seek assurance that risks have been correctly identified and are being managed appropriately.
- c) Highlighting any gaps in assurance of concerns about key risks to the Board as part of the committee's report.

## 2.2 Authority

The ICB has delegated authority to the People Committee as set out in the ICB Constitution, which may be amended in accordance with the Constitution and the SoRD.

#### The committee is authorised to

Investigate	Investigate any activity within its terms of reference.
Seek	Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these Terms of Reference

## The committee is authorised to

Commission	Commission any reports it deems necessary to help fulfil its obligations
Obtain Advice	Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
Create Task and Finish Groups	Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation but may not delegate any decisions to such groups

### 2.2.1 Source of authority for committee

e.g. Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Approve annually the ICB's proposed organisational development proposals

### 2.3 Accountability and reporting

The Committee is accountable to the Board and reports to Board on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"><li>• The Committee receives scheduled assurance reports from its delegated groups.</li><li>• The Secretary formally records the minutes of each meeting.</li><li>• The Chair of the Committee reports to the Board (public session) after each meeting and provides a report on assurances received, escalating any concerns, where necessary.</li></ul>
Monitor attendance	<ul style="list-style-type: none"><li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting.</li><li>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand.</li></ul>

Accountabilities	Description
Draft annual work plans	<ul style="list-style-type: none"> <li>The Committee produces an annual work plan in consultation with the Board.</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</li> <li>Any resulting proposed changes to the terms of reference are submitted for approval by the Board.</li> <li>The Committee utilises a continuous improvement approach in its delegation.</li> <li>Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement.</li> <li>The report includes <ul style="list-style-type: none"> <li>The governance cycle</li> <li>A summary of the business conducted,</li> <li>Frequency of meetings, membership attendance, and quoracy</li> <li>The committee's self-assessment</li> </ul> </li> </ul>

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	Committee members will include:

## Description of expectation

- Committee Chair: Independent Non Executive Director (NED) of the ICB
- Committee Vice-Chair – Independent NED of the ICB
- Independent Non-Executive Chair of a major system Provider partner
- ICB Chief Nursing Officer
- ICB Chief Medical Officer
- ICB Chief People Officer
- ICB Director of Primary Care
- Local Authority Director responsible for workforce
- Academic Institution sector Member
- Health Education England Member
- Provider Trust / Foundation Trust Chair of a workforce committee
- Provider Trust / Foundation Trust Director responsible for workforce
- Voluntary, Community and Social Enterprise sector Member

---

### Attendees and procedure for absence

Only members of the Committee have the right to attend committee meetings.

The ICB Chair and CEO may attend any meetings of the committee.

Other individuals may be invited to attend all or part of the any meeting as and when appropriate to assist with its discussion on any matter including representatives from workforce related ICS working groups, secondary, mental health and community providers and primary care subject matters experts. Such attendees will not be eligible to vote.

Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

---

### Quoracy and Procedure for Inquoracy

For a meeting to be quorate a minimum of 50% membership attendance is required. Including at least one Non-Executive member, at least the Chief People Officer (or deputy), and at least the Chief Nursing Officer (or deputy).

If any member of the Committee has been disqualified from participating in any item on the agenda, by reason of declaration of a conflict of interest, then that individual shall no longer count towards quorum.

If the quorum has not been reached, then meeting may proceed if those attending agree, but decisions will need to be made when quorum has been reached.

---

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
Meeting frequency	The People Committee will meet at least four (4) times a year and the typical cycle will be a quarterly meeting. Additional meetings may take place as required.
Virtual meetings and extra-ordinary meetings	The Board, Chair or Chief Executive may ask the People Committee to convene further meetings to discuss issues on which they want the Committee's advice.

### 3.3 Procedures

Description of rules and expectations:	
Agenda	The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in the ToR in consultation with the Chief People Officer.
Conflicts of interest	<p>Conflicts of interests must be considered, recorded and managed.</p> <p>Committee members should have regard to both ICB's policies and national guidance on managing conflicts of interest.</p> <p>All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Governance Team, submitted with the People Committee papers annually to the ICB Board.</p> <p>If the Chair considers a conflict of interest exists then the relevant person must not take part within that item, and the Chair may require that the affected member withdraw at the relevant point.</p>
Decision-making	<p>The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.</p> <p>If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email, or other electronic communication. Where any such action has been taken between meetings, then these will be reported to the next meeting.</p>
Voting	Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority the Chair of the Committee will hold the casting vote.

## 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	The committee shall be supported with a secretariat function provided by the Corporate Governance Team. The Governance team shall ensure that the agenda and papers are prepared and distributed in accordance with the Standing Orders of at least five working days before the meeting, having been agreed by the Chair with the support of the relevant Executive Lead – Chief People Officer.
Monitor attendance	Attendance by members of the committee is monitored and reported annually as part of the Annual Governance Statement contained with the Annual report. Members are expected to attend a minimum of 75% of the meetings per year.
Maintain records	Records of members' appointments and renewals dates and the Board is promoted to renew membership and identify new members, as necessary.
Minute taking	Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action items and issues to be carried are kept and monitored.
Support for Chair & Committee	The Chair is supported to prepare and deliver reports to the Board.
Provide updates	The Committee is updated on pertinent issues/areas of interest/policy developments.
Action log	Action points are taken forward between meetings and progress against those actions is monitored.

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V2.0	March 2023	Board	Annually	Creation of ToR

### Document control

The controlled copy of this document is maintained by BOB ICB. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.