APPENDIX A – PEOPLE PARTICIPATION & EQUALITIES COMMITTEE

The Trust fully recognises the importance of consulting, involving and listening to the people within the communities it serves and to respond appropriately to their views and experiences.

1. Purpose

The Committee's purpose is to provide the Board with assurance on the Trust's overall approach to people participation <u>and equalities</u> and ensure that there is a culture of continuous, positive improvement driven by engagement, <u>involvement</u>, <u>and coproduction</u> with people in the communities we serve <u>and our workforce</u>. The Committee exists to:

- Make a difference to patient/ service user experience through positive engagement, involvement and co-production with our communities, our staff and external stakeholders such as our commissioners, other healthcare partners, HealthWatch and community groups.
- <u>H</u>have oversight and provide assurance onef the Trust's overall approach to people participation including the implementation of <u>Priority 4</u> the People Participation within the <u>Trust's Quality</u> Strategy.
- Have oversight and provide assurance on the delivery of Programme 2
 Diversity and Inclusion for All within the Trust's People Strategy.
- <u>Ceonsider information on the process of engaging, listening and acting on feedback received from the communities we serve; ensuring that there is a robust process in place for monitoring patient experience and patient feedback.</u>
- <u>Aapprove</u> and monitor the implementation of improvement action plans put in place to improve the Trust's services in collaboration with the Working Together Groups and the Diversity and Inclusion Steering Group. Action plans can be developed through the Committee and the Committee can also approve action plans that are developed by the Working Together Groups and being cognisant of the work of other committees.
- make a difference to patient/service user experience through positive engagement with the people in the communities we serve, our staff and external stakeholders such as our commissioners, other healthcare partners, HealthWatch, community groups, and other patient groups.
- <u>L</u>listen to the views of <u>all our stakeholders</u>, <u>both internally and externally</u>, <u>and involve our key stakeholders</u> <u>including other healthcare partners</u>, <u>HealthWatch</u>, <u>community groups</u>, <u>and other patient groups</u> <u>to consider them as a critical friend</u> and to explore ways in which the Trust can respond positively to their views.
- <u>Eensure that a culture of people participation and equality</u> is embedded to support our service improvement projects, <u>information/communication plans</u>,

- quality reviews and estates refurbishments and developments as defined in our Trust strategies. the People Participation Strategy.
- <u>Eengage with our the people and with in the communities we serve in line with the People Participation section of the Quality Strategy and the Diversity and Inclusion for All section of the People Strategy.</u>
- engage our staff, including contractors, other temporary staff and volunteers, in line with the People Participation Strategy.
- <u>E</u>ensure that the Trust continues to fulfil any requirements relating to public and patient engagement, involvement and co-production as determined by the Care Quality Commission and other regulators.
- Ensure the needs and interests of all service users and our workforce are taken into consideration including people who fall under the 9 characteristics that are protected under the Equality Act 2010 and people with specific illnesses/or conditions.
- Aannually review the progress that has been made within services because of people participation. as a result of people participation. The Committee also has a responsibility to identify those issues that have been more difficult to improve, and to escalate these accordingly.

have oversight of the Trust's overall approach to Workforce Diversity and Inclusion.

2. Main Duties

2.1 Strategy

- 2.1.1 <u>To recommend formal adoption of policies, strategies and plans covered by the scope of this Committee to the Trust Board.</u>
- 2.1.2 To support the development, and implementation, and monitoring of the Trust's People Participation Approach (Priority Four Three of the Quality and Clinical Strategy) ensuring that it is delivered in a proactive and efficient way, driving improvements in patient experiences.
 - 2.1.23 To support the development, <u>and</u> implementation and monitoring of the Workforce Diversity and Inclusion Workstream of the Workforce People Strategy ensuring that it is delivered in a proactive and efficient, driving improvements in staff experiences and engagement.

2.2 <u>Improving Quality and Patient Experience</u>

- 2.2.1 To ensure learning from people participation is embedded into day-to-day service delivery, service redesign, transformation, and estates work.
- 2.2.2 To actively promote a Quality Improvement approach to people participation projects ensuring that the principles of co-production fully inform the outcom

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2.3 <u>Diversity and Inclusion</u>

- 2.3.1 Ensure the needs and interests of all service users are taken into consideration with particular focus on people who fall under the 9 characteristics that are protected under the Equality Act 2010 and people with specific illnesses/or conditions.
- 2.3.2 Ensure the needs and interests of our diverse workforce are taken into consideration with a particular focus on staff who fall under the 9 characteristics that are protected under the Equality Actet 2010, and in eliminating inequality and bias.

2.4 Collaborating with other Committees

2.4.1 The Committee will refer matters by exception and as appropriate to any other Committee as required.

2.5 Standing Items

- (i) Progress on implementation of the people participation approach (Priority Three-Four of the Clinical and Quality Strategy) and Programme 2 Diversity and Inclusion for All of the People Strategy.-
- (ii) Key Issues from the Trust_wide Working Together Group, including an update on co-production activit-y
- (iii) Key Issues from the Diversity and Inclusion Steering Group.
- (iv) Service specific thematic report on the engagement going on with the communities we serve and the changes made as a result.
- (iv) National guidance regulatory reports.
- (vi) Review of relevant risks.
- (vii) Discussion of emerging risks and significant issues.
- (vii) Yearly review of Terms of Reference and Annual Cycle of Business

3. Receipt of Key Issue Reports

- (i) -Trust Wide Working Together Group.
- _(ii) Diversity and Inclusion Steering Group.

4. Items Requiring Escalation

- (i) Any risks with a rating of 15 or above and/or for which mitigating actions are overdue, insufficient mitigations are identified or the risk ratings are questioned.
- (ii) Any non-compliance with legal requirements.
- (iii) Any action three months or more beyond its due date

5. Frequency of meetings

The Committee shall meet quarterly. Additional meetings may be held on agreement with the Chair of the Committee.

6. Membership, Chairship and Quorum

- 6.1 The People Participation Committee shall be comprised of (members):
 - Threewo Non-Executive Directors.
 - o Two Executive Directors as follows:
 - Deputy Chief Nurse.
 - Deputy Chief Executive. Director of Workforce & Service Redesign
 - Head of Clinical Quality (Head of People Participation & Outcomes)
 - Assistant Director of Corporate Governance (Trust Lead for <u>Workforce</u> Diveristy and Inclusion).
 - Assistant Director of <u>Allied Healthcare Professionals and Patient</u>
 <u>Experience. Workforce (Trust Lead for Workforce Diversity and Inclusion)</u>
 - <u>Patient/Carer representation.</u> <u>Public/Patients/Service User Representatives –</u>
 (Ambassadors)
- 6.2 The following shall be in attendance when required:
 - Patient Equality, Diversity and Inclusion Lead. experience and engagement leads for each division.
 - Patient Experience and Participation Manager. Service Directors
 - Patient experience and engagement leads for each Division.
 - Service Directors.
 - The committee will also invite representatives from relevant external stakeholders_including HealthWatch, representatives from community groups and other healthcare partners.
- 6.3 The Chair of the Committee shall be a Non-Executive Director who shall also be the Non-Executive Lead for People Participation & Equalities for the Trust.
- 6.4 The quorum of the committee shall consist of 3 members, one of whom shall be a Non-Executive Director and one of whom shall be an Executive Director.
- 6.5 The terms of reference will be reviewed yearly, as part of the Committee's Annual Cycle of Business.

Last Reviewed by Committee: March 2021
Next review: March 2025 March 2022

