Report Cover Sheet   Agenda Item: 2e

Report Title:	**Board Committee Effectiveness Reviews – People and Organisational Development Committee and Digital Committee**
Name of Meeting:	Board of Directors
Date of Meeting:	25 March 2026
Author:	Company Secretary
Sponsors:	Executive Director of People and OD Chief Digital Officer Committee Chairs
Report presented by:	Company Secretary

Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	To provide assurance over the effectiveness of the People and Organisational Development Committee and Digital Committee			

Proposed level of assurance *– to be completed by paper sponsor:*	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐

Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	People and Organisational Development Committee – March 2026 Digital Committee – March 2026
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	**People and OD Committee – Appendix 1** • The review provides evidence of good compliance with the terms of reference. • Minor amendments were proposed to the terms of reference to bring them up to date with current Committee practice. These amendments were approved by the People and OD Committee. • There are no financial implications or additional risks identified from this paper. **Digital Committee – Appendix 2**

	- The review found that the Committee demonstrated good compliance with attendance rates and coverage of key responsibilities. - The terms of reference were recently updated in January 2026, and therefore no further amendments were proposed. - A small number of areas were highlighted for the Committee to consider whether further direct Committee coverage was needed.
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	It is recommended that the Board is assured by the outcome of the effectiveness reviews, noting the high level of compliance with the terms of reference in both cases.

Trust strategic priorities that the report relates to:	☐	Excellent patient care
	☒	Great place to work
	☐	Working together for healthier communities
	☒	Fit for the future

Trust strategic objectives that the report relates to (2025 to 2030 strategy):	4) We will care for our people, creating a fair, inclusive and respectful environment where everyone can thrive in their role 5) We will grow and develop our people with a focus on celebrating achievements and creating a culture of high performance and innovation 6) We will be an employer and training provider of choice within the local community recognising our role as an anchor institution 11) We will be a data informed, digitally enabled organisation using technology to transform the way we plan and deliver care

Links to CQC Key Lines of Enquiry (KLOE):	Caring ☐	Responsive ☒	Well-led ☒	Effective ☒	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks – new risks, or those already recognised on our risk management system with risk reference number):	None directly linked to this paper				

Has an Equality and Quality Impact Assessment (EQIA) been completed?	Yes ☐	No ☐	Not applicable ☒

APPENDIX 1 – People and Organisational Development Committee Effectiveness Review

<p align="center">**People and OD Committee Effectiveness Review**</p>

1. Executive Summary

1.1. The POD Committee's effectiveness review found strong compliance with its terms of reference for 2025/26. The POD Committee were assured by the outcome of the review.

1.2. A number of changes were proposed to the terms of reference – mainly updates to reflect how the work and cycle of business of the Committee has evolved. The POD Committee approved these changes and will recommend them to the Board as part of the Terms of Reference agenda item.

2. Introduction

2.1. It is good practice for formal committees and groups to review their effectiveness on an annual basis. This is also incorporated into the terms of reference.

2.2. The People and OD Committee last reviewed its effectiveness in September 2025, but in order to align this with the year-end (as is good practice) a further review has been conducted.

2.3. The review in September 2025 focussed on the period from November 2024 to September 2025. This review is focussed on the 2025/26 financial year (i.e. from the May 2025 meeting through to present) and therefore utilises some of the analysis from the previous review. The effectiveness survey of members has not been repeated, so this represents a desktop analysis.

2.4. Additionally, the terms of reference were reviewed as part of the September 2025 effectiveness review with no changes proposed. The terms of reference were not approved at the time given that wider discussions were ongoing regarding the flows of QE Facilities assurances into the Tier 1 Board Committees. The revised terms of reference form part of this paper for consideration by the Committee.

3. Attendance

3.1. As per the terms of reference there are 6 members of the Committee and 3 regular attendees. The terms of reference state that members and attendees are expected to achieve 75% attendance annually.

3.2. A review of attendance for 2025/26 to-date (i.e. May 2025 to January 2026) demonstrates that of the current members / regular attendees most achieved the 75% attendance rate or higher. There was only one exception to this at 60%

attendance (i.e. attended 3 out of 5 meetings), but this is not significantly below the expected rate and therefore does not cause concern.

4. Terms of reference

4.1. The POD Committee terms of reference were last reviewed in September 2025 (with no changes proposed), although as outlined above the terms of reference were not approved at the time due to wider factors. As such this review of compliance has been conducted against the May 2025 version of the terms of reference and covers the meetings from May 2025 to March 2026 (i.e. the 2025/26 financial year).

Domain	Responsibilities	Commentary
Strategy, Planning and Risk	• Assurance over delivery of national/local strategies • Oversight of strategic objectives • Review of Board Assurance Framework (BAF) • Review of Organisational Risk Registers	The Committee has received assurance reports on the delivery against the People Strategy and the People Chapter of the new 2025-2030 Corporate Strategy. All meetings have included the Organisational Risk Register and the Board Assurance Framework. All meetings have included a strategic summary report from the Executive Director of People and OD. In addition the POD Steering Group has reported into the meeting to highlight key escalations, risks and assurances from the POD governance structure.
Growing and Developing our People	• Scrutiny of workforce planning and recruitment • Monitoring delivery of workforce plan • Review of strategic objectives and metrics • Oversight of leadership, training, and development • EDI initiatives and statutory reports (WRES, WDES, Gender Pay Gap)	Regular agenda items have included aspects of workforce planning, EDI updates, WRES and WDES reports, gender pay gap report, Annual Deans Quality Meeting (ADQM) updates and annual submission, GMC survey and specific reports relating to job profiles / evaluation.
Caring for Our People	• Guardian of Safe Working reports • Assurance over vaccination programmes	Guardian of Safe Working reports have been received throughout the year. The Committee has received deep dive reports on sickness absence during the year, evidencing its focus on an area of risk in relation to this domain.

Domain	Responsibilities	Commentary
		During the last review of effectiveness the Committee discussed that specific reports on vaccinations had not featured on the agenda. Reports are received through the POD Steering Group. The Committee was content that any potential risks and issues would be flagged to the Committee through the 3A report and through the Executive Director of POD's report to the Committee.
Being a Great Place to Work Note this was retitled to Employer and Training Provider of Choice from Nov 2025 under the new strategy	• Review of staff surveys and action plans • Freedom to Speak Up reports • Independent reviews and action plans	There has been frequent coverage of staff surveys and action plans, including the NHS annual staff survey and the People Pulse surveys. In addition the Freedom to Speak Up Guardian presented two reports to the Committee during the year. The Committee also took a lead role in overseeing the action plan arising from a number of independent reviews, evidencing a strong focus on cultural improvement. In the latter part of 2025/26 the Committee received assurance reports regarding actions taken in respect of the 10 Point Plan for Resident Doctors. In addition, the Committee is also now receiving the nursing and midwifery staffing reports for completeness (to seek assurance from a people perspective, with Quality Governance Committee reviewing from a quality and safety perspective).
Regulatory and Governance	• Review of revalidation reports • Internal and external audit reports • Regulatory guidance and feedback	Internal audit reports relating to the remit of the Committee have been reviewed throughout the year. Since November 2025 the Committee now also receives an assurance report on progress against Internal Audit actions. The annual revalidation report was reviewed in November 2025.

4.2.   The review of effectiveness does not identify any major gaps or omissions in the current terms of reference. Reflecting on the discussions at the September 2025 meeting regarding QE Facilities assurances, it is noted that elements of the people agenda are reviewed by the Committee on a group basis – for example the People Metrics report is based on group data and the Freedom to Speak Up (FTSU) reporting is also on a group basis.

4.3.   QE Facilities has its own people-related governance structure which flows into QEF Board (which in turn reports to the Trust Board). It is therefore not the responsibility of the Committee to seek assurance over all aspects of QEF people-related performance and it is important to be clear on the rationale for seeking assurance over those areas included within reporting. As an example people metrics and FTSU are reported centrally to NHS England and other bodies on a group basis and therefore the Committee needs to be sighted on the whole data. The terms of reference have been amended to state that these two aspects in particular are presented on a group basis.

4.4.   The following additional updates were proposed and approved by the POD Committee:
- Reflecting the change in terminology from 'People Strategy' to 'People Chapter' within the corporate strategy;
- As the CEO now attends the People and OD Committee, it is proposed to add this post as a formal member (was previously not referenced);
- Reflecting that vaccination assurance is sought by exception where there is an emerging issue only (routine assurance is sought by the People and OD Steering Group);
- Addition of the Internal Audit action implementation report for assurance; and
- Addition of the nurse and midwifery staffing reports for assurance.

5. Recommendations

5.1.   It is recommended that the Board is assured by the outcome of the effectiveness review, noting the high level of compliance with the terms of reference.

5.2.   Note the terms of reference are separately presented as part of the formal Board meeting with a recommendation to the Board to ratify them.

APPENDIX 2 – Digital Committee Effectiveness Review

Digital Committee Effectiveness Review

1. Executive Summary

1.1. The Digital Committee Effectiveness Review for 2025/26 was conducted to assess the Committee's compliance with its terms of reference and overall effectiveness. The review found that the Committee demonstrated good compliance with attendance rates and coverage of key responsibilities. The terms of reference were recently updated in January 2026, and therefore no further amendments were proposed.

1.2. Key findings include:

- High compliance with attendance standards, with most members / attendees achieving at least 80% attendance
- Regular assurance reports on digital strategy, capital planning, and enabling sub-strategies were received.
- The Committee demonstrated a significant focus on strategic visioning of the digital records program and made recommendations to the Trust Board.
- Assurance over digital KPIs, clinical safety, and information governance was provided through regular reports.

1.3. Areas for further reflection include the coverage of Data Security and Protection Toolkit (DSPT) assessments and assurance over digital services managed outside the Digital Team.

1.4. The Committee considered these potential additions to the cycle of business and reflected on current assurance flows to ensure sufficient oversight in key areas such as cyber, information governance, data quality, and clinical coding.

2. Introduction

2.1. It is good practice for formal committees and groups to review their effectiveness on an annual basis. This is also incorporated into the terms of reference.

2.2. This desktop review seeks to assess whether the Committee has met its terms of reference for 2025/26 by reviewing its terms of reference against the agenda and meeting structures in place during the year.

2.3. It is noted the review of effectiveness would usually incorporate a review of the terms of reference of the Committee, but as they were only reviewed and updated in January 2026 a further review is not proposed at this time.

3. Attendance

3.1.   This review of attendance focusses on those positions which were included in both the version of the terms of reference which was in place from April 2025 and the revised version (approved January 2026). New members / attendees and those which were removed from the terms of reference under the refresh are not included in this analysis.

3.2.   The terms of reference state that members and attendees are expected to achieve 75% attendance annually. Of the 12 individuals in scope for this attendance review all but 2 have achieved at least 80% attendance for this financial year. The 2 individuals below 75% were both at 60% attendance (i.e. attended 3 out of 5 meetings), but this is not significantly below the expected rate and therefore does not cause concern.

4. Terms of reference

4.1.   As previously referenced the Digital Committee terms of reference were last reviewed in January 2026. The main changes to the terms of reference were predominantly related to its membership / attendees, although the scope / responsibilities were also adjusted to reflect the role of the Committee in seeking assurance over the development and delivery of the digital capital plan. Most of the responsibilities of the Committee remained unadjusted and therefore the review of compliance can reasonably be undertaken against the newest version of the terms of reference.

Domain	Responsibilities	Commentary
Strategy, Planning and Risk	• Assurance over delivery of national/local strategies • Oversight of strategic objectives • *Seek assurance over the digital element of the capital plan via the Group Director of Finance (new)*	The Committee has routinely received a number of key assurance reports linked to strategy. This has included: • Digital Programme Delivery Plan – regular assurance reports on progress; • Digital Strategy – i.e. the digital chapter of the new 5 year corporate strategy – the Committee and assurance over its delivery; • Capital planning considerations (in April 2025 and through medium term planning), noting this will be more prominent under the delivery of the new terms of reference; • Updates on enabling sub-strategies such as the Clinical Systems Strategy and the Data and Business Intelligence Strategy (recognising that progress on this was impacted by the recent medium term plan demands).

Domain	Responsibilities	Commentary
		The Committee spent a considerable amount of time during the year on the strategic visioning of the digital records programme and made a number of recommendations into Trust Board in relation to this. In June 2025 the Committee received a strategic position paper on the use of Artificial Intelligence (AI) and the progress made in relation to 3 AI initiatives. At recent meetings the Committee has received strategic assurance updates on key issues such as Alliance-related procurement opportunities and the Digital contribution to the medium term plan. A 'focus on' spotlight item has been added to the agenda of Digital Committee meetings. This an opportunity for the Committee to take a deeper dive insight into key aspects of its remit, with recent examples being the Digital Strategy and Clinical / Digital Safety. In addition the Digital, Data and Technology (DDaT) Steering Group has reported into the meeting to highlight key escalations, risks and assurances from the digital governance structure.
Operational service delivery and assurance	• Seek assurance over digital KPIs • Assurance over clinical coding • Assurance over digital clinical safety • Assurance over performance of digital services managed outside of the Digital Team (e.g. pharmacy and pathology)	A Digital Service KPI report has been received for assurance at every Digital Committee meeting during the year (with the exception of January 2026). This includes a suite of KPIs such as: • Cyber KPIs • Health records management • Clinical coding • IT service effectiveness • Information governance The KPIs are RAG-rated and the covering report provides exception reporting for those KPIs flagged as amber or red. Clinical safety has featured as a regular agenda item, with compliance reports received in September 25 and January 26, alongside an internal audit report (reviewed by the Committee in September 25). The Committee has sought assurance over the actions taken

Domain	Responsibilities	Commentary
		to increase Clinical Safety Officer capacity within the Trust.

The Committee hasn't received specific reports on digital services managed outside of the Digital Team and therefore it is unclear how the assurance from these services has flowed to the Committee (although representatives of these services were attendees under the terms of reference in place until January 2026). |
| Regulatory and governance | • Assurance of cyber security and technology security
• Assurance over information asset controls and data quality
• Assurance over information governance KPIs
• Assurance over Data Security and Protection Toolkit (DSPT) standards
• Assurance over data storage and processing in accordance with General Data Protection requirements
• Internal audit reports and assurance over implementation of recommendations
• Related external review reports
• Emerging regulatory requirements
• Organisational Risk Register (ORR) – review of digital-related risks
• Board Assurance Framework (BAF) | A number of these key assurance areas are reported to the Committee via the Digital KPIs report rather than by separate more detailed reports:
    • Cyber security
    • Information asset controls (for example local records management protocols, information asset registers and information data flows)
    • Freedom of Information (FoI) and Subject Access Request (SAR) compliance
    • DSPT training compliance.

Reports relating to the DSPT are reviewed by DDaT and assurance flows to the Committee via the 3A report. In addition internal audit undertake work on the DSPT annually. It is for the Committee to determine whether it is satisfied that it has sufficient assurance over this key compliance area through this level of delegation.

Internal audit and external reviews have featured on every Committee agenda during the year. The Committee receives copies of all finalised digital-related audit reports, as well as a report which tracks open audit actions.

The ORR and BAF extracts have been reviewed at every meeting. In addition the top organisational risks are positioned at the beginning of each agenda to frame subsequent discussions. |

4.2. The review of compliance with the terms of reference demonstrates that in most instances there is clear linkage between the responsibilities outlined in the terms

of reference and the coverage of associated items on the terms of reference. There is a clear focus on seeking progress against digital strategy within the Committee.

4.3.   It is noted that both DDaT and the Digital KPIs reports are key in providing the Committee with assurance over a number of areas, such as Information Governance compliance, data quality, clinical coding and cyber security. This means that the assurance flows to the Committee are high level, although where KPIs are off track more detail is included in the accompanying report. This supports the principle of strategic exception reporting, but it is for the Committee to reflect on whether the balance of detail here is sufficient to enable members to be appropriately assured over these key areas.

4.4.   Two areas identified as having more limited coverage through this desktop assessment were:
   - DSPT assessment – assurances primarily flow through DDaT, but as this is an area considered in detail at the Group Audit Committee through the internal audits, it may be beneficial for the Digital Committee to receive a higher level of information and assurance (recognising that this is appropriate to flow through DDaT first); and
   - The Committee does not appear to have received specific assurance over those digital services managed out-with the Digital team. Consideration should be given as to how assurance can be provided during 2026/27.

5.   Conclusion and recommendations

5.1.   In summary, the desktop review of effectiveness largely demonstrated good compliance with the terms of reference in respect of attendance rates and coverage. Given the recent review of the terms of reference no further amendments were proposed.

5.2.   The Committee considered the areas highlighted for discussion. It was noted that a new KPI report is being developed and this will be reviewed to determine whether coverage is provided of the key areas identified. The Committee also discussed how to ensure that the DSPT assurances can provide greater foresight and a forward look into areas for strengthening. An action was taken to review the Information Governance elements of the agenda and consider the role of the Committee in seeking assurance over digital services provided outwith the digital team.