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**Meeting:** Board Meeting

**Date:** 29 July 2021

**Subject:** Staff Governance and Person Centred Committee Annual Report

**Recommendation:** BoardMembers are asked to:

|  |  |
| --- | --- |
| Discuss and Note | ✓ |
| Discuss and Approve |  |
| Note for Information only |  |

* **Background**

As per the Committee Terms of Reference, the Staff Governance and Person Centred Committee Annual Report is presented for noting.

* **Conclusion**

BoardMembers are asked to note the Staff Governance and Person Centred Committee Annual Report.

**Marcella Boyle**

**Chair of Clinical Governance Committee**

**April 2021**

**Staff Governance and Person Centred Committee**

**Annual Report**

**2020-21**

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| **1.** | **Background** |
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| 1.1 | Members of the Staff Governance and Person Centred Committee (SGPCC) are appointed by, and answerable to, the Board. Membership and record of attendance are detailed in Appendix 1.Committee Terms of Reference are detailed in Appendix 2. |
| 1.2 | Committee membership changed in January 2021 following Board approval of a revised Committee structure and associated membership in November 2020.Stephen McAllister, Non-Executive Director, was Committee Chair until January 2021 when Marcella Boyle, Non-Executive Director was appointed as Chair. Callum Blackburn, Non-Executive Director also joined as a member of the Committee in January 2021. |
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| **2.** | **Meetings** |
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| 2.1 | The Staff Governance and Person Centred Committee met five times during the period 1 April 2020 to 31 March 2021. As part of the Covid-19 pandemic response the NHS Golden Jubilee Board approved the Agile Governance Model in March 2020. These temporary provisions ensured that flexible governance arrangements were in place to allow fast paced response to the changing national landscape. In line with this, the SGPCC 7th May 2020 meeting was cancelled to allow additional time to focus on operational pandemic response.As part of the re-establishment of Committee meetings an additional extraordinary meeting was then held on 18th June 2020 to take stock of the organisational position and progress with essential business. The regular Committee meeting cycle resumed thereafter.There are a number of standing agenda items that allow the SGPCC to monitor staff governance and person centred activities as a routine. The SGPCC has also overseen the delivery of the Board’s Involving People Strategy and other corporate activities. Agenda items are listed below.

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| **Standing agenda items** |
| * Involving People Update
* Partnership Forum Report
* Staff Governance Report (included in Integrated Performance Report)
 |
| **7 May 2020:** Meeting cancelled due to pause in Governance Committee process due to Covid-19 Pandemic. |
| **18 June 2020 – Extraordinary Meeting** | **2 July 2020**  |
| * Covid Programme Update
* Update on Terms and Conditions During Covid-19
* Health & Safety Committee Update
* Patient Advisory Group SBAR re Staff Transmission of Covid-19
* Complaints Report & Scrutiny
* Mandatory Training End of Year Report 2019/20
* Annual PCC Report 2019/20
* PCC Terms of Reference & Annual Work Plan for 2020/21
* Staff Governance Group Update
* Facilities Time Report 2019/20
 | * Complaints Report & Annual Feedback Report
* Occupational Health & Safety 6 Monthly Report
* Board Workforce Plan & Annual Monitoring Report
* Corporate L&OD Plan & Annual Report on Activity
* Recovery Workforce Plan Update
 |
| **3 September 2020** | **5 November 2020** |
| * Complaints Feedback Report
* Volunteers Strategy & Action Plan
* Health & Wellbeing Update
* Internal Communications Update
* Bank Staff
* Recovery Workforce Plan Update
* Clinical Education Annual Report
* Workforce Monitoring Report
* Staff Governance Action Plan
* Key Performance Indicators & Appraisal
 | * Complaints Feedback Report
* Board Risk Register
* Volunteer Strategy & Action Plan
* Health & Wellbeing Strategy
* Health & Wellbeing Update
* Involving People Strategy update
* Bank Staff
* Human Factors Annual update
* Communications Update
* Job Planning Update
* Staff Governance Policy Tracker Update
 |
| **13 January 2021** | **3 March 2021** |
| * Board Risk Register
* Complaints Report
* Health & Safety report
* Pulse Survey
* Volunteer Activity
* Communications Update
* Medical appraisal & Revalidation 6 Monthly Report
* Discretionary Points
* Staff Governance Policy Tracker Update
* Corporate L&OD 6 monthly report
* Whistleblowing Update
* Coaching Activity
* Workforce Plan
 | * Board Risk Register
* Health & Safety Risk Register
* Health & Safety Report
* Occupational Health Report
* Communications Update
* Diversity & Inclusion Strategy including Equality Outcomes
* Equalities Mainstreaming Report
* Health & Wellbeing update
* Involving People Update
* Service Plan and Job Planning Update
* Appraisal Update
* Whistleblowing Update
* Annual Staff Governance Monitoring Report Update
* Blue Print for Good Corporate Governance Self-Assessment (Staff Governance) Update
* PCC Terms of Reference Review
* PCC Annual Workplan 2021/22
* PCC Annual Report 2020/21
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| **3.** | **Work/reviews carried out by internal parties** |
|  |  |
| 3.1 | Policies affecting staff are approved by the Partnership Forum which in turn reports to the SGPCC against the Staff Governance Standard. The following policies were noted by the Committee 2020/21:* School Placement Policy (noted at 5 November 2020 meeting and requested update at Jan 2021 meeting)
* Assistance Dogs & Pets In Hospital Policy (noted at 5 November 2020 meeting)
* Learning & Development Policy (noted at 5 November 2020 Meeting and requested update at Jan 2021 meeting)
* Relocation Policy (noted at Jan 2021 meeting)

Additionally, a number of policies are being incorporated into the ‘Once for Scotland’ process whereby national policy outlines are agreed for implementation by all NHS Scotland Boards. This process has started with Staff Governance policies and a programme of work is ongoing to review all of the Partnership Information Network (PIN) policies and develop ‘Once of Scotland’ policies. NHS Golden Jubilee policies currently align with PIN policies. |
|  |  |
| **4.** | **Work/reviews carried out by external parties** |
| 4.1 | None during this time period. |
| **5.** | **Board Papers** |
|  |  |
| 5.1 | The approved minutes from each meeting are presented at the subsequent Board meeting for discussion. Summary outputs from each meeting are presented to the first available Board meeting to allow Board members to be appraised of any governance issues pending final approval of committee minutes. |
| 5.2 | The annual report will be presented to the April 2021 Audit and Risk Committee and the May 2021 NHS GJ Board Meeting.  |

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| **6.** | **Risk Management** |
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| 6.1 | The Board Risk Register was reviewed at a Board workshop in October 2019 and it was it was agreed that all risks would be aligned to an appropriate Board Committee to support monitoring and assurance to the Board. It was recommended that Risk W7, Insufficient workforce capability and capacity to support corporate objectives, be formally aligned to the Staff Governance & Person Centred Committee. This was approved at the March 2020 SGPCC meeting.6.3  |
|  |  |
| **7.** | **Audit Scotland National Reports (or other national reports)** |
| 7.1 | None received. |
| **8.** | **Chair’s Conclusion** |
| 8.1 | The Staff Governance & Person Centred Committee continues to ensure appropriate scrutiny and governance around the person centred quality agenda and, in accordance with its Terms of Reference (attached at the end of this report), will seek to maintain that position. |
| **Appendix 1: Membership and record of attendance**Membership of the Person Centred Committee 2012/21:* Stephen McAllister (Non-Executive Director) (Chair until January 2021)
* Marcella Boyle (Non-Executive Director) (Chair from January 2021)
* Jane Christie-Flight (Non-Executive Director/Employee Director)
* Rob Moore (Non-Executive Director)
* Callum Blackburn (Non-Executive Director from November 2020)
* Judith Ross (RCN)
* Cathy McAlister (Unison)
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| **Attendance at the meetings was recorded as follows:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Members** | 16/6/20 | 02/07/20 | 03/09/20 | 05/11/20 | 13/01/21 | 03/03/21 |
| Stephen McAllister | ✓ | ✓ | ✓ | ✓ | NA | NA |
| Marcella Boyle | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Jane Christie Flight | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Rob Moore | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Callum Blackburn | NA | NA | NA | ✓ | ✓ | ✓ |
| Judith Ross | Apologies | Apologies | Apologies | Apologies | Apologies | Apologies |
| Cathy McAlister | ✓ | ✓ | ✓ | Apologies | ✓ | ✓ |

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|  |
| **The following people were in attendance:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **In attendance** | 16/6/20 | 02/07/20 | 03/09/20 | 05/11/20 | 13/01/21 | 03/03/21 |
| Gareth Adkins | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Anne Marie Cavanagh | ✓ | ✓ | ✓ | - | ✓ | ✓ |
| Jann Gardner | ✓ | ✓ | - | ✓ | - | - |
| Laura Liddle | - | - | - | - | ✓ | - |
| Liane McGrath | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serena Barnatt | ✓ | ✓ | ✓ | - | ✓ | ✓ |
| Susan Douglas-Scott | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mark MacGregor | - | - | - | - | ✓ | ✓ |
| Sandie Scott | ✓ | ✓ | ✓ | ✓ | - | ✓ |
| Donna Akhal | - | - | - | - | ✓ | ✓ |
| Laura Langan  | - | - | ✓ | ✓ | ✓ | - |
| John Luck | - | - | - | - | ✓ | - |
| Elaine Cameron | - | - | ✓ | - | - | - |

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**Appendix 2**

**Person Centred and Staff Governance Committee Terms of Reference**

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**GOLDEN JUBILEE FOUNDATION**

**PERSON CENTRED AND STAFF GOVERNANCE COMMITTEE**

**(2020-2021)**

## TERMS OF REFERENCE

1. **Purpose**

The purpose of this Committee is to ensure appropriate scrutiny and governance around the person centred quality agenda. Person centred encompasses a range of stakeholders including patients, families, staff, customers, volunteers, carers and any relevant 3rd sector parties.

The Committee will work within the principles of the Scottish Government Blueprint for Good Governance (2019), to ensure effective management, improved performance and ultimately good outcomes for all stakeholders.

The NHS Quality Strategy for Scotland recognises the need to have an engaged, motivated and healthy workforce to deliver the quality ambitions of delivering person centred, safe and effective healthcare services.

1. **Role**

It is the responsibility of the Person Centred and Staff Governance Committee to assure the NWTC Board that appropriate structure and processes are in place for the effective governance of the Board’s person centred agenda. The Committee shall be responsible for ensuring that the governance processes to meet statutory obligations and any other guidance issued by the Scottish Executive and Health Improvement Scotland are met.

This Committee shall be a standing committee of the NWTC Board which is part of the governance framework for NHS Boards.

The Committee’s role is toprovide coordination and leadership to enable effective delivery of the Involving People Strategy and the Staff Governance Standard. This will include supporting the delivery of the highest standard possible of person centred care including an understanding that staff management is the responsibility of everyone working within the system and is built upon partnership and collaboration.

The Golden Jubilee Foundation is the brand name for the NHS National Waiting Times Centre Board.

1. **Membership of the Person Centred and Staff Governance Committee**

The Committee membership shall comprise of:

* Non-Executive Director (Chair)
* Employee Director
* Three additional Non-Executive Directors
* Two lay representatives (staff side)

In addition, the following people may attend the committee:

* Director of Quality, Innovation and People
* Associate Director of Human Resources
* Chief Executive
* Board Chair
* Nurse Director
* Head of Corporate Governance
* Others invited by the Committee
1. **Quorum**

A quorum will consist of three Non-Executive Directors of the Committee.

1. **Executive Director Lead**

The Designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to / in fulfilment of its agreed Terms of Reference. The named Executive Lead for the Committee is the Director of Quality, Innovation and People. Specifically, they will:

* Support the Chair in ensuring that the Committee remit is based on the latest guidance and relevant legislation, and the Board’s best value framework;
* Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
* Oversee the development of the annual work plan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for the endorsement of the Committee and approval by the Board;
* Agree with the Chair an agenda for each meeting, having regard to the Committee’s remit and work plan;
* Lead a mid-year review of the Committee Terms of Reference and progress against the annual work plan, as part of the process to ensure that the work plan is fulfilled; and
* Oversee the production of an annual report on the delivery of the Committee’s remit and work plan, for endorsement by the Committee and submission to the Board.
1. **Conduct of Business**
2. The Committee shall meet at least 6 times a year.
3. The conduct of business will be in accordance with the Board’s Standing Orders.
4. Prior to the full approved Minutes of the Committee being available, a template covering the main points of the discussion will be shared at the next available Board meeting. The full Minutes of this Committee will be reported to the NWTC Board.
5. Reports to the Board will be required to have a standard cover sheet clarifying whether the report is being presented for information, for discussion or for approval. Papers are required to be circulated a minimum of 5 working days in advance of the Committee taking place.
6. There will be a requirement to produce an Annual Report at the end of each financial year.
7. The framework for the Person Centred and Staff Governance Committee for NWTC Board will be scheduled as part of a formal monitoring plan and will include the following:

Involving People Strategy

Feedback and Complaints and annual feedback report

Volunteering Strategy

Equality and Diversity Information

Health Improvement Scotland Standards

Participation Standards

Summary of feedback from Quality Walkrounds (patient/ execs/ volunteers)

Staff Governance

Self Assessment Audit Tool

Staff Governance Action Plan

Workforce Strategy and Workforce Plan

Learning and development Strategy

Medical Education and Training

Medical Revalidation

Occupational Health and Safety Programme

Partnership Activities

Internal/external Workforce Audits

Corporate

Corporate Communications

1. In line with the Scottish Government Blueprint for Good Governance (2019), the Committee will undertake an annual review of its governance arrangements, to ensure the Board’s corporate governance system is effective and efficient.
2. **Reporting Arrangements**

Through the Person Centred and Staff Governance Committee, the Remuneration Committee is required to provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993) 114 (amended) so that overarching staff governance responsibilities can be discharged.

1. **Responsibilities & Remit of the Person Centred and Staff Governance Committee:**

**Involving People Strategy**

The Committee will:

1. Ensure the Board has mechanisms in place in respect of all relevant legislation and policy relating to the Quality Strategy, Patient Focus Public Involvement and the Equalities legislation relating to the General and Specific public sector duties of the Equality Act. This incorporates:
* providing assurance on the patient centeredness quality domain including for example, carers, volunteers and 3rd sector parties.
* Providing assurance that person-centred themes from Feedback and Complaints reports, including the annual summary, are noted and where appropriate incorporated into the involving people action plan
* monitoring and evaluating the effectiveness of interventions.
* highlighting any potential risks.
* ensuring robust and accessible communication, monitoring and reporting mechanisms are in place and that appropriate committees, as indicated by accountability arrangements, receive regular progress reports.

b) Ensure the board has mechanisms in place to ensure compliance comply with the three aims of the Public Sector General Duty, the Equality Act 2010, and Specific Duties Scotland Regulations 2012.

These three aims are to:

* eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
* advance equality of opportunity between persons who share a protected characteristic and persons who do not; and
* foster good relations between people who share a protected characteristic and those who do not.

The Specific Duties Scotland Regulations 2012 support public sector bodies in their delivery of the general equality duty and there is an explicit requirement to gather and use employee information for the purpose of:

* understanding the equality characteristics of the workforce to ensure policies and practices are fully supportive; and
* to ensure that employees have equality of opportunity at all stages in their employment cycle.

**Staff Governance Standard**

The Committee will:

* ensure appropriate frameworks are in place which ensure that delivery against the Staff Governance Standard is being achieved;
* monitor and evaluate strategies and implementation plans relating to people management;
* recommend any policy amendment, funding or resource submission to the Board to achieve the Staff Governance Standard;
* take responsibility for the timely submission of all staff governance information required for national monitoring arrangements;
* monitor benefits realisation processes; and
* provide staff governance information for the statement of internal control;
* to provide assurance that systems and procedures are in place to manage the issues set out in MEL 1993 114 amended (the Remuneration Committee).
* Provide assurance that person-centred themes from Feedback and Complaints reports, including the annual summary, are noted and where appropriate incorporated into the staff governance action plan

**9. Review of Terms of Reference**

These terms of reference will be reviewed annually

**10. Version Control**

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| --- | --- | --- | --- |
| **Date Version Issued** | **Detail of change** | **Date of Person Centred and Staff Governance Committee** | **Date of Board Approval** |
| February 2020(Draft v1) | Updated to reflect:* Reference to Blueprint for Good Governance.
* Inclusion of ‘Staff Governance’ in Committee name
 | 4 February 2020 | - |
| March 2020 | Updated to reflect:* Role of committee in relation to staff governance and person-centred aspects of complaints and feedback.
 | 5 March 2020 | 18 March 2020 |