

## **NHS GOLDEN JUBILEE**

### **STAFF GOVERNANCE AND PERSON CENTRED COMMITTEE (2023-2024)**

#### **TERMS OF REFERENCE**

## **1 INTRODUCTION**

The Staff Governance and Person Centred Committee (“the Committee”) is a standing committee of NHS Golden Jubilee Board which is part of the governance framework for NHS Boards and will ensure that:

- There is a culture within NHS Golden Jubilee where the highest possible standard of staff management is understood to be the responsibility of everyone working in NHS Golden Jubilee and is built upon partnership and collaboration
- Staff governance mechanisms are in place and effective throughout the board
- That there is appropriate scrutiny and governance around the person centred agenda including patients, families, customers, volunteers, carers and any relevant 3rd sector parties.

The Committee will work within the principles of the Blueprint for Good Governance – Second Edition, 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.

## **2 RESPONSIBILITIES AND REMIT**

- 2.1 The Committee will support the creation of a culture within the health system, where the delivery of the highest possible standards of staff management is understood to be the responsibility of everyone working within NHS Golden Jubilee and this is built upon partnership and co-operation.
- 2.2 The Committee will act for the Board to oversee the commissioning of structures and process which ensure that delivery against the Staff Governance Standard is being achieved and ensure staff are:
  - Well informed;
  - Appropriately trained and developed;
  - Involved in decisions;
  - Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;

- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- 2.3 The Committee will monitor and evaluate strategies and implementation plans relating to people management.
  - 2.4 The Committee will be authorised by the Board to approve any policy amendment, resource submission to the Director of Finance to achieve the Staff Governance Standard.
  - 2.5 The Committee will take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
  - 2.6 The Committee will provide staff governance information for the statement of internal control.
  - 2.7 The Committee will provide assurance that systems and procedures are in place through the local Remuneration Committee to manage senior manager pay as set out in MEL(1993)114 (amended).
  - 2.8 The Committee will ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.
  - 2.9 The Committee will oversee the implementation of key aspects of Equality legislation in respect of staff e.g. Equal Pay, Equality and Diversity Training.
  - 2.10 The Committee will seek assurance regarding the implementation of the Safer Staffing Regulations.

### **3 MEMBERSHIP OF THE STAFF GOVERNANCE AND PERSON CENTRED COMMITTEE**

The Committee members will be appointed by the Board. As a minimum, full membership of the Committee should include five Non-Executive Board Members.

Current membership comprises:

- Committee Chair
- Chair, Audit and Risk Committee
- Chair, Endowments Sub Committee
- Capital Champion
- Employee Director
- Two lay representatives (staff side)

Core attendees (expected at every meeting):

- Chief Executive

- Director of Workforce
- Medical Director
- Director of Nursing and AHPs

In attendance:

- Head of Corporate Governance and Board Secretary
- Director of Strategic Communications and Stakeholder Relations
- Whistleblowing Champion (Non-Executive)
- Deputy Director of Workforce
- Head of Learning and Organisational Development
- Board Chair
- Other relevant attendees as required

### **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 Workforce. 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.

## **4 MEETINGS OF THE COMMITTEE**

### **Frequency**

- a) The Committee will have no less than five meetings in a year but may elect to have additional meetings at the discretion of the Chair.
- b) The conduct of business will be in accordance with the Board's Standing Orders.

## **Quorum**

The Committee is quorate when there are three Non-Executive Board members present.

## **Agenda and Papers**

The Executive Lead will set the agenda in conjunction with the Chair and Board Secretary.

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.

## **Minutes**

Formal minutes shall be taken of the proceedings of the Committee. Draft Minutes shall be distributed for consideration and review to the Chair of the meeting within 14 working days of the meeting except in exceptional circumstances. The Chair must return any edits within a further five working days of receipt.

Minutes will be included for noting in subsequent Board Meeting papers following approval by the Committee.

The Committee Chair will provide a short written highlight/escalation update to the next Board meeting, regardless of the availability of the approved minutes. Escalation issues might include the Committee's inability to provide assurance about an area of delegated responsibility, or flag attendance concerns.

## **Reporting Arrangements**

The Committee will report directly to the Board through its Chair and by submitting its approved minutes to the Board.

There will be a requirement to produce an Annual Report at the end of each financial year.

## **5 FUNCTIONS**

The framework for the Staff Governance and Person Centred Committee for Board will be scheduled as part of a formal monitoring plan and will include the following:

### Staff Governance

Staff Governance Submission

Staff Governance Action Plan

Workforce Strategy and Workforce Plan

Staff Health and Wellbeing Strategy

Learning and development Strategy  
 Medical Education and Training  
 Medical Revalidation  
 Occupational Health and Safety Programme  
 Partnership Activities  
 Internal/external Workforce Audits

#### Person Centred

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)

#### Corporate

Corporate Communications

## 6. Risk

The Committee will adopt a risk based approach to staff governance through routine review of the risks delegated to the Committee focussing on areas of corporate concern identified as requiring an additional strategic and collective approach to ensure delivery against risk targets.

## 7. Review of Terms of Reference and Version Control

These terms of reference will be reviewed six monthly but approved annually.

<b>Date Version Issued</b>	<b>Detail of change</b>	<b>Date of Person Centred and Staff Governance Committee</b>	<b>Date of Board Approval</b>
March 2023	Updated to reflect Blueprint for Good Governance-Second Edition requirements and added in section on risk	14 March 2023	TBC
May 2022 (Draft v3)	Updated to reflect change to Executive Director Lead	10 January 2023	24 January 2023
March 2022 (Draft v2)	Updated to reflect focus on staff governance standard and statutory responsibility of committee following benchmark with other Boards	3 May 2022	TBC
February 2021 (Draft v1)	Updated to reflect: <ul style="list-style-type: none"> <li>- Change of Committee name to Staff Governance and Person Centred Committee</li> <li>- Change of organisational name and logo to NHS Golden Jubilee</li> </ul>	16 February 2021	TBC