

Staff Governance Committee Constitution

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Revision History:

Date approved by the Staff Governance Committee	Summary of revision
	<p>Paragraph 4.3 – amended “NHS Grampian 2020 vision” to “Strategic direction of NHS Grampian”</p> <p>Paragraph 7.1 – increased the membership to six Non-Executive Board Members, specifying the Whistleblowing Champion as one of the members.</p> <p>Throughout the document, update the Director of Workforce title to Director of People and Culture</p>

STAFF GOVERNANCE COMMITTEE

1. Background to Staff Governance

- 1.1 Staff Governance is a system of corporate accountability for the fair and effective management of all staff.

Staff governance focuses on how staff in the NHS in Scotland are managed, and feel they are managed. Legislation on staff governance provides parity with clinical and financial governance to complete the governance framework within which NHS Boards must operate. The Staff Governance Standard (herein referred to as the Standard) is the key policy document to support the legislation which aims to improve how NHS Scotland's diverse workforce is treated at work.

The commitment to the Standard and working in partnership is vital to safe sustainable services in the NHS and delivery of policy requirements.

It is important to have a mutual NHS and that partnership is not merely about good employee relations. It is invaluable in shaping and supporting service redesign, developing roles and ways of working and increasing capacity and skills across the service. It demonstrates trust, integrity, respect and openness across all our activities and ensures that our values of co-operation and collaboration are realised in both our strategic direction and in the practical issues that affect people's working lives.

- 1.2 The Standard requires all NHS Boards to ensure that 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; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

The Standard also requires all staff to:

- Keep themselves up to date with developments relevant to their job within the organisation;
- Commit to continuous personal and professional development;
- Adhere to the standards set by their regulatory bodies;
- Actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- Treat all staff and patients with dignity and respect while valuing diversity; and

- Ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

The Standard is central to the role and remit of the Staff Governance Committee (herein referred to as the Committee) and consequently frame the constitution.

- 1.3 The Standard applies to all staff employed in NHS Scotland, including NHS staff working in services which form part of the Health and Social Care Partnerships.

2. Strategic Context

Staff Governance is key to the effective and efficient delivery of services. Effective staff governance ensures that investment in staff is a direct investment in patient care. Staff become well informed and appropriately trained to influence and deliver services to the best of their ability in modern health care settings. Greater staff involvement in decisions that affect their work allows for better quality of decision-making. Research indicates that a culture of openness and involvement, with staff having a real say, has a direct impact on an employer's ability to recruit and retain staff. It is also recognised that a workforce that understands the local population in its demographic make-up is better able to develop responsible, inclusive services, and is directly related to delivery of high quality care and patient satisfaction.

3. Purpose and authority of the Committee

The Committee is a standing committee of the Board and along with the Audit Committee and the Clinical Governance Committee forms part of the governance framework. The Committee will advise the Board on its responsibility, accountability and performance against the Standard, addressing issues of policy, targets and organisational effectiveness. The Committee will provide assurance of the achievement of the Standard ensuring the integration and consistency with the organisation's Strategic Themes and Corporate Objectives

The Committee is authorised by the Board to investigate any activity within its terms of reference, seeking any information it requires from any employee and all employees are directed to co-operate with any request by the Committee.

The Committee will identify, progress issues and take action as appropriate and will be demonstrated through:

- Regular scrutiny of performance against individual elements of the Standard that may include student and trainee educational survey data;
- Data collected to enable submission of the national annual monitoring return to the Scottish Government;
- The action plans submitted to, and approved by, the Committee;
- Staff Survey results; and

- Data and information provided in statistical returns reported to the Committee.

The Committee will support and maintain the culture within the NHS Grampian health system, where, the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration. It will ensure that this is achieved by receiving assurance of robust arrangements around the implementation of the Standard.

4. Committee Responsibilities

In order to fulfil this role the Committee will provide assurance that demonstrable progress is being made towards meeting exemplary employer status through the Standard and as measured through the Scottish Government national annual monitoring return. Areas of critical focus will include:

- 4.1 Monitor and evaluate strategies and implementation plans relating to people management. Encouraging the appropriate consideration and integration of staff governance in all service planning, provision and change.
- 4.2 Provide staff governance information for the statement of internal control.
- 4.3 Supports the implementation of the strategic direction of NHS Grampian.
- 4.4 It will provide assurance to the Board that staff governance mechanisms are in place and effective and that the principles of the standard are being applied equitably and fairly to all staff.
- 4.5 Consider the wider workforce issues of strategic importance to the Board and monitor performance of the Board against the Standard including oversight of strategic and corporate risks.
- 4.6 Oversee the commissioning of structures and processes which ensure that delivery against the Standard is being achieved.
- 4.8 Ensure that appropriate performance management systems and procedures are in place to effectively manage staff remuneration through the NHS Grampian Remuneration Committee¹ (see separate constitution).
- 4.9 Undertake reviews and evaluations of the progress with staff governance in NHS Grampian and any specific reviews on behalf of NHS Grampian.

¹ As set out in MEL (1993) 114 (amended)

- 4.10 Supports the operation of the Grampian Area Partnership Forum (GAPF) and the Local Partnership Forums in the staff governance monitoring role and the appropriate flow of information to facilitate this.
- 4.11 Encourages the further development of mechanisms for engaging effectively with all members of staff within NHS Grampian.
- 4.12 Review evidence of attainment and maintenance of the Standard and other relevant legal obligations, ensure that performance management of the Staff Governance Action Plan is carried out, and, where there is evidence of NHS Grampian falling short of required standards, ensure that causes are identified and remedial action is recommended.
- 4.13 Ensure good communication and relationships with other standing committees of the board and other stakeholders.
- 4.14 Ensure Committee decisions are communicated appropriately to internal and external audiences.
- 4.15 Ensure Committee members are provided with appropriate information and training to support them in carrying out their roles.
- 4.16 Prepare a Committee annual work plan which takes account of the strategic outcomes of the Board and key strategic risks relevant to the role and remit of the Committee.

5. Relationship with other Committees

- 5.1 GAPF has a critical relationship with the NHS Board covering all planning, service and organisational issues. A large component of GAPF's role and remit will be to promote policy development and good practice across the health system to support Staff Governance. GAPF will be involved in Local Health Plans Performance Assessment and the impact of NHS Board decisions upon the Staff Governance agenda, developing Staff Management Policy and feeding in solutions/proposals as necessary.

GAPF will be promoting and developing Staff Governance and the Committee will be quality assuring Staff Governance. It is clear, therefore, that there is a joint responsibility to continually nurture this significant partnership relationship and build a joint agenda which will be reflected in the respective Roles and Remits which will require periodic review and development.

- 5.2 The Committee should also ensure a strong and healthy relationship with a range of Committees which include for example the Clinical Governance Committee, Audit Committee, GAPF and Performance Governance Committee to ensure that there are systems in place for issues of staff governance impacting on service

provision to be reported and appropriately managed through the clinical governance arrangements;

- 5.3 The Committee will receive assurance from the NHS Grampian Occupational Health and Safety (OH&S) Committee. The OH&S Committee will provide regular reports up to the Committee in order to provide assurance that the health, safety and welfare arrangements within NHS Grampian are appropriate.
- 5.4 The Committee will also receive assurance through the Chair of the Area Clinical Forum (ACF) that the ACF is involving the Advisory structure in the identification of solutions to workforce challenges.

6. Performance Management of the Committee

The existence and effective operation of the Committee will be demonstrated in continuous improvement and compliance with the Standard in delivery of improved working arrangements for staff and ultimately in achievement of outcome targets as evidenced through the staff related key performance indicators reported in the local delivery plan.

7. Membership

- 7.1 Six Non-Executive Board Members of the Board including the Chair of NHS Grampian, the Employee Director and the Whistleblowing Champion. The meeting will be chaired by a Non-Executive Board Member appointed by the Chair of NHS Grampian and reviewed bi-annually.

GAPF will nominate two Staff Side members one of which will be the Staff Side Chair of the Health and Safety Committee and one other.

- 7.2 Members will continue in office as long as they retain their position in the NHS Grampian governance arrangements.
- 7.3 As part of the annual constitution review membership will be reviewed.

8. Attendance

- 8.1 All NHS Board Members have a right to attend as observers. Members of NHS staff in Grampian may also attend by prior arrangement with the Chair, also as observers. Regular GAPF participation as observers would be welcome.
- 8.2 Advisors to the Committee:
The Director of People and Culture (Executive Lead), representatives from the Heads of Workforce, Head of Organisational Development and the Associate Medical Director of Education and Research will attend all meetings and provide

reports and advice to assist the effective operation of the Committee. The Chief Executive or designated deputy will be required to attend meetings as requested.

8.3 One member from a local Academic/Educational Establishment (ex officio)

8.4 In order to fulfil its remit, the Committee may obtain whatever professional advice it requires and invite, if necessary, internal or external experts to attend meetings.

9. Quorum

9.1 Three Non-Executive Board Members, Director of People and Culture or designated deputy in attendance.

9.2 In order to ensure meetings are quorate, all members should confirm their attendance or submit apologies to the Support Officer to the Committee no later than five working days prior to the Committee date, with the exception of an unavoidable absence. If neither is received the Support Officer will contact members.

10. Deputy for Chair

The Committee Chair may appoint a deputy to chair the meeting, from the members, to cover unavoidable absences.

11. Meetings

11.1 There will be 4 meetings per annum with provision for additional meetings as required. The schedule of meetings will generally be:

- March
- May
- August
- November

11.2 The Committee will operate principally in governance mode i.e. to oversee, question and quality assure issues relating to staff on behalf of the Board.

12. Agenda

12.1 Any member of the Committee can propose an item for the agenda through the Committee secretariat comprising the Chair, Director of People and Culture, Employee Director and the Support Officer.

12.2 Work sources would from the Board, self-generation and NHS Circulars.

- 12.3 The agenda and supporting papers will be sent out at least 10 working days in advance of the meetings to allow time for members' due consideration of issues. Non-Executive Board Members will also be sent a set of printed paperwork. All papers will clearly state the agenda reference, the author and the purpose of the paper, together with the action to be taken. The lead Executive for co-ordinating agendas and papers is the Director of People and Culture.

13. Minutes and Reports

- 13.1 The unapproved minutes and action log are cleared by the Committee Chair prior to distribution to Committee members. Minutes and action log are submitted for approval by the Committee at the next meeting.

The approved minutes of meetings will go to the Board, Operational Management Team and GAPF.

All approved minutes will be available to staff on the Intranet.

- 13.2 The Committee Chair will make a formal report, at least annually, to the NHS Board. After each Committee meeting the Committee Chair provides a report to the Board and the Performance Governance Committee.

14. Committee Decisions

Decisions reached by the Committee will be by consensus with all members agreeing to abide by such decisions (to the extent that they are in accordance with the constitution of the Committee).

15. Sub-Committees

The Sub-Committees are:

- Nursing Resources Group
- Medical Education Governance Group
- Corporate Health and Safety Committee

There may be other informal working groups dependent on the programme of work of the Committee.