

## **Staff Governance Committee**

### **Terms of Reference**

#### **1. Purpose of the Committee**

1.1 The Staff Governance Committee (SGC) is a standing committee of the Board, which, together with the Clinical Governance Committee, the Audit and Risk Committee and the Finance and Performance Committee forms the full governance framework for NHS Boards. It is established by the Board to provide assurance that NHS Shetland meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard.

1.2 In particular, the Committee will seek to ensure that staff governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for progress towards achievement of the Standard.

#### **2. Composition of the Committee**

##### **2.1 Membership**

2.1.1 The Staff Governance Standard, 4<sup>th</sup> Edition, stipulates that Staff Governance Committee members will be appointed by the Board. As a minimum, full membership of the Committee should include four non-executive Directors of the Board, one of whom must be the Employee Director; and two lay representatives or more depending on local circumstances from the trade unions (acting in an ex office capacity) and nominated by the Area Partnership Forum.

2.1.2 Current membership comprises:

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- four non-executive Directors of the Board, including;
  - the Employee Director
  - the Non-Executive Whistleblowing Champion
- four members nominated by the Area Partnership Forum;
  - two staff side representatives;
  - a manager member;
  - the Director of Human Resources and Support Services

2.1.3 The Chair will be appointed by the Board.

2.1.4 The Board Chair may appoint an alternate substitute on a one-off basis when both a committee member and their named substitute are unavailable, to ensure the meeting remains quorate.

## **2.2 Executive Lead**

The lead officer for the Staff Governance Committee shall be the Director of Human Resources and Support Services. Generally 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. 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/Corporate Services Manager in agreeing a programme of meetings for the business year, as required by its remit;
- Oversee the development of an Annual Workplan for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year end, for endorsement by the Committee and approval by the Board;
- Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit and Workplan;
- Lead an annual review of the Committee Terms of Reference and progress against the Annual Workplan (Staff Governance Action Plan), as part of the process to ensure that the Workplan is fulfilled;
- Oversee the production of a Committee Annual Report, informed by self-assessment of performance on the delivery of the Committee's Remit, Workplan and key performance indicators for endorsement by the Committee and submission to the Board.

## **2.3 Attendees**

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Attendees may be invited to the Staff Governance Committee as required.

- The Chief Executive shall have the right to attend meetings in an ex-officio capacity (without voting rights).
- The Committee may invite to attend other senior managers, trade union representatives or members of other advisory committees in the discharge of its business.

### **3. Functions**

#### **3.1 Remit**

3.1.1 The role of the Committee is to support and maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the Board and is built upon partnership and collaboration.

3.1.2 The Committee will ensure that this is achieved by ensuring robust arrangements are in place around the implementation and delivery of the Staff Governance Standard entitling staff to be:

1. Well informed;
2. Appropriately trained and developed
3. Involved in decisions;
4. Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
5. Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

3.1.3 The specific responsibilities of the Staff Governance Committee are to:

- Commission the introduction of structures and processes which ensure that delivery against the Standard is being achieved;
- Monitor and evaluate strategies and implementation plans relating to people management;
- Propose and support any policy amendment, funding or resource submission 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;
- Provide staff governance information for the statement of internal control and

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- Update the Board with regards to the output of the Committee and highlight any issues that the Board need to be cognisant of for either information or action

### **3.2 Standing Items**

- Sickness Absence Figures
- Staff Governance Action Plan Update (including Health and Safety Update, Wellbeing Update)
- Core and Mandatory Training compliance
- Quarterly Whistleblowing Standards Report
- Strategic Risk Report
- Health and Care Staffing Act Update

### **3.2 Ad-hoc Reports**

- Annual Review of Terms of Reference
- Workforce Report (bi-annual)
- Protected Learning Time Report (bi-annual)
- Equality and Diversity Annual Reports
- Staff Governance Self-Assessment (Monitoring Return)
- Staff Governance Annual Report for Audit Committee

## **4. Meetings of the Committee**

### **4.1 Frequency**

4.1.1 The Committee shall meet quarterly on such dates and times as the Committee determines necessary to conduct its business in line with the Board's Corporate Business Programme.

4.1.2 In addition, on at least one occasion per year, a Development/information Session will be held for all members of the Committee, Area Partnership Forum and the Area Clinical Forum on a topic of particular relevance to Staff Governance.

4.1.3 The Chair of the Committee may at any time convene additional meetings of the Committee to consider business which may require urgent consideration.

### **4.2 Agenda and Papers**

4.2.1 The Chair will set the agenda in conjunction with the Executive Lead.

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4.2.2 The agenda and supporting papers will be sent out at least five working days in advance of the meetings.

4.2.3 All papers will clearly state the agenda reference, the author, the purpose of the paper and the action the Committee is asked to consider.

### **4.3 Quorum**

No business shall be transacted at a meeting of Staff Governance Committee unless at least four of the whole number of Members is present, of whom at least two Members are Non Executive Members of the Board. Meetings will be held on Microsoft Teams.

Members will notify non attendance to the secretariat for the Committee at least five working days prior to the Committee meeting to ensure quoracy.

### **4.4 Minutes**

4.4.1 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 10 working days of the meeting except in exceptional circumstances. The Chair must return any edits within a further five working days of receipt.

4.4.2 The draft Minutes will be circulated electronically to Committee Members for approval within the following 10 working days.

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

4.4.4 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.

## **5. Authority**

5.1 The Committee is authorised by the Board, within its Terms of Reference, to investigate any activity undertaken by NHS Shetland. It is authorised to seek and obtain any information it requires from any employee and all employees of NHS Shetland are

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directed to co-operate with any request made by the Committee.

5.2 The Committee is authorised by the Board to obtain external legal or other independent professional advice and to secure the assistance of people from outside NHS Shetland or the wider NHS, with relevant expertise, if it is considered necessary.

## **6. Reporting Arrangements**

6.1 The Committee has a duty to review its own performance and effectiveness, including:

- An annual review of Terms of Reference, considering the need for any amendment/update to Terms of Reference, which in the event, will require to be approved by the Board;
- An annual review of the Committee's established key performance indicators;
- Production annually and within three months of the start of the financial year of a work plan (Staff Governance Action Plan) detailing the work to be taken forward by the Staff Governance Committee.
- A mid-year review of Annual Workplan (Staff Governance Action Plan), identifying any areas of slippage on timescales / tasks and put in place any additional actions to ensure full delivery of the Committee's Remit and Workplan by the business year end;
- In accordance with Best Value for Board and Committee Working, the submission of an Annual Report by 5 April each year encompassing: the name of the Committee, the Committee Chair, members, the Executive Lead and officer supports/attendees, frequency and dates of meetings, member attendance, the activities of the Committee during the year including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference and key performance indicators, improvements overseen by the Committee and matters of concern to the Committee (in line with the Annual Report template). The Annual Report must be approved by the Staff Governance Committee prior to submission.
- After each meeting, the Committee Chair will provide a report to the next meeting of the Board highlighting the key issues discussed. This report ensures that any questions members of the Board may have can be addressed promptly and/or other matters highlighted.
- Following each meeting a decision note is completed and shared with all members of NHS Shetland Board. Should an escalation or point from the decision note require to be shared with any other standing committee the Committee Secretary will action.

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6.2 The Committee will oversee the effectiveness of the Area Partnership Forum in managing change and promoting a positive culture of staff engagement through the submission of regular updates and reports.

6.3 Risk Reporting

As agreed by the Board, the Staff Governance Committee shall oversee Corporate Risks within its remit.

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