

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 26/08</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>26 February 2026</b>
<b>Title:</b>	<b>People and Staff Governance Committee Terms of Reference</b>
<b>Sponsoring Director:</b>	<b>Dr Lesley Thomson KC, Chair</b>
<b>Report Author:</b>	<b>Ms Jillian Neilson, Corporate Services Manager – Governance/Board Secretary</b>

## 1. Purpose

The purpose of this paper is to provide the Board with the People and Staff Governance Committee Terms of Reference for approval.

## 2. Executive Summary

There is agreement to amalgamate the People Committee and the Staff Governance Committee to form the People and Staff Governance Committee (PSGC). Terms of Reference for the People and Staff Governance Committee have been drafted for the Board's approval. Note further discussion is required around the membership of this Committee.

## 3. Recommendations

The Board is asked to:

- Approve the Terms of Reference.

## 4. Response Required

This paper is presented for approval.

## 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <u>Positive</u> impact |
| • Better Care          | <u>Positive</u> impact |
| • Better Value         | <u>Positive</u> impact |
| • Better Workplace     | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment          | <u>Positive</u> impact |

## 6. Engagement & Communications

The content of this paper was discussed the Staff Governance Committee and the People Committee.

## 7. Governance Route

NHSGGC Board: 26 February 2026

## 8. Date Prepared & Issued

Prepared on: 16 February 2026

Issued on: 19 February 2026

## **NHS Greater Glasgow and Clyde People and Staff Governance Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The People and Staff Governance Committee (PSGC) is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the PSGC is to: shape the culture of the organisation in line the Board's core values and principles of Listening, Learning, Transforming Together and those of realistic medicine; provide assurance to the NHS Board that NHS Greater Glasgow and Clyde meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ('the Standard'); and oversee the adherence to Equality legislation. This affords the highest priority at Board level to equality, diversity and inclusion. The Committee will seek to identify and recommend transformative improvement opportunities, enabling NHSGGC to flourish and deliver best practice for patients, their families and staff.
- 1.5 The PSGC is a Standing Committee of the NHS Board.
- 1.6 The PSGC 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 oversight of progress towards achievement of the Standard.
- 1.7 A key area for Committee oversight will be monitoring the Board's responsibilities in line with the organisation's legal duties towards the population, patients and our colleagues; in particular the Equality Act 2010 including part 1 of the Fairer Scotland duty 2018, the Human Rights Act 1998 and the Public Sector Equality Duty 2025.
- 1.8 Following approval of the establishment of the Inquiries Oversight Subcommittee (IOSC) by the Board in April 2025, the Committee will ensure that appropriate governance and any action is in place in respect of items escalated to the Committee by the IOSC.

## **2. Membership**

- 2.1 The Committee will have Non-Executive Board Members (number tbc). The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
- 2.2 The Non-Executive Directors of the NHS Board will be mainly drawn from the NHS Board's statutory committee chairs, relevant Board Champions, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
- 2.3 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

## **3. Arrangement for Conduct of Business**

### **3.1 Chairing the Committee**

- 3.2 The Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. The NHS Board Chair shall appoint a Chair and two Co-Vice Chairs, one of whom will be the Employee Director. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by one of the Co-Vice Chairs. In the absence of both the Chair and Co-Vice Chairs, the meeting shall be chaired by another voting member of the committee as agreed by the voting membership present.

### **3.3 Quorum**

- 3.4 Meetings will be considered quorate when at least (number tbc) Non-Executive Members of the Committee are present.

### **3.5 Voting**

- 3.6 Should a vote need to be taken, only the voting Members of the Committee shall be allowed to vote. Such a vote shall be either by show of hands, or by ballot.

### **3.7 Frequency of Meetings**

- 3.8 The PSCG shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair and Co-Vice Chairs after consulting with the NHS Board Chair and Chief Executive.

### **3.9 Declarations of Interest**

- 3.10 Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which

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the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.11 All declarations of interest will be minuted.

3.12 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

### **3.13 Administrative Support**

3.14 Administrative support for the Committee will be provided by a member of the HR Team supported by the Corporate Services Team.

3.15 The administrative support to the PSGC will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide support to the Chair and Co-Vice Chairs and Committee, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

## **4. Remit of the Committee**

4.1 The PSGC shall support the creation of a culture within the health and care system, where the delivery of the highest possible standards of staff management is understood to be the responsibility of everyone working within NHS Greater Glasgow and Clyde and this is built upon partnership and co-operation. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of the Board's objectives as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required. The PSGC will shape the culture of the organisation in line the Board's core values and principles of Listening, Learning, Transforming Together and those of realistic medicine. This affords the highest priority at Board level to equality, diversity and inclusion. The Committee will seek to identify and recommend transformative improvement opportunities, enabling NHSGGC to flourish and deliver best practice for patients, their families and colleagues.

## **5. Key Duties of the Committee**

5.1 The Committee shall 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; and,
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

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- 5.2 On behalf of the Board the PSGC will lead on ensuring a positive and values-based culture, learning from external and internal scrutiny, recommending specific action and measuring impact.
- 5.3 The PSGC will ensure greater levels of awareness and understanding at all levels across the organisation equality, diversity and inclusion agreeing priorities.
- 5.4 The PSGC will ensure that all stakeholders, our colleagues and patients understand the values-based approach, including reflection and listening, and how to raise concerns.
- 5.5 The PSGC will focus on receiving assurance of the delivery of priorities and legislative requirements, improvement opportunities, during a period of rapid transformative change.
- 5.6 The PSGC will provide assurance to the Board on the quality and standards of its approach to data including but not limited to:
- Service users (access and outcomes);
  - Board Equality and Diversity obligations (policy implementation and action plans); and
  - Workforce metrics.
- 5.7 The PSGC shall monitor and evaluate relevant strategies and implementation plans relating to people management on behalf of the Board.
- 5.8 The PSGC shall perform a governance function for the Board's Health and Safety Forum, the Board wide Revalidation Group, Medical Staff Governance & Workforce Information Group, Workforce Equality Group (WEG) and any other relevant standing or ad hoc groups as agreed by the NHS Board.
- 5.9 The PSGC shall be authorised by the Board to approve any policy amendment to the Director of Finance to achieve the Staff Governance Standard.
- 5.10 The PSGC shall take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
- 5.11 The PSGC shall provide staff governance information for the statement of internal control.
- 5.12 The PSGC shall 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 \(amended\)](#).
- 5.13 The PSGC shall 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.
- 5.14 The PSGC will oversee the implementation of the organisation's legal duties

towards the population, patients and our colleagues; in particular the Equality Act 2010 including part 1 of the Fairer Scotland duty 2018, the Human Rights Act 1998 and the Public Sector Equality Duty 2025.

- 5.15 The PSGC will seek assurance regarding the implementation of the Safer Staffing Regulations.
- 5.16 The PSGC will monitor and scrutinise key data and information as per the Board's Integrated Performance and Quality Reporting Framework as part of Active Governance.

## **6. Authority**

- 6.1 The PSGC is a Standing Committee of the NHS Board.

## **7. Reporting Arrangements**

- 7.1 The PSGC will report to the NHS Board and will submit an Annual Report on its activities to the NHS Board.
- 7.2 The draft minute will be reviewed by the Director of Human Resources and Organisational Development before being agreed by the Chair prior to distribution to the PSGC for ratification at the next Committee meeting. The ratified minutes of the PSGC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting receives a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chair of the PSGC shall draw to the attention of the NHS Board any issues that require escalation.

## **8. Conduct of the Committee**

- 8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The PSGC will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board. Note, this is in addition to the annual report noted above in paragraph 3.15 which fulfils a separate function.

<b>Version Control</b>	<b>Unapproved February 2026</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Staff Governance Committee People Committee

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Approved date:	
Date for review:	
Replaces previous version:	



## APPENDIX 1

<b>Corporate Objectives</b>
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Code	Corporate Objective	Lead Committee
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

Code	Corporate Objective	Lead Committee
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical and Care Governance Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical and Care Governance Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and Performance Committee

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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	People & Staff Governance Committee
COBW16	To ensure our people are well informed.	People & Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	People & Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	People & Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	People & Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	People & Staff Governance Committee

**APPENDIX 2 – SCHEME OF DELEGATION****Table 4.6 Pay Expenditure**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight and approval of any workforce related strategy	People & Staff Governance Committee	Director of Human Resources and Organisational Development	Within national guidance

**Table 5.2 Staff Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	People & Staff Governance Committee	Director of Human Resources and Organisational Development
2	Oversight of relevant Corporate Strategies and relevant Policies as delegated by the Board	People & Staff Governance Committee	Medical Director, Nurse Director and Director of Human Resources and Organisational Development
3	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	People & Staff Governance Committee	Director of Human Resources and Organisational Development
4	Approval of Staff Governance Framework	People & Staff Governance Committee Board	Director of Human Resources and Organisational Development
5	Oversight of compliance with of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development
6	Approval of Workforce Plan and Workforce Strategy	People & Staff Governance Committee for endorsement and Board for approval.	Director of Human Resources and Organisational Development
7	Staff elements of Equality Legislation.	People & Staff Governance Committee with reference to Population Health and Well Being Committee (during transitional year) re overall Equality Scheme duty	Director of Human Resources and Organisational Development

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8	Oversight of Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to People & Staff Governance Committee (during transitional year) regarding staffing elements e.g. Equal Pay	Director of Public Health
9	Safe Staffing Legislation	People & Staff Governance Committee with reference Finance Planning and Performance Committee Annual Report to Board for approval	Nurse Director
10	Oversight of compliance with Health and Safety legislative requirements	People & Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director Director of Estates and Facilities
11	Oversight and approval of relevant Health & Safety policies	Health & Safety Forum and CMT to review and onwards to People & Staff Governance Committee for approval	Director of Human Resources and Organisational Development/ Chief Executive
12	Oversight of Organisational Culture	People & Staff Governance Committee	Director of Human Resources and Organisational Development

**Table 5.5 Performance Management**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

**Table 5.7 Communication**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Internal Communication and Staff Engagement Strategy	People & Staff Governance Committee	Director of Communications and Public Engagement and Director of Human Resources and Organisational Development

**Table 5.10 Other Key Areas**

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Line	Area of Responsibility	Committee Approval Required	Officer Responsible
11	Culture and Equality, Diversity and Inclusion	People & Staff Governance Committee Note, transitional year and reference to Population Health and Wellbeing Committee	Director of Human Resources and Organisational Development Director of Public Health