

NHS Ayrshire & Arran

Meeting:	Ayrshire & Arran NHS Board
Meeting date:	Monday 23 May 2022
Title:	Staff Governance Committee Annual Report 2021/22
Responsible Director:	Sarah Leslie, HR Director
Report Author:	Lorna Kenmuir, Assistant HR Director – People Services

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHS Scotland quality ambition(s):

- Safe, Effective and Person Centred.

2. Report summary

2.1 Situation

The Staff Governance Committee provides an assurance report annually which sets out key achievements through the year in discharging its remit. The Staff Governance Committee annual report for 2021/22 was approved by the Staff Governance Committee at the meeting on 3 May 2022.

2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference. The Committees' approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Board Standing Orders.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board and are considered by the Audit and Risk Committee in order to provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

2.3 Assessment

The Staff Governance Committee assurance report details the membership of the Staff Governance Committee and provides information on the activities of the Committee in the past year.

Key Messages

- The Committee regularly reviewed corporate level risks relating to staff matters and progress against actions in the Board's annual People Plan.
- The Committee was provided with regular reports on trends, themes and quality improvements relating to Staff Governance.

2.3.1 Quality/patient care

Ensuring good staff governance supports the effective delivery of quality, patient-centred services throughout NHS Ayrshire & Arran.

2.3.2 Workforce

This assurance report has no workforce implications for the organisation.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports the NHS Board's annual assurance statement.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an assurance reporting paper.

2.3.6 Other impacts

- Best value - reporting ensures sound governance and accountability.
- Compliance with Corporate Objectives - providing this assurance report supports compliance with objectives on attracting, developing, supporting and retaining skilled, committed, adaptable and healthy staff, and ensuring our workforce is affordable and sustainable.

2.3.7 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2.3.8 Route to the meeting

The annual report has been prepared by the Assistant HR Director, People Services, on behalf of the HR Director and Chair of the Staff Governance Committee.

The Staff Governance Committee approved the report at its meeting on 3 May 2022.

2.4 Recommendation

For awareness. Board Members are asked to receive and approve the annual report of the Staff Governance Committee for 2021/2022.

3. List of appendices

- Appendix 1 - Staff Governance Committee Annual Report for 2021/22
- Appendix 2 - Staff Governance Committee Terms of Reference

Staff Governance Committee Annual Report 2021-2022

Committee effectiveness checklist for 2021-2022

The Role and Work of the Committee	Yes / No / NA	Comments
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	Yes	
The Committee undertakes an annual review of its remit and terms of reference and submits to the NHS Board for approval.	Yes	A recent review has been completed
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	Yes	
Remit - the Committee discharges its role to <ul style="list-style-type: none"> support and maintain a culture within the health system where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored. 	Yes	<ul style="list-style-type: none"> The Committee has sponsored and endorsed key work to support the development of our cultural ambition and seeks progress on issues, for example our work on culture and PDR. There is an ongoing Assurance process to ensure local Staff Governance Action Plans which are owned and monitored through local Partnership fora
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions	Yes	
The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	Yes	

The committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	Yes	
The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.	Yes	
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	Yes	The Committee reviews standard reports including Employee relations activity to allow comparison of year activity and themes.
The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.	Yes	
The Committee produces an annual work plan.	Yes	The plan is a live document which is reviewed at each Committee meeting.
The Committee periodically assesses its own effectiveness.	No	The evaluation of Committee effectiveness forms part of the Committee agenda.
Committee Meetings, Support and Information	Yes / No / NA	Comments
The Committee has a designated secretariat	Yes	
The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	Yes	
The scheduling of those meetings is appropriate to meet the body's business and governance needs	Yes	
The length of Committee meetings is appropriate to allow the Committee to discharge its role.	Yes	
Papers presented to the Committee are of a high standard and an effective format and ensure that members have access to appropriate information	Yes	
The Committee receives adequate information in relation to national policy and direction to enable it to fulfil its role and responsibilities.	Yes	
The Committee agenda is well managed and ensures that all topics within the remit are considered.	Yes	
The agenda and papers are circulated in advance of meetings to allow adequate preparation by committee members and attendees.	Yes	

Minutes are prepared and circulated as set out in the Terms of Reference.	Yes	
The Committee provides an effective annual report on its own activities.	Yes	
An action log/matters arising are well managed and indicate who is to perform what and by when.	Yes	
Committee Membership and Dynamics	Yes / No / NA	Comments
Chair and Membership of the committee has been agreed by the NHS Board and a quorum set	Yes	
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	Yes	
Membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.	Yes	
All members of the Committee contribute to its deliberations on an informed basis.	Yes	
Committee members are offered an appropriate induction on joining and development opportunities to support them in undertaking their role.	Yes	
The leadership of the Committee by the Committee Chair is effective and supports input from all members.	Yes	
Committee members attend meetings on a regular basis and if not this is reported to the Board Chair for action.	Yes	
The Accountable Officer and other senior officers normally attend the committee as considered appropriate, as noted in the terms of reference.	Yes	
Support provided to the Committee by executives and senior management is appropriate.	Yes	

Annual Report for Staff Governance Committee 2021/22

1. Summary

1.1 Staff Governance is defined as “a system of corporate accountability for the fair and effective management of all staff.”

The Staff Governance Standard sets out what each NHSScotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. Implicit in the Standard is that all legal obligations are met, and that all policies and agreements are implemented. In addition to this, the Standard specifies that staff are entitled to be:

- well informed;
- appropriately trained;
- involved in decisions which affect them;
- treated fairly and consistently; and
- provided with an improved and safe working environment.

1.2 The main topics covered during 2021/22 centred on the four high level themes within the Corporate People Plan. The themes comprised:

- ‘Retain’ ~ actions around staff engagement and feedback, communication, staff involvement in decision making and application of policies.
- ‘Develop’ ~ actions around staff and management engagement in support of staff’s personal development and effective people management skills.
- ‘Support’ ~ actions around dignity at work, openness and speaking up, staff health & wellbeing, inequalities, change management and effective working between different sectors within the service.
- ‘Attract’ ~ actions relating to local and regional workforce planning, reviewing and enhancing current recruitment practices.

The Committee received assurance from service on progress within implementing the Staff Governance Standard through receiving the Directorate Staff Governance Assurance and Improvement Plans.

2. Key Messages

2.1 The Committee recognises that getting the People Agenda right is fundamental to improving patient care and the quality of our services.

2.2 The Committee is assured that the organisation is dedicated to delivering the People Strategy through the range of activity detailed within the Corporate People Plan, highlights of which are detailed below. Pivotal to evidencing this is the iMatter

Programme which is engaging, encouraging empowering and enabling staff to improve the employee experience.

- 2.3 During 2021/22, in spite of the continued unprecedented emergency situation caused by the COVID-19 pandemic, the iMatter programme was run across the Board as follows:

Run	Team Confirmation	Questionnaire Live	Team Reports/ <u>Action Plan Submission</u>
Run 1 Corporate Services	12/07/2021 – 06/08/2021	09/08/2021 – 30/08/2021	13/09/2021 – <u>08/11/2021</u>
Run 2 HSCPs x 3	02/08/2021 – 27/08/2021	30/08/2021 – 20/09/2021	04/10/2021 – <u>29/11/2021</u>
Run 3 Acute Services and ICSS	16/08/2021 – 10/09/2021	13/09/2021 – 04/10/2021	18/10/2021 – <u>13/12/2021</u>

3. **Membership**

- 3.1 The Committee is composed of six Non-Executive Members.

The membership of the Committee during 2021/22 is given below:

- Margaret Anderson (Chair)
- Laura Brennan-Whitefield (from 01/11/21)
- Adrian Carragher
- Ewing Hope
- John Rainey (until 31/08/21)
- Douglas Reid
- Sukhomoy Das

- 3.2 Mrs Sarah Leslie, HR Director, provided executive support for the Chair and members, and attended in an ex-officio capacity to provide Committee with advice and guidance.

Mr John Burns, Chief Executive, attended in an ex-officio capacity, and on his departure, Professor Hazel Borland, attended in her role as Interim Chief Executive. Ms Claire Burden, Chief Executive, attended her first meeting of the Staff Governance Committee in February 2022.

- 3.3 The Staff Side Co-Chairs of the Directorate Partnership Fora (DPFs) attended the Committee meetings acting in an ex-officio capacity.

- 3.4 Where required by the Chair or by the Committee, appropriate members of staff were invited to be in attendance for the purposes of verbal updates, information sharing, presentations etc.

4. **Meetings**

- 4.1 The Committee met on four occasions between 1 April 2021 and 31 March 2022.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

Member	Dates			
	06/05/21	03/08/21	15/11/21	14/02/22
Margaret Anderson	Y	Y	Y	Y
John Rainey	Y	Y		
Adrian Carragher	Y	Y	Y	Y
Ewing Hope	Y	Y	Y	
Douglas Reid		Y		
Laura Brennan-Whitefield				Y
Sukhomoy Das	Y	Y	Y	Y

5. Committee Activities

Committee received the following reports during the course of the year:

5.1 Standing Reports:

- People Plan
- Area Partnership Forum update, including Staff Health Safety & Wellbeing
- Remuneration Committee update
- Directorate Staff Governance Assurance Reports
- Employee Relations Quarterly Reporting
- Corporate Risk Register – risks relating to Staff Governance
- Whistleblowing

5.2 Annual Reports:

- Staff Governance Committee Annual Report for 2020/21
- Staff Governance Committee Terms of Reference
- Employee Relations Annual Report 2020/21
- Update on the local, regional and national approaches to Workforce Planning in 2021/22
- iMatter/Employee Experience
- Medical appraisal and revalidation

5.3 In the performance year 2021/22 the Committee continued to focus its monitoring activities in respect of the People Strategy and the five elements of the Staff Governance Standard. The Committee members recognised their obligations to support a culture within NHS Ayrshire and Arran where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation and is built on the principles of partnership.

5.4 Directorate Staff Governance Assurance Reports

5.4.1 To provide assurance to Committee that service areas were implementing the five elements of the Staff Governance Standard, Directors, Partnership

Facilitators and Human Resource Managers continued to attend meetings, as required, to speak to their Staff Governance Assurance Reports.

Attendance at the Staff Governance Committee meetings afforded the opportunity for Directorates to provide a rounded report on actions taken in support of NHS Ayrshire & Arran's Corporate People Plan, and narrative around good practice.

These updates provided assurance to the Committee around good practice and actions being taken to address areas previously identified within iMatter reports for their respective operational areas.

5.4.2 The attendance for 2020/21 is noted in the table below:

Committee Date	Directorate
06/05/21	<ul style="list-style-type: none">• South Ayrshire HSCP• O&HRD
03/08/21	<ul style="list-style-type: none">• Acute
15/11/21	<ul style="list-style-type: none">• Transformation & Sustainability
14/02/22	n/a

5.4.3 To reflect revised governance arrangements at a time of system pressures and streamlined governance, Directorate Assurance reports were paused. A revised timeline for 2022/2023 has been agreed to receive deferred reports.

Committee approved a proposal to refresh the Directorate Assurance reports for 2021/22, to ensure this continues to be fit for purpose and to aid with completion. The new format was initiated at the meeting in May 2021.

5.5 People Strategy

The People Strategy was updated to reflect the Board's commitment to the people agenda over the next five years, to 2025, including an Equality Impact Assessment. The Strategy was promoted to managers and staff at awareness raising sessions in Spring 2021.

Committee continued to receive updates from the appropriate operational lead(s) on one of the four high level themes within the Corporate People Plan. The themes comprised:

- 'Retain' ~ actions around staff engagement and feedback, communication, staff involvement in decision making and application of policies.
- 'Develop' ~ actions around staff and management engagement in support of staff's personal development and effective people management skills, including support for new employees.
- 'Support' ~ actions in support of dignity at work, openness and speaking up, staff health & wellbeing and effective working between different sectors within the service.
- 'Attract' ~ actions relating to workforce planning, reviewing and enhancing current recruitment practices.

An update on actions relating to the 'Attract' theme was received at the meeting on 6 May, 2021; the 'Retain' theme at a meeting on 6 August, 2021; the 'Develop' theme at the meeting on 15 November 2021; and the 'Support' theme at the meeting on 14 February 2022.

Quantitative measures relating to each of the programmes of work (e.g. real-time data on staff availability; recruitment; use of supplemental staffing systems) are captured on a range of electronic systems and, datasets. Qualitative measures are reflected in the outputs from iMatter.

5.5.1 People Plan

The Committee was provided with an overview of the 2021/22 People Plan which would focus on:

- encouraging staff participation in the iMatter Survey to ensure staff views are captured and are used to inform corporate improvement actions;
- enabling regular staff discussions and feedback, engagement and involvement in planned local changes;
- raising awareness of the new 'Once for Scotland' policies and encouraging staff to use these appropriately;
- reinforcing and promoting the Board's agreed values and behaviours, and supporting equitable treatment of staff through the new 'Once for Scotland' policies;
- promoting the importance of PDR, ensuring all staff have an annual appraisal to review performance and discuss staff experience and training needs;
- reviewing and refreshing the approach to Corporate Induction, with renewed emphasis on local induction;
- driving and managing corporate MAST compliance and delivery;
- reviewing and re-energising the range of leadership and management development initiatives to develop leadership capacity and capability in support of succession planning and supporting the workforce through organisational change;
- maintaining a focused approach to the management of health, safety and wellbeing of staff;
- retaining a focus on workforce planning and strengthen employability opportunities to reflect and support the local community.

A focus would be placed on targets and timescales to ensure actions were being delivered timeously with improvements to trajectories.

5.5.2 Area Partnership Forum (APF)

Throughout the year, the Committee received updates on the key issues from the APF. This continued an improved approach which allowed the Committee assurance that the key issues were being addressed and to clarify any points.

5.5.3 Health Safety & Wellbeing Committee

Reports from the Health, Safety & Wellbeing Committee were received through the Area Partnership Forum standing report. This provided the Staff

Governance Committee with the appropriate level of assurance in terms of governance. Promoting Attendance updates formed part of this feedback.

Members were kept informed of developments relating to the Key Performance Indicators within the Staff Health, Safety & Wellbeing Improvement Plan, the progress of any current cases under investigation by the Health and Safety Executive and improvements to health and safety protocols.

5.5.4 Workforce Metrics

The Committee received quarterly performance reports on the main employee relations policies – Conduct, Grievance and Bullying and Harassment - with further information on compliance against indicative timescales for completion.

5.5.9 Strategic Risk Register

Regular updates were given for the Committee to accept progress reports for the risk management arrangements and approve the risks assigned to the Committee.

5.5.10 Organisational Culture

Committee was also advised of the updates from a Culture Extreme Team, which was commissioned early in 2020 as part of an overarching review of the organisational culture map.

5.5.11 Staff Experience

Committee received a range of reports focused on improving staff experience. These included:

- a refreshed Corporate Induction programme, reflecting the ambition of attracting and retaining Excellence within NHS Ayrshire and Arran;
- iMatter feedback and staff priorities identified during the pandemic;
- our Employee Relations performance and analysis of cases and outcomes on Employee Relations activity given significant challenges in workforce capacity due to high levels of COVID absence;
- the establishment of a new approach for Corporate Equalities and Equalities Implementation Group.

5.5.12 COVID-19 Specific Updates

In recognition of the different way in which we had to work throughout 2021, a number of specific reports were brought to Committee:

- social distancing;
- distributed working;
- COVID-19 remobilisation;
- changes to HR processes as a result of COVID-19;
- staff wellbeing and resilience, with a focus on the fast-paced response to the increased demand for staff support and recuperation facilities;
- Corporate Induction changes due to increased numbers of newly appointed staff; and
- staff attendance and capacity

5.5.13 Caring for Ayrshire

The Committee was kept up to date on the organisation's progress towards Caring for Ayrshire by the Chief Executive and Interim Chief Executive.

5.5.14 Internal Audit reports

Committee received reports relating to:

- Employee Relations – grievance and disciplinary arrangements
- IT controls – user access

5.5.15 Whistleblowing

The committee received updates from the Whistleblowing Oversight Group and benefited from the attendance of the organisation's Whistleblowing Champion, Dr Das.

5.5.16 Staff Wellbeing & Resilience

Updates were received on the newly reformed Staff Wellbeing Service with discussions on its implementation and the proposed permanent accommodations at the three main sites.

5.5.17 Equality & Diversity

The Board Equalities Implementation Group agreed an Equalities implementation plan which set out our commitments to promote fair work and to promote diversity. In addition, new staff networks were instigated for BAME and LGBT within the organisation, as well as the re-established Corporate Equality structure.

5.5.18 Key Issues to Board

Discussions took place at the end of each meeting on the key points which the Chair would put forward to the Board.

6. **Priorities for 2022/23**

6.1 NHS Arran has increased workforce risks, which have been recorded as part of the Strategic Risk register. As part of our governance and assurance processes, the Staff Governance Committee will receive reports on the following priorities:

- attendance management;
- Mandatory and Statutory Training;
- Personal Development and Review;
- workforce planning and registrant supply.

6.2 Staff Health and wellbeing:

In terms of our strategic priorities, we will continue to support our Community Wealth Building commitments and commence our Employability Strategy, which has been deferred due to COVID 19

- 6.3 Our ambitions to improve staff experience and culture will be a priority for us as we build on our foundation of safe, caring and respectful and work with our teams to improve staff experience and improve operational climate.
- 6.4 A key priority for the Committee through 2022-2023 will be to support ongoing COVID-19 governance requirements relating to the workforce as NHS Ayrshire & Arran moves from the emergency response stage towards recovery and, thereafter, remobilisation of services as we resume to business as usual. The Staff Governance Committee will continue to provide a robust governance route for all staff governance issues.

7. **Chair's Comments**

- 7.1 The performance year 2021/22 has highlighted the continuing need to focus our attention on key Staff Governance issues as staff will always be our most important resource.
- 7.2 The Chair recognises that staff are key to delivering the Board's agenda and it is important to get the people agenda right to improve staff and patient experience.
- 7.3 The Chair concludes that the Staff Governance Committee has fulfilled its remit and considers that there are adequate and effective Staff Governance arrangements in place to assure the Board of its Staff Governance duties.
- 7.4 I would offer my thanks for the continuing support and encouragement of Committee members and to Sarah Leslie, Human Resources Director for their support, and to those members of staff who have worked on the Committee's behalf during 2021/22.

As Chair, I would like to record my thanks to John Rainey as former Chair and I look forward to working with our Committee during 2022/2023

Margaret Anderson
Chair – Staff Governance Committee

Approved by Staff Governance Committee
3 May 2022

Staff Governance Committee Terms of Reference

1 Introduction

- 1.1 The Staff Governance Committee is identified as a Committee of the NHS Board. The approved Terms of Reference and information on the composition and frequency of the Committee shall be considered as an integral part of the Standing Orders.
- 1.2 The Committee shall review the Terms of Reference on an annual basis and present to the NHS Board for approval.

2. Remit

- 2.1 To provide assurance to the NHS Board on compliance with the Staff Governance standards.

3. Duties

- 3.1 The role of the Staff Governance Committee is to support and maintain a culture within the health system where the delivery of the highest possible standard 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 robust arrangements to implement the Staff Governance Standard are in place and monitored.
- 3.2 The specific responsibilities of the Staff Governance Committee are to:
 - Oversee the commissioning 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.
 - Approve 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.
 - Oversee the Board's whistleblowing arrangements and monitor frequency and content of reports and any trend in the context of the national standards.
 - Provide staff governance information for the statement of internal control.
 - Provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993) 114 (amended).

4. Authority

- 4.1 Committee is authorised to investigate any matters which fall within its Terms of Reference and obtain external professional advice.

Appendix 2

- 4.2 The Committee may establish sub-committees to support its functions. This will include Remuneration Committee.
- 4.3 The Committee is authorised to seek and obtain any information it requires from any employee whilst taking account of policy and legal rights and responsibilities.
- 4.4 The Committee will have the authority to require the attendance of any employee of NHS Ayrshire and Arran, as may be required.

5. Committee Membership

- 5.1 The Committee shall be established by the full NHS Board and be composed of :
- six Non-Executive members, one of which must be the Employee Director;
 - four lay representatives from the trade unions and professional organisations (acting in an ex officio capacity), nominated by the NHS Board Partnership Forum.
- 5.2 The NHS Board shall appoint the Chair and approve membership of the Committee.
- 5.3 A Vice Chair will be proposed by the Staff Governance Committee Chair and agreed by Committee.
- 5.4 Committee membership will be reviewed annually or as required by the Board Chair.

5. Quorum

- 5.1 Three Non-Executive members will constitute a quorum.

6. Attendance

- 6.1 The HR Director will attend in an ex-officio capacity to provide Committee with advice and guidance, in addition the NHS Chief Executive will attend if appropriate.
- 6.2 The Committee may require relevant officers/partnership representatives to attend at meetings where specific advice and/or guidance is required on relevant topics.
- 6.3 The Committee may co-opt additional advisors as required.
- 6.4 With the prior approval of the Chair of the Staff Governance Committee, the HR Director and Chief Executive can provide deputies on an exceptional basis.

7. Frequency of Meetings

- 7.1 The Committee will meet at least four times per annum.
- 7.2 The Chair may, at any time, convene additional meetings of the Committee.

8. Conduct of Business

- 8.1 Meetings of the Committee will be called by the Committee Chair.

Appendix 2

- 8.2 The agenda and supporting papers will normally be available to members at least five working days before the date of the meeting.

10 Reporting Arrangements

- 10.1 A minute will be kept of the proceedings of the Committee. A draft minute of the meeting will be circulated, normally within ten working days, to the Chair of the Committee. Once the Chair has approved, the draft minute will be shared with committee members for information, not for comment, prior to consideration at a subsequent meeting of the Committee.
- 10.2 The Chair of Committee shall provide assurance on the work of the Committee. A summary of key points from each meeting and the approved minute will be submitted to the NHS Board meeting for information.
- 10.3 Committee will conduct an annual review of its role and function by completing a self-assessment checklist and providing this and an annual assurance report to the NHS Board each year.
- 10.4 Items requiring urgent attention by the NHS Board can be raised at any time at NHS Board Meetings, subject to the approval of the Chair.

Version:	Date:	Summary of Changes:	Approved by
01.1	24/01/2018	Addition of Vice chair arrangements.	SGC 24/01/2018
01.2	17/08/2020	Nil – submitted to NHS Board with Annual Report	NHS Board 17/08/2020
01.3	15/02/21	Review of Terms of Reference against new Board Standing Orders	SGC 15/02/2021
02.0	10/03/21	Amendments to deliver a standard approach to Governance Committee ToR. <ul style="list-style-type: none">• Sections reordered to bring committee business together, ie Remit/Duties/Authority• Duplication removed if referred to in Board Standing Orders• Introduction amended to note that ToR are informed by the Board standing orders and the requirement for an annual review.• Reporting arrangements amended to 10 days for draft minute to be available and ensuring approved draft shared with members. Inclusion of requirement for annual self-assessment checklist in addition to the Annual Report.• Language changes to bring standard approach to Governance Committee ToR• No change to Remit or Duties	NHS Board 29/03/2021
03.0	14/02/22	Annual review of Terms of Reference – no change made	NHS Board 28/3/22