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# NHS GOLDEN JUBILEE

# STRATEGIC PORTFOLIO GOVERNANCE COMMITTEE

# Terms of Reference 2023/24

1. Introduction

The purpose of the Strategic Portfolio Governance Committee (SPGC) is to advise and assure the Board on the development and implementation of the NHS Golden Jubilee (GJ) Strategic Portfolio. This will include the scrutiny of key enabling plans, implementation progress and delivery.

The Committee will oversee all aspects of governance relating to the Strategic Portfolio and ensure full alignment to delivering the Board ambition of *“delivering care through collaboration”.*

As a national resource, the NHS Scotland Quality Ambitions are at the heart of all organisational objectives. The Board’s primary focus is to deliver the best quality healthcare to the people of Scotland – care that is person centred, safe and effective.

Specifically, the Strategic Portfolio Governance Committee will:

* Provide oversight and strategic direction for the Board Strategy Portfolio;
* Manage the process of acceptance of a Strategic Programme into the wider NHS GJ Portfolio;
* Authorise the start and subsequent stages of the programme;
* Approve any changes to the scope of the portfolio;
* Ensure Portfolio Risks are managed in line with the overall Risk Management Strategy;
* Undertake critical reviews of Portfolio risk registers including controls, likelihood and impact. Further information may be requested by the Committee to provide assurance on any aspect of the strategic risks;
* Carry out horizon scanning that supports identification, evaluation and management of changes in the risk environment preferably before they manifest that may impact on deliver of key programmes and the overall strategy;
* Oversee scrutiny of benefits achievement.

The Committee will work within the principles of the Scottish Government Blueprint for Good Governance – Second Edition, to ensure effective management, improved performance and ultimately good outcomes for all stakeholders.

1. RESPONSIBILITIES AND REMIT

The Strategic Portfolio Governance Committee will function as a sub-committee of the Board with a role of endorsing any change in the strategic direction of the Board. The Committee will monitor and scrutinise the following:

* Endorsement of strategic programmes associated with the expanding Board portfolio.
* Development and implementation of the NHS GJ Board Strategy.
* Delivery against key elements of the Board Strategy, this includes the strategic intent of programmes.
* Delivery of objectives within Project, Programme and Portfolio parameters to ensure all work aligns with the Board’s strategic direction.
* Assume responsibility for oversight and assurance to the Board on the digital programme delivery that includes:
* Major system upgrades and replacements
* New digital systems including major technology enabled business and clinical change programmes.

The Committee will also:

* Review programme arrangements for securing effectiveness and best value from resources, ensuring that prompt action is taken and appropriate escalation approaches are deployed to manage issues.
* Ensure that the equality and diversity implications of Board developments are fully considered and acted upon.
* Provide assurance to the Board that significant strategic programme risks are being adequately managed, and agree remedial action where necessary.
* Assure the Board that all current strategic programmes, project plans and their associated Key Performance Indicators (KPIs) are consistently and comprehensively monitored.

The Committee will review the development and delivery of the following key programmes:

* **NHS Scotland Academy** (NHSSA)

This will include receiving an Annual Report from the NHS Scotland Academy and consideration of inclusion of that Annual Report within the Committee’s Annual Report to the Board of NHS Golden Jubilee. The governance aspects of the work of NHSSA not related to the education and quality is delegated to SPGC. The governance work of NHSSA in relation to education and quality is delegated to NHS Education for Scotland Education and Quality Committee.

* **Centre for Sustainable Delivery (CfSD)**

This will include providing a statement of assurance to the Board of NHS Golden Jubilee, as part of annual reporting arrangements that the Committee has been able to review, monitor and assure progress against the CfSD annual work-plan, which is set by the Scottish Government.

* National Innovation Accelerator
* NHS GJ National Elective Centre Commissioning
* Strategic planning elements of core NHS GJ business
* Any further programmes agreed as part of the Board’s expanding portfolio

1. 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:

* + - Chair (Board Vice Chair)
    - Chair, Finance and Performance Committee
    - Chair, Clinical Governance Committee
    - Chair, Staff Governance and Person Centred Committee
    - Chair, Audit and Risk Committee
    - Non-Executive Director - Capital
    - Employee Director

Core attendees (expected at every meeting):

* Chief Executive
* Director of Finance
* Director of Strategy, Planning and Performance
* Director of Nursing and AHPs

In attendance:

* National Director, Centre for Sustainable Delivery
* Director, NHS Scotland Academy
* Head of Corporate Governance and Board Secretary
* Associate Director of Quality, Performance, Planning and Programmes
* Board Chair

Other Board staff will be invited to attend meetings when relevant issues and items are being considered within their area of responsibility. In the absence of Committee Members, a nominated deputy may attend the meeting.

**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 Strategy, Performance and Planning.

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 schedule of reports 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 schedule of reports;
* Oversee the production of an annual report on the delivery of the Committee’s remit activity plan and reports, for endorsement by the Committee and submission to the Board.

1. Meetings of the Committee

**Frequency**

1. 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.
2. 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.

1. FRAMEWORK

The framework for the Committee will be scheduled as part of a forward monitoring plan and will routinely include the following:

* Strategic Planning
* Strategic Programmes
* Strategic Programme Board
* Annual Plan for Committee

The Committee is authorised by the Board to investigate any activity within its Terms of Reference and instruct reviews within agreed procedures.

1. RISK

The Committee will adopt a risk based approach through routine review of any 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.

1. REVIEW OF TERMS OF REFERENCE AND EVERSION CONTROL

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

Version Control

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| **Version** | **Date** | **Amendments from previous version** | **Approved** |
| Version 3 | 01.06.2023 | Updated to reflect Blueprint for Good Governance-Second Edition requirements, added in section on risk and updated responsibilities and remit to align digital programme delivery. |  |
| Version 2 | 25.04.2022 | Removal of role of vice-chair of Committee  Inclusion of more detailed reference to CfSD Assurance statement following SPGC meeting in May 2022. | July 2022 |
| Version 1 | 26.01.2021 | N/A | 18.03.21 |