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# NHS GOLDEN JUBILEE

# STRATEGIC PORTFOLIO GOVERNANCE COMMITTEE

# Terms of Reference 2022/23

1. **Purpose**

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, to ensure effective management, improved performance and ultimately good outcomes for all stakeholders.

1. **Objectives 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.

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. Appendix A refers to delegated governance.

* **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**

The Board Vice Chair will act as Committee Chair and the Committee shall comprise:

* Five Non-Executive Directors appointed by the Board
  + - Chair (Board Vice Chair)
    - Chair, Finance and Performance Committee
    - Two further Non-Executive Directors
    - Employee Director
* Chief Executive
* Deputy Chief Executive / Director of Operations
* Director of Strategy, Planning and Performance
* Medical Director
* Director of Nursing and AHPs
* Director of Finance

In attendance:

* Board Chair
* Associate Director of Quality, Performance, Planning and Programmes
* Head of Corporate Governance and Board Secretary

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.

**4 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.

**5 Quorum**

The quorum for any meeting of the Committee will be five members, three of whom will be Non Executive members and two will be Executive Directors.

**6 Conduct of Business**

* The Committee shall meet every two months.
* The conduct of business will be in accordance with the Board’s Standing Orders.
* Prior to the full approved Minutes of the Committee being available, a template covering the main points of discussion will be added to the Board Exception report for the next Board meeting. The full Minutes of this Committee will be reported to the NHS Golden Jubilee Board.
* 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 within five working days prior to the Committee taking place.
* There will be a requirement to produce an Annual Report at the end of each financial year.

**7 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.

**8 Reporting Arrangements**

The Strategic Portfolio Governance Committee will report directly to the Board of NHS Golden Jubilee. Minutes and exception reports from the Committee will be presented to the Board by the Chair of the Committee on any issues that require escalation to the Board.

**9 Review of Terms of Reference and Version Control**

The Terms of Reference will be reviewed annually.

Version Control

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| --- | --- | --- | --- |
| **Version** | **Date** | **Amendments from previous version** | **Approved at Board** |
| Version 1 | 26.01.21 | N/A | 18.03.21 |
| 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. |  |

**Appendices:** Appendix A