**eHealth Strategy Board: Terms of Reference**

1. **Purpose**

The eHealth Strategy Board ensures the alignment of eHealth Strategy with key policy statements.

2. **Remit**

- Ensure the alignment of eHealth Strategy with key policy statements
- Acts as a focus for all Scottish Government eHealth related activity
- Ensures co-ordination of eHealth Strategy with related matters across the Scottish Government
- Agrees targets for delivery with the eHealth Programme Board
- Approves budgets for eHealth Projects/Programmes in line with the financial delegations outlined in Annex F
- Delegates authority as appropriate, for example to the eHealth Programme Board
- Holds NHS Boards accountable for meeting targets through the Scottish Government Health & Social Care Management Board
- Resolves major strategic issues and acts as arbiter on issues that cannot be resolved by the eHealth Programme Board
- Approval of commissioning strategy
- Management of strategic risks escalated to the Board

3. **Chair**

The Strategy Board is chaired by John Matheson, Director of Health Finance, eHealth and Analytics, SGHSCD.

4. **Membership**

Membership for this Board will be by invitation only with no replacements and is drawn from Senior Management in Scottish Government, NHSScotland and the Scottish Partnership Forum. The members of this group will have wide ranging, senior strategic experience.
Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Calderwood</td>
<td>Chief Executive, NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Paul Campbell</td>
<td>Chair, Clinical Change Leadership Group, NWTC</td>
</tr>
<tr>
<td>John Conaghan</td>
<td>Director of Health Delivery, SGHSCD</td>
</tr>
<tr>
<td>Ian Crichton</td>
<td>Chief Executive, NHS National Services Scotland</td>
</tr>
<tr>
<td>George Crooks</td>
<td>Medical Director, NHS 24</td>
</tr>
<tr>
<td>William Edwards</td>
<td>Chair eHealth Leads Group, NHS Fife</td>
</tr>
<tr>
<td>Justene Ewing</td>
<td>Chief Executive, Digital Health Institute</td>
</tr>
<tr>
<td>Mike Foulis</td>
<td>Director for Children &amp; Families, SGHSCD</td>
</tr>
<tr>
<td>John Gallacher</td>
<td>Regional Organiser, UNISON</td>
</tr>
<tr>
<td>Tracey Gillies</td>
<td>Medical Director, NHS Forth Valley</td>
</tr>
<tr>
<td>Geoff Huggins</td>
<td>Director for Health &amp; Social Care Integration, SGHSCD</td>
</tr>
<tr>
<td>John Matheson</td>
<td>Director of Finance, eHealth and Pharmaceuticals, SGHSCD (CHAIR)</td>
</tr>
<tr>
<td>Alex McMahon</td>
<td>Director of Strategic Planning, Performance Reporting and Information, NHS Lothian</td>
</tr>
<tr>
<td>Anne Moises</td>
<td>Chief Information Officer, Information Services &amp; Information Systems (ISIS), SG</td>
</tr>
<tr>
<td>Fiona McQueen</td>
<td>Chief Nursing Officer, SGHSCD</td>
</tr>
<tr>
<td>Andrew Morris</td>
<td>Chief Scientist, SGHSCD</td>
</tr>
<tr>
<td>Mike Neilson</td>
<td>Director Digital, SGHSCD</td>
</tr>
<tr>
<td>Brian Robson</td>
<td>Medical Director, Health Improvement Scotland</td>
</tr>
<tr>
<td>Gillian Smith</td>
<td>Director, Royal College of Midwives</td>
</tr>
<tr>
<td>Eddie Turnbull</td>
<td>Head of eHealth</td>
</tr>
<tr>
<td>Robin Wright</td>
<td>General Manager IM&amp;T, NHS Greater Glasgow &amp; Clyde</td>
</tr>
</tbody>
</table>

Attendees

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Swainson</td>
<td>eHealth Clinical Lead, SGHD</td>
</tr>
<tr>
<td>Libby Morris</td>
<td>eHealth Clinical Lead, SGHD</td>
</tr>
<tr>
<td>Bettina Sizeland</td>
<td>Head of eHealth Policy &amp; Strategy, SGHD</td>
</tr>
<tr>
<td>Julie Falconer</td>
<td>Head of eHealth Technical Strategy &amp; Governance, SGHD</td>
</tr>
<tr>
<td>Andy Robertson</td>
<td>Director, NHS National Services Scotland, National Information Systems Group (NISG)</td>
</tr>
</tbody>
</table>

4. Accountability

The eHealth Strategy Board is accountable for approving the eHealth Strategy and subsequent changes to the Strategy. The eHealth Strategy was approved by the Cabinet Secretary for Health & Wellbeing.

5. Meetings

The Board meets quarterly and or when the need arises.
eHealth Programme Board: Terms of Reference

1. Purpose
The eHealth Programme Board provides visible leadership of the eHealth programme.

2. Remit
- Development and ownership of the eHealth Strategy and roadmap to support the Quality Strategy and the 2020 vision
- Definition of the commissioning strategy
- Interface with the Clinical Change Leadership Group (CCLG)
- Interface with the eHealth Leads group
- Development and maintenance of the programme plan, managing project portfolio and interdependencies
- Define the link between individual project/programme boards and eHealth programme board
- Management of project portfolio and interdependencies
- Resolve major issues in relation to the eHealth programme
- Provide mandate to set up, close and suspend individual projects
- Owns the eHealth Finance strategy and overall resource management strategy and provides oversight to this.
- Ensure programme and individual projects are appropriately resourced.
- Approves the Communications strategy and plan including appropriate patient/public engagement
- Undertakes a review of the roles of the existing application specific Steering Groups and Users Groups, and determines future engagement and approvals processes for ongoing applications development
- Approves the eHealth Benefits management approach
- Managing risks escalated to the Programme Board

3. Chair
The eHealth Programme Board is chaired by Eddie Turnbull, Head of eHealth, Scottish Government Health Directorates.

4. Membership
The eHealth Programme Board is drawn from a range of eHealth interests from across Scotland including Directors of Finance, senior eHealth leads, Clinical leads and SGHSCD. Membership will be by invitation of the Board. In the normal course of events if members cannot attend substitutes are not permitted.
5. Accountability
The eHealth Programme Board is accountable to the Strategy Board.

6. Meetings
The Board currently meets bi-monthly
Clinical Change Leadership Group: Terms of Reference

1. Purpose

The Clinical Change Leadership Group (CCLG) will provide a consensus clinical eHealth opinion across NHS Scotland.

2. Remit

- Responsible for working with networks of clinicians across NHS Scotland to raise awareness and understanding of the eHealth Programme’s progress and benefits
- Responsible for working with networks of clinicians across NHS Scotland to establish a consensus view on eHealth issues and advising the eHealth Programme Board based on this consensus
- Act as the representative channel for clinical professions across Scotland
- NHS Board clinical eHealth leads represent the views of all clinicians within their NHS Board, in relation to eHealth issues
- Undertake communications delivery with clinical stakeholders, both directly and through representative bodies
- Identify candidates to be engaged in Project Boards and Project Teams and in short-life working groups
- Provide advice and make recommendations to the Programme Board and Strategy Board as appropriate

3. Chair

- The Group will be co-chaired by two members who are nominated and seconded by other group members
- Both co-chairs will sit as members of the eHealth Programme Board and the Clinical Portfolio Management Group for the duration of their terms of office
- Each co-chair will serve for a fixed term of 2 years
- The co-chairs will be appointed separately, with a 12 month gap between each new appointment. It is anticipated that a new co-chair will be elected every 12 months
- Members who have acted as co-chair may be re-elected for a maximum period of a further 2 years

4. Secretariat

- A Scottish Government clinical lead will provide the secretariat to the group
- Papers will be circulated at least 1 week in advance of meetings
5. Membership

5.1 The group will include:

- Clinical leads from territorial NHS Boards
- Scottish Government eHealth clinical leads
- Scottish Government eHealth Programme Executive Team
- Representation from
  - NHS National Services Scotland
  - NHS Healthcare Improvement Scotland
  - NHS National Waiting Times Centre
  - Scottish Ambulance Service
  - NHS 24
  - The State Hospital
  - Scottish Government Primary Care Division
  - Co-chairs of eHealth leads group
  - Scottish Clinical Information Management in Practice (SCIMP)

The co-chairs can co-opt or invite other members as required.

5.2 Each Board may have a maximum of two representatives on the group. Each Board is encouraged to send a representative to every meeting. Those Boards with a single representative are asked to nominate a deputy to attend in their absence.

6. Voting

6.1 The quorum for a meeting is 50% of voting members.

6.2 In the event of a vote being required at a meeting there will be a single vote per Board, even if a Board has more than one representative present.

6.3 In all meetings of the group at which a quorum is present motions will be adopted based on a majority of votes basis. In the case of a tied vote the motion will be adopted if the co-chairs vote in the affirmative.

7. Links to other National Advisory Groups and key stakeholders

The group will link to the following key stakeholders and national advisory groups on a regular basis, and with any other identified stakeholders on an ad hoc basis.

Allied Health Professions Forum Scotland
Association for Perioperative Practice
British Association of Medical Managers
British Dental Association (Scotland)
British Medical Association Scotland
British Paramedic Association
College of Emergency Medicine
College of Optometrists
Community Practitioners and Health Visitors Association
Faculty of Dental Surgery
Faculty of Occupational Medicine
8. Accountability
- The Clinical Change Leadership Group will be accountable to the eHealth Programme Board.
- The co-chairs will provide feedback about decisions made at the eHealth Programme Board to the CCLG and will canvass opinions from members about agenda items in advance of Board meetings where necessary.
- All clinical leads on the group will have a responsibility to report to and represent the interests of their Health Boards through their locally agreed accountability structures.

9. Meetings
- The CCLG will meet every second month. Meetings will run from 13:30-16:30 alternating between Edinburgh and Glasgow locations. Videoconferencing facilities will be available, where possible, but members are encouraged to attend the first one or two meetings in person.
- The CCLG and eHealth leads will hold a joint meeting twice yearly.
1. Purpose

Provide professional leadership from within the service, in the development and delivery of the NHS Scotland eHealth Strategy through engagement in policy and strategy development.

Working together to ensure that NHS Scotland’s information assets are maintained and developed to be secure, deliver value and are effective in their contribution to the delivery of NHS Scotland policy and overall aims.

Work collectively, and in concert, to take forward the eHealth strategy on behalf of NHS Scotland, particularly focused on:

- Increasing value from existing systems;
- Reducing inefficiency and waste across the service through improved eHealth uptake; and
- Ensure new systems and services are cost effective for all boards.

Provide a forum for discussion, decision making and building consensus on national eHealth issues. This would include, but not be limited to, changes in the strategic use of existing products, or the withdrawal of board(s) for support of national products.

2. Principles

The group aim to increase the sharing of information and systems across NHS Scotland where it is sensible to do so. Collectively the group will look to increase this sharing and reduce the diversity of eHealth systems across NHS Scotland.

Decision making is to be in the best interest of all boards, and should be taken in the context of:

1. tightening budgetary environment;
2. overall eHealth strategy;
3. the overall good for NHS Scotland; and
4. a set of national policies driving towards more structured sharing of resources.

The Group has a guiding principal of no direct product engagement, preferring to use existing groups (Portfolio Management Groups (PMGs), Steering groups etc.) to implement decisions. This allows the eHealth Leads group to retain a strategic view of the eHealth assets.

The group is looking to actively engage with groups, such as the PMGs and Infrastructure Leads Group, on tactical and financial matters, in order to maximise the value of existing assets and to increase the value from procured services.
3. Remit

- In conjunction with the eHealth Programme Board agree and monitor the strategic outcomes for the existing applications managed by the Portfolio Management Groups.

- Set the tactical and financial objectives consistent with the eHealth strategy for existing application managed by the Portfolio Management groups. The group will review roadmaps and outline a set of guidelines for the PMGs to work within.

- Provide the eHealth Programme board with a reference group to consider new eHealth business cases and new commissions, agreeing a common viewpoint from across the health boards.

- To agree and monitor the Service Level Agreement (SLA) with National Services Scotland (NSS) via National Information Services Group (NISG)

- Consider eHealth related issues of common interest and promote best practice through the sharing of information. Collectively discuss and agree the most appropriate model for deriving a solution and commission accordingly. This may mean a consortium of boards working in a collegiate way, a group of boards working together with one lead board commissioned, or the boards collectively commissioning a lead supplier.

- To act as the Infrastructure Portfolio management group on behalf of the eHealth Programme Board. To consider proposals for change to the national infrastructure and develop a consensus on what these changes should be.

- To provide a collective and coherent approach to implementation of national initiatives in line with the eHealth Strategy and provide governance over delivery of the eHealth Programme through accountable leadership.

- To influence decision making as it relates to the formulation and implementation of strategies pertinent to the eHealth agenda in NHS Scotland. To develop a shared understanding of the NHS Scotland strategy for eHealth and consider the implications for local delivery

- To provide a conduit for dissemination of eHealth related information within NHS Scotland

- To help develop and sustain the professionalism of eHealth (IM&T) Staff within NHS Scotland

- To raise the profile of eHealth as an essential facilitator for change in accordance with prevailing government policy
4. Relationships

The Group will have a direct relationship with the eHealth Directorate and eHealth Directorate members will be invited to a joint session of all monthly meetings.

The Group will link with the work of the Clinical Change Leadership Group (CCLG). This will be done at individual organisation level and through a bi-annual joint meeting, a mutually agreed agenda, and periodic formal and informal meetings and cross participation in appropriate groups. The concept of associate membership is proposed and will confer the rights of attendance at meetings.

The Group will take a more active role in the decision making by the eHealth PMGs. The Group will provide tactical direction to the PMGs and set financial targets for the PMGs to achieve. The Group will consider proposals brought forward from the PMGs and either approve them, or provide further input before consideration at the eHealth Programme Board. To reinforce the relationship between eHealth Leads and PMGs, at least 2 Leads will sit on each PMG, and one of these members will have the role of Chair or Deputy Chair at the PMG.

5. Accountability

Members of the Group are individually accountable to the organisations which they represent and are collectively accountable to the eHealth Programme Board.

The eHealth Leads appointed onto the PMGs would be empowered to make decisions for the collective good. The eHealth Leads would outline a set of strategic goals for the PMGs and clearly defined efficiency targets that each would be expected to meet. Accountability for the PMGs would remain with the eHealth Programme Board, but this will be reviewed on a regular basis.
Where Development Programme Boards (or special working groups) have been commissioned by the eHealth Leads, they will report back to the Group on progress being made, and issues arising.

6. Membership

The membership structure of the Group is:

- **Chair**: To be appointed from eHealth Leads Group together with a deputy
- **NHS Board**: eHealth (IM&T) Professional Lead
- **Special Health Board**: eHealth (IM&T) Professional Lead

Appropriate secretarial support will be appointed to the group to ensure that the business of the group is appropriately managed.

In addition to the Membership above, there is a standing invitation to attend for:

- **eHealth Directorate** – eHealth Programme Director and senior management team.
- **Operational Service Rep** - A nominated operational manager to represent all Boards
- **Planning & Performance representative** – A nominated P&P manager to represent all Boards

7. Meetings

Meetings will be held monthly and will incorporate a formal meeting with the eHealth Directorate. Meetings will be formal with an agreed agenda and minutes of meetings will be made widely available within the eHealth community.

Each quarter the agenda will include a standing item to discuss PMGs. The eHealth Lead representatives on the PMGs would provide a report on PMG progress and raise any issues or concerns for discussion by the Group.

8. Quorum

The quorum for a meeting is 50% of the eHealth Leads, including the Chair. A meeting which starts with a quorum present shall be deemed to have a continuing quorum notwithstanding the departure of members, unless the quorum is challenged. In the event of a challenge, the remaining members may choose to:

- adjourn the meeting; or
- continue the meeting, in which case the minutes shall record that the group was acting on all further business without a quorum being present. Decisions agreed after a loss of quorum would then be subject to ratification at the next meeting.

9. Voting

In all meetings of the group at which a quorum is present, motions properly before the Group shall be adopted on a simple majority-of-votes basis. In the case of a tie vote, the motion is lost for a lack of a majority.
10. Reporting

The Chair will report to the eHealth Programme Board on the work of the group.

11. Review

The Terms of Reference will be kept under review.
National IT Infrastructure Leads: Terms of Reference

1. Purpose

To identify national IT Infrastructure developments, promote joint working and standards. Reporting to the national eHealth Leads Group. To engage and meet with suppliers and national representatives as required.

2. Remit

The group will be responsible for:

- Sharing information on local projects and developments
- Identifying and implementing national infrastructure developments and priorities
- Identifying opportunities for pooling or sharing resources
- Carrying out assignments defined by the national eHealth leads and eHealth Programme
- Defining, maintaining, and monitoring infrastructure roadmaps and associated standards
- Where appropriate, standards are submitted into the standards development process for approval by the eHealth programme
- Review and agree regional bids against infrastructure fund, which must meet as a minimum:
  - Promotes regional working by consortiums of Boards, including Territorial and Special Health Boards
  - Delivery of efficiency savings, both long and short term
  - Delivery of standards and standardisation
  - Innovative solutions
  - Aligns with eHealth Strategy and Architecture Vision

3. Membership

Members of the group will be the IT Infrastructure leads from Scottish Health Boards, representatives from other agencies, with attendance from other individuals as required. It will be chaired by a nominated eHealth lead.

Member organisations are:

- NHS Golden Jubilee
- NHS Dumfries and Galloway
- NHS Lanarkshire
- NHS Highland
- NHS Western Isles
- NHS Grampian
- NHS Tayside
- NHS Ayrshire and Arran
- NHS Forth Valley
- NHS24
- NHS Borders
- NHS Greater Glasgow and Clyde
- NHS Shetland
A minute of the meetings will be distributed to group members, those in attendance and to members of the national eHealth Leads Group. If a group member is unable to attend then he or she should nominate a deputy to attend in his or her place.

4. Organisation Structure

- The group has dual reporting into the eHealth leads and the eHealth programme via the Infrastructure portfolio (still to be defined).
- The group may want to set up sub-committees or short life working groups for specific issues.

5. Meetings

The group will meet quarterly or more frequently when the need arises.

Meeting venues will be central.

A schedule of future dates will be agreed and circulated each year.
Financial Delegations

The following thresholds are proposed for projects and programmes in relation to size and complexity and the level of approvals required:

<table>
<thead>
<tr>
<th>Project</th>
<th>Cost</th>
<th>Risk / Complexity</th>
<th>Examples</th>
<th>Programme Board</th>
<th>CIG</th>
<th>Strategy Board</th>
<th>Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>&gt;£5m</td>
<td>•High risk project •Significant service implication •Strategically significant</td>
<td>•PMS •IPACC</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Medium</td>
<td>£2-5m</td>
<td>•Medium risk project •Service changes contained to a particular area</td>
<td>•Sexual Health •Chemotherapy</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light</td>
<td>&lt;£2m</td>
<td>•Low risk project •Minimal service implication</td>
<td>•GCS Managed Cancer Networks - Epilepsy •NES Knowledge Strategy</td>
<td>For information</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Programme |

<table>
<thead>
<tr>
<th>Project</th>
<th>Cost</th>
<th>Risk / Complexity</th>
<th>Examples</th>
<th>Programme Board</th>
<th>CIG</th>
<th>Strategy Board</th>
<th>Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>&gt;£50m</td>
<td>•High risk •Significant service implication •Strategically significant</td>
<td>•N3</td>
<td>✅</td>
<td>Only if project CIG not done already</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>£5-50m</td>
<td>•Medium risk project •Service changes contained to a particular area</td>
<td>•PACS •GCS</td>
<td>✅</td>
<td>Only if project CIG not done already</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>Light</td>
<td>&lt;£5m</td>
<td>•Low risk project •Minimal service implication</td>
<td>•A&amp;E •Telehealth</td>
<td></td>
<td>Only if &gt;£3m and project CIG not done already</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note the following in relation to the above table:

- The cost referred to above is the 4 year project cost, or 'lifetime' cost of the project.
- The cost referred to above is the 4 year project cost, or 'lifetime' cost of the project if this is greater. Note that CIG guidance is 4 years or project life if shorter. However 4 years is not expected to be a sufficient period for larger national programmes, for example PMS where a 10 year period is likely given potential rollout timescale. Note that this is the project cost and excludes anticipated savings.

- This above table is a guide only and it is at the discretion of the Programme Board in relation to each project/programme. For example, if the cost of a project was £3m but there was significant risk, service impact or political implications then the project is likely to be referred to the Strategy Board.

- The 'Risk/Complexity' assessment is intended to be a qualitative consideration based on major points around the strategic importance, degree of complexity, political implications and impact to the service. It is not proposed that a quantitative scoring method is used here.

- Note that the same lifecycle process will be applied regardless of whether the project/programme is classed as High, Medium or Light. However:
certain additional checks such as Strategy Board approval, CIG QA and Gateway may not be required as outlined above;
the level of documentation will reflect the scale of cost and complexity. A ‘Light’ project will still require the same documents but using the ‘light’ version of the template which requires less detail (note that the templates are still in development).

- In relation to Gateway:
  - it is proposed that programmes are not subject to Gate 0 but that the major project(s) within the programme are Gateway’d through Gates 1 to 5;
  - the overall eHealth Programme will be Gateway’d at the programme level – ie Gate 0;
  - the Gateway checklist spreadsheet will be used to assess each project at the ‘Concept Development’ stage to ascertain the Gateway risk score. It is proposed that the decision as to whether this should result in the project undergoing Gateway is made by the Head of Programmes (referring to the eHealth Programme Director and Programme Board as required). In some cases, Medium projects may be subject to Gateway if it is thought this will add value.

- Existing guidance on delegated levels are £2m for IT projects (£1m for special health board). The proposed approach is that projects with a value >£2m are referred to CIG which is consistent with existing guidance. Note however that this is for a QA of the OBC and FBC only.

- A local business case for a national project would go through local board approval and be referred for information to the Programme Board. It would not go through CIG, Gateway or Strategy Board unless this had not been included already within the national project business case.

- Tolerance levels in terms of budget and timescales are proposed to be set at 10% variance to invoke exception reporting to the Programme Board. The Board will then decide on the required action to be taken.

### 3. Examples

Based on the above, the following table shows some example projects.

<table>
<thead>
<tr>
<th>Project</th>
<th>Indicative Cost*</th>
<th>Programme Board</th>
<th>CIG</th>
<th>Strategy Board</th>
<th>Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPACC</td>
<td>£150m</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PMS</td>
<td>£180m</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>EESS</td>
<td>£40m</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ECS2</td>
<td>£4m</td>
<td>✓</td>
<td>✓</td>
<td>✓ Due to strategic significance (potential patient access)</td>
<td>-</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>£2.5m</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CHI Infrastructure</td>
<td>£10m</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>£4m</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>GCS - Managed Clinical Networks - Epilepsy</td>
<td>£500k</td>
<td>For information</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
* Note costs are purely for illustrative purposes as a number of these do not yet have completed OBCs.
Portfolio Management Groups – Terms of Reference

Background
The eHealth Directorate of Scottish Government provides sponsorship and direction to support the delivery of the eHealth Strategy. Programmes is a Division of the eHealth Directorate, our primary purpose is to support and co-ordinate the realisation of the eHealth Strategy. In order to deliver this, Portfolio Management (PfM) methodologies will be utilised, in line with OGC Best Practice.

The eHealth Programme Board previously agreed that ‘business as usual’ governance arrangements will have each national solution coming under the ‘umbrella’ of a small Steering Group (Portfolio Management Group), with each group reporting directly to the eHealth Programme Board.

Overall purpose
The role of a Portfolio Management Group (PMG) is to act as a forum for detailed consideration of how the initiatives within a portfolio will support the Government’s commitment to delivery of the eHealth Strategy.

The Group is collectively responsible for the definition of a Portfolio Delivery Strategy and subsequently for ensuring that the portfolio delivers the changes and benefits identified within it.

The Group will exercise a strategic co-ordination function, rather than a direct management role over the systems/products within the portfolio. It will monitor and co-ordinate activities across the work strands within the portfolio and submit regular reports to the eHealth Programme Board on progress toward meeting the commitment.

Remit
The Group’s remit will be:
- To develop a Portfolio Management Strategy for approval by the eHealth Programme Board;
- To agree the strategic aims and expected business benefits of the initiatives within the portfolio;
- To ensure co-ordination of the agreed strands of work in delivering the business benefits; and
- To provide regular feedback on progress towards delivery for the eHealth Programme Board and key stakeholders.

Responsibilities
- Overall ownership and direction of the Portfolio Delivery Strategy.
- Ensure that systems and products within the portfolio are aligned effectively to deliver the eHealth strategic objectives.
- Ensure that the portfolio remains on course to deliver the desired eHealth strategic benefits and outcomes.
- Responsibility for the approval of Product Roadmaps to support the delivery of the eHealth Strategy, prior to final ratification by the eHealth Programme Board.
- Ensure that dependencies between systems and products within the portfolio are accurately mapped and monitored.
- Ensure that portfolio interdependencies with other eHealth Projects and Programmes are identified and monitored.
- Review the status of the portfolio regularly using update reports reviewing progress and resolving key portfolio-level issues.
• Review recommendations from eHealth Portfolio Manager and make decisions accordingly.
• Ensure that portfolio resources are allocated appropriately, including the allocation of funds for new initiatives within the portfolio, subject to ratification by the eHealth Programme Board.
• Ensure that any conflicts between the portfolio systems and products that cannot be resolved are addressed or escalated to the eHealth Programme Board.
• Encourage collaborative working throughout the portfolio.
• Ensure that portfolio-level risks are identified and managed appropriately, including identification of interdependencies.
• Ensure that agreed resources are maintained within the portfolio.

Membership Composition

Members
Each portfolio management group is to be chaired by a member of the eHealth Programme Board. Membership should be kept to a minimum number to enable a workable group but should include representation from:

• eHealth Programme Board (as Chair)
• Clinical Change Leadership Group (if appropriate)
• eHealth Lead
• eHealth Head of Architecture and Design (or delegate)
• eHealth Head of Change and Benefits (or delegate)
• eHealth Head of Programmes (or delegate)
• Senior Supplier representative (generally thought to be someone from NSS)
• Subject Matter Expert(s)/Lead User(s)

Members will have the ability to vote on recommendations and proposals put to the group.

Where a Member is unable to attend meetings of the Group, an invitation may be extended to their nominated substitute to ensure representation from all participating areas. It is expected that the shape of the Group will change as more products are added to the portfolio. SGHD membership will be provided on a “needs” basis.

Attendees
Invites will be extended to these individuals or groups on a needs only basis. This should include the lead manager or owner for each of the products/services within the portfolio.

Secretary
The eHealth Portfolio Manager, supported by the eHealth Programme Management Office.

Quorum
The quorum for a PMG meeting is 50% of the voting members, including the Chair. A meeting which starts with a quorum present shall be deemed to have a continuing quorum notwithstanding the departure of voting members, unless the quorum is challenged by a voting member. In the event of a challenge the remaining members may choose:

• to adjourn the meeting, or
• to continue the meeting, in which case the minutes shall record that the Group was acting on all further business without a quorum being present. The actions taken after a loss of quorum would then be subject to ratification at the next meeting of the PMG.
Voting
In all meetings of the Group, at which a quorum is present, motions properly before the Group shall be adopted on a simple majority-of-votes case. In the case of a tie vote, the motion is lost for lack of a majority. When there is a tie vote, the motion is lost if the Chair abstains; or the motion is adopted if the Chair votes in the affirmative. The Scottish Government eHealth members will be restricted to 2 votes between them.

Secretariat
The eHealth Programme Management Office will provide the secretariat to the Group. Papers will be circulated at least 1 week in advance of meetings. A note of the meeting will be circulated to all Members by the Secretary within 10 working days of a meeting taking place.

Reporting arrangements
The Chair of the Group, as a member of the eHealth Programme Board, will report directly to the eHealth Programme Board. Regular updates on the Group’s activities will be provided. The eHealth Portfolio Manager will support this by the provision of a briefing paper for the Chair.

Frequency of meetings
The Group will initially meet on a monthly basis, but may consider changing the frequency of meetings as required. Wherever possible, meetings will be scheduled in advance of the monthly eHealth Programme Board. Papers may be circulated electronically for comment and/or clearance between meetings.