**Approved Minutes**

**Strategic Portfolio Governance Committee**

6 May 2021, 1300 - 1530

Via MS Teams

**Members**

Linda Semple Non-Executive Director *(Chair)*

Elaine Cameron Non-Executive Director *(Vice Chair)*

Anne Marie Cavanagh Nurse Director

Colin Neil Director of Finance

Gareth Adkins Director of Quality, Innovation and People

Jann Gardner Chief Executive

June Rogers Director of Operations

Mark MacGregor Medical Director

Morag Brown Non-Executive Director

Stephen McAllister Non-Executive Director (until 1455)

**In Attendance**

Carole Anderson Associate Director of Quality, Performance, Planning and Programmes

Catherine Calderwood Clinical Director, Centre for Sustainable Delivery (agenda item 5.2)

Jessica Henderson Associate Director, Centre for Sustainable Delivery (agenda item 5.2)

Katie Cuthbertson Associate Director, Modernising Patient Pathways Programme, Centre for Sustainable Delivery (agenda item 5.2)

Kevin Kelman Director, NHS Scotland Academy (agenda item 5.3)

Liane McGrath Head of Corporate Governance

 Nicki Hamer Deputy Head of Corporate Governance

Nicola Barnstaple Associate Director, Cancer Performance & Early Diagnosis Programmes, Centre for Sustainable Delivery (agenda item 5.2)

Susan Douglas-Scott CBE Board Chair

**Minutes**

Christine Nelson PA

1. **Chairs Introductory remarks**

Linda Semple opened the meeting and thanked everyone for joining

* 1. **Unapproved Minutes of Last Meeting**

The minutes of the meeting held on 26 January 2021 were approved as an accurate record of the meeting.

Elaine Cameron highlighted an action had been discussed to consider a Board Seminar on Innovation. Jann Gardner and Gareth Adkins agreed to discuss further the potential for an update on national innovation work at the next meeting with a Board seminar planned thereafter.

**Action: Discuss the potential for an update on national innovation work at the next SPGC with a Board seminar thereafter.**

**1.2 Action Log**

 All previous actions were noted as complete.

**2 Apologies**

Jane Christie Flight Employee Director

**3 Declarations of interest**

There were no declarations of interest to formally record.

**4 Corporate Governance**

**4.1 Meeting Structure Changes**

 Gareth Adkins presented the proposed developments to the organisational meeting structure to include revision of the Executive and Senior Management Team (SMT) meetings and combining the Senior Leadership Group (SLG) with the Strategic Programme Board (SPB) to one monthly meeting to ensure effective senior management engagement.

 Gareth Adkins provided an overview of the remit and agenda items of the revised SLG and SPB.

 Gareth Adkins outlined the planned 2-part agenda for future Strategic Portfolio Governance Committee (SPGC) meetings with a focus on NHS Golden Jubilee (GJ) in part 1 and Centre for Sustainable Delivery (CfSD) in part 2.

 Susan Douglas-Scott highlighted the proposed changes will link well into the Academy through joint governance with NES, although this will require monitoring to ensure effectiveness continues.

 The Committee noted the proposed changes to the meeting structure.

**5 Strategic Programmes**

**5.1 Programme Report and Overview**

Gareth Adkins provided an overview of the elements of the NHS GJ portfolio overseen and discussed at the last Strategic Programme Board meeting and explained a matrix plan, detailing updates for each active programme within the SPB portfolio, is being developed for future meetings. Reporting will continue to evolve and comments on report structure and content were welcomed.

 Anne Marie Cavanagh confirmed that the Executive team have discussed the content of reporting with the aim to ensure reports feed into several audiences.

 Jann Gardner agreed reports may include less detail in time but the current aim is to ensure transparency and provide as much information as possible until work is embedded, especially on new projects.

 Carole Anderson aims to share the matrix plan with clear milestones included at the next meeting.

 Gareth Adkins suggested including emerging initiatives in future reports. Linda Semple confirmed this would be useful as the remit of the group is to oversee strategic projects and organisational strategic direction to ensure strategic fit.

 Jann Gardner confirmed this is an iterative process, asking Committees the right questions but avoiding duplication where possible.

 Susan Douglas-Scott stated she is delighted with the progress on the report to date and this will enable holding information more to account.

 The Committee noted the Programme Report and Overview.

 **Action: Include emerging initiatives in future strategic programme reports.**

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

Linda Semple welcomed Catherine Calderwood, Jessica Henderson, Katie Cuthbertson and Nicola Barnstaple to the meeting.

 Jann Gardner stated she was delighted to be at the stage where the CfSD workplan had been circulated then invited Jessica Henderson to start the presentation.

 Jessica Henderson outlined the plan to provide the Committee with an overview of the annual workplan, an update on the development of the CfSD and an outline of future reporting to SPGC.

 Catherine Calderwood thanked NHS Golden Jubilee for the warm welcome she had received, stating that the organisation clearly has good values and staff who project these values well.

 Catherine Calderwood acknowledged the large challenge and expectation of the CfSD to deliver, especially with the post pandemic recovery. Links are planned with every health board to develop heat maps to support improvement.

 The key priorities of the CfSD were outlined. These include 3 service levels: routine, bespoke and Scottish Government (SG) Service Level Agreement (SLA). The workplan sets out the current programme portfolio but the need to have an agile approach is recognised.

 Katie Cuthbertson explained that existing programmes are already active, some being speciality specific with clinical leads in place.

 The heat map has been designed to visually present all the current work ongoing with patient pathways and local heat maps will be developed in collaboration with individual boards.

 Nicola Barnstaple provided some background on the early cancer diagnosis and cancer performance work, explaining that cancer diagnoses have reduced by around 20% in 2020 and highlighted the importance of having early diagnosis workstreams.

The 8 workstreams included in the early diagnosis strategy for Scotland were outlined. The strategy is currently being developed and Nicola Barnstaple provided detail of some of the work already being done to raise awareness, for example, marketing campaigns. Three early cancer diagnostic centres are planned to open soon.

Jessica Henderson provided an overview of some of the key strategic partners CfSD are collaborating with.

Catherine Calderwood expressed her thanks to the team who developed the workplan in such a short space of time and thanked the Committee for the opportunity to provide an outline of what CfSD has achieved to date and their future plans.

Catherine Calderwood left the meeting.

Jessica Henderson explained the plans to design and establish new programmes through a Scottish wide approach, developing new methodology and governance around this to ensure rigor without repeating what’s already available.

An overview of the pipeline management approach and the resources identified to deliver the requirements was provided. This will be done through a talent bank and CfSD infrastructure with the aim to support best practice to make change for the better with the patient at the core.

It is proposed that regular updates to the Committee will include performance milestone charts, detail of risks and issues and value and impact frameworks.

Jessica Henderson shared the planned next steps and invited questions from the Committee.

Linda Semple thanked the team for their presentation, acknowledging the importance to know the detail of this work as the Committee has oversight responsibility.

June Rogers commented the presentation was interesting and asked if there is a central place where Boards can share successes. Katie Cuthbertson responded that a toolkit is being developed to which other projects will continue to be added. This will be available through the CfSD website.

Jann Gardner stated that CfSD have asked NHS Scotland Chief Executives to nominate a lead for CfSD at senior level which will also enable connection to share work being done.

Morag Brown asked how CfSD plan to provide the public with updates on recovery and redesign in an open and straightforward way. Jann Gardner responded that the CfSD team are working with NHS GJ and SG Communications Teams as well as using the NHS Event to raise awareness of CfSD and NHS Scotland Academy work across Scotland.

Nicola Barnstaple confirmed the strategy will include these plans within the early diagnosis strategy and this is high on the agenda for all CfSD work.

Linda Semple thanked the team for their informative presentation. Jessica Henderson, Katie Cuthbertson and Nicola Barnstaple left the meeting.

The Committee noted the Presentation on Centre for Sustainable Delivery Workplan.

**5.3 NHS Scotland Academy Update**

 Jann Gardner stated she was delighted to see the progression with initial plans for the Academy and for the National Treatment Centres, working with SG and NES and thanked Kevin Kelman for his hard work. Anne Marie Cavanagh remains the executive lead for the Academy work.

 Kevin Kelman presented the NHS Scotland Academy vision, governance, next steps and asked if the Committee were content with the key actions and approaches being taken to support the development of NHS Scotland to date.

 Kevin Kelman highlighted there are already great examples of joint working between NES and NHS GJ and relationships continue to develop.

 An outline of the collaborative vision of the Academy was provided along with the 5 ambitions and collaborative partnerships in place to achieve this.

 The Academy aims to move into a more hybrid learning environment with future focused learning pathways through collaboration, developing flexible learner pipelines.

 Kevin Kelman provided a breakdown of work into phases, detailing the current status, highlighted the priorities within each phase and provided an overview of the governance structure.

 The next steps for the Academy include:

* Finalising the strategic business case
* Developing the team infrastructure
* National Endoscopy Training Programme (NETP)
* National Treatment Centre Accelerated Workforce Programme including:
* Working with SG on 1500 workforce gap for National Treatment Centres plus 500 vacancies across Scotland.
* Analysing gaps and identifying job roles
* Analysis to identify roles addressed through existing national training; roles that may be addressed by the Academy and roles that will require external/new training.
* To add value in providing accelerated training to fill these gaps.
* ICU preparation for Winter 21
* Built Environment – Development of a leadership programme for Executive and Non-Executive Directors.
* The first NHS Scotland Academy Programme involving another Board planned for June 2021.

It is planned to bring a report to the next SPGC meeting to include key milestones and RAG status.

Linda Semple thanked Kevin Kelman for his presentation, adding she is keen to see work progressing. Susan Douglas-Scott added she is happy with the progress made and the prospects going forward are exciting.

Morag Brown asked how the social care element could be improved, perhaps through joint working in certain roles, for example, care assistants and nursing assistants. Kevin Kelman acknowledged this as a priority and has spoken with Australia about their workforce. They have developed a care economy to ensure people are available to meet the demand, with a focus on attracting young people.

Anne Marie Cavanagh agreed the importance of attracting young people into social care. When the Feely report is better understood this can be considered as a potential role for the Academy.

Linda Semple asked if there was a financial opportunity to provide training to the private sector workforce. Anne Marie Cavanagh agreed this could be a beneficial way to generate income for the Academy and how this could be done is being considered.

The Committee noted the NHS Scotland Academy Update.

**5.4 Hospital Expansion Programme Update**

June Rogers confirmed that Phase 1 of the Expansion Programme, the Eye Centre, had been operational since November 2020 with a virtual formal opening held in December 2020. Defects monitoring is ongoing and the final account has been agreed at £15,370,131, which was under budget. A benefits realisation exercise is being carried out, validating performance against the business case and service plan assumptions.

 For phase 2, the assurance review report has been issued and SG have approved the FBC with the contract issued for signing. A soft landing group has been established to optimise operational performance and a short life working group has been established by West Dunbartonshire Council to look at transport links. Current issues are delays in West Dunbartonshire Council approving staged warrants and signing off the contract.

 June Rogers outlined the current works on site and gave assurance that engagement with local residents is ongoing. Plans are in place for breakthrough to the existing building and the refurbishment requirements for level 1, Orthopaedic Outpatient department, Theatres, pre-preoperative areas and Pharmacy.

 Elaine Cameron asked if the Eye Centre could be utilised for other procedures. June Rogers explained that no procedures requiring general anaesthetic can be carried out but it is planned to open the other theatres sooner to meet the cataract targets quicker. Susan Douglas-Scott added the aim is to free up other territorial boards to carry out other procedures.

 Carole Anderson added the greatest value will be when flow is maximised enabling more patients to be treated in a person centred way.

The Committee noted the Hospital Expansion Programme Update.

**6 Any other Competent Business**

There was no other competent business raised.

**7 Key Issues for reporting to NHSGJ Board**

The Committee agreed the following items for inclusion in the report to the NHS GJ Board:

* The CfSD Workplan
* The NHS Scotland Academy Progress
* Discussion on the Governance process of the SPB

**8 Date and Time of Next Meeting**

Thursday 1 July 2021, 1300 – 1530.