****Approved Minutes

**Strategic Portfolio Governance Committee**

10 March 2022, 1000 - 1230

Via MS Teams

**Members**

Linda Semple Non-Executive Director *(Chair)*

Anne Marie Cavanagh Director of Nursing & AHPs

Colin Neil Director of Finance

Gareth Adkins Director of Quality, Innovation and People

Jane Christie-Flight Employee Director

Jann Gardner Chief Executive

Mark MacGregor Medical Director

Stephen McAllister Non-Executive Director

**In Attendance**

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

Graham Stewart Deputy Director of Finance

Jeanette Stevenson Associate Director, NHS Scotland Academy

Jessica Henderson Associate Director – Strategic Planning and Programmes, Centre for Sustainable Delivery (agenda item 5.2)

Katie Cuthbertson National Director, Centre for Sustainable Delivery

Nicki Hamer Deputy Head of Corporate Governance

Rory Mackenzie Associate Clinical Director, Centre for Sustainable Delivery (agenda item 5.2)

Susan Douglas-Scott CBE Board Chair

Susan McLaughlin Clinical Programme Manager (agenda item 5.1.2)

**Minutes**

Christine Nelson Personal Assistant

1. **Chairs Introductory Remarks**

Linda Semple opened the meeting and thanked those present and in attendance for joining.

**2 Apologies**

 Catherine Calderwood National Clinical Director, Centre for Sustainable Delivery

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

 Gerard Gardiner Head of Corporate Governance & Board Secretary

 June Rogers Director of Operations

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

Morag Brown Non-Executive Director

**3 Declarations of interest**

 The Committee noted that Jann Gardner is a Visiting Professor with the University of Strathclyde and that Kevin Kelman is a member of the Advisory Board of the Confucius Institute for Scotland’s Schools, University of Strathclyde.

1. **Updates from the Meeting Held on 18 January 2021**
	1. **Unapproved Minutes of Last Meeting**

The minutes of the meeting held on 18 January 2021 were approved as an accurate record of the meeting.

**4.2 Action Log**

 The Committee noted the action from the previous meeting is now complete and no further actions were identified.

* 1. **Matters Arising**

There were no matters arising highlighted.

1. **Strategic Updates**

**5.1 NHS Golden Jubilee (GJ) Strategic Updates**

**5.1.1 NHS GJ Strategic Planning Update**

Carole Anderson referred the Committee to the Strategic Programme Summary Report circulated and provided some highlights.

* Discussions are ongoing with University of Strathclyde in relation to innovation and opportunities to work with the Centre of Sustainable Delivery on national priorities with NHS Golden Jubilee as a test bed and University of Strathclyde as an academic partnerOffice refurbishment is progressing well with plans being developed for the space where the NHS 24 call centre was previously located.
* The Endoscopic Vein Harvesting project is progressing. Equipment will be procured early in the 2022/23 financial year. The NHS Scotland Academy (NHSSA) will be included in the set up and training.
* Work is ongoing on project management locally and nationally with NHS GJ leading the national work around project management fundamentals.

Linda Semple thanked Carole Anderson for the update. Gareth Adkins acknowledged the evolving approach to reporting for the strategic programmes portfolios and commended the work of the NHSSA team and Performance and Planning team in progressing this work.

Linda Semple noted the high standard of templates and reports being provided to the Committee.

**5.1.2 NHS GJ Expansion/National Treatment Centre (NTC) Update**

Susan McLaughlin presented an update on the NHS GJ Expansion including outstanding defects and issues.

 Phase 2: assurance review meetings continue with an aim to close out in April 2022. The 2 additional endoscopy rooms are near completion. The next engagement review with Scottish Government and assurance review with NHS Scotland are being planned. Work on site continues on programme.

 The hoardings for level 1 breakthrough areas are in place. An unexpected load bearing steel joist has been revealed at junction 3 of the breakthrough so a solution is being sought for this issue. Staff based around the breakthrough areas are being regularly updated on work.

 There were no changes reported to the high risks noted on the risk register.

 Susan Douglas Scott thanked the Expansion team for being sensitive to staff needs and for their hard work throughout the expansion programme.

 The Committee noted the Expansion update. Susan McLaughlin left the meeting.

**5.1.3 University of Strathclyde Update**

Jann Gardner reported that Sandie Scott and Gareth Adkins are progressing this work in terms of developing a programme plan setting out details of the projects being progressed with University of Strathclyde. This includes exploring opportunities in relation to innovation and the hospitals of the future programme.

Gareth Adkins reported that discussions with University of Strathclyde are productive with an aim to focus on 2 or 3 main projects initially. For example, looking at a pathfinder project for innovation.

Jann Gardner asked the Committee to note the update from a governance perspective. The Executive team are thoughtful around the level of change and have agreed to prioritise what the organisation is trying to achieve and when. Consideration is being given to what is right for NHS GJ, CfSD and NHSSA without taking too high a risk, and ensuring the portfolio is balanced and resilient.

Linda Semple agreed this work is now at a more consolidated stage.

The Committee noted the University of Strathclyde Update.

**5.1.4 Reshaping and Prioritisation NHS GJ Portfolio**

Gareth Adkins outlined the process of reviewing projects and programmes with the aim to re-shape the portfolio and cover a wider range of projects across the organisation, while ensuring best use of resources.

 Carole Anderson presented the rationale to look at the portfolio from a financial and people based aspect in a more robust and systematic way. A model has been developed and testing is underway. An update of progress to date was provided and an example of the consolidated HLD programme was shared, showing links to other strategic projects.

 Carole Anderson explained that prioritisation, planning and phasing is critical to the aim of an integrated NHS GJ portfolio, taking into consideration NHSSA and CfSD portfolios.

 The next steps were outlined which includes discussion and validation of the prioritization of individual portfolios for each executive prior tointegration of these portfolios within the Strategic Programme Report

 Gareth Adkins acknowledged how helpful this work has been especially in defining projects into strategic, development and delivery phases.

 Linda Semple commended the process and highlighted the importance of capturing how this process was followed and providing robust evidence.

 The Committee noted the report.

**5.1.5 Robotic Assisted Thoracic Surgery (RATS) Lessons Learned**

Gareth Adkins referred the Committee to the Lessons Learned paper circulated stating that this process will assist in the transition of the RATS project into business as usual and governance through the Performance Review Group structure and reporting.

 Carole Anderson explained that this work was commissioned by Mark MacGregor, detailed the rationale behind the review and highlighted that the management response to the recommendations was also included in the report. Robotics groups have been established to oversee the robotics work and provide governance.

 Carole Anderson gave an overview of the approach, which included discussion with key stakeholders and use of the Systems Engineering Initiative for Patient Safety (SEPIS) model to facilitate discussions.

 The recommendations were outlined, including plans to roll out the project lifecycle across the organisation and identify key strategic programmes already underway.

 Linda Semple stated the report was fascinating and was impressed by the process.

Gareth Adkins added that it can be challenging to measure benefits and that the organisation is looking at how best to shape this going forward in relation to performance management and strategic work.

Mark MacGregor highlighted the importance of identifying outcomes against a business case and added that although the NHS GJ Thoracic robot had the highest utilisation across NHS Scotland last year, there is still room for further improvement.

Linda Semple stated that the Committee looks forward to further programme outcome reports being presented in the future.

The Committee noted the report.

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

 Jess Henderson, and Rory Mackenzie joined the meeting.

 Katie Cuthbertson provided an overview of the management summary, including an update on the governance structure now in place, work on the planned care delivery plan for 2022/23 and the development of a proposal for national elective co-ordination function.

 Key achievements for the period were outlined, along with priorities for the next reporting period.

 Jess Henderson provided an update on the ANIA Collaborative with the 3rd meeting planned for next week. An operating framework, branding and communications plan are being developed, along with value cases for OPERA and Digital Dermatology. A pipeline process is also being established.

 Jess Henderson provided an overview of the key risks and issues identified and the mitigations to reduce these.

 Rory Mackenzie stated that work is in a better position and specialty groups are re-forming and aligning with the workplan. Engagement is being broadened to ensure priorities are being captured. Work is also progressing with Primary and Secondary interface work and 2 joint Clinical Leads have been appointed. Work is underway around cataracts incorporating representatives from across Scotland.

 Gareth Adkins stated that NHS GJ is keen to be included as a test bed and that the organisation is not limited to one academic partner. Some innovation projects will suit NHS GJ, CfSD and University of Strathclyde’s needs. For example, orthopaedic pathways.

 Jess Henderson agreed it is a very exciting partnership with barriers and beliefs around information governance being scoped along with future hospital capability work.

 Gareth Adkins highlighted regular relationship manager meetings with Boards and CfSD are being held.

 Stephen McAllister commented that there is lots going on and the momentum is growing.

 Gareth Adkins referred to the action agreed at the last meeting and asked the Committee if they are content with the balance of oversight of work being provided along with deep dives into specific areas. Linda Semple stated she is happy with the approach, adding that the risks in red are important to give assurance through updates.

 The Committee agreed they were happy with the approach.

 Linda Semple stated that the standard assurance statement will be reported to the Board and Scottish Government stating that the Committee is very happy with the progress of CfSD.

The Committee noted the CfSD Programme Update. Jess Henderson and Rory Mackenzie left the meeting.

**5.3 NHS Scotland Academy (NHSSA) Update**

 Jeanette Stevenson provided an overview of project stages and highlighted 4 projects to update on specifically.

1. Supporting winter pressures to recruit Health and Social Care staff in Scotland with online education and training and development of a stakeholder group. Training can be accessed on all devices and is easy to use. Jeanette Stevenson provided an overview of use over the first 60 days with 96% reporting this was helpful.
2. Clinical Skills days for Independent Prescribers have been established providing 4 days of practical training.
3. NHSSA are working with the Scottish Centre for Simulation and Forth Valley on Faculty Development.
4. Boards who have recruited nurses from outside the UK are being supported with OSCE Preparation.

Linda Semple thanked Jeanette Stevenson for the update.

Stephen McAllister acknowledged the benefits now evident by the rapid response of the NHSSA and asked how the NHSSA respond to requests to avoid being inundated. Jeanette Stevenson responded that there is a process in place but many commissions come from Scottish Government and are therefore not optional, although resource is usually provided for these. Some commissions are not relevant and therefore the NHSSA will host discussion to provoke a collaborative response but not fully take on the project.

Linda Semple reflected on the level of maturity achieved by the NHSSA and CfSD in the past year, which is testament to the hard work being done.

Linda Semple asked if anyone can participate in the online training. Jeanette Stevenson confirmed that an email address and TURAS account are required.

Gareth Adkins highlighted the potential risk of additional programme budgets outweighing core budgets. Linda Semple acknowledged this point, adding that success can lead to further requests.

The Committee noted the update provided for the NHSSA.

**6 Any other Competent Business**

 Gareth Adkins asked the Committee to note the Blue Print for Good Corporate Governance Self Assessment. The Committee had no comments to make and formally noted the report.

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

Linda Semple confirmed the main points that the Committee was content to provide assurance to the Board on, including the formal assurance statement of CfSD and that the Committee are content and assured by the robust reporting process in place.

**8 Date and Time of Next Meeting**

Thursday 5 May 2022, 1000 – 1230.