****Approved Minutes

**Strategic Portfolio Governance Committee**

28 June 2022, 1330 - 14000

Via MS Teams

**Members**

Linda Semple Non-Executive Director *(Chair)*

Morag Brown Non-Executive Director

Stephen McAllister Non-Executive Director

Jane Christie-Flight Employee Director

Anne Marie Cavanagh Director of Nursing & AHPs

Colin Neil Director of Finance

Professor Jann Gardner Chief Executive

Dr Mark MacGregor Medical Director (from 1540)

**In Attendance**

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

Gerard Gardiner Head of Corporate Governance & Board Secretary

Graham Stewart Deputy Director of Finance

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

Lynne Ayton Interim Director of Operations

Susan Douglas-Scott CBE Board Chair

Clair Graham Head of Programme, NHS Education for Scotland (NES) (agenda item 6.1)

Martin Dawes Service Manager (agenda item 6.3.3)

Niki Walker SACCS Consultant (agenda item 6.3.3)

Susan McLaughlin Clinical Programme Manager (agenda item 6.3.2)

**Minutes**

Christine Nelson Personal Assistant

1. **Chairs Introductory Remarks**

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

**2 Well-being Pause**

Jane Christie-Flight introduced the well-being pause, aimed at helping to recreate connections between colleagues.

Linda Semple requested that an extra 5 minutes is added at the start of each future meeting for this purpose.

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| **Action No.** | **Action** | **Owner** | **Target date** |
| SPGC220628/01 | An additional 5 minutes to be added at the start of each future agenda to allow for a Well-being pause. | GG | 01.09.22 |

**3 Apologies**

Members

Gareth Adkins Director of Quality, Innovation and People

Attendees

Catherine Calderwood National Clinical Director, Centre for Sustainable Delivery

Katie Cuthbertson National Director, Centre for Sustainable Delivery

Kevin Kelman Director, NHS Scotland Academy

**4 Declarations of interest**

There were no declarations of interest.

1. **Updates from the Meeting Held on 5 May 2022**

**5.1 Unapproved Minutes of Last Meeting**

The minutes of the meeting held on 5 May 2022 were approved as an accurate record of the meeting.

**5.2 Action Log**

All outstanding actions from the previous meeting were agreed as complete.

* 1. **Matters Arising**

There were no matters arising from the last meeting.

1. **Strategic Updates**

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

Clair Graham joined the meeting to provide a strategic update to the Committee on ongoing work of the NHSSA.

Clair Graham outlined the National Endoscopy Training Programme (NETP), National Treatment Centre Programme (NTC) and other projects being delivered or ready to deliver, some subject to funding. Clair Graham outlined that NHSGJ hopes to be Joint Advisory Group (JAG) accredited by the end of 2022 with the first site visit having taken place and the 2 recommendations made being addressed.

Clair Graham reported that 6 NHS Scotland Youth Academy huddles are now established with plans to launch a pilot for 20 youths in 2023-2024 with the aim for them to then move into wider NHS careers. Armed Forces leavers and Veterans huddles are also now operating.

Projects being developed include Endoscopic Vein Harvesting, Bronchoscopy and Opthalmology.

Subject to approval projects concerning Clinical Engineering, Pathology, Robotic Assisted Surgery and Pharmacy are being explored.

Clair Graham outlined the projects that Scottish Government (SG) have commissioned to National Education Service (NES) and the current Chief Nursing Officer Department (CNOD) activity with Allied Health Professionals (AHPs) and Healthcare Sciences (HCS).

Morag Boyle asked who is likely to be included in the Surgical First Assistant programme. Clair Graham explained that this is in the initial scoping stage and that Registered Nurses (RNs) and Operating Department Practitioners (ODPs) are likely to be approached initially.

Linda Semple asked if there are plans to set up hubs with other Boards. Clair Graham responded that NHSSA are engaging with all Boards extensively and agreed to check with Kevin Kelman about any plans to further encourage Boards to be involved. Linda Semple suggested further collaboration with CfSD could be beneficial to build Board engagement.

Jann Gardner outlined the need to take a step by step approach to ensure resource was allocated proportionately and sustainably. Jann Gardner suggested exploring the potential and role of the Youth Academy with the Committee at the next meeting, taking into consideration its aims and how best to promote these

Morag Boyle referred to the wider healthcare system and the potential of taking staff from other areas, leaving them under pressure and asked that consideration is given to how this can be balanced strategically.

Susan Douglas Scott agreed, stating that the best way forward is to work with willing partners then develop success, outcomes and benefits to demonstrate the value of the Academy to other Boards.

The Committee noted the update provided for the NHSSA and thanked Clair Graham for attending. Clair Graham left the meeting.

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| **Action No.** | **Action** | **Owner** | **Target date** |
| SPGC220628/02 | Feed back to the Committee regarding NHSSA plans to develop collaboration with more Boards in NHSSA programmes | KK | 01.09.22 |
| SPGC220628/03 | Exploration of the aims, role and potential of the NHSSA Youth Academy to be added to next meeting agenda. | GG/KK | 01.09.22 |

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

Jess Henderson joined the meeting to provide an update on behalf of CfSD.

Jess Henderson reported that there have been recent visits from the Cabinet Secretary and Permanent Secretary who were both very supportive of CfSD’s contribution across NHS Scotland.

CfSD had a strong presence at the recent NHS Scotland Event with a poster on Inflammatory Bowel Disease (IBD) receiving an award and the Accelerated National Innovation Adoption (ANIA) programme being launched. Jess Henderson shared the ANIA launch video and thanked the NHS GJ Communications Team for their support and hard work around the NHS Event and ANIA launch.

Jess Henderson provided an update on progress of the ANIA work with a Theatre Optimisation Strategic Assessment being submitted to the next CfSD Strategy Board for approval.

Jess Henderson reported the high impact priorities for CfSD including identification and implementation of alternative workforce solutions, ways to improve Planned Care capacity and co-ordination of Winter Planning across Health and Social Care Services.

With reference to the Specialty Delivery Groups (SDGs), Jess Henderson stated that next steps include refining membership of the groups and agreeing work-plans.

Jess Henderson explained that the National Elective Coordination Unit (NECU) planned programme is a phased approach to maximise local capacity and provide opportunity to direct overspill in demand to national capacity. This is a complex issue requiring collaboration at significant scale, with combined teams within Orthopaedics, Ophthalmology, General Surgery and Endoscopy being prioritised. Jess outlined the planned 3 Phase approach to this work.

Jess Henderson reported that the Primary and Secondary Care Interface work is progressing well and 2 National Clinical Leads have now been recruited. Pathway redesign work has been initiated for the Digital Dermatology Pathway and Systemic Anti-Cancer Therapy (SACT) Community Phlebotomy work.

SG have commissioned CfSD to improve the sustainability of Theatres. Resourcing has been agreed, governance is being defined and the proposed actions are being prioritised.

Jess Henderson reported that Cancer work is moving at pace with outcomes and outputs now being realised from the first 3 Early Cancer Diagnostic Centres (ECDCs). It was noted that 16% of patients referred have received a cancer diagnosis with a further 20% given a significant, but non-cancer, diagnosis.

Progress is being made with the Early Cancer Diagnosis Vision with in-depth stakeholder engagement taking place. It is planned to have the final draft completed by early 2023.

Jess Henderson informed the Committee of the outcomes of the recent CfSD Strategic Planning Day. The annual report, work plan and strategic mission will be shared with the Committee at the next meeting.

Data and Capacity remain the biggest risks. An action plan with milestones is being developed for data access and analysis which will help to align data collection with the value and impact of the work of CfSD.

Jann Gardner praised Jess Henderson on her comprehensive update and noted her enthusiasm for the growing establishment and recognition of CfSD. Jann Gardner emphasised the importance of delivery of CfSD’s work-plan in a rational and sustainable way. Jann Gardner stated that SDGs had potential to be a real vehicle for change in Scotland. John Burns, Chief Operating Officer (COO) and Humza Yousaf, Cabinet Secretary see the NECU programme as imperative to recovery in NHS Scotland.

Jann Gardner thanked Jess Henderson for work undertaken in establishing the ANIA pipeline, recognised the level of collaboration, influencing and negotiation this has taken and acknowledged there remains a lot still to do.

Jane Christie-Flight highlighted that utilising external capacity and moving staff can cause anxiety and recommended national staff-side engagement on the NECU programme to ensure buy-in. Jess Henderson was welcoming of staff-side involvement and agreed to arrange time to speak with Jane Christie-Flight.

Susan Douglas-Scott noted her support for NECU and added it is exciting to see support from SG.

Linda Semple stated that if NECU can be successful then it could resolve long-standing capacity issues in the health sector and could be seen as an international good practice model. Linda Semple emphasised the need to consider how the NECU programme can be a positive experience for staff.

The Committee approved the CfSD assurance statement for onward reporting to NHS GJ Board.

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

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| **Action No.** | **Action** | **Owner** | **Target date** |
| SPGC220628/04 | Arrange discussion with Jane Christie-Flight regarding staff side engagement on the NECU programme | JH | 01.09.22 |
| SPGC220628/05 | CfSD annual report, work plan and strategic mission to be shared with the Committee at the next meeting. | KC | 01.09.22 |

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

**6.3.1 NHS GJ Strategic Planning Update**

Carole Anderson referred the Committee to the Strategic Planning Report and provided an update on the transfer from the overview report to the portfolio report.

Carole Anderson highlighted the following to the Committee:

* The robotics programme activity has moved to business as usual and the national innovation projects will be overseen within ANIA by CfSD.
* Re-modelling work continues as part of the GJ internal refurbishment programme.
* The Endoscopic Vein Harvesting (EVH) project is now in delivery phase with training being carried out by NHSSA.

Linda Semple asked if there would be a way to click through from the portfolio to more detailed summaries. Carole Anderson advised of the plan to migrate reporting to a project management system, although this is likely to be in 2023.

Carole Anderson reported that following a review process to identify priorities, there are now 2 agreed portfolios within the Clinical Divisions. Strategic programmes within each division will continue to be reported to the Committee.

Within the Heart, Lung and Diagnostic (HLD) Division, Carole Anderson reported that the critical care redesign proposal has been presented to the Executive Team and is being progressed. With regards to continuous improvement, a number of programmes are already in place with Improvement Groups established.

Carole Anderson provided an update on the National Elective Services (NES) division, reporting that there are 4 strategic programmes with phase 2 acceleration underway and the Orthopaedic Strategy is now moving to development stage. Improvement groups are now meeting to optimise the service.

Linda Semple commented that the development of the portfolio process is becoming more robust each time it is presented.

Susan Douglas-Scott thanked Carole Anderson and her team for the hard work that has gone into the portfolio reporting.

Linda Semple agreed, adding this robust reporting assists the Committee to effectively govern the portfolio.

The Committee confirmed they were content with the progress and updates provided.

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| **Action No.** | **Action** | **Owner** | **Target date** |
| SPGC220628/06 | Consider how to add links to portfolio report to provide more detailed summaries on projects. | CA | 01.09.22 |

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

Susan McLaughlin joined the meeting to present an update on the NHS GJ Expansion and NTC programmes, reporting progress in relation to mechanical engineering, ducts and air handling units.

The project is now at Stage 4 of the NHS Assurance Review with workshops and visits held. A gateway review will be carried out when stage 4 is complete.

With regards to the clinical work-stream, Susan McLaughlin reported that progress has been made with breakthroughs in junctions 1 and 3 completed and junction 2 due to start when survey work is complete. A work-stream Readiness group has been established.

The removal of stairwell 11 has not commenced yet due to concerns over noise and vibration being caused in theatres. Discussions are ongoing regarding this concern.

Susan McLaughlin asked the Committee to note the hard work of the Infection Control Team to ensure contractors are working safely.

Level 2 Radiology for Endoscopy Decontamination area has been decanted and survey work is being finalised.

Susan McLaughlin reported that future milestones remain the same, as do risks and issues, with no impact reported in relation to Covid-19. Some impact on materials provision from Russia and Ukraine was reported. Engagement with Health Facilities Scotland (HFS) is underway to ensure consistency.

Jann Gardner noted that the Executive Team are preparing a response to SG’s requirement to open all 5 theatres in Phase 2 while continuing planned activity during recovery. This is being discussed with the Expansion and Estates teams closely. Jann Gardner gave assurance that this work is a high priority for the Executive team.

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

**6.3.3 Scottish Adult Congenital Cardiology Service (SACCS) Strategy 2022-2025**

Niki Walker, Martin Dawes and Mark MacGregor joined the meeting.

Lynne Ayton referred the Committee to the Strategy, which had been submitted in advance of the Committee meeting, and asked for the Committee’s endorsement prior to it being presented to the Board at the end of July.

Martin Dawes provided an overview of the SACCS service, the purpose of the Strategy and the 7 priorities identified within it.

On behalf of the Executive team, Jann Gardner commended the SACCS team on the pragmatism and commitment they have shown to this process and acknowledged it will not be easy to gain approval of the Strategy.

Morag Brown commented that the Strategy presented the SACCS service in a good light. Morag Brown also suggested improvements and asked if service users were receiving the same quality of service as others are receiving in other areas. Morag Brown asked if administrative support and accommodation was being addressed initially or whether this was awaited as part of a whole service review. In addition Morag Brown queried whether the NICOR system or other systems of reporting, for instance within radiology, could be used to assist development of the patient management system.

Niki Walker responded that equality of access is fundamental within the service both physically and geographically. There is no requirement to wait for NSD as the organisation has already provided administrative and clinical support, despite not having secure funding in place.

Niki Walker stressed that the use of data is fundamental to the strategy, and supports a coordinated approach.

Morag Brown asked how the transition of patients from paediatrics to adult services can be better supported. Niki Walker referred to the graph that Martin Dawes presented and stated that patients with simple and moderate conditions are now living better and longer. Service provision is not yet at a sufficient level to support this scenario.

Jann Gardner highlighted that the Committee are only able to see part of the work being done and that this is a challenging landscape. Implementing the totality of the strategy will require NSD input but also broader SG support. Jann Gardner asked if there is a requirement to bid to NSD regarding this.

Carole Anderson referenced the first element of the Strategy regarding the outpatient model and stated that some of this could be done in-house.

Jane Christie-Flight asked what planning will be done regarding neo-natal challenges as this cohort is growing yearly and what national plans can be made to take this service ahead as more patients move into adult services. This requires to be factored into service models. Niki Walker agreed and stated this is morally and ethically challenging but none of this should be a surprise, more of a continuous service.

Morag Boyle referred to the Programme of Government and its emphasis on the rights of people with Learning Disabilities and suggested this may be helpful in discussion with NSD.

Lynne Ayton stated the Strategy proposes an ambitious and sustainable way forward.

Mark MacGregor commented the network idea is interesting but the challenge is that other Boards need to want to prioritise this work and be willing to resource it. He emphasised the importance of SG leadership in this respect.

Linda Semple stated she was wholly supportive of the paper and hoped NSD would look at the document as a Strategy for a Scotland wide process. Linda Semple stated that she looked forward to hearing the outcome of the business case process.

The Committee approved the SACCS Strategy for 2022 – 2025. Niki Walker and Martin Dawes left the meeting.

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

**7.1 SPGC Terms of Reference (ToRs) Update**

Linda Semple explained that the update to the ToRs was to strengthen the routine statement of assurance for CfSD and this will go to NHS GJ Board for final approval. The Committee approved the update.

**7.2 Update to the Board**

The Committee agreed the items to be included in the update to the Board should include the following:

* The Committee noted progress and commended the work of NHSSA and CfSD and approved the assurance statement for CfSD.
* The Committee discussed and approved the SACCS Strategy and how this fits in with the overall GJ portfolio.
* The Committee welcomed the proposed NHS GJ Corporate Objectives – Committee noted that these would be reported to the Board of NHS Golden Jubilee on 28th July 2022.
* The Committee approved the amendment to the ToRS as recommended in the Report submitted.

**8 Any Other Competent Business**

**NHS GJ Corporate Objectives.**

Jann Gardner spoke to the paper circulated to the Committee and explained the Board’s plan to focus on NHS GJ being a high performance, person centred and innovative organisation. The next iteration is to work with the Chairs of the Board Committees and link the Corporate Objectives to the Committees’ objectives and to the risk register.

Jann Gardner provided an overview of the 6 objectives and asked the Committee to confirm if they were comfortable with these high level, concise objectives.

Susan Douglas-Scott stated she likes the simpler, clearer approach, which makes delivery easier and the iterative development process feeds well into the objectives.

Linda Semple agreed, adding that the driver diagram approach can link to Corporate Objectives to performance.

The Committee confirmed they were content with the proposed Corporate Objectives.

**9 Date and Time of Next Meeting**

Thursday 1 September 2022, 1330 – 1600.