**Approved Minutes**

**Strategic Portfolio Governance Committee**

9 March 2023, 1000 – 1230 (closed at 1200).

Via MS Teams

**Members**

Linda Semple Non-Executive Director (Chair)

Gareth Adkins Director of Strategy, Planning and Performance

Gordon James Chief Executive

Jane Christie-Flight Employee Director

Michael Breen Director of Finance

Mark MacGregor Medical Director

Morag Brown Non-Executive Director

Stephen McAllister Non-Executive Director

Steven Wallace Non-Executive Director

**In Attendance**

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

Nicki Hamer Head of Corporate Governance and Board Secretary

Kevin Kelman Director, NHS Scotland Academy

John Scott Director of Facilities and Capital Projects (agenda item 6.2.2)

Katie Cuthbertson National Director, Centre for Sustainable Delivery (agenda item 6.3)

Juliette Murray National Associate Clinical Director, Centre for Sustainable Delivery (agenda item 6.3)

Sandie Scott Director of Communications and Stakeholder Relations (agenda item 6.4)

**Apologies**

Susan Douglas-Scott Board Chair

Anne Marie Cavanagh Director of Nursing and Allied Health Professionals

Carolynne O’Connor Deputy Chief Executive and Director of Operations

**Minutes**

Jevon Murphy Senior Corporate Administrator

1. **Chairs Introductory Remarks**

Linda Semple led the welcome and introductions.

**2 Well-being Pause**

The Committee had taken the opportunity for a Well-being Pause before the start of the meeting.

**3 Apologies**

Apologies were noted as above.

**4 Declarations of interest**

 Steven Wallace declared an interest in respect of the University of Strathclyde.

 There were no further declarations of interest.

1. **Updates from the Meeting Held on 12 January 2023**

**5.1 Unapproved Minutes of Last Meeting**

Minutes of the meeting held on 12 January 2023 were approved as an accurate record.

**5.2 Action Log**

 There were no outstanding actions.

* 1. **Matters Arising**

There were no matters arising from the previous meeting.

1. **Strategic Updates**

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

The Committee was provided with an update from Kevin Kelman in respect of NHSSA’s ongoing programmes.

 **National Workforce Programmes**

The Committee was advised of progress with regard to the National Clinical Skills for Pharmacists, Preparing for Work in Health and Social Care in Scotland, Nursing and Midwifery Council (NMC) and Objective Structured Clinical Examination (OSCE) programmes, with high levels of engagement reported from across Scotland. It was noted that NHSSA had planned to launch both the Mental Health Nursing and Midwifery OSCE learning programmes by late March 2023.

Linda Semple noted that some OSCE learners had come from Northern Ireland and the military and asked if this had been expected. Kevin Kelman responded that one of the OSCE test centres was within Northern Ireland and that promotional work had been undertaken with the military regarding the accessing of learning resources.

Stephen McAllister asked from where the NHSSA obtained their digital delivery skills development. Kevin Kelman stated that there was a digital work stream within NHS Education for Scotland (NES), noting that there was a complex and cluttered landscape with regard to digital skills but NHSSA would continue to align itself with NES activities.

Linda Semple queried whether NHSSA would encounter any cost implications as a result of an increase in learners accessing courses. Kevin Kelman responded that all resources were hosted on TURAS Learn and the only cost incurred was the internal development time used to create them.

**National Endoscopy Training Programmes**

Kevin Kelman reported that NHS GJ was the first Endoscopy service within NHS Scotland (NHSS) to achieve Joint Advisory Group (JAG) accreditation, with the East Lothian Community Hospital currently undergoing assessment. The Committee was advised that 32 trainers had been trained through NHS GJ, including a bespoke session delivered to NHS Grampian, which was well received. The requirement to increase the clinical faculty within NHS GJ was noted, with interviews for candidates taking place in the imminent future. Since 1 June 2022, the facility within NHS GJ had provided treatment to 1011 patients, thereby reducing waiting lists (WLs) across NHSS.

**Bronchoscopy and Endobronchial Ultrasound (EBUS)**

The Committee was advised that recruitment for a national faculty regarding the EBUS programme was underway and that five simulator machines had been ordered for NHS GJ, NHS Grampian, NHS Greater Glasgow and Clyde (GGC), NHS Highland and NHS Lanarkshire.

**National Perioperative Training Programmes**

Kevin Kelman provided the Committee with a status overview of the National Perioperative Training Programmes underway in respect of the Foundations of Perioperative Practice, Anaesthetic Assistants, Surgical First Assistants and Assistant Perioperative Practice courses. The timelines for the respective learning cohorts and the geographical coverage of learners was also noted.

Linda Semple thanked Kevin Kelman for the update provided and asked if an event had been planned to celebrate NHSSA’s progress and achievements. Kevin Kelman responded that no definitive plans were in place. However, opportunities following the NHS Scotland Event 2023 would be explored.

The Committee noted the NHSSA update.

**6.1.1 Progress Update**

The Committee noted the NHSSA Progress Update from the circulated dashboard paper.

**6.1.2 Portfolio Highlights**

 The Committee noted the NHSSA Portfolio Highlights from the presentation delivered by Kevin Kelman.

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

**6.2.1 NHS GJ Strategic Programme Update**

The Committee was provided with an update by Gareth Adkins in relation to NHS GJ’s Strategic Programmes, who stated that there had been good progress across all portfolios. It was noted that the report now included both the e-health and Digital as well as the Capital and Estates portfolios. However, future reports would look to combine and aggregate items within each of these respective portfolios. The progress against Heart, Lung and Diagnostics (HLD) division and the complexity around securing funding for increased Electrophysiology Procedures (EP) was reported. The Strategic Programme Update would take a gradual evolving approach regarding portfolios and the eventual embedment across the organisation.

Gareth Adkins invited Carole Anderson to provide comment, who reported that as a result of the commissioning of the Medium Term Strategy by Scottish Government (SG), a number of items within the portfolio would be reprioritised over the summer and autumn period. Furthermore, the Project Management System was being procured and would be interwoven with the portfolio report once in operation.

L Semple thanked Gareth Adkins and Carole Anderson for the updates provided, stating that they had provided assurance in terms of the coherence of NHS GJ’s programmes and their compatibility with the Board’s Strategic Priorities.

The Committee noted the NHS GJ Strategic Programme Update.

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

Michael Breen introduced John Scott, Director of Facilities and Capital Projects, to the Committee, who then provided a verbal update regarding the Expansion Programme.

John Scott stated that Phase 2 was facing a number of challenges regarding the electronic monitoring system, three phase power supply and steam safety pipework, which had resulted in a collective 14 week delay. The ceilings within the building would need to be broken through and some services would need to be uninstalled and reinstalled. In terms of timelines, the Committee was advised that the planned handover was the 14 September 2023 with the first patient planned for treatment on 8 December 2023. The mitigation to reduce delays was also discussed, including the implementation of overtime and weekend working and the overlapping of tasks with sub-contractors. It was reported that an earlier phased handover prior to the 14 September 2023 was still planned for Endoscopy. The cost implications regarding the aforementioned delays was still to be determined.

Michael Breen reported that Alan Gray, the Senior Responsible Officer for Scotland NTCs, had been advised of the delays and NHS GJ had agreed to provide him with an update on activity levels and what increase in activity could be provided in 2023/24 to compensate for any reduction in performance.

The Committee noted the NHS GJ Expansion/National Treatment Centre Update.

**6.2.3 Scottish Government Planning Guidance**

Gareth Adkins advised the Committee of NHS GJ’s requirement to submit an Annual Delivery Plan (ADP) for 2023/24 and a three year Medium Term Plan (MTP) to SG, noting that this would assist with refreshing the Board’s Strategy.

 Gareth Adkins thereafter invited Carole Anderson to provide an overview of the Scottish Government Planning Guidance in respect of the ADP and MTP and their structure. The Strategic Context was provided, in terms of making improvements to capacity and sustainability within the NHS, making progress in delivering the key ambitions of the NHS Recovery Plan and the continuance of innovating and transforming the NHS for the future. The 10 Drivers of Recovery were discussed, as were the NHS Scotland Planning and Delivery Cycle and the planning alignments relevant to NHS GJ. It was noted that the submission deadline for the ADP was 8 June 2023 and 7 July 2023 for the MTP.

 Gareth Adkins reported that due to the nature of the MDT plan, there would be an element of crossover between actions contained within it.

 Steven McAllister stated that as part of the MDT, it would be beneficial for NHS GJ to review how it could tackle health inequalities for the patients it treats, whilst being cognizant of the specialist nature of the Board.

 Morag Brown concurred with S McAllister, stating that the Scottish Adult Congenital Cardiac Service (SACCS) within NHS GJ would be an area to investigate in terms of promoting service equality and the accessibility of facilities.

 Gareth Adkins stated that NHS GJ could influence patients and shape its core purpose to include promoting public health initiatives, including ‘Smoking Cessation’.

 Linda Semple advised that there had been a long standing discussion surrounding treatment data, how NHS GJ could interpret this in terms of inequalities and how it could be fully stratified. In previous stratification pieces for treatment access, inequalities had been noted in terms of ethnicity, sex and social class.

 Linda Semple noted that both the ADP and MTP were operational and delivery focused and asked if there was an overall NHS Scotland strategy in development. G Adkins responded that there was not a singular policy document, further stating that some of NHSS existing strategies were still relevant.

 The Committee noted the Scottish Government Planning Guidance update.

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

 **6.3.1 Core Programmes Update**

Katie Cuthbertson delivered a presentation to the Committee and referenced the circulated papers, including the CfSD Assurance Statement.

An overview of the stages of CfSD Programmes was provided, with the RAG status for them all being ‘Green’ apart from ‘SP3 – National Pathway Development’ and ‘SP7 – Primary / Secondary Care Interface’ which were classed as ‘Amber’. The Committee were advised that work was underway to mitigate the ‘Amber’ classed programmes.

Katie Cuthbertson thereafter reported progress in terms of ‘Heat Maps’, with there being a sizable increase in both general Board participation for meetings and their initial targets in terms of ACRT (Active Clinical Referral Triage), PIR (Patient Initiated Review), ERAS (Enhanced Recovery After Surgery), Day Surgery and Diagnostics.

Juliette Murray, National Associate Clinical Director for CfSD, was thereafter introduced and provided the Committee with an update with regard to National Productivity Opportunities, NECU (National Elective Coordination Unit) and National Waiting List Validation. The Committee commended the work carried out by the NECU programme, noting that 8 Boards had engaged with the process and as a result, 3000 patients had been validated with a 26% average removal rate.

Katie Cuthbertson thereafter reported on the Rapid Cancer Diagnostic Services (RCDS), advising that an interim report had been published by the UoS on 21 November 2022 which indicated that the pathways were fulfilling their purpose, were clinically effective and were highly rated by patients. It was noted that two further RCDS sites would be established in NHS Lanarkshire and NHS Borders within the coming months.

The Committee were advised of the recent Innovation Design Authority (IDA) stage gate decisions, noting that the Value Cases for Digital Dermatology and Diabetes Closed Loop Systems were approved, as were the Strategic Assessments for Cytosponge and Scotcap 2.0.

The National Green Theatres Programme (NGTP) was also reported on by Katie Cuthbertson, with the Committee noting the recent media coverage in terms of Desflurane cessation, the aggregated action bundles and that the official launch for the programme would take place on the 28 March 2023.

In terms of key issues, Katie Cuthbertson highlighted access to data and the fixed term nature of funding for staffing in some CfSD programmes.

Linda Semple thanked Katie Cuthbertson and J Murray for the updates provided, noting the significant work being undertaken by CfSD, its linkages into planning guidance and the risk in terms of short term resourcing.

Morag Brown advised that a temporary solution, whilst not ideal, for short term contracts in order to secure colleagues in post could be sequential backfill. Gareth Adkins noted the importance of having further conversations regarding staffing and the moving of core funding to assist with long term planning.

Gordon James noted that the success of the NGTP would be the establishment of the programme on a long term basis and it was important to show success so there was justification for permanency. In terms of NECU short term funding, Gordon James stated that if NECU worked as designed, it wouldl be absorbed by the territorial Health Boards and as such would be self-defeating in the long term.

Stephen McAllister asked what the Communications position was in respect of NECU, noting that there could be criticism that figures were being manipulated in terms of patients being removed from waiting lists. Katie Cuthbertson provided assurance that waiting list validation was not a new process as Health Boards should be routinely viewing their lists. The NECU concept was to take a standardised approach to support Heath Boards and that the long-term plan was for it not to remain as a separate entity. Juliette Murray noted the importance of rationalising waiting lists and that some patients remained on them needlessly as they believed they would lose their place if removed, which was not the case.

Morag Brown noted the unintended consequences of waiting lists, including patients with resources using private healthcare providers which could result in clinicians reducing their NHS sessions to increase their private sessions, reducing access and increasing inequalities. Juliette Murray concurred and noted the impact of health tourism on the NHS.

The Committee noted the Centre for Sustainable Delivery update and recommended that the Board approved the Assurance Statement.

Linda Semple noted that it would be beneficial for CfSD and the NHSSA to receive more publicity at the NHS GJ Board meetings, particularly during the public session.

**6.3.2 CfSD Programme Presentation**

The CfSD Programme Presentation was noted by the Committee under item 6.3.1 – Core Programmes Update.

**6.4 NHS GJ and University of Strathclyde Partnership Annual Progress Report**

Gordon James advised the Committee that the joint University of Strathclyde (UoS) and NHS GJ Strategy Board took place on 1 March 2023, with one of the outcomes being to share the Annual Progress Report (APR) with the Committee.

Gordon James introduced Sandie Scott, Director of Communications and Stakeholder Relations, who provided an overview of the APR and gave thanks to colleagues across NHS GJ for assisting in its compilation. The Committee noted that it had been a year since NHS GJ had achieved university status and that the paper summarised the joint work undertaken across the organisation during this time.

Gordon James stated that it would be beneficial for the APR to be presented at the Board. The continuing engagement with the University of Glasgow was noted, as were two upcoming events with the UoS on 14 March and 20 March 2023, with the latter relating to Clinical Leads and Collaborative Research.

Sandie Scott reported that the Communications Team were plotting academia relationships throughout the organisation to assist the compilation of a key contact matrix.

The Committee noted the NHS GJ and University of Strathclyde Annual Progress Report.

**7 Corporate Governance**

**7.1 Strategic Portfolio Governance Committee Workplan (Financial Year 2023/24)**

Gareth Adkins presented the Strategic Portfolio Governance Committee Workplan 2023/24 for approval prior to submission to the Board.

The Committee approved the aforementioned Workplan.

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

The Committee agreed that the update to the Board should include the following:

* The Committee noted progress, commended the work on various portfolios and approved the assurance statement for CfSD.
* The Committee commended the work undertaken by the NHSSA, particularly with regard to its Workforce, Endoscopy and OSCE training programmes.
* The Committee noted the NHS GJ Strategic Programmes update.
* The Committee acknowledged the Scottish Government Planning Guidance and how NHS GJ’s objectives would be interwoven into responses for the Annual Delivery Plan and Medium Term Plan.
* The Committee noted the NHS GJ and University of Strathclyde Annual Progress Report
* The Committee agreed there were no risks or issues to be highlighted to the Audit and Risk Committee.

**8 Any Other Competent Business**

There was no further business raised.

**9 Date and Time of Next Meeting**

Thursday 4 May 2023, 1330 – 1530