**Approved Minutes**

**Strategic Portfolio Governance Committee**

Tuesday 29 August 2023, 13:30 – 15:30

Microsoft Teams Meeting

**Members**

Linda Semple Non-Executive Director (Chair)

Jane Christie-Flight Employee Director

Marcella Boyle Non-Executive Director

Morag Brown Non-Executive Director

Stephen McAllister Non-Executive Director

**Core Attendees**

Gordon James Chief Executive

Michael Breen Director of Finance

Anne Marie Cavanagh Director of Nursing and Allied Health Professionals

**In Attendance**

Abu-Zar Aziz Programme Manager (item 3.3)

Andrea Jamieson Head of Programme and Performance (item 4.2)

Carolynne O’Connor Deputy Chief Executive / Director of Operations

Christine Nelson Deputy Head of Corporate Governance

John Scott Director of Estates (item 3.2)

Katie Cuthbertson National Director, Centre for Sustainable Delivery

Kevin Kelman Director, NHS Scotland Academy (item 5.1)

Stuart Graham Director of eHealth and Digital (item 3.4)

Susan Douglas-Scott Board Chair

**Apologies**

Karen Kelly Non-Executive Director

Carole Anderson Director of Quality, Performance, Planning and Programmes

Nicki Hamer Head of Corporate Governance and Board Secretary

**Minutes**

Theo Richardson Corporate Administrator

1. **Opening Remarks**

**1.2 Wellbeing Pause and Chair’s Introductory Remarks**

The meeting began with a wellbeing pause, followed by the Chair’s welcome to all attendees.

**1.2 Apologies**

Apologies were noted as above.

**1.3 Declarations of interest**

There were no declarations of interest to note.

**2 Updates from Meeting on 4 July 2023**

**2.1 Unapproved Minutes**

Minutes of the meeting held on 4 July 2023 were approved as an accurate record.

**2.2 Action Log**

There were no outstanding actions.

**2.3 Matters Arising**

There were no matters arising noted.

**3 NHS GJ Strategic Updates**

**3.1 Planning Update – Annual Delivery Plan and Feedback**

Rikki Young presented feedback on the Annual Delivery Plan (ADP). The ADP had undergone review during the last meeting on 4 July 2023 and had been submitted to Scottish Government (SG). No significant issues were raised and comments from the Policy team were enclosed within Appendix One of the ADP. The ADP was awaiting final approval from SG.

Morag Brown suggested that the Clinical Governance Committee (CGC) would be best to address SG’s comment concerning ‘Realistic Medicine’. Gordon James assured the Committee that Mark MacGregor and Helen Mackie were aware of this item and would raise it at the next CGC meeting.

Marcella Boyle enquired whether any Health Boards in Scotland or England had gained insight from the Joseph Rowntree Progression Framework and how local procurement would be achieved. Rikki Young explained that the Rowntree Framework had been utilised within the Board, with Abu-Zar Aziz being the key lead involved in a national steering group. Michael Breen noted that NHS Ayrshire and Arran, in partnership with Local Authorities, had made improvements in local procurement and North Ayrshire Council had successfully utilised the Rowntree Framework. Michael Breen intended to connect with North Ayrshire Council, other Health Boards, and internal stakeholders to share insights into the Rowntree Framework to address any financial challenges. Gordon James added that in 2022, a National Community Benefits portal had been launched to align national contracts with local suppliers and would provide the Committee with the hyperlink for information.

The Committee noted the update on the Annual Delivery Plan and Feedback.

**3.2 Expansion / National Treatment Centre (NTC) Update**

John Scott presented an update on the Expansion/NTC Project. Due to delays in the Central Sterilising and Processing Department (CSPD), a phased handover had been considered. The handover for Levels Two and Three had been scheduled for September 2023, followed by Level One in October 2023. The 12 week commissioning period was underway and discussions were ongoing regarding the placement of eHealth and Medical Physics facilities within the site. The ‘go live’ date was set for 1 December 2023. Weekly reviews were conducted in collaboration with Kier to assess critical path items in the project schedule. Progress on Levels Two and Three were reported as complete, with Kier conducting a cleaning process and addressing minor faults before the handover. Additionally, the supplier for CSPD was in the processing of installing equipment.

Several issues had impacted the project schedule, including delays in the delivery of fire and smoke dampers for CSPD, resulting in a revised handover date of 6 October 2023. Key project milestones were shared, with breakthroughs achieved and minor works continued until project completion.

On 3 August 2023, a review meeting was held with NHS Scotland Assure, including a site inspection that identified minor actions to be undertaken and a strategy review. The Stage Four Action Plan was submitted to NHS Scotland Assure for review, along with supporting evidence. To accommodate the requirements, weekly meetings were conducted between NHS Golden Jubilee (NHS GJ), NHS Scotland Assure and Kier. It was agreed to overlap commissioning periods to provide more time for review and oversee works.

A second inspection by NHS Scotland Assure was scheduled for 18 September 2023, with a report expected by 10 November 2023. Any outstanding items outlined in the report would be addressed before the opening of the new site. Additionally, a monthly meeting with SG was held during which positive feedback was received. Progress made towards Working Task Orders was shared with the Committee.

Susan Douglas-Scott commended the project’s developments and noted that staff were excited to work at the new site. Linda Semple enquired about the audio installation for NHS Scotland Academy. John Scott explained that it was previously planned for implementation during the commissioning period but was now provisionally scheduled for early 2024. The Committee were content that the late installation did not impact the NHS Scotland Academy.

The Committee noted the Expansion/NTC Update.

**3.3 Strategic Programmes Update**

Abu-Zar Aziz provided an update on Strategic Programmes, outlining key highlights from the previous period. The Anchor Plan mission and charter had been developed and the Planning and Performance team had undertaken work to assess the key pillars, aiming to gain an understanding of how to successfully deliver on initiatives. The initial phase would involve benchmarking, determining priorities and future initiatives in collaboration with a steering group. Following the initial phase, internal engagement with stakeholders was planned to confirm the priorities of NHS GJ. Subsequently, external stakeholders would be engaged for further input. All feedback would be compiled into a plan, which would then be presented to the Executive Leadership Team (ELT) for approval. Following this approval, the plan would be presented to this Committee for final sign off.

A new Performance Management System had been procured and implementation was underway. The system would centralise various systems into a single location with automation capabilities. The dashboard was expected to facilitate the presentation of portfolio information which would be introduced to future Committee meetings.

The eRostering project was in the initial phase with recruitment underway to support implementation, with the establishment of an eRostering Team consisting of Roster Leads and Administrators. Additionally, a decision was pending on whether a centralised or ‘Hub and Spoke’ model would be adopted, with the target of finalising preparations by November 2023.

Abu-Zar Aziz informed the Committee on the Hospital Electronic Prescribing and Medicine Administration (HEPMA) system, to be considered at the next ELT meeting. Abu-Zar Aziz explained that an investment of £2.6m over five years was proposed, with reports on its progress to be shared with the Strategic Programme Board (SPB). The system’s role would involve pharmacy stock control and, once approved, the HEPMA project progress would be reported to this Committee.

Abu-Zar Aziz discussed the Healthcare Staffing Programme, which had been presented at the last SPB meeting in preparation for healthcare provisions coming into force by April 2024. The Performance and Planning team conducted a gap analysis to understand existing elements, to formalise processes and develop the governance process. Progress would be reported within a steering group chaired by Anne Marie Cavanagh.

The presentation at SPB included the Digital Portfolio Dashboard and the three-year Digital Plan, which was expected to be finalised within the next four weeks and would be presented to ELT. Progress would be reported through SPB by the Digital Steering Group, which would have oversight of critical elements within refurbishment.

Abu-Zar Aziz highlighted that the report shared with the Committee contained recommendations to enhance the Business Case Approval Process, including categorising projects to highlight risks, costs and importance, to enable project teams to refine business cases and improve feedback. A proposal paper outlining the changes was currently being prepared for presentation to ELT.

Stephen McAllister emphasised the importance of digital systems and suggested organising a Board Seminar to explain which systems would be integrated throughout NHS GJ.

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| --- | --- | --- | --- |
| **Action Reference** | **Action** | **Lead** | **Timescale** |
| SPGC/29082023/02 | **Digital Transformation**  Add ‘Digital Transformation’ as a topic for the Board Seminar. | Nicki Hamer | 07/11/2023 |

Marcella Boyle raised concerns around the recruitment dependence to support the projects and urged consideration of risks related to the impact of digital systems on the workforce. Morag Brown added that clinical staff had expressed concerns about the progress of digital systems. Michael Breen explained that the next agenda item on Digital Programme Delivery Update would highlight the significance of digital transformation, supporting a three-year strategic improvement plan that would also impact job descriptions and workforce capabilities.

Abu-Zar Aziz highlighted the national challenges faced across NHS Scotland in recruiting project delivery staff to support digital transformation. Linda Semple suggested consideration of entry-level positions to train new staff to acquire skills for vacant posts and emphasised the usefulness of tracking progress within each project and how it aligned with the Board’s corporate objectives.

Marcella Boyle suggested Executive Leadership Team learning outcomes from the Business Case Approval Process could be shared with the Endowment Sub Committee to improve the Charity’s project delivery.

The Committee noted the update on Strategic Programmes.

**3.4 Digital Programme Delivery Update**

Stuart Graham presented an update on the Digital Programme Delivery. Work was underway to deliver the Digital Programme, which would be presented to ELT on 31 August 2023. Digital transformation would be a key component to improve clinical/ non-clinical services, which would be covered under a three-year Digital Improvement Plan (DIP).

The Plan would be delivered under eight key improvement principles:

1. Digital Transformation of Services
2. Improve staff and patient user experiences
3. Cyber Security and Operational Efficiency
4. Reduce systems and maximise system capabilities
5. Maintain and improve current systems
6. Vendor supported products
7. Storage of information off-site or Cloud solutions
8. Explore strategic partnerships with other Boards and institutions

The principles would drive four functional areas via delivery programmes:

1. Clinical systems
2. Corporate systems
3. Digital infrastructure
4. Security and compliance

Delivery of the DIP would occur by determining priorities within each functional area based on risks. Each delivery programme was broken down for the Committee that highlighted delivery timelines between years 2023-2026.

The eHealth Workforce Plan detailed the January 2022 operational model in comparison with current service pressures. The application to support digital transformation had become a priority and it was highlighted that a significant amount of funding had been provided by the Board to alleviate service pressures, including a new Deputy Director post, to ensure standards and approaches aligned with the DIP.

The Organisational Change Process was underway with eHealth staff. In conjunction, the training and facilitation structure would support staff to ensure skills were developed, with training and support to be provided throughout the organisation to utilise digital systems effectively.

The Governance Model would be reviewed and discussed at the next ELT meeting. The DIP delivery progress would be tracked through SPB and updates would be provided to the Committee. The Digital Steering Group’s remit was changed to focus on operational performance, with a sub-group structure to include digital, clinical and corporate focus groups.

Susan Douglas-Scott asked if additional resources would reduce the three-year DIP timescale. Stuart Graham explained that discussions regarding additional resources would be held at ELT by highlighting current resources available and how additional resources could reduce timescales. Susan Douglas-Scott commended Stuart Graham for the work undertaken and urged ELT to consider the resource options.

Marcella Boyle asked about retention of key skills within the eHealth workforce and whether NHS GJ was an attractive organisation to develop digital and technology careers. Stuart Graham advised that overall the eHealth workforce was dedicated to progressing digital transformation, with 17 employees undertaking training development. Modern/graduate apprenticeship schemes were being considered but this was dependent upon current skills mix to deliver the DIP.

Gordon James highlighted the risk within delivery programmes and how the three-year Delivery Plan could be considered a realistic timescale. Furthermore, ELT was expected to discuss core digital system risks, both operationally and clinically and consider an update to the TrakCare system.

Morag Brown asked whether the CodeClan Digital Skills Academy had been considered. Stuart Graham explained that the host company had entered administration and apprentices were searching for an alternative body to support training, which could provide opportunities for NHS GJ.

Linda Semple commended the principles within the DIP which would become crucial for service delivery and highlighted ‘human factor’ risks to delivery if unable to attract or train staff adequately, following resource allocation. Michael Breen provided assurance that training plans would be in place to ensure staff were appropriately trained.

The Committee noted the update on Digital Programme Systems.

**4 Centre for Sustainable Delivery**

**4.1 Centre for Sustainable Delivery (CfSD) Assurance Statement**

Katie Cuthbertson presented the CfSD Assurance Statement. In collaboration with SG, Multi-Year Plans were developed for the recovery period and to reduce waiting times. Mechanisms to deliver Multi-Year Plans were highlighted as:

* Speciality Delivery Groups (SDGs)
* Perioperative Delivery Group
* Peer Review Processes
* Heat Maps
* Board Engagement Meetings

CfSD aimed to deliver Multi-Year Plans through the coordination of the Accelerated National Innovation Adoption (ANIA) pathway by identifying, assessing and implementing technological innovations on a ’Once for Scotland’ basis and that aligned evidence-based innovations with SG priorities. A pathway status for August 2023 was shared with the Committee, with data expected to be collated, particularly for ‘breast pain’, evidencing a reduction of waiting times and overall innovation effectiveness. Health Boards would conduct self-assessments to learn about local service performances, identify opportunities and overcome barriers.

Heat Maps would be utilised to monitor innovation impact and progress towards recovery plan commitments. Heat Maps would evolve through methodology and capturing innovation projects.

A CfSD Perioperative Delivery Group would be launched, with delivery works expected to cross over SDGs, to identify opportunities and resolve challenges. CfSD had worked collaboratively with NHS England to gain insight from the Getting it Right First Time (GIRFT) programme and identified ways to implement effective measures in Scotland.

The Theatre Scheduling Technology tools had a national focus and CfSD would determine how tools would be implemented across NHS Scotland through Digital Health and Care by SG, following its removal from the ANIA pipeline. During August 2023, the Stroke Pharmacogenomics and Digital Diabetes initiatives were approved and later rolled out.

National Elective Coordination Unit (NECU) progress was shared with the Committee. Health Boards across Scotland had engaged with CfSD to achieve positive results.

The Green Theatre Programme achieved positive progress with the publication of ’Bundle A’ actions to be implemented by Health Boards. Furthermore, the measurement plan was implemented with ’Bundle B’ actions under development, along with a ’Green Map’ to support progress and monitor innovative impact.

Katie Cuthbertson explained that despite a high volume of engagement, there was the possibility of scope movement if additional deliverables were added. CfSD would continue to inform SG to ensure that adequate supports were in place.

Gordon James advised the Committee to be mindful that innovative programmes had timescales that aligned with financial sign-off. Linda Semple agreed that the financial impact and efficiency savings must be monitored to ensure that pathways evidenced innovative benefits to be successfully implemented across Scotland.

The Committee noted the CfSD Assurance Statement.

**4.2 CfSD Urgent and Unscheduled Care Programme**

Andrea Jamieson presented an update on the CfSD Urgent and Unscheduled Care Programme. During the recovery period, a high impact Improvement Programme was in place and later produced 57 interventions. The interventions supported the refinement of three strategic aims: Delivery, Development and Diagnostics. A breakdown of each strategic aim was provided to the Committee, which enabled the following:

* Embed and sustain known and evidence-based tools
* Scale up and spread emerging good practices from Health Boards
* Develop new and transformational models of care

Identified challenges were then split into five portfolios:

* Community Urgent Care
* Flow Navigation Centres
* Hospitals at Home
* Front Door Medicine
* Optimising Flow

A breakdown of each portfolio was shared with the Committee, highlighting how challenges would be overcome to deliver care through the development of various tools, pathways and maps to implement operational models and improved processes. Baselining and benchmarking assessments were undertaken to assess performance output capability and capacity, while identifying best practice, areas for improvement and innovation opportunities.

The Improvement Planning Roadmap illustrated tasks undertaken with key milestones. The next key milestone would occur in September 2023 when a Heat Map detailing the five portfolios would be finalised for regional feedback events during November 2023. A report for each Health Board would be provided to highlight areas of improvement and discuss innovation opportunities. Health Boards would be expected to provide annual plans and demonstrate how the plans would be aligned with Multi-Year Plans via evidence-based and baseline/benchmark findings.

Morag Brown welcomed the progress made on Flow Navigation Centres and Hospital at Home portfolios but raised a concern regarding care systems and highlighted resource issues between hospitals, primary and social care. Andrea Jamieson responded that advice had been provided to develop a 10-year NHS plan, which was determined to have been a missing component within the Recovery Strategy. A recommendation was later made to implement the Unscheduled Care Programme Board to consult with stakeholders and create a strategic approach. Opportunities within the Hospital at Home portfolio were highlighted to SG to help secure investment and establish a sustainable workforce model.

Stephen McAllister agreed with Morag Brown, welcomed the national coordination of the Urgent and Unscheduled Care Programme and asked the Committee to share their views on regional cooperation regarding Unscheduled Care. Andrea Jamieson explained that regional working discussions had taken place between Health Boards and how innovation would provide opportunities, including the potential of a live waiting times system. However, there were issues raised on how effective a live system would be and discussions were ongoing.

Linda Semple raised the Long-Term Monitoring of Health Inequalities March 2023 report published by SG and explained how statistics within the report highlighted how Unscheduled Care Services would be inadequate in current form.

Gordon James commended the positive progress made within pathways and provided assurance to the Committee that an overarching approach from SG would be carried out. Furthermore, Gordon James highlighted challenges between hospitals regarding the potential live waiting times system.

The Committee noted the CfSD Urgent and Unscheduled Care Programme.

**5 NHS Scotland Academy**

**5.1 NHS Scotland Academy Programme Update**

Kevin Kelman provided an update on the NHS Scotland Academy Programme, which outlined training skills acquired for learners across Scotland.

There were 309 learners who accessed digital resource modules for Objective Structured Clinical Examination (OSCE). Additionally, 570 international recruits accessed modules in preparation for OSCE. During Phase 4, NHS Scotland Academy would develop cultural humility resources, with a provisional launch to occur in October 2023.

Throughout Health and Social Care Partnerships (HSCP), 5,051 learners accessed digital resources. A total of 650 Pharmacists were supported to join NHS GJ to obtain pharmacy skillsets in preparation for achieving an Independent Prescribing Qualification.

There were 34 Service Level Agreements (SLA) to support Endoscopy training. NHS GJ holds Joint Advisory Group (JAG) accreditation and has become a training site. A total of 34 learners became Colonoscopy Trainers and would travel across Scotland to upskill Colonoscopy staff.

There would be 7 future learners to undertake Endoscopy Non-Technical Skills (ENTS). At present, there were 14 ENTS trainers and 53 learners undertaking immersion training. A further 20 learners were expected to follow. Additionally, 10 learners would undergo training within the National Assistant Practitioner Programme for Endoscopy, through Scottish Vocational Qualification (SVQ) work based learning.

NHS GJ recruited to the Bronchoscopy and Endobronchial Ultrasound faculty, with five simulators implemented to support training in NHS GJ and other Health Boards.

The Perioperative Practice Programme had a total of 46 learners. Challenges regarding the release of staff from frontline services to undertake the programme were highlighted. The first cohort of Assistant Perioperative Practitioners had started. A total of 29 employees had undertaken the Anaesthetic Practitioner Programme to support the NHS Recovery Plan. The first cohort of five learners would participate in the Surgical First Assistants Programme in collaboration with the Royal College of Physicians and Surgeons of Glasgow.

A training post to support the decontamination workforce had been approved. The post would be advertised following a job evaluation. Sixteen learners would attend NHS GJ to participate in the National Ultrasound Training Programme to learn a range of ultrasound procedures. NHS GJ provided support to NHS Lanarkshire to reduce ultrasound waiting times and had completed over 2,000 examinations.

Kevin Kelman detailed the next steps that would be undertaken to support the following service areas:

**Circa 12 Trainee Sonographers**

* General Medical
* Carotids
* Ear, Nose and Throat
* Musculoskeletal

**Multidisciplinary Training**

* Radiology Doctors
* Obstetrics and Gynaecology Doctors
* Sexual and Reproductive Health Doctors
* Emergency Medicine and Physiotherapy Programmes

**Masterclasses**

* Deep Vein Thrombosis
* Gynaecology

Kevin Kelman advised the Committee that the NHS Scotland Youth Academy was expecting 17 young people to join to undertake the Healthcare Pathway to support the Fifth Year curriculum.

The NHSSA Skills and Simulation Centre Ultrasound Training Rooms would open week commencing 4 September 2023 and support for Employee Passports would continue to be provided to ensure staff worked within other Health Boards more effectively.

Kevin Kelman highlighted the following projects under development subject for approval:

* Biomedical Science
* Ophthalmology: Cataract Training
* Endoscopic Vessel Harvesting
* Clinical Perfusionists

The Committee noted the update on the NHS Scotland Academy Programme.

**6 Corporate Objectives**

Gordon James updated the Committee on the Corporate Objectives that included an additional objective related to cultural values introduced.

The Committee approved the Corporate Objectives.

**7 Issues for Update**

**7.1 Update to the Board**

The Committee was provided with an update on Phase 2 of the Expansion and was content with the progress made.

The Committee was provided with an update on Scottish Government feedback on the Annual Development Plan and was content with recommendations.

The Committee welcomed the Three-Year Digital Programme and would review iterations regarding service portfolios.

The Committee was pleased with the progress made within NHS Scotland Academy.

The Committee was reassured of the work delivered by the Centre for Sustainable Delivery and welcomed the inclusion of Unscheduled Care within the portfolio.

The Committee welcomed the Corporate Objectives and recommended adoption by the NHS Golden Jubilee Board.

**8 Any Other Competent Business**

Gordon James informed the Committee that the Planned Care team would move from SG and be included within the CfSD portfolio by 2 October 2023.

**9 Date and Time of Next Meeting**

Tuesday, 7 November 2023, 13:30 hrs